



HEALTH SERVICE BOARD

CITY & COUNTY OF SAN FRANCISCO

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HEALTH SERVICE BOARD MEETING

Minutes

Thursday, June 13, 2019, 12:30 p.m.
City Hall, Room 416
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94103

1. **CALL TO ORDER: 12:35pm**

2. **PLEDGE OF ALLEGIANCE**

3. **ROLL CALL**

President Karen Breslin – Present
Vice President Stephen Follansbee, M.D. - Present
Commissioner Wilfredo Lim – Excused
Commissioner Mary Hao – Present
Commissioner Randy Scott – Present
Commissioner Chris Canning- Present
Supervisor Rafael Mandelman -- Excused

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

DOCUMENTS ATTACHED: Meeting minutes from the May 9, 2019 meeting can be found on the SFHSS website at: <https://bit.ly/2x48Eof>

President Breslin affirmed that the Commissioners reviewed the regular meeting minutes from May 9, 2019. President Breslin asked if there were any corrections to the minutes. There were no corrections offered for the meeting minutes presented.

PUBLIC COMMENT: None.

Action Taken: The Health Service Board unanimously approved the meeting minutes.

Ayes: Breslin, Follansbee, Scott, Canning

Nays: (none)

5. **GENERAL PUBLIC COMMENT ON MATTERS WITHIN THE BOARD'S JURISDICTION: (Discussion)**

PUBLIC COMMENT:

Ms. Gail Ow, Retiree with United Educators, shared that she was very happy with the Well-Being guide she received in the mail. Ms. Ow also shared an experience she and her family had when they visited the new “Sutter Health CPMC” on Van Ness Ave. Ms. Ow noted that the CPMC location was hard to navigate, she could not find the emergency room, and there was confusion regarding doors that were labeled “EXIT” that were actually not exits. Ms. Ow shared another concern involving the lack of parking at the Kaiser hospital location on south of Market. Ms. Ow requested that Kaiser arrange a free busing or carpooling option be made available for people who cannot park within reasonable walking distance from the hospital.

Ms. Connie Levi, UESF retiree, stated that she was concerned about the hospital ratings, particularly the Mission Bernal rating of “D.” Ms. Levi would like to encourage the Health Service Board to support the plans and the hospitals they partner with to improve their standards.

6. PRESIDENT’S REPORT: (Discussion)

DOCUMENTS ATTACHED: None.

President Breslin introduced the newest Commissioner to the Board, Mr. Chris Canning. President Breslin listed some of Mr. Canning’s accomplishments, and his background qualifications. President Breslin welcomed Commissioner Canning to his first meeting. Commissioner Canning thanked President Breslin for the introduction and the Board’s welcome.

Commissioner Scott happily noted that this was the first time in two years the Health Service Board has been seated at its full capacity.

President Breslin stated that the July 11th Board meeting would be held as a special session. The meeting details were discussed in the Director’s Report.

PUBLIC COMMENT: None.

7. ELECTION OF HEALTH SERVICE BOARD OFFICERS (President and Vice President) FOR THE FISCAL YEAR 2019-2020: (Action)

Governance Committee Chair Scott noted that as the Chair of the Governance Committee it is his responsibility to make the recommendations for the Health Service Board President and Vice President. Governance Committee Chair Scott made a nomination to re-elect President Breslin and Vice President Follansbee for the 2019-2020 Fiscal Year. President Breslin asked if there were any other nominations. Commissioner Hao motioned to support the re-election of President Breslin and Vice President Follansbee. Commissioner Canning seconded the motion.

PUBLIC COMMENT: None.

Action Taken: The Health Service Board unanimously approved the Governance Chair’s motion to re-elect President Karen Breslin and Vice President Follansbee as the FY 2019-2020 Health Service Board Officers.

