



HEALTH SERVICE BOARD

CITY & COUNTY OF SAN FRANCISCO

Randy Scott
President

Mary Hao
Vice President

Karen Breslin
Commissioner

Chris Canning
Commissioner

Supervisor Matt Dorsey
District 6
Commissioner

Stephen Follansbee, M.D
Commissioner

Claire Zvanski
Commissioner

Abbie Yant, MA, RN
Executive Director
Health Service System

Holly Lopez
Executive Secretary

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HEALTH SERVICE BOARD

REGULAR MEETING MINUTES

Thursday, June 8, 2023, 1:00 pm
City Hall, Room 416
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102

and

VIRTUAL PRESENTATION BY SFGOV TV and Webex

Remote Meeting Access

The Health Service Board welcomes public participation during public comment periods. There will be an opportunity for general public comment at the beginning of the meeting, and there will be an opportunity to comment on each discussion or action item on the agenda. Each comment is limited to 3 minutes. For those attending remotely, the Commission will hear up to 30 minutes of remote public comment total for each agenda item. Remote public comment from people who have received an accommodation due to disability will not count toward the 30-minute limit.

Watch at 1:00 pm on June 8, 2023 (via [SFGovTV schedule](#))

Click the link to join the meeting – [June 8, 2023 HSB Regular Meeting WebEx link](#)

Public Comment Call-In: 415-655-0001 / Access Code: 2592 851 6797 Webinar Password: 1145

Listening to the meeting via phone

1. Dial into **415-655-0001** and then enter **access code** 2592 851 6797 then #
2. Enter Webinar Password: 1145 then press #
3. Press *3 to be added to the Public Comment queue and you will hear the prompt “You have raised your hand to ask a question, please wait to speak until the host calls on you.” When the system message says “Your line has been unmuted” - **THIS IS YOUR TIME TO SPEAK.**
4. You will be muted when your time to speak has expired.

Watching the meeting on WebEx

1. Join via hyperlink [June 8, 2023 HSB Regular Meeting WebEx Link](#)
2. **Click on the Raise Hand Icon** to be placed in the queue to speak. A raised hand will appear next to your name. When you are unmuted in the system, a request to unmute will appear on your screen, please select unmute to speak.
3. When you are unmuted in the system, a request to unmute will appear on your screen, please select unmute to speak. Once you hear me say “Welcome Caller,” you can begin speaking.
4. When your time has expired, you will be muted. Please click on the Raise Hand Icon to lower your hand.

Members of the public are encouraged to state their name clearly although you may remain anonymous. You will hear an audible warning when you have 30 seconds remaining. When your 3 minutes have ended, you will be placed back on mute.

Best Practices when Calling in for Public Comment:

- Call from a quiet location
- Speak slowly and clearly
- Turn down any televisions or radios around you
- Address the Commission as a whole, do not address individual Commissioners

Written Public Comment

Persons unable to attend the meeting may submit written public comments regarding an agenda item. These comments will be made part of the official public record and shall be brought to the attention of the Health Service Board. Written public comments expected to be part of the official record should be submitted to the Board email, health.service.board@sfgov.org, and **received by 5 pm on Wednesday, June 7, 2023** before the meeting. Members can also call 628-652-4646 with any questions.

All comments received by the deadline will be forwarded to Board members, summarized and read aloud by the Board Secretary during the specific agenda item, and included in the meeting minutes. In the body of your email, indicate the meeting date and the specific agenda item number. If you do not specify an agenda item, your emailed public comment will be read under general comment.

The Health Service Board meeting recording is available on the [June 8, 2023, HSB Meeting webpage](#). Regular Board meeting recording archives are available on the [SFGovTV Health Service Board meeting webpage](#).

1. **CALL TO ORDER:** 1:01 pm

2. **ROLL CALL:**

President Randy Scott- Present
Vice President Mary Hao-Present
Commissioner Karen Breslin-Present
Commissioner Chris Canning-Present
Supervisor Matt Dorsey-Present
Commissioner Stephen Follansbee, M.D- Arrived at 1:30 pm
Commissioner Claire Zvanski- Arrived at 1:23 pm

3. **GENERAL PUBLIC COMMENT – An opportunity for members of the public to comment on any matter within the Board’s jurisdiction that is not on the agenda, including requesting that the Board place a matter on a future agenda.**

Fred Sanchez, Retiree, President of Protect Our Benefits-welcomed Supervisor Dorsey to the Health Service Board.

