



HEALTH SERVICE BOARD CITY & COUNTY OF SAN FRANCISCO

Mary Hao
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Claire Zvanski
Vice President

Jack Cremen
Commissioner

Supervisor Matt Dorsey
District 6
Commissioner

Art Howard
Commissioner

Gregg Sass
Commissioner

Fiona Wilson, MD
Commissioner

Abbie Yant, MA, RN
Executive Director
Health Service System

Holly Lopez
Executive Secretary

TEL (628) 652-4646
<http://www.sfhss.org/>

HEALTH SERVICE BOARD

REGULAR MEETING MEETING MINUTES DRAFT

Thursday, August 8, 2024, 1:00 p.m.
City Hall, Room 416
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102

and

VIRTUAL PRESENTATION BY SFGOV TV and Webex

Remote Meeting Access

The Health Service Board welcomes public participation during public comment periods. There will be an opportunity for the general public to comment at the beginning of the meeting and on each discussion or action item on the agenda. Each comment is limited to 3 minutes, and the Chair may, at their discretion, limit public comment to less than 3 minutes per Member of the public. 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. Remote viewing may not be available due to technology outages.

Watch at 1:00 p.m. on August 8, 2024 (via [SFGovTV schedule](#))

Click the link to join the meeting – [August 8, 2024, HSB Regular Meeting WebEx link](#)

Public Comment Call-In: 415-655-0001 / Access Code: 2668 438 0961 Webinar Password: 1145

Listening to the meeting via phone

1. Dial into **415-655-0001** and then enter **access code** 2668 438 0961, then #
2. Enter Webinar Password: 1145 then press #
3. Press *3 to enter the Public Comment queue, and you will hear the prompt, “You have raised your hand to ask a question; please wait to speak until the host calls on you.” When the system message says, “Your line has been unmuted,” - **THIS IS YOUR TIME TO SPEAK.**
4. You will be muted when your time to speak has expired.

Watching the meeting on WebEx

1. Join via hyperlink [August 8, 2024 HSB Regular Meeting WebEx link](#)
2. **Click on the Raise Hand Icon** to be placed in the queue to speak. A raised hand will appear next to your name. When you are unmuted in the system, a request to unmute will appear on your screen, please select unmute to speak.
3. When you are unmuted in the system, a request to unmute will appear on your screen, please select unmute to speak. Once you hear me say “Welcome Caller,” you can begin speaking.
4. When your time has expired, you will be muted. Please click on the Raise Hand Icon to lower your hand.

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

Best Practices when Calling in for Public Comment:

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

Written Public Comment

Persons unable to attend the meeting may submit written public comments regarding an agenda item. These comments will be made part of the official public record and shall be brought to the attention of the Health Service Board. Written public comments expected to be part of the official record should be submitted to the Board email, health.service.board@sfgov.org, and **received by 5 p.m. on Wednesday, August 7, 2024**, before the meeting. Members can also call 628-652-4646 with any questions.

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

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

1. **CALL TO ORDER:** 1:01 p.m.

2. **ROLL CALL:**

President Mary Hao- Present
Vice President, Claire Zvanski- Present
Commissioner John Cremen- Present
Supervisor Matt Dorsey- Present
Commissioner Art Howard- Present
Commissioner Gregg Sass- Present
Commissioner Fiona Wilson, MD.- Present

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

PUBLIC COMMENT:

Dennis Kruger, Retired and Active Firefighters and Spouses: Expressed dissatisfaction with Board actions on the approval of the Medicare Advantage Prescription Drug Passive PPO plan.

Fred Sanchez, President of Protect Our Benefits: Expressed dissatisfaction with Board actions on the approval of the Medicare Advantage Prescription Drug Passive PPO plan. Complimented the staff on their work and responding to members' questions.

Anonymous, Retired SFUSD teacher: Expressed disappointment in Medicare Advantage Prescription Drug passive PPO plan approval process.

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

[See the pdf of the June 7, 2024, Health Service Board Special Meeting Minutes Draft](#)

[See the pdf of the June 13, 2024, Health Service Board Regular Meeting Minutes Draft](#)

[See the pdf of the June 18, 2024, Health Service Board Special Meeting Minutes Draft](#)

Vice President Zvanski moved to approve the June 7 Special Meeting Minutes, the June 13 Regular Meeting Minutes, and the June 18 Special Meeting Minutes. Commissioner Sass seconded the motion.