Ayes: Breslin, Follansbee, Scott, Canning, Hao

Nays: (none)

8. DIRECTOR’S REPORT: (Discussion)

DOCUMENTS ATTACHED: The Director’s Report from this meeting can be found on the SFHSS website at: <https://bit.ly/2WXbXYC>

Executive Director, Abbie Yant, began her report stating that the July 11th Board meeting would be held as a special meeting. This meeting will address market consolidation, emerging integrated delivery systems, changes in physician's practices, health plan integration with pharmacy benefit managers and other partnerships. Executive Director Yant further stated that in the fall of 2019, the Health Service System will host member engagement sessions, led by an engagement facilitator. Executive Director Yant explained that the sessions will be designed to gather feedback and information from all participants on possible service models. As the member engagement sessions are completed there will be a report out at each Health Service Board meeting during the months the sessions take place. Executive Director Yant encouraged members to contact the Board Secretary if they would like to add their names to the mailing list for the invitations to the scheduled sessions.

Executive Director Yant announced that as of June 13th, the Vendor Black out period ended. Executive Director Yant congratulated the SFHSS Member Services Team for their successful mid-year voluntary benefits enrollment. There was a total of 1153 enrollments. Specifically, there were 221 critical illness enrollments, 146 benefit accidental insurance enrollments, 447 supplemental term life enrollments, 124 Short-term disability enrollments, 111 Legal Shield enrollments, 29 Life Lock enrollments, and 45 Pet insurance enrollments.

Executive Director also announced that the SFHSS member service hours will be adjusted beginning August 1st, where every Thursday the member services will open at 10am and close at 5pm. This time will allow the member services team to have thorough and continuous trainings every week. Executive Director Yant stated that there is a robust communications plan regarding the change of hours. These communications will be shared with all members over the coming weeks.

Executive Director Yant stated that there were Cascade reports in the director's report. These reports are samples of the reports that will be coming with all the Director's Reports in the coming months. Executive Director Yant noted that the contact information for the Health Service Board has been adjusted and added to more of the Board pages on the SFHSS website.

Executive Director Yant shared that the Medical plans responded to the Vaccine questions that the Board members had regarding pharmacies administering vaccines to children without their parental consent. Executive Director Yant clarified that minors can consent for an HPV vaccination.

Executive Director Yant noted that the Delta Dental plan provided information regarding provider credentialing, accreditation, quality and peer review activities of all of their dentists. These reports are all included in the Director's Report.

Executive Director Yant introduced Lily Liang, the Executive Assistant to the Chief Operating Officer, to the Board members. Ms. Liang was present at the meeting. Executive Director Yant shared that Ms. Liang's background, and experience with various San Francisco City agencies are assets to the SFHSS team.

Vice President Follansbee noted that he was excited to hear all of the updates in the report and the follow-ups from the medical and dental plans. Vice President Follansbee asked the LEAN process, and what its purpose was in the agency processing and accountability. Vice President Follansbee also congratulated Chief Operating Officer, Mitchell Griggs, and his team, on a very successful mid-year enrollment. Executive Director Yant explained the LEAN process, its history, and methodology. Executive Director Yant shared how this program and process is empowering to the SFHSS staff members who are involved.

PUBLIC COMMENT: None.

9. FINANCIAL REPORT AS OF April 30, 2019: (Discussion)

DOCUMENTS ATTACHED: The Financial Report from this meeting can be found on the SFHSS website at: <https://bit.ly/2RtzC1l>

Pamela Levin, Chief Financial Officer, presented the financial report to the Board. Ms. Levin noted that trust fund year-end balance is projected to be \$84.6 million, which is an increase of \$7.2 million. Ms. Levin commented that the reason for this increase is due to the unfavorable claims experience with the United Healthcare PPO plan and for Blue Shield Access+. Ms. Levin noted that the Blue Shield Trio plan, and the Delta Dental self-funded plan claims experience continues to be favorable. Ms. Levin noted that the General Fund budget has a yearend projected balance of \$334,000 due to salary savings associated with some delays in staff hiring.

SFHSS received \$1.8 million pharmacy rebates from Blue Shield in March 2019, and \$263,000 from United Healthcare. Ms. Levin stated that the total pharmacy rebates for the year have totaled \$5.8 million, and the year-end projection is \$6.9 million.

Ms. Levin noted that as of April 30, 2019, SFHSS received a total of \$500,000 in performance guarantee payments.

Ms. Levin also stated that a total of \$105,000 has been paid out to members in the past fiscal year for the Adoption and Surrogacy Plan. Ms. Levin noted that a total of \$200,000 has been paid out since the program began in January 2017.

