



# HEALTH SERVICE BOARD

## CITY & COUNTY OF SAN FRANCISCO

# Minutes

## Regular Meeting

Thursday, September 14, 2017

1:00 PM

City Hall, Room 416  
1 Dr. Carlton B. Goodlett Place  
San Francisco, California 94102

Call to order

Pledge of allegiance

Roll call

President Randy Scott  
Vice President Wilfredo Lim  
Commissioner Karen Breslin  
Commissioner Sharon Ferrigno  
Commissioner Stephen Follansbee, M.D.  
Commissioner Gregg Sass  
Supervisor Jeff Sheehy, arrived 1:05 pm

This Health Service Board meeting was recorded live by SFGovTV. Links to videotaped meetings and related materials are posted on the myhss.org website.

This meeting was called to order at 1:03 pm.

09142017-01

Action item

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

- Regular meeting of August 10, 2017
- Special closed session of August 24, 2017

Staff recommendation: Approve minutes.

Documents provided to Board prior to meeting:  
Draft minutes.

- Commissioner Follansbee moved to approve the regular meeting minutes of August 10, 2017, and special closed session minutes of August 24, 2017.
- Commissioner Breslin seconded the motion.

Public comments: None.

Action: Motion was moved and seconded by the Board to approve the regular meeting minutes of August 10, 2017, and special closed session minutes of August 24, 2017.

Motion passed 6-0.

Supervisor Sheehy arrived after the vote.

- 09142017-02      Discussion item      [General public comment on matters within the Board’s jurisdiction not appearing on today’s agenda](#)  
Public comments: Diane Urlich, retired City employee, reported that while she had an excellent experience with Best Doctors, Kaiser Permanente’s refusal to provide a fax number for the direct transmittal of her report caused problems. The report was, therefore, sent to her via FedEx to give to her doctors. She asked that HSS request Kaiser’s cooperation with the second opinion provider to allow direct contact.
  
- 09142017-03      Discussion item      [President’s Report](#) (President Scott)
  - Update on HSS Executive Director Search
 Documents provided to Board prior to meeting: None.
  - President Scott reported that the application process for the HSS Executive Director search was in full swing and that 49 applications had been received to date. He reiterated that the process will remain open until the final candidate interviews are scheduled, since there are always passive candidates in this type of job search.
  - The Board held a closed session on August 24, 2017 to screen candidate resumes. The first candidate screening interviews will take place on September 22, 2017.

- President Scott reminded everyone of the online survey conducted by the search firm, allowing HSS members to weigh in on desired capabilities and expectations of the next HSS Executive Director. He noted that the Board had sought direct feedback from active and retired members and encouraged participation in the survey.
- A meeting with seven retiree association representatives was held on August 30, 2017 to discuss the HSS Executive Director qualifications. President Scott thanked Claire Zvanski for her assistance in organizing that meeting.
- President Scott announced a personnel change in the actuarial services provided by Aon Hewitt. Anil Kochhar, Aon Hewitt senior actuary, was scheduled to leave the company, effective September 15, 2017. President Scott asked for an update on the transfer of duties.
- Anne Thompson, Aon Hewitt Vice President, introduced Mike Clarke and invited him to address the Board.
- Mike Clarke confirmed Anil Kochhar's impending departure from Aon Hewitt and stated that he would be assuming Mr. Kochhar's responsibilities as lead actuary for HSS.
- Mr. Clarke is a 29-year veteran of Aon Hewitt and has been a health actuary the entire time. He is a member of the American Academy of Actuaries and a Fellow of the Conference of Consulting Actuaries.
- Aon Hewitt's team members also include the following:
  - Won Andersen
  - Scott Heldfond
  - Rocky Muratore
  - Tom Ricks
  - Todd Ringwood

- President Scott stated that Mr. Kochhar was currently out of town at a speaking engagement but that he hoped to have him attend a subsequent meeting for public recognition by the Board for his service over the past years.
- Commissioner Breslin stressed the need for transparency and stated that the new actuary would be a fiduciary to the members of the trust and should work solely for the benefit of HSS members.