PUBLIC COMMENT: None

VOTE:

Ayes: Cremen, Dorsey, Hao, Howard, Sass, and Zvanski

Abstain: Wilson

ACTION: The Health Service Board approved June 7, 2024, Health Service Board Special Meeting Minutes, June 13, 2024, Health Service Board Regular Meeting Minutes, June 18, 2024, and the Health Service Board Special Meeting Minutes.

5. ELECTION OF HEALTH SERVICE BOARD COMMITTEES: (Action)

President Hao moved to nominate the Board Member Committee Assignments and affirmed each Member's willingness to serve on the Committees. President Hao confirmed the following assignments:

Governance Committee:

Claire Zvanski- Chair
Mary Hao- Member
Fiona Wilson- Member

Finance and Budget Committee:

Gregg Sass- Chair
Jack Cremen- Member
Art Howard- Member

Commissioner Zvanski seconded the motion.

PUBLIC COMMENT: None

VOTE:

Ayes: Cremen, Dorsey, Hao, Howard, Sass, and Zvanski **Abstain:** Wilson

ACTION: The Health Service Board unanimously approved the committee assignments as the Governance Committee with Zvanski (Chair), Hao, and Wilson and the Budget and Finance Committee with Sass (Chair), Cremen, and Howard.

6. PRESIDENT'S REPORT: (Discussion)

President Hao welcomed everyone to the new fiscal year and the new cycle of the Board's meetings. President Hao mentioned that discussions about rates for the 2026 plan year will begin soon. She acknowledged recent changes to the plans have caused some concerns but expressed hope that the Members' issues can be resolved with the help of the staff. President Hao speaker emphasized the Board's commitment to serving its members thoughtfully in the upcoming year and invited public comments.

PUBLIC COMMENT: None

7. DIRECTOR'S REPORT: (Discussion)

[See the pdf of the August 8, 2024 Director's Report](#)

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

- Final Approval of Rates and Benefits at the SF BOS
- Equity and Inclusion Update
- SFHSS Lease Agreement
- Healthcare Affordability Board and Advisory Committee
- Divisional Reports
 - Human Resources Personnel
 - Operations
- Enterprise Systems and Analytics
- Member Services- Welcome New Staff
- Communications

- Finance and Budget
 - Contracts
- Well-Being

No discussion for this item.

8. SFHSS FINANCIAL REPORT AS OF MAY 31, 2024: (Discussion)

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

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

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

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

Iftikhar Hussain said there has been an uptick in claims in May, which is seasonal and consistent with last year. President Hao asked if there is a particular reason for the seasonal trend we've experienced. Iftikhar Hussain said the claims relate the peak in services in spring and which are being paid in May with the typical 45-day lag.

PUBLIC COMMENT: None

9. DEPENDENT ELIGIBILITY VERIFICATION AUDIT (DEVA) 2024 UPDATE: (Discussion)

[See the pdf of the DEVA 2024 Update](#)

Rey Guillen, SFHSS Chief Operations Officer, and Olga Stavinskaya-Velasquez, SFHSS Operations Manager, presented the following items:

- 2024 DEVA Pilot Highlights
- What is a DEVA?
- DEVA History
- 2024 DEVA Letter Timeline and Envelope
- Member Communications Channels
- DEVA – Systems Solutions
- DEVA Audit Results
- 2024 DEVA Pilot Operations Dashboard
- Audit Results
- Audit Challenges and Next Steps

Vice President Zvanski asked if there was an eligibility audit for adult dependent children. Olga-Stavinskaya-Velasquez said that this audit did not include adult dependent children and San Francisco Unified School District members. She said an audit of adult dependent children will be separate and forthcoming.

Vice President Zvanski asked what the process was for connecting with members who did not respond to the audit notices. Olga-Stavinskaya-Velasquez explained that Member Services followed up with members who didn't respond during the compliance period by sending a second letter in April and an email to those who still hadn't responded. She said that during this process members

who complied late, even after terminations, but during the appeals period, would have benefits reinstated. Olga-Stavinskaya-Velasquez noted that the process involved three months of communication and opportunities for members to comply. Vice President Zvanski acknowledged the hard work and tedious nature of the staff's efforts, particularly in following up with members. She acknowledged members don't always respond promptly and appreciated the staff's persistence. Vice President Zvanski highlighted the importance of this work, noting that it directly impacts the system financially—whether by saving money or ensuring dependents receive necessary services.