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

[See pdf of May 11, 2023 HSB Meeting Minutes Approved](#)

Supervisor Dorsey moved to approve the May 11, 2023, Health Service Board Regular Meeting Minutes. Vice President Hao seconded the motion.

PUBLIC COMMENT: None

VOTE:

Aye: Breslin, Canning, Dorsey, Hao, Scott

Absent for VOTE: Follansbee, Zvanski

Noes: None

ACTION: The Health Service Board unanimously approved the May 11, 2023 Health Service Board Regular Meeting Minutes.

5. **PRESIDENT’S REPORT: (Discussion)**

President Scott referred the public to his remarks at the May 25th Special Board meeting regarding the current healthcare environment that we’re in and how that impacts the decision-making of this Board in terms of what it can and can’t do. President Scott underscored a couple of points again.

President Scott said there are three large domains of activity that we can engage in: cost shifting, operational and administrative efficiency, and optimizing the provider network for cost and quality. Those same domains apply as we consider retiree rates as well. When we begin to talk about those things there are some very obvious features that stand out.

1. Cost Shifting-When we talk about cost shifting everyone understands that they share either an employee or retiree pays and that which the City (or another employer) pays. Income-based

contributions are an option for consideration as well but that will take some policy changes and a lot of effort on the part of the staff as well as getting agreement with our labor unions and so forth to make those kinds of changes. Plan design change is also a cost-shifting strategy. We also can begin to talk in terms of cost-shifting plan design and we looked at one set of plan design changes last meeting and declined to accept it. A Board education session is likely needed in August or September which would be open to the public, to understand kind of what are the mechanics, what are the issues, and to develop a common lexicon or dictionary about what we mean by plan design changes and the impact on health plan premiums.

2. Operational and Administrative Efficiency- We talked about the option of eliminating a plan but that creates disruption for the members and the providers. Going out for competitive bidding for various plans to cover various employee and retiree population segments is also a consideration. That takes a great deal of effort on the part of the staff and this Board to engage in that process. We went through a massive request for information (RFI) bidding process, with the retiree plans a few years ago and decided that we would not make plan shifts after we looked at the market. But even taking that informational look there's a lot of work and effort by this Board.
3. Optimizing the Provider Networks-This could mean combining and getting into larger purchasing groups or working with partners such as CalPERS to go to the marketplace jointly to say this is what we need or want in terms of either design or plan coverage or other benefits of what have you. Whether it be that or some larger Bay Area employer combination would be something to consider. All of those things are not something that this Board can do by just itself. We have to take our time and with that, it will not immediately impact the rates that you're seeing today or this year. Normally, any of these issues that we implement it's for the next or even the plan year beyond that.

President Scott asked everyone to consider these things you're making comments about what we're seeing in terms of premium increases not only for retirees but for active employees as well. The Board has tried to diligently go through the process of working with our actuaries and negotiating with our play partners and the results are the results that you see today. Executive Director Abbie Yant has been mercilessly called before the powers to be here at the city about how can we save on areas within our control.

President Scott said the Board will be sensitive as possible to public comment and input, ideas, and suggestions that may come to our attention in the days ahead but, again, we just can't individually mark our way in this process. It has to be done by leveraging the partnerships of others.

PUBLIC COMMENT: None

6. ELECTION OF HEALTH SERVICE BOARD OFFICERS (PRESIDENT AND VICE PRESIDENT) FOR FISCAL YEAR 2023-2024: (Action)-called after agenda item number 8

Governance Committee Chair Follansbee said the Health Service Board Governance Policy 201.9 outlines that neither President nor Vice President may hold such office for more than two consecutive one-year terms. Chair Follansbee reminded the Board that it is not standard practice to have both roles filled by appointed Commissioners.