Public comments: Claire Zvanski, RECCSF President, thanked President Scott for his assistance with the retiree meeting in August. She thought it was very productive, noting that the retiree organizations appreciated attending a meeting specific to them. She also welcomed the new Aon team.

□ 09142017-04      Discussion item      **Director's Report** (Acting Executive Director Griggs)

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

Documents provided to Board prior to meeting:

1. Director's report;
  2. Reports from Operations, Enterprise Systems & Analytics, Communications, Finance/Contracting, Well-Being and Employee Assistance Program.
- Mitchell Griggs, HSS Acting Executive Director, reported on the Director's report with management updates, which is also located on the myhss.org website.
  - Acting Director Griggs thanked the Board for its vote of confidence by appointing him Acting Executive Director in March. He stated that it had been a great experience during the rates and benefits and enrollment cycles.
  - Acting Director Griggs acknowledged the enormous amount of work that goes into planning and conducting a successful Open

Enrollment. He stated that the Director's report would be brief in order to focus on the details of the department's preparation for Open Enrollment. The management updates listed the various divisions' involvement.

- The California Legislature recently passed Senate Bill 17, a pharmacy transparency bill. This bill requires drug companies to notify health insurers at least 60 days in advance of impending increases of 16% or higher over a two-year period. The next step is the Governor's signature. The Health Service Board supported this legislation in March.
- Commissioner Breslin thanked Acting Director Griggs for his hard work in handling two jobs simultaneously, and commended him on excellent customer service skills.
- Commissioner Follansbee also thanked Acting Director Griggs for his hard work while performing two key roles. In addition, he inquired about Brown & Toland's staff training on advising Trio members where to go for urgent care or emergency services since the locations will be different in 2018.
- Acting Director Griggs stated that the subject of advising Trio members on where to go for healthcare services was discussed at Blue Shield's semi-annual meeting with leaders of the medical groups and ACOs, as well as at the quarterly ACO meeting. He felt assured that Brown & Toland was properly training its staff on how to answer questions and where to send patients for the Trio Plan.
- Commissioner Breslin asked whether Blue Shield could be onsite at HSS to answer telephones during the transition to Trio, similar to UHC's onsite presence last year during the conversion to its new Medicare Advantage plan.
- Acting Director Griggs stated that onsite assistance by Blue Shield had already been scheduled and that two of its staff would be physically onsite at HSS to assist benefits analysts with information for member calls

regarding the Trio transition. Blue Shield will not, however, answer member calls directly.

Public comments: None.

- 09142017-05 Discussion item **Open Enrollment Update** (Acting Executive Director Griggs)

Documents provided to Board prior to meeting:  
HSS Report.

- On behalf of the Board, President Scott thanked the HSS staff for their contribution in preparing for Open Enrollment, noting that it had not gone unnoticed.
- Acting Executive Director Griggs reported that this year's Open Enrollment preparation was quite extensive. His intention was to present in-depth information this year to give a deeper understanding of the amount of work involved in planning a successful Open Enrollment.
- This was a visual presentation and showed the scope of work through photos, illustrations and screen shots.
- The details of Open Enrollment focused on the following:
  - Theme – Circle of pictures on benefit guides and envelopes represented the diversity of HSS' active and retired membership.
  - Guides – Each guide cover was individually designed for City College, Unified School District, MEA, CCSF and the retirees. The Superior Court's benefit information was included in the CCSF's guide.
  - Forms – Enrollment applications are created each year and reviewed for compliance, as well as specific language required by the plans. HSS also works with each employer to ensure that all necessary information is accurately reflected on the applications. A bar code containing specific member information was added in the upper right hand corner

