



HEALTH SERVICE BOARD
CITY & COUNTY OF SAN FRANCISCO

Minutes

Special Meeting

Thursday, December 14, 2017

1:45 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, excused
Commissioner Stephen Follansbee, M.D.
Commissioner Gregg Sass
Supervisor Jeff Sheehy

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 1:48 pm.

President Scott asked the audience to remain standing after the pledge of allegiance in a moment of silence to acknowledge the passing of Mayor Edwin M. Lee.

- 12142017-01 Action item Approval (with possible modifications) of the minutes of the meetings set forth below:
- Regular meeting of September 14, 2017;
 - Special closed session of September 22, 2017;

- Special meeting of October 12, 2017;
- Special meeting of November 9, 2017;
- Special closed session of November 16, 2017.

Staff recommendation: Approve minutes.

Documents provided to Board prior to meeting:
Draft minutes.

- Commissioner Breslin moved to approve the meeting minutes of September 14, September 22, October 12, November 9 and November 16, 2017.
- Commissioner Sass seconded the motion.

Public comments: None.

Action: Motion was moved and seconded by the Board to approve the regular and special meeting minutes of September 14, September 22, October 12, November 9 and November 16, 2017.

Motion passed 6-0.

- 12142017-02 Discussion item [General public comment on matters within the Board’s jurisdiction not appearing on today’s agenda](#)

Public comments: None.

- 12142017-03 Discussion item [President’s Report](#) (President Scott)

- Update on HSS Executive Director Search

Documents provided to Board prior to meeting:
None.

- President Scott reminded Board members of the December 31, 2017 deadline to complete the City’s mandatory harassment prevention training, which was a requirement to continue to serve.
- President Scott reported that the Board had been working diligently with Heather Renschler of Ralph Andersen & Associates in the selection of an Executive Director for the Health Service System. He hoped to publicly announce the results of the Board’s efforts at the January 11, 2018 meeting.

Public comments: None.

- 12142017-04 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;
3. 2017 Open Enrollment summary (in Management updates);
4. California Healthline – "Health Giant Sutter Destroys Evidence in Crucial Antitrust Case Over High Prices" (Nov. 17, 2017);
5. LA Times – "Health giant Sutter destroyed evidence in crucial antitrust case over high prices, judge says" (Nov. 17, 2017).
 - Mitchell Griggs, HSS Acting Executive Director, reported on the Director's report with management updates, posted on the myhss.org website. The Director's report also included a summary of HSS' recent Open Enrollment experience, which was complex and HSS' busiest to date.
 - Acting Director Griggs stated that, in the interest of time, his report would be brief. He introduced two new HSS employees, Jesse Franklin, benefits technician, and Todd Creel, accounting intern.
 - President Scott welcomed both new HSS employees on behalf of the Board.
 - Acting Director Griggs reported initially on Open Enrollment, noting that additional details would be presented by Siobhan O'Connor, HSS Operations Manager. He commended the following HSS participants:

- HSS' Administrative Services team, as managed by Seretha Gallaread, assisted with the setup and breakdown of internal events, as well as scanning and linking member applications into the database. The team also kept track of new plan materials, inventory and supplies for the department, onsite vendors and members.
 - Enterprise Systems & Analytics – developed, programmed and implemented numerous technological systems in PeopleSoft for the new plan year as well as data analytics. The self-service pilot for Open Enrollment was also developed by this team (approximately 165 employees participated). This team is managed by Marina Coleridge.
 - Finance and Accounting– assisted with rate calculations, including reviewing the City's MOUs for the employer contributions. This team is managed by Pamela Levin.
 - Brian Rodriguez, HSS Project Manager, performed exemplary in keeping all Open Enrollment tasks on track. He is managed by Marina Coleridge.
- In August and September, Mr. Griggs suspected potential interference by Sutter in HSS' enrollment process of Blue Shield's Trio Plan (which eliminated Sutter providers and facilities). In proactive and preemptive action, Mr. Griggs sent a letter informing Sutter that any communications to HSS members regarding plan selection during Open Enrollment are handled through HSS. This prevented Sutter from sending the letter it had prepared for HSS members regarding enrollment in Blue Shield's Trio Plan. Mr. Griggs' contact with Sutter started a dialog between HSS, Sutter and the Mayor's office.