Ms. Levin shared that the budget process for Fiscal Year 2019-2020 was in full effect. The first budget hearing was scheduled for June 14, 2019. Ms. Levin noted that there was a verbal agreement made between her and the budget analyst regarding the budget cuts. Ms. Levin noted that nothing is set in stone, however, the SFHSS team will know the final budget by the end of June 2019.

Commissioner Follansbee offered his support and his appreciation to the SFHSS staff who may be taking on more work due to the hiring delays. Ms. Levin stated that the management staff is projecting to have a majority of the vacant positions filled and only one or two strategic planning positions will be delayed due to budget constraints.

Commissioner Scott thanked Ms. Levin and her team for the continued dedication and hard work during the budget season.

PUBLIC COMMENT: None.

10. INFERTILITY BENEFIT: REPORT ON UTILIZATION 2017-2018, CURRENT PRACTICE AND FUTURE CONSIDERATION: (Discussion)

DOCUMENTS ATTACHED: The Infertility Benefit report from this meeting can be found on the SFHSS website at: <https://bit.ly/2ISTyXW> , and the Infertility Benefit report's figures can be found on the SFHSS website at: <https://bit.ly/2Fm5ksT>

Ms. Anne Thompson, Aon, presented the Infertility Presentation. Ms. Anne noted that the SFHSS staff gathered input from subject matter experts, network health plans, and clinical research to ensure that current infertility benefits coverage supports best practice approaches for our membership. Ms. Anne noted that the Infertility Coverage provision in SFHSS medical plans is based on:

- Medical treatment that is supported by evidence-based research to ensure a healthy live birth
- Responsible stewardship of the resources needed to provide this benefit
- Relevancy to all families regardless of sexual orientation, single or partnered
- Recognition of infertility as a disease by definition of the American Society of Reproductive Medicine

- Recognition of Assisted Reproductive Technology as fertility treatment options by definition of the Center for Disease Control
- Acknowledgment of State Infertility Insurance Laws for California in relation to infertility benefits coverage
- Alignment to the SFHSS Strategic Goals

Ms. Thompson reviewed the progressive benefit enhancements that were offered in 2017 through all three of the medical plans. It was also noted that Kaiser Permanente has been charging a \$20 co-pay for some services, however, the Kaiser co-payments are changing in January 2020 to the 50% co-pay standard that United Health and Blue Shield currently practice with members who utilize infertility services.

Ms. Thompson noted that there is a 50% cost share to members who are utilizing a variety of infertility services. Ms. Thompson also stated that the cost for services varies and reviewed a sample pricing chart. Ms. Thompson also reviewed the responses the three medical plans gave to SFHSS regarding how the fertility benefits are handled for all member situations as well as how the infertility diagnosis is handled by each medical plan. Ms. Thompson reviewed the tax benefits for the families who pay for these infertility services that are in some cases considered “elective” and are treated as a taxable benefit.

Ms. Thompson also reviewed the “Niche Fertility Vendors” who offer services as “new point solutions” on the healthcare and infertility treatment supports.

Ms. Thompson outlined findings from the SFHSS analysis of the infertility benefit since 2017. Ms. Thompson noted that SFHSS is currently in the analytic data from the Society for Assisted Reproductive Technology, Health Plans and the All Payers Claims Database related to infertility benefit utilization and trends. Next steps include monitoring the market trends, comparing types of infertility benefits and their outcomes, as well as continued investigation for third party Infertility Benefits.

Commissioner Scott commended the SFHSS team for following up on this issue in more depth. Commissioner Scott noted that with this analysis the SFHSS team and the Board can now think about other services or plan changes that may be required to support all of our members with these medical needs. Commissioner Follansbee asked whether or not the SFHSS team surveyed and got feedback from the membership on the infertility services they received or are currently receiving.

Executive Director Yant noted that the SFHSS team is working with the Member Services division regarding the data systems where we collect data on service experiences from the members who call in to the department. The SFHSS team will continue to examine the data to review and reach out to the members who may need to have follow up discussions with our staff.