- of the application for identification purposes.
- Calendars and posters were created to track various open enrollment events during the month of October, including 26 flu shot clinics, on-site vendor week at HSS, and two offsite Trio informational sessions for actives and early retirees.
  - Project plan and tasks – Brian Rodriguez, HSS certified project manager, oversaw the Open Enrollment process and kept tasks on track using color-coded Gantt charts (10 pages with a total of 450 tasks). This is his second year in that role.
  - Video storyboard and script – a three-minute animated online video on Open Enrollment was created to remind members of important dates and to review Open Enrollment materials.
- Director Griggs asked Marina Coleridge, HSS Enterprise Systems and Analytics Manager, to provide some of the system modification details required for the annual administration of benefits.
  - Ms. Coleridge reported that a tremendous amount of work goes into configuring the systems for benefits administration. The addition of new 2018 plans (Trio, VSP's premiere plan and Kaiser's multi-region) have significantly impacted the system (approximately 45 programs). Last year's split carrier programming for UHC's Medicare PPO for the current plan year was not completed until April 2017.
  - The analytics team is comprised of three members who program, configure, write specifications and conduct testing of the system in a very compressed timeline. They work closely with the finance team on the rates calculations.

- Ms. Coleridge provided high-level details of the numerous tasks involved in programming for the various benefit platforms. She noted that it takes an enormous amount of work to determine the full rates.
- Numerous rate calculations are required for coverage codes for the various benefit programs. This year's configuration time doubled for approximately 50 benefits programs. The 2018 rates workbook contains 45 fields in 44 columns. Last year, over 5,000 rates were calculated.
- The Board reviews the employee contribution models of 100-96-83 and 93-93-83 during the annual rates presentations; however, there are a number of other types of contributions associated with the Community College District, San Francisco Unified School District and HSS retirees. Coverage codes are created for employee-only, E-Plus 1 or E-Plus 2, which are more extensive than simple rates.
- Each year HSS sends customized Open Enrollment notification letters to members indicating current year benefits. The program is changed each year to reflect new benefits for the upcoming plan year.
- The bar code on the top of the enrollment application identifies the type of application (i.e., active, retiree) and the member's DSW number.
- HSS will roll out an Open Enrollment self-service pilot for staff. Since there was not enough time for customization, it will be out of the box for this year. Information from the pilot will influence customization for next year.
- Director Griggs concluded the presentation by reporting that HSS communications and mailings will be sent to 75,000 members this year. Typically, HSS sends letters to members reminding them of Open Enrollment and inviting them to go online to review available benefits. However, with the number

of changes in the new plan year, HSS thought it was important to send complete information to all members for the upcoming Open Enrollment, including those who have waived coverage in the past.

- Commissioner Breslin asked whether all members would receive a 2018 benefit guide since there had been past complaints that complete OE information had not been sent to all members. She referenced an email sent to the Board last year from an active member who objected to receiving a summary of enrollment changes and a smaller booklet.
- Director Griggs stated that he was familiar with the member's previous complaint referred to by Commissioner Breslin. He noted that members may request to receive the full 44-page benefit guide by calling HSS and are informed of such in the OE communications.
- Commissioner Lim commended Acting Director Griggs, Marina Coleridge, Pamela Levin and HSS staff for their hard work in preparing for the upcoming open enrollment.

Public comments: Claire Zvanski, RECCSF representative, reported that some retirees had asked if HSS had the ability to process this year's Open Enrollment completely online. She also asked if HSS would be able to replace lost retiree OE forms by request since some members do not have the capability to download hard copies from the website.

Ms. Zvanski stated that quite a few retirees were expected to attend an event on October 11. She hoped that HSS representatives would also be present to answer questions since many retirees wanted to process their Open Enrollment applications at the event. A lot of elderly were expected to attend. Ms. Zvanski noted that an 88 year old member from Sonoma and his 90 year old wife had planned to process their open enrollment at the meeting. She expressed appreciation for any assistance and support that HSS could give.

Ms. Zvanski also acknowledged the hard work that goes into HSS' preparation of Open Enrollment. She stated that Ms. Coleridge's details were a bit overwhelming and that no one fully appreciated the amount of work involved for the Finance and Enterprise Systems and Analytics groups.