Vice President Hao moved to nominate Commissioner Scott for President. Commissioner Zvanski seconded the motion. Commissioner Canning moved to nominate Commissioner Hao for Vice President. Commissioner Zvanski seconded the motion. Supervisor Dorsey moved to close nominations.

PUBLIC COMMENT: None

VOTE:

Aye: Breslin, Canning, Dorsey, Follansbee, Hao, Scott and Zvanski

Noes: None

ACTION: The Health Service Board unanimously approved Commissioner Randy Scott as the Health Service Board President and Commissioner Mary Hao as the Health Service Board Vice President for the fiscal year 2023-2024.

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

[See pdf of June 8, 2023 Director's Report](#)

Abbie Yant, SFHSS Executive Director presented the following items:

- Rates and Benefits Calendar
- Black Out Notice Reminder
- May is Mental Health Awareness Month
- Health Service System Divisional Reports
 - Human Resources Personnel
 - Operations
 - Enterprise Systems and Analytics
 - Member Services
 - Communications
 - Finance and Budget
 - Contracts
 - Well-Being

Executive Director Yant congratulated Jeff Linter on his retirement and thanked him for 31.5 years of service to the City. from the City of 31.5 years. Executive Director Yant read the Mayor's Commendation for Jeff:

Whereas, on behalf of the City and County of San Francisco I'm pleased to recognize and honor Jeffrey Lintner, LMFT, CEAP, and with the San Francisco Health Service System. Throughout your 31 years and 4 months of service to the City and County of San Francisco, City College, Unified School District, and the city courts, you have shown dedication and passion to servicing employees, managers and leaders, and Departments seeking mental health and organizational services. Your institutional knowledge and tireless commitment to serving city employees in a time of need have impacted so many lives, earning you the respect and commendation of your superiors and your peers. Your years of service contributed to the vitality of the San Francisco city family and is truly commendable. Best wishes on a well-earned and well-deserved retirement.

Jeff Lintner thanked Executive Director Yant for the acknowledgment. Jeff Lintner said his goal as a Senior Employee Assistance Program (EAP) Counselor was to make the personal and organizational lives of the employees just a little bit better, and truly believes that we need to take care of each other. He thanked Carrie Beshears for being his manager, his colleague, Jeannette Longtin for moving the EAP forward in new directions, and the Board for all they do.

Executive Director Yant announced her appointment to the California Health Care Affordability Board (HCAB) Advisory Committee. President Scott requested a high-level overview, scope of work, goals, and projects of the HCAB Advisory Board to understand what the entity will be doing in the future.

PUBLIC COMMENT: None

8. SFHSS FINANCIAL REPORT AS OF APRIL 30, 2023: (Discussion)

[See pdf of SFHSS Financial Reporting as of April 30, 2023 Memo](#) and [See pdf of SFHSS Financial Reporting as of April 30, 2023 Presentation](#)

Presented by Iftikhar Hussain, SFHSS Chief Financial Officer

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

President Scott asked if the audit process has begun and when it will conclude. Iftikhar Hussain said the audit is underway, will conclude in September, and presented to the Board in November. The audit includes a set of interviews with the Health Service System leadership which are currently in process.

PUBLIC COMMENT: None

9. REVISED SFHSS GENERAL FUND ADMINISTRATIVE BUDGET FY 2023-2024 AND FY 2024-2025: (Discussion)

[See pdf of Revised SFHSS General Fund Budget presentation](#)

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

- Budget Process Overview
- Summary of Mayor's Budget Changes
- Revised General Fund Budget

President Scott emphasized the importance of the Health Service Board election funding knowing there will be vacancies to fill and he trusts the Board will find worthy successors as a result of the 2024 election.

Commissioner Zvanski recalled the Sheriff's office received funding from the State of California for their Employee Assistance Program (EAP) because of their union contracts and asked if the Health Service System receives funding from the State to offset some of the EAP benefits. Iftikhar Hussain said that there are some grants and some supplemental funding. Iftikhar said the Fire Department has sufficient funds to fund their EAP services but is facing a disruption while they are looking for a new Chief Financial Officer.