President Hao asked how members were selected to participate in the audit. Olga-Stavinskaya-Velasquez explained that the initial group of 1,000 members was reduced to 985 because some members were no longer employed by the City. The process began in January, with letters sent in late March. The members were identified by selecting active members whose DSW number ended in zero, reaching the target sample of 1,000.

President Hao asked how many appeals were submitted. Rey Guillen, SFHSS Chief Operations Officer, said SFHSS did not take a punitive approach during the audit. Members who responded late or after their dependents were terminated had their coverage reinstated if they could verify their dependents, so no appeals were needed for this group. However, there were eight appeals from members who failed to comply, mostly involving spouses not filing taxes as a married couple or dependents unable to provide acceptable documentation. If pursued further, these appeals will be presented to the Board starting next month. President Hao commended the staff and thanked them for their flexibility in ensuring that Member's coverage continued despite their late responses.

PUBLIC COMMENT: None

10. BOARD EDUCATION: HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) TRAINING 2024: (Discussion)
[See the pdf of the Board Education: HIPAA Training 2024](#)

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

- HIPAA – What It Is...
- HIPAA – And Is Not
- What Information Is Protected?
- Applicability for HSB Commissioners
- Penalties
- Cybersecurity
- Cybersecurity – Resources / Requirements
- 2024 – What's New?

Commissioner Zvanski asked if covered entities can communicate with each other and share information. Rin Coleridge said covered entities can generally share information with each other. Information sharing is legally managed through business associate agreements when involving third parties, such as healthcare consultants like Aon. Additionally, individuals can request their information be shared with third parties by completing forms available on the website, exercising their rights to control their data. Commissioner Zvanski said the Member must complete the form for documentation. Rin Coleridge confirmed that the Member must complete the form.

Commissioner Wilson expressed gratitude for a clear, thorough, and easy-to-understand presentation, especially given the complexity of the topic.

PUBLIC COMMENT: None

Break: 2:10–2:20 p.m.

ROLL CALL:

President Mary Hao- Present
Vice President, Claire Zvanski- Present
Commissioner John Cremen- Present
Supervisor Matt Dorsey- Present
Commissioner Art Howard- Present
Commissioner Gregg Sass- Present
Commissioner Fiona Wilson, MD.- Present

11. SFHSS ANNUAL BENEFIT CONTRACTS MARKET EVALUATION AND ASSESSMENT:
(Discussion)

[See the pdf of the SFHSS Annual Benefit Contracts Market Evaluation and Assessment](#)

Michael Visconti, SFHSS Contracts Administration Manager, and Mike Clarke, Aon Lead Actuary, presented the following items:

- Introduction
- Summary of Benefit Plans and Administrators
- Assessment and Market Evaluation of Benefit Contracts
- Request for Information (RFI) and Request for Proposal (RFP)
- Previous Benefit Assessments: Commercial (Active and Non-Medicare Retiree) Health Plans
- SFHSS Benefit Assessment for Plan Year 2025
- SFHSS Benefit Assessment for Plan Year 2026
- SFHSS Benefit Assessment—Other Plans
- Intent to Issue Life and LTD Insurances RFP
- Basic Life and LTD Insurance—Carrier History
- Summary of Current Basic Life and LTD Insurance Benefits
- Supp. Life, AD&D, and Short-Term Disability Insurance
- Life, AD&D, and LTD Insurances — Recent Rate Actions and Utilization
- Life and Disability Insurance Market Trends
- Criteria for a Life and Disability Insurance RFP

Vice President Hao asked Mike Clarke to elaborate on the point from slide 19, which mentioned that despite rate reductions over time, the claim loss ratios have remained favorable to the insurer. Mike Clarke explained that life insurance is straightforward because it involves a specific event (a death), while disability insurance requires forecasting future costs based on the nature of an individual's disability. Over the years, life insurance premiums have generally exceeded the claims paid out, although some higher claim years in the late 2010s led to a basic life insurance rate increase. However, as death claim experience improved, SFHSS and Aon were able to negotiate a reduction in the basic life insurance rate with the insurer. Mike Clarke indicated that long-term disability claims experience has not aligned with the premiums being charged, suggesting that premiums remain high relative to the claim experience. He stated Aon frequently engages in RFPs to manage life insurance and disability premiums on behalf of clients. Post-pandemic, there is an increased focus on supporting individuals and families through death and disability events, emphasizing the importance of upfront protection even for low-probability events.