PUBLIC COMMENT:

Erica Maybaum, an active employee, stated that she “felt heard and this (report) is evident by the fact that there was an agenda item and presentation..” Ms. Maybaum thanked the Board and the SFHSS team for this work on the infertility report. Ms. Maybaum stated that she continues to have concerns about the infertility policy and benefits coverage for all employees. Ms. Maybaum presented three letters of denial for particular infertility services, and she noted that she will have file an appeal to receive these services. Ms. Maybaum continued to ask for more quantitative data to be shared regarding the specific details of denials and reasons for these denials. Ms. Maybaum asked that the medical plans provide the SFHSS team with the data that was requested approximately 6 months ago, so that it can be shared with the members who are requesting it.

Vice President Follansbee asked if the SFHSS team has any mechanisms to collect this data independently. Vice President Follansbee asked if the plans can issue more information on the denials to members whether it is across the board or health plan specific. Executive Director Yant stated that she will ask the providers to provide any information that they can on denials, and she reassured the Board

members that the SFHSS team is dedicated to supporting all members who require these services. This includes a process of researching and reviewing third party vendors for fertility benefit guidance. Executive Director Yant stated that infertility is a “policy issue,” and the SFHSS team is looking at how this benefit can be adjusted to serve all members.

RATES AND BENEFITS

11. REVIEW REVISED RATES AND BENEFITS CALENDAR AS OF May 28, 2019: (Discussion)

DOCUMENTS ATTACHED: The Revised Rates and Benefits Calendar from this meeting can be found on the SFHSS website at: <https://bit.ly/2Y3Qv5V>

Executive Director Yant stated that the Board had the final version of the Rates and Benefits calendar in their packet for their review.

PUBLIC COMMENT: None.

12. REVIEW AND APPROVE THE HARTFORD LIFE AND DISABILITY INSURED RATE RENEWAL: (Action)

DOCUMENTS ATTACHED: The Hartford Life and Disability Insured rate presentation from this meeting can be found on the SFHSS website at: <https://bit.ly/2L7qfDV>

Mike Clarke, Aon, presented The Hartford Life and LTD rate renewal presentation to the Board. The contents of this presentation are as follows:

Recommendation Summary - It is recommended that the Health Service Board (HSB) accept renewal of all life insurance, accidental death and dismemberment (AD&D) insurance, and LTD insurance premiums included in this presentation for the 2020 through 2022 plan years, with details to follow.

- Introduction
- Presentation of Insurance Renewal Rates for 2020-2022 Plan Years
 - Basic Life Insurance (employer-paid)
 - LTD Insurance (employer-paid)
 - Supplemental Life Insurance for Employees and Dependents (member-paid)
 - Supplemental AD&D Insurance for Employees and Dependents (member-paid)
- Overall Renewal Summary—Expected Aggregate 2020 Premiums
- Recommendation for Health Service Board (HSB) Action
- Appendix—The Hartford Life Essentials Value Added Services

Mr. Clarke noted that the presentation focused on the three-year renewal period from January 1, 2020 through December 31, 2022 with The Hartford Life and Accident Insurance Company (The Hartford). Mr. Clarke stated that this renewal is now under The Hartford because The Hartford purchased Aetna's group life and disability business in late 2017. This renewal was underwritten by The Hartford. Mr. Clarke noted that during the negotiation of this contract The Hartford proposed to reduce the cost to all parties who purchase these insurances, and to achieve long term financial stability on these plans.

Mr. Clarke stated that The Hartford offered the SFHSS team a deeper reduction on long-term disability rates in return for an increase on the basic life insurance rate, and overall that combination would lower total expected premium costs for life insurance and LTD, relative to The Hartford's original rate renewal proposal. Mr. Clarke noted that the claims that were incurred in the basic life insurance program for each year, 2014 through 2017, were higher in aggregate than what was anticipated by plan rates.

Commissioner Scott asked Mr. Clarke to explain what populations or employers were used as a comparison to the expected number of deaths data shown in Mr. Clarke's presentation on the basic life insurance renewal. Commissioner Scott asked if these groups are in similar size or were, they public

employer groups. Mr. Clarke noted that the demographic alignment was based on the age and gender characteristics of the SFHSS population that is “relative to what would be expected under The Hartford’s benchmark data.” Commissioner Scott requested the Board be advised in the future, at least annually of the life insurance and LTD plan experience to expectations based on rates, as the need for such a high rate increase for basic life insurance should have been better anticipated prior to this high requested renewal rate increase action for basic life insurance.