PUBLIC COMMENT:

[Fred Sanchez, Retiree, President of Protect Our Benefits](#), expressed concern for the reduced staffing causing long wait time for Member Services, the long City hiring process which may push people to move to the private sector, and hoped that when the budget comes out of the deficit, staffing positions can be restored.

10. REQUEST TO APPROVE THE CONTRACT AWARD TO AON CONSULTING, INC. TO PROVIDE ACTUARIAL AND CONSULTING SERVICES TO THE HEALTH SERVICE BOARD AND THE HEALTH SERVICE SYSTEM CONTRACT EFFECTIVE FISCAL YEAR 2023-2024 (Action)

[See pdf for the Contract Award for Actuarial Services FY 2023-24 presentation](#)

Michael Visconti, SFHSS Contracts Manager presented the following items:

- Recommendation
- Evaluation Panel
- Scope of Services
- Review and Evaluation Process
- Evaluation Criteria
- Panel Rankings
- Recommendation

President Scott was astounded at the amount of work behind the scenes and the requirements of the city that we have assiduously followed in this process. President Scott said the actuarial services are critical to the work of this Board and out of due diligence from a fiduciary responsibility even though we have been wholly satisfied with the work of our actuary, that every five years or so we should go to the marketplace and review the standards, the process, the scope of work. President Scott thanked Michael Visconti for his leadership and his team for their efforts in this process. Michael Visconti thanked Patrick Chang Principal Administrative Analyst and William Kudenov, Senior Administrative Analyst for their work in this extensive, detailed process.

President Scott asked if the protest period closed today, June 8th. Michael Visconti said the protest period ended at 11:59 p.m. last night, June 7th. No protests were received, so there will be no protests for this RFP. Part of the RFP included the proforma agreement, terms and conditions, the standard terms and conditions, and the scope fully fleshed-out which allows my team to quickly execute a new agreement executed before July 1st of this year.

President Scott asked about the length of the new agreement. Michael Visconti said the agreement will be an initial three-year term with two one-year options to extend. An RFP will be done every five years unless otherwise determined by the Board.

Commissioner Follansbee wanted to affirm part of the applicant criteria included requirements for diversity, equity, and inclusion standards. Michael Visconti said diversity, equity, and inclusion were not only a key part of the proposal requirements but also from our oral interview questions.

Commissioner Follansbee said the request to “approve, ratify, and affirm” seemed redundant and asked why the specific language is used in the recommendation. Jennifer Donnellan, City Attorney said she would look into the use of the specific language.

Commissioner Breslin shared her surprise in only two companies applied for the contract. Michael Visconti said in 2018 there were four applicants. One applicant from 2018, Willis, Towers, Watson, declined to bid in this round. I think if we look back to our scoring from the last time RFP two respondents were very highly ranked and two that sort of did not meet our standards. The scores for this RFP were both very highly ranked and very closely aligned with the final bid. Michael Visconti said we may have not only saved ourselves a little bit of time by keeping very strict requirements but we set a very high bar with our 2018 RFP, letting any prospective respondents know that if you’re going to bid on these services you need to understand how active SFHSS and this Board is when it comes to administering benefits and that kind of environment, that kind of client relationship requires a very specific actuarial firm.

Moved by Follansbee moved the Health Service Board for the City and County of San Francisco approve, ratify, and confirm the contract award to Aon Consulting Inc. to provide actuarial and

consulting services of the Health Service Board and the San Francisco Health Service System and authorize the San Francisco Health Service System to proceed with the negotiation of a contract with Aon. Vice President Hao seconded the motion.

PUBLIC COMMENT: None

VOTE:

Aye: Breslin, Canning, Dorsey, Follansbee, Hao, Scott and Zvanski

Noes: None

ACTION: The Health Service Board for the City and County of San Francisco unanimously approved, ratified, and confirmed the contract award to Aon Consulting Inc. to provide actuarial and consulting services for the Health Service Board and the San Francisco Health Service System and authorize the San Francisco Health Service System to proceed with the negotiation of a contract with Aon.