Acting Director Griggs responded that he planned to be available at the retiree event on October 11, in addition to HSS benefits analysts.

□ 09142017-06      Action item

[Approval of Revisions to Health Service System Membership Rules](#) (Acting Executive Director Griggs)

Staff Recommendation: Approve updates.

Documents provided to Board prior to meeting:  
Summary of changes and draft Membership Rules.

- Acting Director Griggs reported that HSS' 2018 member rules updated disabled dependent certification criteria. This revision reflected industry standards on rules for certification of adult disabled dependents and brings HSS in line with other public sector employers.
- The change specifically addressed HSS' original requirement that a dependent must be enrolled in a HSS plan one year before turning 19 and remain enrolled until age 26. Over the years, HSS received complaints from members that this rule was extremely stringent compared to other plans. Upon extensive research into other public sector municipalities and counties throughout the Bay Area, it was determined that no one else had a similar rule.
- Operational policy was also revised to require the health plans to certify dependents for disability instead of HSS staff. Previously, members were required to send medical documentation and certification with diagnosis, procedures and treatments to HSS for review. Since HSS does not employ clinicians on its staff, making such determinations can be difficult. With this new change, a member will have the right to request a first level appeal with HSS if he or

she disagrees with the health plan's decision. The appeal may be escalated further to the Health Service Board if the member disagrees with HSS' decision.

- President Scott stated it was critically important that the HSS member rules highlight the member's right to appeal an eligibility decision of a health plan.
- A dependent's disability may need to be recertified from time to time. Under the proposed change, the health plans will also perform recertification.
- Acting Director Griggs stated that conversations had begun with the health plans to ensure identical timing for eligibility criteria. For example, HSS requires 60-days' advance notice of a dependent turning age 26. Some plans require 60 to 90 days' notice. The new rule will require the same timing for all plans.
- Commissioner Follansbee asked for clarification on the timing of recertification of dependent eligibility because the revised member rules suggested that the health plans would make determinations annually.
- Acting Director Griggs confirmed that the proposed member rules state that dependent recertification would take place every year and upon request. He suggested, however, that the rules be revised to change the word "and" to "or [upon request]" since recertification may not take place every year.
- See Section B, pages 9-11, as well as summary of proposed rules changes on myhss.org.
- Commissioner Breslin moved to accept the revised HSS membership rules as presented.
- Commissioner Ferrigno seconded the motion.

Public comments: None.

Action: Motion was moved and seconded by the Board to approve the revised HSS membership rules as presented.

Motion passed 7-0.

□

## HSS Financial Reporting

- President Scott noted that the HSS financial report was omitted from the agenda. He requested that Pamela Levin, HSS Chief Financial Officer, present a brief update on the HSS audit since a complete financial report and the HSS audit results will be presented at the December meeting.
- Ms. Levin reported that the audit was ahead of schedule and going well. In preparation for the rollout of F\$P, HSS prepaid over \$43M to vendors for June and July. This required advance work with the auditors to ensure the correct outcomes in the financial statements.
- President Scott commended Ms. Levin and the finance staff for their hard work in adjusting to the new financial system change. On behalf of the Board, he thanked Ms. Levin and her team for their diligence and persistence in performing their duties in the new system.

□ Meeting Break

Recess from 2:16 to 2:26 pm.

□ 09142017-07      Action item

Approval of Section 125 Cafeteria Plan updates  
(Acting Executive Director Griggs)

Staff Recommendation: Approve updates.

Documents provided to Board prior to meeting:  
Summary of changes and draft Section 125  
Cafeteria Plan updates.

- Acting Director Griggs presented the Cafeteria Plan updates for plan year 2018. He highlighted the changes below:
  - Updated name to Acting Executive Director;
  - Updated section D5.2 calculating the values of flex credits for Municipal Executive Association members and unrepresented employees with the same type of benefits.
  - Updated benefit program table to add Blue Shield Trio Plan, VSP premiere plan (Appendix E).