Commissioner Wilson asked what percent of our active employees currently purchase supplemental life insurance. Mike Clarke said that supplemental life insurance participation has recently ranged from 6-8% of the eligible population. He was unsure about the participation rate for short-term disability but estimated it is within the same range and would like to see higher enrollment.

Mike Clarke clarified that if a new organization starts on January 1, 2026, any disability claims from before that date will still be handled by The Hartford. Similarly, death claims occurring through December 31, 2025, will be processed under the current contract with The Hartford, based on the date of the event and the insurer at that time.

President Hao asked the next steps for the RFP process and when the staff will provide the Board with additional information and timelines. Michael Visconti said the RFP would begin in early December 2024 and staff can present an update in the fall of 2024. President Hao requested the staff return in November 2024 or December 2024 to update the Board on the timeline and ensure we are aligned with the progress.

PUBLIC COMMENT: None

12. BLUE SHIELD OF CALIFORNIA MEDICARE ADVANTAGE PRESCRIPTION DRUG (MAPD) PPO TRANSITION PLAN: (Discussion)

[See the pdf of the BSC MAPD PPO Transition Plan](#)

Rey Guillen, SFHSS Chief Operations Officer, Olga Stavinskaya-Velasquez, SFHSS Operations Manager, Tiffany Gill, Blue Shield of California, Major Account Executive Charles Lee, Blue Shield of California, Manager -Group Retiree, Senior Markets presented the following items:

- Background
- Objectives
- Assembling the Transition Team
- Transition Elements
- Assure Members with Blue Shield's Dedicated Concierge Service (800) 370-8852
- Assure members
- Call Escalation Process
- Blue Shield Plan Highlights
- Blue Shield's New Blue Shield, Medicare PPO Plan, gives members flexibility & choice
- Blue Shield's Pharmacy Transition
- Behavioral Health & Well-Being Transition
- Anticipate, Assure & Address Member Concerns Through Multi-Channel Communications
- Contracts & Finance
- Preparing SFHSS Systems
- BSC MAPD PPO Transition Dashboard
- Shared Success Metrics

Commissioner Zvanski asked why the Member Services hours are only 9 a.m. to 1 p.m. Olga Stavinskaya-Velasquez said the Health Service System's in-person support is available from 9:00 a.m. to 1:00 PM. Despite experiencing staffing issues last year and not fully reopening the in-person center, the service has been operational during these hours. Usage is tracked, showing only a significant increase during open enrollment last year. The schedule is based on member needs and the system's capacity. Vice President Zvanski asked if members had complained about complaints

about the hours. Olga Stavinskaya-Velasquez said Member Services strives to assist members who visit in person, and our call center is open daily from 9:00 a.m. to 5:00 p.m., except Thursdays when it's open from 10:00 a.m. to 5:00 a.m.

Vice President Zvanski asked to clarify what a warm transfer means. Olga Stavinskaya-Velasquez said a warm transfer involves one agent passing a call to another agent while providing some background information so the Member doesn't need to repeat their situation. There will be a team of about 20 Blue Shield concierge staff, with the possibility of adding 26 more for overflow, ensuring a high volume of agents available to handle calls.

Commissioner Howard asked if Magellan Healthcare would be available for Member's mental health benefits. Charles Lee said Magellan is the Blue Shield in-state mental health provider. For out-of-state needs, Blue Shield uses the BCBSA network of mental health providers. Medicare-participating providers nationwide who bill Blue Shield are also available, ensuring consistent service levels. Charles Lee further explained as long as the provider participates in Medicare, they will be covered by Blue Shield even if the provider doesn't have a direct contract with BSC. For example, a provider with a contract with United Healthcare can bill Blue Shield and the services will still be covered. Vice President Hao said the provider has to bill Blue Shield. Charles Lee said Blue Shield does not require a contract or negotiate rates; Blue Shield pays exactly what Medicare pays. This straightforward approach is usually well-understood and accepted by providers, who generally prefer to continue seeing their patients. Vice President Zvanski asked if Blue Shield refuses to pay providers. Charles Lee said we should not face issues with Blue Shield refusing to pay, as this PPO network offers greater flexibility compared to a traditional HMO plan. Unlike HMO fee-for-service models, this PPO plan can handle out-of-network claims.