RATES AND BENEFITS

11. PRESENTATION ON THE 2023 RATES AND BENEFITS CALENDAR FOR THE PLAN YEAR 2024 (Discussion)

[See pdf of Rates and Benefits Calendar Schedule for Plan Year 2024](#)

Director Yant said the rates and benefits calendar ends this month and the June 12th meeting hold date will be released if all agenda items are addressed today. Director Yant said she has spoken to over half of the Supervisors about the rate and benefits packet that will go before the full Board of Supervisors in July.

PUBLIC COMMENT:

Fred Sanchez, Retiree, President of Protect Our Benefits-Expressed concern for the impact the rates will have on retirees and requested the Board could extend the decision-making so the members who are most impacted could offer public comment. He encourages more members to share their concerns.

12. HEALTH PLANS 2024 RATE SUMMARY-MEDICARE RETIREE AND KAISER PERMANENTE MULTI-REGION RETIREE HEALTH PLANS: (Discussion)

[See pdf of 2024 Rate Summary-Medicare Retiree and KP Multi-Region Retiree Health Plans](#)

Mike Clarke, Aon presented the following items:

- Overview
- SFHSS Medicare Plans — Current Covered Lives
- SFHSS Medicare Plans — 2024 Renewal Overview
- SFHSS Medicare Plans — CMS Funding Change Impacts
- Projected 2024 Medicare Plan Monthly Rates

Commissioner Follansbee pointed out that there are almost 4,000 Medicare Advantage plans in the country, not all of them are available in California or our catchment areas. There was a 6% increase in 2022 so this is an area where for-profit healthcare companies can maximize their overall profits, and this may be an area they are trying to navigate cost factors. Commissioner Follansbee noted the issue of the decrease in federal funding of medical education which impacts

the supply of nurses, doctors, technicians, and mental health professionals and we see Medicare getting out of the medical education funding which puts a burden on medical centers and the schools, and we will see the ramifications and impact on our members. Commissioner Follansbee noted the preservation of Medicare is a political topic and will be discussed by candidates in the next election.

Commissioner Follansbee said the meals after discharge was a new benefit then rolled into the standard benefits year after year. This benefit has been included in the cost increase and at least one member has expressed less than ideal quality of service on this benefit. Commissioner Follansbee asked if utilization and cost analysis is available for the meals after discharge benefit and how is this data used in yearly negotiations. Mike Clarke said there has been the addition of post-discharge meal delivery, transportation benefits post-discharge as well as to and from appointments, which are part of these overall benefits that at various times have been added into the Medicare Advantage plans, and utilization and cost are tracked. Commissioner Breslin also shared her own experience with UHC's ride-share benefit option was inconsistent quality and wondered about the utilization of that benefit as well. Mike Clarke said utilization and cost are tracked, and that data would be shared at the August Board meeting.

Executive Director Yant added there are 11,000 people a day aging into Medicare. As a result of the impact of the pandemic our lifespans have decreased but that's going to come back and as we have an aging population some of these add-on services may not have been used heavily during the pandemic so we may want to put context to them because as people become aging in place at home those types of services are going to be more important than ever.

PUBLIC COMMENT: None

Break: 2:28-2:43

ROLL CALL:

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

13. REVIEW AND APPROVE KAISER PERMANENTE MULTI-REGION MEDICAL/RX FULLY INSURED RETIREE HMO PLANS 2024 RATES AND CONTRIBUTIONS: (Action)

[See pdf of KP Multi-Region Medical/Rx Fully Insured Retiree HMO Plans 2024 Rates&Contributions](#)

Mike Clarke, Aon presented the following items:

- Introduction
- Renewal Summary
- Aon Commentary on Kaiser Retiree HMO Multi-Region 2024 Rates
 - Kaiser Medicare Plan Rate Derivation for 2024
- Kaiser Multi-State Region Monthly Rate Cards-2024 vs. 2023 Rates Comparison
- Monthly Rate Card- Washington State Region Rates and Contributions

- Medicare Retiree Monthly Premiums & Contributions-2024 vs. 2023-Washington State Region
- Monthly Rate Card-Northwest Region Rates and Contributions
- Medicare Retiree Monthly Premiums & Contributions- 2024 vs. 2023-Northwest Region
- Kaiser Monthly Rate Card-Hawaii Region Rates and Contributions
- Medicare Retiree Monthly Premiums & Contributions-2024 vs. 2023-Hawaii Region
- Recommendation

Commissioner Canning asked if other plans in the same regions are experiencing similar increases for services. Mike Clarke said early retirees in the Blue Shield HMO plans and the non-Medicare PPO plan (reviewed in the last meeting) did benefit from the Sutter Health legal settlement funds. The early retiree PPO plan increase was 1.7% and the Medicare retirees in the UnitedHealthcare Medicare Advantage Plan (discussed today) has a proposed increase of 15%.