After reviewing the LTD, supplemental life insurance, and AD&D renewal recommendations, Mr. Clarke reviewed the overall cost of basic life insurance and LTD insurance that makes up the total cost for the employers.

Vice President Follansbee noted that he was “impressed by the value-added package” that The Hartford is offering in this renewal, however he expressed concern about the cost and that members are not utilizing the Life Essentials benefits available to members. Mr. Clarke reviewed the additional Life Essentials benefits that The Hartford will make available to SFHSS employees that currently are not part of the Aetna Life Essentials benefits. The list of benefits can be found on page 15 of the presentation.

PUBLIC COMMENT:

Action Taken: The Health Service Board unanimously approved The Hartford Life and Disability Insured Rate Renewal Recommendations.

Ayes: Breslin, Follansbee, Scott, Canning, Hao

Nays: (none)

13. HEALTH PLAN 2020 MEDICARE PLAN RENEWAL SUMMARY: (Discussion)

DOCUMENTS ATTACHED: The Health Plan 2020 Medicare Plan Renewal summary from this meeting can be found on the SFHSS website at: <https://bit.ly/2IX1kAe>

Mike Clarke, Aon, presented the overview of the Medicare Plan Renewals to the Board. The presentation covered the following material summaries as well as an overview of member contribution comparisons among the two predominant health plans offered to Medicare retirees by the San Francisco Health Service System (SFHSS).

- SFHSS offers these medical and prescription drug plans to Medicare retirees:
 - Regional Kaiser Permanente (Kaiser) Medicare Advantage plans in four regions: California (CA), Washington (WA), Northwest (NW), and Hawaii (HI)
 - National UnitedHealthcare (UHC) Medicare Advantage Preferred Provider Organization plan (known as “UHC MA PPO”).
- The Kaiser WA, NW, and HI plans are labeled as “multi-region HMOs”—Kaiser HMO plans in these regions are also offered to non-Medicare retirees.

Mr. Clarke reviewed the Medicare plans, and the number of covered lives each of the Medicare plans, the KPSA and the UHC MA plans. Mr. Clarke reviewed the Medicare plans within each of their renewal environments. Mr. Clarke also reviewed the projected 2020 Medicare Plan Monthly rates. Mr. Clarke concluded the presentation by reviewing the rate adjustment process that takes place for Medicare plans once the Centers for Medicare and Medicaid Services (CMS) defines their portion of funding to these Medicare Advantage plans.

Commissioner Scott asked Mr. Clarke to identify the drivers of the CMS policy that impact the cost of the coverage. Mr. Clarke commented about a potential CMS rule change that if implemented, would require group Medicare Advantage plans such as the two offered by SFHSS to reflect prescription drug rebates at

the point of sale of a prescription drug to a plan member. He explained that this rule, if implemented, could have potential adverse impact on rates for one or both of the SFHSS Medicare Advantage plans. (NOTE: since the June 13 HSB meeting, we were notified that CMS is no longer considering this rule change.) Mr. Clarke also stated that Kaiser releases next year's rates to SFHSS several months before actual CMS funding rates for the projection year are finalized, and thus the reconciliation of CMS actual funding can impact the degree of rate change in renewals in any given year.

Commissioner Scott asked for more context around the SFHSS Medicare Advantage plans and their planning for their expected reimbursement before a final rate is set. Mr. Clarke noted that he was unaware of the Kaiser or UHC mechanisms used in planned reimbursements, and he asked a representative from Kaiser Permanente explain this process to the Board.

Ms. Cindy Strickle, Kaiser Permanente, shared her knowledge on the Medicare Advantage reimbursement system. Ms. Strickle noted that one of the main components of the Kaiser Permanente Senior Advantage (KPSA) plan is the risk adjusted rate that is calculated based on population risk scores, and these risks are not finalized until June or July of each year. Ms. Strickle also stated that the reimbursement is affected by a few other components. One of the factors that is out of the medical vendor's control, is the fact that the reimbursement rate is not known until September of every year.