- Commissioner Breslin moved to accept the Section 125 Cafeteria Plan updates for the 2018 plan year.
- Commissioner Follansbee seconded the motion.
- Supervisor Sheehy asked about UHC's recent requirement for prior authorization of Truvada, a FDA-approved and proven intervention to prevent HIV infection.
- Heather Chianello, UHC account representative, reported that she was unaware of UHC's specific pre-authorization requirement for Truvada. She stated that she would follow-up and report back to Acting Director Griggs.

Public comments: None.

Action: Motion was moved and seconded by the Board to approve the Section 235 Cafeteria Plan updates as presented.

Motion passed 7-0.

Supervisor Sheehy departed the meeting after this agenda item.

- 09142017-08      Discussion item      [Dependent Eligibility Verification Audit – Project to certify eligibility of dependent spouses and domestic partners \(Aon Hewitt\)](#)

Documents provided to Board prior to meeting:  
Aon Report.

- Acting Director Griggs reported that HSS had previously discussed conducting a dependent eligibility verification audit approximately six months prior to open enrollment; however, due to significant changes in this year's Open Enrollment, the schedule was changed to January 2018.
- The last dependent eligibility verification audit was conducted by HSS in 2010. At that time, HSS offered amnesty to members to drop ineligible dependents or risk imposed penalties. Members were asked to certify that their dependents remained eligible but

HSS did not ask for supporting documentation to show continued eligibility.

- Industry standards for completing dependent eligibility verification audits for companies the size of HSS' membership is every three to five years.
- Rocky Muratore reported on Aon Hewitt's process for conducting dependent eligibility verification audits and its plan for HSS. One important reason for conducting dependent verification audits is the avoidance or elimination of paying for ineligible dependents. Containing costs preserves future benefits.
- First-time dependent verification audits generally save approximately 5-7%.
- The average national dependent cost is \$4,100 annually (per dependent).
- Clear communication to employees of eligibility guidelines is important in understanding and following the rules.
- For example, as part of a divorce settlement, an employee may be ordered to maintain health insurance for a spouse. Once a dissolution of marriage or legal separation is issued, the dependent is no longer eligible for HSS health benefits. The decree does not state that the employee must keep the former spouse on his or her employer-sponsored health plan; just that health insurance must be provided. The employee's options may include private insurance or COBRA.
- In response to Commissioner Breslin's inquiry, Acting Director Griggs confirmed that a natural born child may remain on a parent's plan as a dependent, even if the parents are divorced.
- Aon will assign a client manager to HSS, who will be responsible for the entire project. Aon's assistance in the dependent verification audit process includes introductory

webinars, HR/manager and key stakeholders briefing kit and client portal access.

- The timeline includes a 90-day implementation plan (from January 2 through March 31). See pages 5 and 13 of report.
- This audit will include the spouses and domestic partners of all HSS members (actives and retirees), but no dependent children.
- Aon will handle the level 1 appeals from members who feel that their dependents should be included on their plans. If the member escalates to the next level appeal, Aon will turn over all information to HSS for its determination.
- Members must provide proof of marriage or domestic partnership, such as a marriage certificate or Affidavit of Domestic Partnership, as well as substantiate that the relationship is still in place (i.e., federal tax return within last two years, proof of joint ownership, etc.).
- Acting Director Griggs confirmed that HSS requires documentation, such as a signed marriage license or San Francisco domestic partner certification, when a member wants to add a dependent. The member must also prove that the relationship is ongoing by providing joint financial information or IRS documentation. Domestic partners would need to certify a joint living arrangement, such as a utility bill or other proof.
- Supervisor Sheehy expressed concern about some of the domestic partnership documentation requirements, especially in same-sex relationships. He questioned the extensiveness of outreach to the retirees because of the potential of someone being missed. He expressed concern about legally eligible dependents being dropped from a member's plan, and suggested that the default ensure that those legally eligible remain on the plan.