Commissioner Cremen mentioned that providers may have had negative experiences and may not want to work with Blue Shield. Charles Lee said the Blue Shield team is committed to resolving any problems for members. The member concierge team will work with providers who have any claims issues, and members can contact the member concierge if they have any claims issues. The Blue Shield dedicated member concierge phone is available now at 800-370-8852. They are already answering questions and concerns about the upcoming plan.

Commissioner Cremen also said out-of-state members are concerned about keeping their providers. Charles Lee said Blue Shield will call any providers, explain how the plan works, give them additional information, and work to resolve any claims issues. The ultimate goal is to help the Member.

Commissioner Sass said he understood that Blue Shield of California is the Medicare intermediary for members. He understood that Blue Shield acts as the nationwide Medicare intermediary, handling all Medicare bills through a single address. As with UHC, the Blue Shield ID card will provide billing instructions, phone numbers, and addresses. This ID card will identify the plan as a Medicare Advantage PPO, which most physicians will recognize. Essentially, Blue Shield administers the Medicare aspects of the plan. Charles Lee noted that Medicare Advantage Plans are required by law to cover at least the benefits provided by Medicare. Like HSS, we also offer supplemental benefits such as transportation, meals, and a fall monitoring system, exceeding the standard Medicare coverage.

Commissioner Wilson appreciated that Blue Shield's team has listened to the comments and concerns raised during the hearings. Understanding these concerns will help clarify the differences between PPO and HMO plans. Since healthcare can be confusing, even for physicians, it's essential

to clearly explain and reiterate these distinctions in your scripts and FAQs. Charles said watching previous Board meetings was a valuable tool for our team to understand members' concerns. Charles Lee said HSS and Blue Shield developed a mailer to address these concerns and frequently asked questions. Commissioner Cremen asked when members receive the mailer. Commissioner Wilson said there are concerns from individual members undergoing cancer treatment about disruptions in their care. It's crucial to reassure them that their treatment will continue seamlessly, even through the transition. She emphasized that chemotherapy schedules must be maintained without interruption and that outreach efforts should be enhanced to communicate this assurance. Reporting on these outreach efforts would be appreciated, as ensuring uninterrupted care is vital. Charles Lee said that for personal one-on-one situations, their best-of-the-best concierge team is available to listen to the problem, log the request, and support the Member with continuity of care concerns. Rey Guillen said the mailer would be mailed next week, and any additional feedback from today's meeting would be incorporated. He said that Jessica Shih, SFHSS Communications Director, has developed a communication campaign called the AAA approach—Anticipate, Assure, and Address—to fully educate retiree members about the transition. We have also collaborated proactively with Blue Shield to anticipate and address potential member concerns. Rey Guillen said several methods will be used for future communications. HSS will send postcards with messages on both sides, as many members may not open envelopes. We will send letters for detailed information, hold planned webinars, and contact organizations like Protect Our Benefits and the Retired Police Association to co-host town halls. HSS will also use email more extensively and has developed a microsite with Blue Shield for up-to-date information that can be quickly updated to address emerging issues.

Commissioner Zvanski asked when email, phone calls, or mail are unsuccessful in reaching a member, does staff have alternative methods for contacting them. Rey Guillen said HSS makes efforts to track and update members' addresses with each mailing and is increasing the use of email to improve information delivery, as mail is less frequently checked. Additionally, Blue Shield will help HSS follow up by phone for any returned mail, a new approach they are implementing to ensure effective communication.

Commissioner Wilson asked if someone is traveling abroad and not checking their mail, the transition to Blue Shield will still occur automatically. Members will find a Blue Shield card waiting for them when they return without needing to take any action. Rey Guillen said all existing UHC members will be automatically transferred to the Blue Shield plan without any action required on their part, ensuring continuous coverage. This automatic transition is part of the agreement with Blue Shield to prevent anyone from falling through the cracks.