Ms. Strickle also noted that the rate adjustments happen in a community rated approach and then is adjusted for population risk. Ms. Strickle stated that the higher the Kaiser program is in risk, the more reimbursement that SFHSS would receive, also dependent on geography and other factors.

Commissioner Scott commented that the SFHSS population has been "stable from year to year," and that the consistency of the SFHSS population health status should reflect in the final calculated rates. Ms. Strickle noted that the difference between commercial rate developing is that the member utilization drives those rates, whereas the Medicare rates are built on risk acuity compared to the rest of the population in that health plan. Commissioner Scott asked if there was a report or a list of factors that Kaiser could offer so that the Board could review this in more detail. Ms. Strickle confirmed that there was a report they could see.

PUBLIC COMMENT: None.

BREAK BEGINS: 2:45 pm

BREAK ENDS: 2:55 pm

14. REVIEW & APPROVE UNITED HEALTHCARE MEDICARE ADVANTAGE PREFERRED PROVIDER ORGANIZATION FULLY-INSURED RETIREE RATES AND PREMIUM CONTRIBUTIONS: (Action)

DOCUMENTS ATTACHED: The UHC MAPA Renewal summary from this meeting can be found on the SFHSS website at: <https://bit.ly/2RqE3dO>

Mike Clarke, Aon, presented the United Healthcare MA PPO plan renewal contents as follows:

- Recommendation Summary
- Introduction
- Aon Commentary on UHC MMA PPO 2020 Rates
- Design and Program Change Considerations for 2020
- 2020 UHC MA PPO Monthly Rate Cards for Two Scenarios—Including 2020 vs. 2019 Rates Comparison
- Recommendation
- Appendix
 - 2019 UHC MA PPO Monthly Rate Card
 - UHC MA PPO Rate Card Footnotes

- Glossary of Plan Terms
- Member Contribution Change Exhibits for All Retiree Tiers

Mr. Clarke reviewed two plan renewal options with the Board. The first option was that the plan remains the same without any plan design changes, and the second option included an increase of specialty physician co-payments (\$5) increase, and the addition of 14 pre-made meals via Mom’s Meals Nourishcare annually. The two sets of the potential rate cards were presented as follows:

- 1) Status Quo (incorporating overall 17.0% UHC MA PPO rate increase); and
- 2) With Proposed Design and Program Changes version (incorporating overall 16.6% UHC MA PPO rate increase).

Mr. Clarke shared the recommendation that the Board accepts the UHC MA PPO retiree rates as presented today under the With Proposed Design and Program Changes scenario.

President Breslin asked why the Affordable Care Act Health Insurance Tax (HIT) was applied to the UHC plan rates, while the Kaiser MA plan did not apply the rate. Mr. Clarke stated that each medical plan decides what is passed on to the consumers within their rates. President Breslin asked if there were rules as to whether or not the plans could pass this fee onto the plans. Mr. Clarke asked both Kaiser and UHC representatives to share their position on the HIT and how it is paid.

Ms. Michelle Vollrath stated that the UHC plan sees the HIT as a “pass-through” to its clients, and the UHC plan calculates the tax based on the equation given to health plans by the federal government. The HIT is then passed on to UHC clients based on their total premiums. The HIT amount is based on these premium amounts. Ms. Vollrath further explained that this tax is an extra cost to the UHC business, and there is credit given back to the clients on the years where the federal government has waived the HIT. Ms. Vollrath shared that she did not have the rationale on the practice of the “pass-through”, but she did note that she would take back this request to the UHC team. Mr. Clarke stated that Kaiser does pass the HIT tax to their non-Medicare premiums, just not to the KPSA premiums.

Mr. Clarke reviewed the Mom’s Meals plan, and how much it would cost per member per month. Mr. Clarke also explained that this program has been actively used with the UHC members who are discharged from the hospital. President Breslin asked how many members have used the service since it began in 2019. Mr. Clarke shared that only two members have used the service, and one used it for all 84 meals in total.

Executive Director Yant noted that the utilization of this product is something that the SFHSS team needs to work with its communications department to help share information to the members. Executive Director Yant noted that some of the work comes to the member’s knowledge but also the hospital’s case managers who work with SFHSS members. Vice President Follansbee asked if this 14-meal service would be open to all of the members, and that was confirmed.