Commissioner Follansbee moved to approve the Kaiser 2024 plan year rates and premium contributions for the multi-region HMO plans for early retirees and Medicare retirees for the areas of Washington, Northwest, and Hawaii regions and the related rated cards. Commissioner Zvanski seconded the motion.

PUBLIC COMMENT: None

VOTE:

Aye: Breslin, Canning, Dorsey, Follansbee, Hao, Scott and Zvanski

Noes: None

ACTION: The Health Service Board unanimously approved the Kaiser 2024 plan year rates and premium contributions for the multi-region HMO plans for early retirees and Medicare retirees for the areas of Washington, Northwest, and Hawaii regions and the related rated cards.

14. REVIEW AND APPROVE KAISER PERMANENTE SENIOR ADVANTAGE (CALIFORNIA) MEDICAL/RX FULLY INSURED MEDICARE RETIREE HMO PLAN 2024 RATES AND CONTRIBUTIONS: (Action)

[See the pdf presentation for KP Sr Advantage Medicare Retiree HMO Plan 2024 Rates&Contributions presentation](#)

Mike Clarke, Aon presented the following items:

- Staff Recommendation
- Introduction
- Aon Commentary on KPSA 2024 Rates (Monthly Basis)
- KPSA Medicare Plan Rate Derivation for 2024
- Proposed 2024 KPSA Monthly Rate Card
- KPSA Monthly Premiums and Contributions- 2024 vs. 2023
- Recommendation

Commissioner Follansbee wanted to clarify that without the reconciliation the rate increases would have been much higher. Mike Clarke confirmed the KPSA California rate increase would have been between 9% and 10% without the benefit of the reconciliation.

Supervisor Dorsey moved to approve the Kaiser Permanente Senior Advantage (California) rate card as presented today which includes a 6.19% insured premium increase for the plan year 2024. Commissioner Zvanski seconded the motion.

PUBLIC COMMENT: None

VOTE:

Ayes:

Noes: None

ACTION: The Health Service Board unanimously approved the Kaiser Permanente Senior Advantage Medicare Retiree rate card, which includes a 6.19% insured premium increase into the 2024 plan year.

15. REVIEW AND APPROVE UNITEDHEALTHCARE MEDICAL/RX FULLY INSURED MEDICARE ADVANTAGE PPO PLAN 2024 RATES AND CONTRIBUTIONS: (Action)

[See pdf of UHC Medical/Rx Fully Insured Medicare Advantage PPO Plan 2024 Rates& Contributions](#)

Mike Clarke, Aon presented the following items:

- Staff Recommendation
- Introduction
- Aon Commentary on UHC MAPD 2024 Rates- CMS funding methodology changes
- • Impact of CMS funding methodology change on 2024 UHC MAPD renewal rate:
- 2024 UHC MAPD Plan Design Change Evaluation
- 2024 UHC MAPD Plan Design Change Evaluation Findings
- Proposed 2024 UHC MAPD Plan Monthly Rate Card
- Retiree Medical Contributions in Rate Card
- 2024 UHC MAPD Plan Monthly Rate Card- Status Quo Plan Design
- UHC MAPD Plan Monthly Rates and Contributions- 2024 vs. 2023—Status Quo Plan Design
- Recommendation

President Scott asked what are the average number of office visits per person per year. Mike Clarke said there is a distribution between primary care physician visits and specialty physician visits, and he would bring data to the August Health Service Board meeting.