- President Scott stated that there would be due diligence in the process, especially for domestic partners. He noted, however, that the Board had a fiduciary responsibility to ensure that all dependents were members.
- Commissioner Follansbee stated that the Health Service Board would be the final arbiter of a third level appeal if a dependent were dropped from a member's plan.
- President Scott concurred and requested that the Board receive a formal report on the scope, general circumstances and consequences prior to terminating dependents from a member's plan.
- Acting Director Griggs reiterated that Aon Hewitt will conduct all aspects of the audit and deliver the results to HSS, as well as conduct first level appeals with HSS' review. Second level appeals will go directly to HSS.
- Implementation of the audit begins January 2018.
- In response to Commissioner Sass's question on funding, Pamela Levin, HSS CFO, reported that this audit was being paid for by the Controller's Office through an initiative to provide improved services through automation.

□ 09142017-09      Discussion item      [Update on Blue Shield's Trio HMO implementation](#)  
(Blue Shield representative)

- Jeanette Mone, Blue Shield account representative, provided a monthly update on the implementation of the Trio plan for HSS members, as requested by the Board.
- Ms. Mone first addressed questions asked earlier in the meeting. She stated that redirecting members to different facilities is standard practice for Brown & Toland and will not cause any issues.
- A high-level Blue Shield customer service representative and an eligibility specialist will be onsite at HSS' offices during the first two to three weeks of January 2018. These representatives will be available to answer

staff questions but will not assist with incoming HSS member calls.

- Commissioner Breslin asked for confirmation that HSS members were being advised to call Blue Shield with Trio Plan questions rather than calling HSS. She also asked whether family members could have a mix of Trio and Access+.
- Ms. Mone stated that HSS staff were being trained on managing members' phone calls on the Trio Plan and how to transfer them to Blue Shield.
- Ms. Mone confirmed that a family may have a mix of Trio and Access+ primary care physicians ("PCPs"), which would require them to remain in Access+. Auto enrollment would only occur for those members already utilizing Trio providers. A single family with a member who does not currently use a Trio PCP will not be auto-enrolled into the plan.
- Ms. Mone briefly reiterated the objectives of Blue Shield's Trio communications plan, which are presented at each meeting. She also presented an update on Blue Shield's communication timeline and stated that HSS was preparing to mail Open Enrollment kits and invitations to the benefit informational meetings scheduled on October 10 and 18. She noted that welcome communications will be sent to members in January 2018. Blue Shield's concierge will also contact members automatically enrolled in Trio.
- Commissioner Follansbee asked for reassurance that Blue Shield make clear to members considering obstetrical services that there is a difference in care between Dignity and UCSF. Members who use a Trio obstetrician will be admitted for inpatient delivery to UCSF. A Trio member could elect to receive a voluntary tubal ligation at UCSF; however, that option would not be available at a Dignity hospital. He stressed the importance of communicating such

information in the member materials during Open Enrollment, not in January.

- Acting Director Griggs suggested that part of Blue Shield's outreach training for providers, such as Brown & Toland, include informing patients of the difference in services between UCSF and Dignity, since patient referral in Trio will be to UCSF and not CPMC Sutter.
- Ms. Mone concurred and stated that Dr. Pamela Laesch was spearheading heading Trio's transition for HSS members and had identified where certain services should be directed, as well as hard-coded various obstetrical referral patterns.
- Approximately 20,000 families have been auto enrolled in Trio.
- In response to Commissioner Breslin's question, Acting Director Griggs clarified that members may enroll in Trio only during Open Enrollment and will not be allowed to change plans outside a qualifying event. HSS will review individual circumstances in accordance with member rules on a case-by-case basis (i.e., for the purpose of continuation of care, HSS would allow a member to return to Access+ if he or she were auto-enrolled in Trio).
- Commissioner Breslin stated that she would not have voted in favor of adding the Trio Plan had she realized that members could not move back to Access+ if they changed their minds outside Open Enrollment.