President Breslin asked for the Board to make a motion, whether to keep the status quo plan design, or to vote to adopt the plan design change with the \$5 co-payment increase and the adoption of 14 free meals annually from Mom’s Meals. Vice President Follansbee motioned to keep the UHC status quo plan.

PUBLIC COMMENT:

Claire Zvanski, a retiree with SCIU/West Bay/RECCSF/POB, agreed with the status quo plan design. Ms. Zvanski noted that many retirees can plan and budget when there is a monthly premium increase. Ms. Zvanski stated if the co-payments are increased, the retiree population will have a larger cost impact when they need to see a specialist multiple times in a month.

Burt Stuovault, Director of Strategic Planning for Mom’s Meal Nourish Care, thanked the Board for the opportunity to talk with them about this product. Mr. Stuovault explained that the Mom’s Meals team uses organic ingredients, fresh ingredients, and is a benefit many Medicare recipients would prefer to have, according to an internal survey Mom’s Meals conducted in Chicago.

Action Taken: The Health Service Board unanimously approved the UHC MAPD PPO Fully-Insured Retiree Rates and Premium contributions within the Status Quo design scenario, without any plan design changes.

Ayes: Breslin, Follansbee, Scott, Canning, Hao

Nays: (none)

15. REVIEW & APPROVE KAISER PERMANENTE SENIOR ADVANTAGE (MEDICARE) FULLY-INSURED RETIREE RATES AND PREMIUM CONTRIBUTIONS (California): (ACTION)

DOCUMENTS ATTACHED: The KPSA Fully-Insured Retiree Rates and Premium Contributions from this meeting can be found on the SFHSS website at: <https://bit.ly/2LfDcf9>

Mike Clarke, Aon, presented the KPSA rates and contributions to the Board. The presentation included:

- Recommendation Summary
- Introduction
- Aon Commentary on KPSA 2020 Rates
- Transportation Rider Consideration for 2020
- 2020 KPSA Monthly Rate Cards for Two Scenarios—including 2020 vs. 2019 Rates Comparison
- Recommendation
- Appendix
 - 2019 KPSA Medicare HMO Monthly Rate Card
 - KPSA Rate Card Footnotes
 - Medicare Advantage Prescription Drug (MAPD) Plan Definition
 - Member Contribution Change Exhibits for All Retiree Tiers

Mr. Clarke stated that the recommendation was to adopt the rate cards for the 2020 plan year as they are based upon the KPSA Medicare HMO per member per month (PMPM) premium rate of \$365.76, an increase of 12.2% from 2019, that included a new transportation rider benefit for KPSA members for the 2020 plan year.

Mr. Clarke presented the two possible rate cards to the Board: 1) Status Quo (incorporating overall 11.4% KPSA rate increase); and 2) With Transportation Rider version (incorporating overall 12.2% KPSA rate increase—including \$2.75 PMPM cost for transportation rider). Mr. Clarke stated that the recommendation was to approve the Transportation Rider 2020 rate card.

President Breslin asked how this transportation benefit was being utilized by the SFHSS membership in the UHC plan. Mr. Clarke noted that he did not have those numbers for this meeting, however he would bring those numbers to the next meeting. Commissioner Scott highlighted that this benefit, in addition to other benefits in our member plans, need to be communicated to all SFHSS Medicare plan membership to ensure the members utilize every benefit they qualify for. Vice President Follansbee agreed that many members are unaware of their benefits, and there is still time post discharge, or after an appointment to follow up with members regarding meal services, or transportation options.

Mr. Clarke reviewed the rates cards in more detail and noted that the Kaiser transportation benefit is still being developed. This benefit is targeted to be available by the start of 2020, but that is subject to Kaiser’s development status on this benefit. Mr. Clarke also stated that this transportation benefit will not provide non-medical transportation—and not include ambulance, wheelchair, or gurney van transport.