- Kaiser Permanente’s multi-region plan was implemented for the 2019 plan year. This regional plan offers services for retirees residing in Hawaii, Northwest Oregon and Washington State. There were a total of 38 subscribers enrolled into the new plan. The number of total lives had not yet been determined.
- Kaiser Permanente’s active enrollment increased by approximately 400 subscribers (or 1,200 lives).
- Non-Medicare retirees enrolled in Blue Shield decreased by 127 subscribers for the 2019 plan year.
- City Plan members increased by 31 subscribers. UHC Medicare Advantage PPO increased by approximately 171 subscribers.
- The addition of VSP’s Premiere Plan was well received. HSS enrolled approximately 19,000 lives (10,123 members and approximately 9,000 dependents) into the enhanced vision plan.
- An additional 1,100 members enrolled in voluntary benefits (i.e., pet insurance, supplement life, accident insurance, etc.), which were introduced last year. This brings the total to approximately 5,000 enrolled in supplemental benefits.
- See the Director’s report for additional details on the management updates.
- Acting Director Griggs noted that follow-up questions from the Board’s November forum on the opioid crisis were also included the Director’s report. He stated that an opioid update will be presented at the February meeting, which will include the job classes accessing or needing opioids as inquired by Commissioner Breslin and the triggers as Commissioner Follansbee.
- Acting Director Griggs introduced Siobhan O’Connor, HSS Operations Manager, who provided an overview of Open Enrollment metrics.

- Ms. O'Connor reported on the increased activities during this year's Open Enrollment compared to 2016:
 - 14% more calls
 - 13% more in-person consultations on the third floor
 - 22% more offsite consultations
 - 19.5% more first floor consultations
 - 24% more processed applications
- Ms. O'Connor's report also provided the overall Open Enrollment trend from 2015 to 2017, as well as a day-by-day comparison of 2016 over 2017.
- The demand of Open Enrollment impacted the call abandonment rate. Because of the various activities (offsite events, etc.), fewer staff were available to answer phones. Also, the calls lasted longer due to members' questions.
- See the Open Enrollment report included in the Director's report for all of the statistics.
- Ms. O'Connor stated that technology enabled efficiency in this year's Open Enrollment. HSS' Electronic Content Management system ("ECM"), which scans member applications, eliminated the need to handle paper forms. Ms. O'Connor stated that using the ECM saved approximately 333 staff hours and probably more.
- The largest offsite fairs were significantly busier this year (City Hall and One South Van Ness).
- Ms. O'Connor stated that HSS staff worked evenings and Saturdays in order to process 14,000 OE applications. She recognized the following employees for working extra hours: Florence Lam, Yock Chow, Marie Chan, Ruby Diaz and Jesse Franklin. She thanked the Member Services team as well. She commended Anthony Gan for processing over 1,000 open enrollment applications to help support the Member Services team. Ms.

O'Connor also acknowledged Acting Director Griggs for his calm leadership during a very busy open enrollment.

- Commissioner Follansbee commended the Member Services team for its hard work. He asked about the telephone abandonment rate, which can lead to member frustration, anger and anxiety. He suggested adding a telephone announcement indicating a better time for members to call.
- Ms. O'Connor stated that HSS recorded an announcement alerting members to increased call volume during Open Enrollment. She noted that long announcements also cause caller frustration.
- Commissioner Lim commended HSS staff for their hard work during Open Enrollment. He also commended Acting Director Griggs for his leadership while performing extra duties.
- President Scott expressed appreciation on behalf of the Board to Ms. O'Connor and the individual team members mentioned by name, as well as all of the teams that participated in a successful Open Enrollment.

Public comments: Claire Zvanski, RECCSF representative, stated that the retirees were grateful to Acting Director Griggs and his team for attending their health fare. They were also grateful to the Kaiser Permanente nurses for administering flu shots, which more people received this year. She stated that the offsite events are very important to retirees as places to gather. She thanked HSS staff and leadership for their hard work. She stated that the retirees are also waiting for an electronic open enrollment process. She thanked HSS again for the service received by retirees, stating that they were extremely grateful.

Acting Director Griggs thanked the Employee Assistance Program staff for their assistance to City departments after the unexpected passing of Mayor Lee. The EAP staff prepared a communication for all City employees and the departments most directly impacted, such as the Mayor's Office, the

Controller's Office and Zuckerberg San Francisco General Hospital.