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

Public comments: Claire Zvanski, RECCSF representative, followed up on Commissioner Follansbee's comments. She suggested that the Open Enrollment materials specifically indicate the types of obstetrical services that might not be available through Dignity. This issue may impact early retirees, as well as Medicare retirees since split family dependents are allowed under Blue Shield. She intended to include information on Trio in the retiree newsletter.

- 09142017-10      Action item      [Vote on whether to cancel October 12, 2017 regular Health Service Board meeting due to Open Enrollment](#) (Acting Executive Director Griggs)
- Staff Recommendation: Approve cancellation of regular October meeting.
- Documents provided to Board prior to meeting: None.
- Acting Director Griggs reported that each year the Board is asked to consider cancelling its October meeting due to the amount of work involved in preparing for a regular meeting and allow HSS to focus on Open Enrollment.
  - Commissioner Breslin moved to approve the cancellation of the Board’s regular October meeting.
  - Commissioner Ferrigno seconded the motion.
- Public comments: None.
- Action: Motion was moved and seconded by the Board to cancel its October 12, 2017 regular meeting due to Open Enrollment.
- Motion passed 6-0.
- President Scott requested that Board members hold October 12, 2017, as a possible date to conduct HSS Executive Director interviews.
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- 09142017-11      Action item      [Vote on whether to cancel November 9, 2017 regular Health Service Board meeting and instead hold educational forum](#) (Acting Executive Director Griggs)
- Staff Recommendation: Approve cancellation of regular November meeting to hold educational forum.
- Documents provided to Board prior to meeting: None.
- Acting Director Griggs reported that in the last several years, the Board used the November meeting as an educational forum to learn more about various topics, such as benefits administration, the future of healthcare, etc.
  - This year’s recommendation was to cancel the November 9, 2017 regular meeting in lieu of an educational session.

- Commissioner Breslin moved to cancel the Board’s regular meeting on November 9, 2017, and hold an educational forum instead.
- Commissioner Ferrigno seconded the motion.

Public comments: None.

Action: Motion was moved and seconded by the Board to cancel its regular meeting on November 9, 2017, and hold an educational forum instead.

Motion passed 6-0.

□ 09142017-12      Discussion item      **Report on network and health plan issues (if any)**  
(Respective plan representatives)

- Commissioner Breslin stated that she had received five automated telephone calls from UHC, bordering on harassment, about its home care service. While it is a good benefit, she asked why UHC was continuing to make hard sell Robocalls promoting the benefit. She had hoped a UHC representative was available to address the issue but there was none in the audience.
- President Scott asked Director Griggs to follow up with UnitedHealthcare for its response to the marketing approach described by Commissioner Breslin.

Public comments: None.

□ 09142017-13      Discussion item      **Opportunity to place items on future agendas**

- Acting Director Griggs gave an update on the results from DPH Director Barbara Garcia’s May 26, 2017 letter to Blue Shield regarding unpaid reimbursement of 2016 emergency room services, as reported at last month’s meeting.
- Blue Shield responded to Director Garcia’s letter on August 14, 2017, stating that it paid the reasonable and customary reimbursement amount, consistent with state law for non-contracted providers. The letter also stated that Blue had been in discussions with the San Francisco Health Networks regarding a possible contractual arrangement with Zuckerberg San Francisco General. As of this

meeting, the parties had not come to a mutual agreement on rates and terms.

- Director Griggs reported that the next step would be the Board's decision on how to proceed.
- President Scott suggested that the Health Service Board take no action because the issue needed to be resolved between the Department of Public Health and Blue Shield.
- President Scott also requested that going forward, any materials to be distributed to the full Board be sent to the Board Secretary and copy him. He will confer with the City Attorney on next steps, if necessary.
- Erik Rapoport, Deputy City Attorney, concurred that the issue was outside the Health Service Board's fiduciary responsibilities and there was nothing more for the Board to do at that time. It was up to DPH and Blue Shield to discuss and resolve the issue.

Public comments: None.

- 09142017-14 Discussion item

Opportunity for the public to comment on any matters within the Board's jurisdiction

Public comments: None.