Vice President Follansbee stated his concerns regarding wheelchair access to this transportation benefit. Vice President Follansbee asked for some clarity on why the wheelchair access was not included on the planning of this benefit. Denise Rodriguez of Kaiser Permanente stated that the Kaiser team is looking to expand this benefit. Ms. Rodriguez noted that at this time the vendor that Kaiser plans to contract with does not have vehicles to transport people in wheelchairs. President Breslin and Commissioner Scott shared that there are various vendors within the Bay Area who do have wheelchair accessible vehicles. Ms. Rodriguez stated that she would take this feedback to her team and look into other vendors to accommodate the wheelchair access point. Ms. Rodriguez also noted that she and her team are concerned about getting this program fully implemented by January 2020, and the wheelchair access may postpone this benefit's startup date.

Vice President Follansbee agreed that not having wheelchair access for the Kaiser members is a "disservice" to the membership.

Mr. Clarke reviewed the rate cards in more detail and concluded his presentation by asking the Board to approve the rate card with the transportation benefit. Vice President Follansbee motioned to accept the transportation plan change rate card, with the addition of wheelchair access being launched at the same time as the remaining transportation benefit (expected: January 1, 2020). Commissioner Scott seconded the motion, with the expectation that the Kaiser team will update Board members during future meetings in the latter half of 2019. These updates would be used as an oversight to ensure that the benefit planning is inclusive for those in wheelchairs, while also keeping the members updated on the official launch date of the new medical transportation benefit in KPSA.

PUBLIC COMMENT: None.

Action Taken: The Health Service Board unanimously approved the KPSA (Medicare, California) Fully-Insured Retiree rates and Premium Contributions, with the condition that Kaiser add wheelchair accessible transportation to the transportation benefit. This particular condition requires updates to Board members during future meetings leading to the start of the transportation benefit available for KPSA members anticipated in January 2020.

Ayes: Breslin, Follansbee, Scott, Canning, Hao

Nays: (none)

16. REVIEW & APPROVE KAISER PERMANENTE'S MULTI-REGION RETIREE PLAN RATES AND PREMIUM CONTRIBUTIONS: (Action)

DOCUMENTS ATTACHED: KP Multi-Region Retiree Plan Rates presentation from this meeting can be found on the SFHSS website at: <https://bit.ly/2WZc6jr>

Mike Clarke, Aon, presented the final rates and benefits presentation, specifically the Kaiser Multi-Region retiree plan rate cards. The content of this presentation included:

- Recommendation Summary
- Introduction
- Aon Commentary on Kaiser Multi-State Region 2020 Rates
- 2020 Kaiser Permanente Multi-State Region Monthly Rate Cards and 2020 vs. 2019 Rates Comparison – Washington Rates and Contributions – Northwest Rates and Contributions – Hawaii Rates and Contributions
- Recommendation
- Appendix
 - 2019 Kaiser Permanente Monthly Rate Cards
 - Kaiser Permanente Rate Card Footnotes
 - Member Contribution Change Exhibits for All Retiree Tiers

Mr. Clarke presented the recommendation to the Board and asked the Board to accept the Kaiser multi-region plan premium renewals and resulting rate cards presented in the document. Mr. Clarke reviewed the history of the plans, and the rate adjustments, which are entirely community-rated given the small size of enrolled populations in these plans for SFHSS.

Commissioner Scott motioned to adopt the rates cards as presented on page 13 of the presentation. Commissioner Hao seconded the motion.

PUBLIC COMMENT: None.

Action Taken: The Health Service Board unanimously approved the Kaiser Multi-Region Rate Renewals.

Ayes: Breslin, Follansbee, Scott, Canning, Hao

Nays: (none)

REGULAR BOARD MEETING MATTERS

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

There were no updates from the health plan representatives.

PUBLIC COMMENT: None.

18. OPPORTUNITY FOR THE PUBLIC TO COMMENT ON MATTERS WITHIN THE BOARD'S JURISDICTION: (Discussion)

PUBLIC COMMENT: None.

19. OPPORTUNITY TO PLACE ITEMS WITHIN THE BOARD'S JURISDICTION ON FUTURE AGENDAS: (Discussion)

PUBLIC COMMENT: None.

20. ADJOURNMENT: 3:20 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.sfhss.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 Natalie Ekberg at (415) 554-1727 or email Natale.Ekberg@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