- 12142017-05 Discussion item Update on Blue Shield's Trio HMO implementation (Blue Shield representative)

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

- Jeanette Mone, Blue Shield representative, reported on Open Enrollment and the lessons learned. She stated that the preliminary numbers were "soft" as indicated by the "squiggly equal signs" on page 3 of its report.
- The number one objective of Trio was to offer an affordable, high quality health plan for HSS members. Blue Shield also wanted to create competition in the healthcare system leading to more affordable prices and higher clinical outcomes for patients.
- Trio is offered with a three-year rate guarantee for the following plan years:
 - 2018 – 10% lower than 2018 Access+
 - 2019 – 5.9% rate cap
 - 2020 – 8.5% rate cap
- Blue Shield originally intended to auto enroll 25,000 HSS members into Trio from Access+ for January 1, 2018. However, that number was reduced by 3,000 members because Sutter objected to its physicians in the Brown & Toland Medical Group being included in the Trio Plan. Therefore, 22,000 HSS members were auto-enrolled into Trio, of which approximately 14,500 members remained.
- The Trio enrollment savings for the 2018 Plan year is \$12.6M based on 14,500 member enrollment, instead of \$15M as previously anticipated through auto enrollment. Blue Shield anticipates a more significant enrollment for the 2019 and 2020 plan years.
- Sutter attempted to interfere with HSS' Open Enrollment process by planning an outreach to HSS members. HSS proactively responded through the City Attorney's office and

collaborated to alter communications to members. Unfortunately, Sutter's letters and robo calls caused HSS member confusion and Blue Shield saw disenrollment from Trio during this period.

- Ms. Mone stated that Blue Shield also learned lessons regarding member communications through this experience. Blue Shield's letters to HSS members regarding Trio predominantly focused on primary care physicians but should have also focused on specialists, hospitals, and outpatient facilities, especially for the Hills Physicians Medical Group and other Trio providers. By not expanding its focus and identifying participating facilities and providers, Blue Shield lost 800 members with identical providers in Access+ and Trio, which could have had lowered those members' premium contributions within the Trio Plan.
- Ms. Mone noted that Blue Shield's missed opportunity was the several thousand members who did not remain auto-enrolled in Trio and voluntarily returned to Access+, which represented a potential \$2.7M in savings.
- There was some confusion within the Brown and Toland Medical Group regarding specialists employed by Sutter as well as Sutter primary care physicians included in the Trio Plan. Blue Shield was working to identify those specialists and primary care physicians to determine member impact. While the new plan year begins January 1, 2018, members undergoing particular treatments can expect to continue with their current providers with no disruption.
- Supervisor Sheehy stated that he found the enrollment process in Trio confusing, as well as difficult in identifying specialists and networks. He noted that the websites were not easy to navigate and it was unclear whether his primary care physician was in the Trio network. He also stated that Blue Shield undersold member access to UCSF, which is

recognized by many as an excellent institution.

- Commissioner Breslin concurred with Supervisor Sheehy's comments regarding Trio's enrollment confusion, which she had also heard from members who had attended the two informational meetings at the Hotel Whitcomb. She reiterated her previous objection to the auto-enrollment of Blue Shield members into Trio and asked whether HSS or Blue Shield's staff would be burdened with moving members back to Access+ if they opted to do so.
- Acting Director Griggs stated that members may only change their health plan outside Open Enrollment if there were address issues or administrative errors were made. HSS would also allow a member receiving treatment to move back to Access+ for continuity of care. However, members must make an appeal to HSS (first level) and then to the Health Service Board if previously denied by HSS to move back to Access+ from Trio.
- Commissioner Breslin stated that she felt strongly that Blue Shield's auto-enrolled members should be allowed to move back into Access+ if they desire. Otherwise, the Health Service Board will be inundated with appeals.
- Commissioner Follansbee stated that he understood the complexity of multiple medical contracts and subcontracts for specialists can be quite overwhelming and difficult to navigate. He stated that the percentage of Blue Shield's "missed opportunities" indicated that members were alerted to the automatic move to Trio and that 22% did so. While he was initially concerned about auto enrollment, he thought the results were encouraging despite individual experiences. He also thought the issue with subspecialists was clearly predictable.