- 09142017-15 Action item

Vote on whether to hold closed session for member appeal (President Scott)

Staff recommendation: Hold closed session.

- Commissioner Breslin moved to hold a closed session to hear a member appeal.
- Commissioner Follansbee seconded the motion.

Public comment: None.

Action: Motion was moved and seconded by the Board to hold a closed session to hear a member appeal.

Motion passed 6-0.

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

- 09142017-16 Action Item Member appeal (President Scott)  
Documents provided to Board prior to meeting:
  1. Memo from HSS;
  2. Member documentation.Staff recommendation: Uphold HSS decision.

### Reconvene in Open Session

- 09142017-17 Action item Vote to elect whether to disclose any or all discussion held in Closed Session (San Francisco Administrative Code Section 67.12) (President Scott)
  - Commissioner Ferrigno moved to not disclose any of the discussion held in closed session.
  - Commissioner Follansbee seconded the motion.Public Comments: None.  
Action: Motion was moved and seconded by the Board to not disclose any of the discussion held in closed session.  
Motion passed 6-0.
- 09142017-18 Action item Possible report on action taken in closed session (Government Code Section 54957.1(a)(5) and San Francisco Administrative Code Section 67.12) (President Scott)
  - Commissioner Breslin moved to not report on action taken in closed session.
  - Commissioner Ferrigno seconded the motion.Public Comments: None.  
Action: Motion was moved and seconded by the Board to not report on action taken in closed session.  
Motion passed 6-0.

□ Adjourn: 4:21 pm

## Summary of Health Service Board Rules Regarding Public Comment

- Speakers are urged to fill out a speaker card in advance, but may remain anonymous if so desired.
- A member of the public has up to three (3) minutes to make pertinent public comments before action is taken on any agenda item.
- A member may comment on any matter within the Board's jurisdiction as designated on the agenda.

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

### Disability Access

Regular Health Service Board meetings are held at City Hall, 1 Dr. Carlton B. Goodlett Place, in Hearing Room 416 at 1:00 PM on the second Thursday of each month. The closest accessible BART Station is Civic Center, three blocks from City Hall. Accessible MUNI lines serving this location are: #42 Downtown Loop, and the #71 Haight/Noriega and the F Line to Market and Van Ness and the Metro stations at Van Ness and Market and at Civic Center. For more information about MUNI accessible services, call (415) 923-6142. There is accessible parking in the vicinity of City Hall at Civic Center Plaza adjacent to Davies Hall and the War Memorial Complex.

Accessible seating for persons with disabilities (including those using wheelchairs) will be available.

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

### Knowing Your Rights Under the Sunshine Ordinance

Government's duty is to serve the public, reaching its decision in full view of the public. Commissions, boards, councils and other agencies of the City and County of San Francisco exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review. For more information on your rights under the Sunshine Ordinance or to report a violation of the ordinance, visit the Sunshine Ordinance Task Force website at <http://www.sfgov.org/sunshine>.

### Lobbyist Registration and Reporting Requirements

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

### Summary of Health Service Board Rules Regarding Cell Phones and Pagers

- The ringing and use of cell phones, pagers and similar sound-producing electronic devices are prohibited at Health Service Board and committee meetings.
- The Chair of the meeting may order the removal of any person(s) in violation of this rule from the meeting room.
- The Chair of the meeting may allow an expelled person to return to the meeting following an agreement to comply with this rule.

The complete rules are set forth in Chapter 67A of the San Francisco Administrative Code.

If any materials related to an item on this agenda have been distributed to the Health Service Board after distribution of the agenda packet, those materials are available for public inspection at the Health Service System during normal office hours. For more information, please contact Laini K. Scott at (415) 554-0662 or email at [laini.scott@sfgov.org](mailto:laini.scott@sfgov.org).

The following email has been established to contact all members of the Health Service Board:  
[health.service.board@sfgov.org](mailto:health.service.board@sfgov.org).

Health Service Board telephone number: (415) 554-0662