Supervisor Dorsey said his decision to select Blue Shield of California, despite their reputation issues, was based on confidence in HSS and Aon, not in Blue Shield itself. He said there were significant concerns among members, retirees, and City officials about Blue Shield's past performance, which nearly led to opting for a more expensive alternative. Dorsey offered members who opposed the transition to keep in touch with his office about the transition. He said while Blue Shield won the bid, there would be little tolerance for mistakes, and they must now prove their commitment to excellent customer service and member satisfaction. He said critics are watching closely, and Blue Shield must deliver to avoid further scrutiny. Supervisor Dorsey hopes Blue Shield will prove the criticism wrong.

President Hao said Blue Shield's earlier hesitation and use of the word "should" instead of "will" had a chilling effect. She said language matters and the Board needs more certainty from Blue Shield. Now that the Board has chosen Blue Shield, we want to support its success, but Blue Shield must

demonstrate its commitment and partnership with HSS.

Vice President Zvanski said Blue Shield must work hard to regain the trust of HSS members. She said the Board will closely monitor feedback from members and staff. The Board wants HSS staff's work to proceed smoothly without extra effort due to issues on Blue Shield's end. She warned Blue Shield that the Board terminated their services and could do it again if Blue Shield doesn't deliver. Vice President Zvanski said her priority is the members—they deserve the best services, peace of mind, and healthcare. That's the minimum we expect from our plans. The Board is deeply committed to San Francisco and expects the highest standards for our health benefits. We give our best and expect the same in return. We look forward to your ongoing support and commitment to excellence.

Charles Lee said it was now Blue Shield's job to earn the members' trust. They have earned the trust of HSS with their partners, with their past relationship on the active side. They've earned that trust initially. Now it's time for them to step up, win over the folks, and earn that trust moving forward.

President Hao requested a standing monthly agenda item to update the Board on the transition plan. Executive Director Yant acknowledged that our partnership with Blue Shield is solid and collaborative. We have regular executive and implementation meetings, with assurances from Blue Shield's leadership that this is a priority. We hold them accountable, and our relationship is transparent and ongoing. Our team has risen to the challenge and is fully committed to ensuring everything is handled correctly. We're building on our successful partnership with active employees. Our members hold us accountable, and we're involving them in testing our systems. We'll provide an update next month.

Commissioner Hao said the Board has expressed strong concerns, but we're partners and want to work with you to ensure a successful transition. She said the Board is serious about our expectations and chose Blue Shield with high standards in mind.

PUBLIC COMMENT:

Alisa Matros, Retiree San Francisco Unified School District- Expressed her concern that Blue Shield can deliver the care members need. She urged Blue Shield to listen to members' concerns and deliver on their customer service promises. Expressed gratitude that meetings offer remote public access.

Toby Diner, Retiree Public Health Department- Expressed disappointment in the Medicare Advantage Prescription Drug passive PPO plan approval process. Expressed concern that Blue Shield will underpay providers.

Mo Daleman, Retiree City Gardener- Stated the Board's approval process was confusing. He was concerned about the transition.

Fred Sanchez, Retiree Protect Our Benefits- Reiterated that members will continue to share issues as they arise. Asked for more clarity on whether the savings is \$67 or \$43 million over three years. Asked if the three-year agreement can be terminated earlier if the agreement on cost is not met.

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

Kaiser Permanente: Denise Rodriguez shared that Debbie McConathy, your Senior Executive Account Manager for the past six years, has decided to move to Southern California and will now work on the County of LA account. Lara Zaman will be her replacement as the new Senior Executive Account Manager. Debbie McConathy thanked the Board for allowing her to serve as the Account Manager. She said it has been an honor and a privilege. Lara Zaman said she worked with Debbie McConathy at United Healthcare long ago, so we have a history of collaboration. Lara said she has

over 20 years of experience in the public sector insurance industry and looks forward to working with you all.

PUBLIC COMMENT: None

14. ADJOURNMENT:

Health Service Board and Health Service System Website: <http://www.sfhss.org> 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; the Chair has the discretion to limit public comment to less than 3 minutes per Member of the public.
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 p.m. 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 and the Board Secretary will note on the record during the specific agenda item that the Board received written public comment on that item, and will include that note 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 [August 8, 2024 HSB Regular Meeting WebEx link](#) or call 415-655-0001. Please find instructions at the beginning of this agenda for how to use WebEx for the purposes of remote public comment.

Sensitivity to Chemical-based Products

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

Location of Materials

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

Lobbyist Registration and Reporting Requirements

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

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