- Acting Director Griggs stated that, as mentioned in the Director’s Report, Sutter’s attempt to communicate with HSS members was restricted Sutter Medical Foundation patients, who were not initially auto enrolled. HSS had objected to language directing members to select Access+.
- President Scott stated that he was also consulted regarding Sutter’s letter and had proposed certain language. He suggested that the Board engage in discussions early in the rates and benefits process to determine procedures for next year.

Public comments: None.

□ 12142017-06 Discussion item

Presentation of Audited Financial Statements for Fiscal Year 2016-2017 and 2016 (Pamela Levin/ KPMG)

Staff Recommendation: Approve report.

Documents provided to Board prior to meeting:

1. Memo re Financial Statements – June 30, 2017 and 2016;
 2. Presentation of Audit Results prepared by KPMG LLP;
 3. Financial Statement – June 30, 2017 and 2016.
- Pamela Levin, HSS CFO, introduced Jie Hua Lee, KPMG Audit Manager, who presented the HSS audit results.
 - Ms. Lee reported that KPMG performed the HSS audit for Fiscal Year 2016-2017 and 2016 in accordance with the Generally Accepted Auditing Standards and Government Auditing Standards. She presented highlights of HSS’ audited financial statement.
 - KPMG issued a clean audit opinion. There were no corrected audit misstatements, no uncorrected audit misstatements and no internal control deficiencies identified in this audit. No instances of non-compliance were found.

- Ms. Lee noted that there were no reported deficiencies or instances of non-compliance with applicable laws and regulations. She stated that HSS management was very cooperative and there were no disagreements between HSS and KPMG.
- Pamela Levin, HSS CFO, reported on HSS' audited financial statements for FY 2016-17 and 2016. She noted that the trust balance as of June 30, 2016 was \$68.6M. The trust balance as of June 30, 2017 was \$72.5M, which was an increase of \$3.9M due primarily to City Health Plan's net position. See HSS Audit memo.
- Copies of the trust financial statements may be obtained at the HSS offices, 1145 Market Street, 3rd floor. The comprehensive annual citywide financial report containing HSS' portion will be distributed sometime this month.
- Ms. Levin recognized Yuriy Gologorskiy and Elizabeth Salazar for their work on the audit, as well as the entire finance team.
- President Scott commended Ms. Levin and her team on behalf of the Board for its consistency, thoroughness and professionalism during the year.
- Supervisor Sheehy departed the meeting after this item.

Public comments: None.

- 12142017-07 Discussion item [HSS Financial Reporting as of September 30, 2017](#)
(Pamela Levin)

Documents provided to Board prior to meeting:

1. Financial update memo;
 2. Report for the Trust Fund;
 3. Report for the General Fund Administration Budget.
- Pamela Levin presented the HSS financial reports as of September 30, 2017.

- Based on activity through September 30, 2017, the projected trust fund balance as of June 30, 2018 is \$67.3M. The projected \$5.2M decrease is primarily caused by subsidizing City Plan rates, City Plan's unfavorable experience, Blue Shield's flex-funding, the use of the Healthcare Sustainability fund to finance budgeted expenditures and the use of performance guarantees to fund the adoption and surrogacy assistance plan.
- Ms. Levin reported that no performance guarantees had been received to date for the current fiscal year. The total performance guarantees received for the last fiscal year was \$113,000.
- No pharmacy rebates have been received this fiscal year as well.
- The adoption and surrogacy plan has paid out \$47,000 since its inception in January 2017. An additional application should be completed soon.
- The General Fund is projected to end the year on budget.

Public comments: None.

□ Meeting Break

Recess from 3:12 to 3:22 pm.

□ 12142017-08 Discussion item

Legislative and Excise Tax Update (Aon Hewitt)

Documents provided to Board prior to meeting:
Aon Report.

- Won Andersen, Aon Hewitt executive, highlighted the legislative items that were known to date, since things were quickly changing in Washington, D.C.
- Repealing the individual healthcare mandate was one component of the new proposed tax bill. This repeal could cause potential implications to employer-sponsored plans and possibly destabilize the individual market resulting in increased premiums. The potentially uncompensated healthcare costs

could be transferred to other payers, such as employer-sponsored programs.