Commissioner Breslin noted the cost differences (pages 14 and 15) and asked why the 1+ Non-Medicare in UHC Non-Medicare PPO is less expensive than the 1+ Non-Medicare in UHC Select EPO. Mike Clarke said that someone can elect one of three UHC plans as a non-Medicare covered life in a split family, and the difference has grown because the Select EPO applies the 14.4% increase that is consistent with Access+ for this particular cycle whereas the non-Medicare PPO rate increase was 1.7%. President Scott said this also includes the Sutter Health legal settlement buydowns. Commissioner Breslin asked why CanopyCare is not included as an option for a non-Medicare split family covered lives. Mike Clarke stated the Board's decision last year on June 9, 2022, to change the non-Medicare Plans administrator to United Healthcare for non-Medicare split family lives. The decision was made due to the administrative challenges and led to the decision to move those lives away from Blue Shield and into United Healthcare—as well as stating that Health Net CanopyCare would not be an option for non-Medicare split family covered

lives. Commissioner Breslin asked if adding CanopyCare would be possible in the future. President Scott recalled that administrative tracking was difficult to ensure that members were getting the benefits they paid for. Executive Director Yant said the split family option was tremendously difficult for the Health Service System and the plans and roughly 800 lives were impacted so moving to United Healthcare was the reasonable decision to administer the benefits.

Commissioner Breslin noted there were 5,417 early retirees reported as of last month and asked if that number included dependents. Mike Clarke referenced the Demographic Report that shows tremendous detail by plan, tier, and for each population. Executive Director Yant offered to send the report to Commissioner Breslin and answer any questions about the demographics.

Commissioner Breslin expressed concern that the rates for early retirees with two dependents are becoming unaffordable. Commissioner Breslin recalled the City Charter outlining retirees receiving the same healthcare as actives with exception of the union agreements. Executive Director Yant offered to review the City Charter for specific requirements for dependents.

Vice President Hao moved to approve the UHC MAPD Medicare Retiree rate card for status quo plan design as presented today, which includes a 15.0% insured premium increase into the 2024 plan year. Commissioner Zvanski seconded the motion.

PUBLIC COMMENT:

Fred Sanchez, Retiree, President of Protect Our Benefits-expressed frustration with the lack of member participation, requested more education on rates and benefits to encourage member participation as well as to targeted outreach to retiree groups and suggested that policy shifts such as income-based costs could improve rates.

VOTE:

Aye: Breslin, Canning, Dorsey, Follansbee, Hao, Scott and Zvanski

Noes: None

ACTION: The Health Service Board unanimously approved the UnitedHealthcare Medical/Rx Fully Insured Medicare Advantage PPO Plan 2024 rate card for status quo plan design as presented today, which includes a 15.0% insured premium increase into the 2024 plan year.

REGULAR BOARD MEETING MATTERS

16. VOTE ON WHETHER TO CANCEL THE JULY 2023 HEALTH SERVICE BOARD REGULAR MEETING: (Action)

Executive Director Abbie Yant recommended the Board cancel the Rates and benefits calendar held for June 12th and recommended canceling the July 13th Regular Board meeting.

Commissioner Follansbee moved to cancel the Health Service Board Regular meeting on July 13, 2023. Supervisor Dorsey seconded the motion.

PUBLIC COMMENT: None

VOTE:

Aye: Breslin, Canning, Dorsey, Follansbee, Hao, Scott and Zvanski

Noes: None

ACTION: The Health Service Board unanimously approved to cancel the Health Service Board Regular meeting on July 13, 2023.

17. REPORTS AND UPDATES FROM CONTRACTED HEALTH PLAN REPRESENTATIVES:

(Discussion)

President Scott thanked all the health plan representatives for their hard work, diligence, and patience throughout the renewal cycle and thanked them for their cooperation throughout the year.

Commissioner Breslin spoke at the May 25th meeting about a member's concern having to see their primary care doctor for a referral each time they saw a specialist and wondered if Blue Shield had any updates on the issue. Tiffany Gill, Blue Shield of California Account Manager, said Brown and Toland were not aware of the issue on their side and she is looking into it further for the root cause and will share updates before the August Board meeting.

Commissioner Follansbee urged the plans to commit to member education and be proactive in communications about health benefits and changes. Commissioner Follansbee pointed out that the Board specifically kept copays down to influence some of the drivers of increased healthcare costs seen with cardiovascular disease, cancer, and muscular-skeletal disorders. He urged the plans to alert members of the importance of screening which has decreased during the pandemic.