- Enrollment in COBRA may also increase under employer-sponsored programs in a destabilized individual market. Plan sponsors may need to review strategy regarding part-time employees or pre-65 retirees relying on the individual market and consider bringing them back into an employer-sponsored program.
- Under the new tax bill, several delays and suspensions of taxes were proposed (i.e., one year extension on the Cadillac Tax to 2021 and suspension of taxes on medical devices).
- There were a number of tax treatment changes under the Senate bill; however, the final details were unknown.
- The Trump Administration ended the ACA cost sharing reduction (“CSR”) payments, which could impact the individual market.
- Ms. Andersen reported that enrollment in the ACA was occurring and had been fairly robust although the enrollment period was narrower this year with a deadline of December 15. She noted that the ACA still contains some very specific employer requirements (see pages 13 and 14 of report).
- California’s enrollment period for the State exchanges is longer than the ACA’s and enrollment may continue to increase.
- Mike Clarke, Aon Hewitt actuary, reported on the Excise Tax. He stated that it was still tremendously unclear whether it would be implemented in 2020 or whether the IRS would release the necessary guidance to help understand employers’ exposure to the Excise Tax.
- The Excise Tax was originally scheduled to be implemented in 2018. However, a tax cutting and spending package in late 2015 deferred the tax an additional two years to 2020. The threshold for triggering the Excise Tax is

\$10,758 for single coverage and \$29,004 for family coverage.

- Aon Hewitt created a specific one to 10-year forecast for illustrative purposes only based on what is known in 2017 (and not reflective of 2018 Open Enrollment results). It includes Aon's projected 2020 estimated coverage costs for each of HSS' programs, which is subject to change based on pending guidance and regulations. See page 21 of report.
- Mr. Clarke stated that while HSS is exposed to the Excise Tax, Aon Hewitt was carefully tracking legislative progression on the tax.
- Commissioner Breslin stated that when first presented a few years ago, she understood that nearly every HSS plan would go over the threshold except perhaps Kaiser.
- Mr. Clarke stated that while he was unable to speak to prior presentations, the blending of pre-65 and post-65 programs for the health plans could be different than the projection a few years ago.
- President Scott stated that whether the Excise Tax is implemented in 2020 or 2021, HSS will pay approximately \$7.5M based on Aon's assumptions.
- Mr. Clarke concurred with President Scott's statement but cautioned that extensive regulatory guidance is needed to perform an exact calculation.
- Pamela Levin commended the Board on its decisions over the last three to four years in reducing rates, which has decreased the Excise Tax.
- Acting Director Griggs added that HSS has been proactive with Aon Hewitt in determining potential solutions for the Excise Tax should it come to fruition as early as 2021. Hopefully, there will be possible action items in 2019 for 2020.

Public comments: None.

- 12142017-09 Discussion item Summary of Well-Being Program Data (Stephanie Fisher)

Documents provided to Board prior to meeting:
Wellness report.

- Stephanie Fisher, HSS Well-Being Manager presented a summary on the Well-Being program as well as the diabetes prevention pilot. Jennifer Christian-Herman from Kaiser Permanente's Office of Innovation was also in attendance to assist with the diabetes prevention presentation.
- In 2014, HSS selected its well-being assessment based on research that higher well-being scores were associated with lower costs, higher performance and lower absenteeism.
- Ms. Fisher noted that well-being can have an impact on some costs and not others. While the assessment indicated that 72.5% of HSS members were stable and accounted for approximately 14% of costs, approximately 2% of HSS members accounted for 40% of costs. She stated that the odds of increasing the 2% members' physical activity or improving their diet would not have a vast impact on costs.
- Ms. Fisher summarized the factors associated with well-being. The HSS well-being mission was defined in 2017 as feeling, living and being better every day. (See pages 10-14 of report).
- Commissioner Follansbee asked about the number of participants in the well-being assessment. He also suggested that it would have been helpful in the presentation slides to include the number of healthy and unhealthy members to create an assessment of the entire population.
- Ms. Fisher stated that approximately 20% of CCSF employees took the survey.

- Commissioner Follansbee also asked how to protect against harassing individuals who might not be eating as healthily or exercising as much as recommended in the well-being program.
- Ms. Fisher stated that HSS undertook the opt-in approach to participation in the well-being program. She noted that not every program is for everyone, and that being better every day does not mean the same for everyone. She acknowledged that this approach is slower; however, it is important to create the culture at the onset.
- Ms. Fisher reported on HSS' diabetes prevention program, which was partnered with Kaiser Permanente and the Division of Research. This program targeted individuals who did not have diabetes but were at risk.
- Two years ago, HSS began recruiting participants for either an online or workplace diabetes prevention program. It was a year-long program consisting of weekly/bi-weekly meetings during the first six months and monthly meetings for the remainder of the year.
- One hundred fifty-eight (158) HSS members were recruited for the diabetes prevention program. Kaiser's Division of Research randomly divided the participants into two groups (80 and 78 each). These members were asked to give their initial measurements and attend 12 weeks of classes (online or at the worksite). The timing then changed to every other week for several months and finally once a month for the remainder of the year.
- At six months, participants lost approximately four to five pounds. However, the online group began to regain weight by the end of the program whereas the worksite group lost additional weight. See pages 18-21 of report.
- At the end of the program, 43 online participants and 54 in-person or worksite participants returned for measurement. The

data compiled from this program was derived from the members who showed up at the beginning and end.

- Approximately 83-86% of participants expressed interest in taking part in the program because it was offered at work at no cost. The cost of such a program in the community is \$400.
- President Scott thanked Ms. Fisher for her presentation and asked the Kaiser representative whether this program or pilot had been conducted with other employers. He also asked about the larger outcome from this pilot and whether the outreach would be Kaiser-wide or selected regions.
- Jennifer Christian-Herman, Kaiser Permanente representative, stated that Kaiser had not previously conducted a formal research study similar to this program with any other employer customers. She stated that Kaiser intended to offer its diabetes prevention program more broadly, noting that CMS is requiring such programs for Medicare members as of April 2018 with a focus on the in-person program. The plan is still in the works. However, Kaiser is currently offering the diabetes prevention program through its staff. She noted that the YMCA delivered the HSS program and is nationally the leader in this program.
- In response to inquiries from Commissioners Follansbee and Sass, Ms. Fisher stated that she could not readily report the average age of the program's participants but she would follow up and report back. She confirmed that the onsite classes were offered during employees' lunch time and not during work hours. HSS chose not to draw blood for hemoglobin A1C results but used weight and the CDC risk screener to encourage participation. The online participants self-reported their results.

Public comments: None.

- 12142017-10 Discussion item Report on network and health plan issues (if any)
(Respective plan representatives)
- Lisa Garon, Employee Benefits Specialists (“EBS”) representative, reported on two issues.
 - EBS provides the voluntary online enrollment services for CCSF, as well as third party administration services to reconcile payrolls, enrollments and the payment of carrier invoices. EBS has been providing MEA voluntary flex benefit services to HSS for approximately 20 years.
 - On December 7, 2017, EBS experienced a reduction in staff. This staffing change will not impact its administration of HSS benefits.
 - The second issue involved a change in EBS’ payment system from paper to ACH. This change was implemented across the board for all EBS clients but has caused payment issues with approximately 15 CCSF MEA members. EBS intended to contact the MEA members impacted by the payment system change.
 - Commissioner Breslin asked for a UnitedHealthcare representative to come forward to answer questions about complaints from members who received harassing phone calls regarding enrolling in UHC’s home visit program. Commissioner Breslin stated that she, too, had received at least five telephone calls on the subject as well.
 - Shannon Haas, UnitedHealthcare representative, confirmed that UHC completed approximately 5,000 house calls during the year. She suggested inviting a UnitedHealthcare nurse to make a presentation to the Board on UHC’s house call program. She noted that UHC discontinued the calls based on the complaint from a recent Health Service Board meeting. Approximately three to five calls were made to each member. Ms. Haas stated that members may request to be put

on a do not call list, and they will not receive calls in the future.

Public comments: None.

- 12142017-11 Discussion item Opportunity to place items on future agendas
Public comments: Dennis Kruger, active, retired firelighters and spouses' representative, made three requests. First, he asked that during the rates and benefits cycle that the Board consider improving the hearing aid benefit. He stated that the current benefit of allowing one hearing aid every two years is archaic. He suggested allowing two new hearing aids for a three year period and a copay if another is needed in the meantime.
Mr. Kruger suggested increasing the insurance benefit for cataract surgery to \$5,000 per eye, which would cover the best treatment.
Lastly, Mr. Kruger suggested creating a two-tier dental system similar to the new two-tier vision system (buy-up).
- 12142017-12 Discussion item Opportunity for the public to comment on any matters within the Board's jurisdiction
Public comments: None.
- Adjourn: 4:23 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.

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.

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: (415) 554-0662