PUBLIC COMMENT: None

18. ADJOURNMENT: 3:37 pm

Summary of Health Service Board Rules Regarding Public Comment

1. There will be an opportunity for general public comment at the beginning of the meeting, and there will be an opportunity to comment on each discussion or action item on the agenda. A member may comment on any matter within the Board's jurisdiction as designated on the agenda.
2. A member of the public has up to three (3) minutes to make pertinent public comments.
3. Public Comment can be given in-person, remotely, or written.
4. Members may submit their comments by email to health.service.board@sfgov.org by 5 pm the day before the meeting start time. These comments will be made part of the official public record and shall be brought to the attention of the Health Service Board. All comments received by the deadline will be forwarded to Board members, summarized and read aloud by the Board Secretary during the specific agenda item, and included in the meeting minutes. In the subject line of your email, indicate the meeting date and the specific agenda item number. If you do not specify an agenda item, your emailed public comment will be read under general comment.
5. For those attending remotely, the Commission will hear up to 30 minutes of remote public comment total for each agenda item. Remote public comment from people who have received an accommodation due to disability will not count toward the 30-minute limit.

Knowing Your Rights Under the Sunshine Ordinance

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

Summary of Health Service Board Rules Regarding Cell Phones and Pagers

The ringing and use of cell phones, pagers, and similar sound-producing electronic devices are prohibited at Health Service Board and committee meetings. The Chair of the meeting may order the removal of any person(s) in violation of this rule from the meeting room. The Chair of the meeting may allow an expelled person to return to the meeting following an agreement to comply with this rule. The complete rules are outlined in Chapter 67A of the San Francisco Administrative Code.

Disability Access and Accommodation

Regular Health Service Board meetings are held at City Hall, 1 Dr. Carlton B. Goodlett Place, in Hearing Room 416 at 1:00 PM on the second Thursday of each month. The closest accessible BART station is Civic Center, three blocks from City Hall. Accessible MUNI lines serving this location are #42 Downtown Loop and the #71 Haight/Noriega and the F Line to Market and Van Ness and the Metro stations at Van Ness and Market and Civic Center. For more information about MUNI accessible services, call (415) 923-6142. There is accessible parking in the vicinity of City Hall at Civic Center Plaza adjacent to Davies Hall and the War Memorial Complex. Accessible seating for persons with disabilities (including those using wheelchairs) will be available. To obtain a disability-related modification or accommodation, including auxiliary aids or services, to participate in the meeting, please contact Holly Lopez, at 628-652-4646 at least 48 hours before the meeting, except for Monday meetings, for which the deadline is 4:00 pm the previous Friday.

City Hall Room 416 is wheelchair accessible. This meeting will be broadcast and captioned on SFGovTV. Remote public participation is available upon request for individuals who cannot attend in person due to disability. Making a request to participate remotely no later than one (1) hour prior to the start of the meeting helps ensure the availability of the meeting link. Sign Language Interpretation is also available upon request. If requesting remote Sign Language Interpretation, please submit an accommodation request a minimum of 4 business hours prior to the start of the meeting. Allowing a minimum of 48 business hours for all other accommodation requests (for example, for other auxiliary aids and services) helps ensure availability. To request an accommodation, please contact Holly Lopez, holly.lopez@sfgov.org 628-652-4646.

To access the meeting remotely as an accommodation, please use [June 8, 2023 HSB Webex Link](#) or call 415-655-0001. Please find instructions at the beginning of this agenda for how to use WebEx for the purposes of remote public comment.

Sensitivity to Chemical-based Products

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

Location of Materials

If any materials related to an item on this agenda have been distributed to the Health Service Board after the distribution of the agenda packet, those materials are available for public inspection at the Health Service System during normal office hours. For more information, please contact Holly Lopez at 628-652-4646 or email holly.lopez@sfgov.org. The following email has been established to contact all members of the Health Service Board: health.service.board@sfgov.org. Health Service Board telephone number: 628-652-4646

Lobbyist Registration and Reporting Requirements

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