City & County of San Francisco
HEALTH SERVICE BOARD
1145 Market Street ✦ Suite 200 ✦ San Francisco, CA 94103

MINUTES

Regular Meeting
(Combined with Rates and Benefits Committee)

Thursday, April 12, 2012

1:00 PM

City Hall, Room 416
1 Dr. Carlton B. Goodlett Place
San Francisco, California 94103

- Call to order
- Pledge of allegiance
- Roll call

President Claire Zvanski
Vice President Karen Breslin
Supervisor Carmen Chu
Commissioner Sharon Ferrigno
Commissioner Jean S. Fraser
Commissioner Wilfredo Lim
Commissioner Jordan Shlain, M.D., excused

All Health Service Board regular meetings are recorded and videotaped. Meeting audio links, YouTube videos and all meeting materials are posted on the myhss.org website.

President Zvanski announced that all cell phones must be turned off or programmed to vibrate to avoid disrupting Health Service Board meetings.

- 04122012-01 Action item

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

- Regular meeting of March 8, 2012

Staff recommendation: Approve minutes.

Documents provided to Board prior to meeting: Draft minutes.

Public comments: None.

Action: Motion was moved and seconded by the Board to approve the regular meeting minutes of March 8, 2012.

Motion passed 6-0.

RATES AND BENEFITS COMMITTEE MATTERS

□ 04122012-02RB Action item

Approval of recommended new 10-County calculation methodology policy to insure a consistent methodology in light of the HSS Plan Year change from a fiscal year to a calendar year
(Committee Chair Breslin and Tracey Loveridge)

Staff Recommendation: Approve recommended new 10-County policy.

Documents provided to Board prior to meeting: "10-County Survey Calendar Plan Year Change Rule," dated April 12, 2012.

- Tracey Loveridge, HSS CFO, reported that changing the HSS plan year from fiscal year to calendar year required the application of a standardized methodology to determine the Charter mandated "average contribution" of providing employee healthcare by the 10 largest counties in California, excluding the City and County of San Francisco.
- Historically, a majority of the 10 counties surveyed provided data overlap of six months or more. With the plan year change, a majority of the 10 counties will have less than six months of data to share since many counties are also on a calendar plan year. Currently, eight of the ten counties surveyed are on a calendar plan year.
- The proposed new rule would apply an average annual compound trend to those counties unable to provide six months of overlapping data in the year being surveyed based on available data from the previous three years. This rule will not be applied to counties able to provide at least six months or more of overlapping data for

the plan year being surveyed.

- If the proposed rule change is approved by the Board, 10-County Survey data will be collected in April and May of each year, and the average contribution amount presented for Board approval in June.
- Erik Rapoport, Deputy City Attorney, confirmed that the proposed new methodology is allowable under the City Charter.

Public comments: Dennis Kruger, retired firefighter, asked for clarification on the number of counties to be surveyed under the new methodology.

Action: Motion was moved and seconded by the Board to approve the recommended new 10-County calculation methodology policy.

Motion passed 6-0.

□ 04122012-03RB Action item

Approve implementation transition from UHC formulary for retirees to an Employer Group Waiver Plan ("EGWP") Plus Wrap Prescription Reimbursement Program in order to take advantage of new Federal subsidies (Aon Hewitt)

Staff Recommendation: Approve implementation of an EGWP Plus Wrap Program.

Documents provided to Board prior to meeting: Aon Hewitt summary, "City Plan (UHC) Employer Group Waiver Plan (EGWP) Plus Wrap Presentation," dated April 12, 2012.

- Catherine Dodd, HSS Director, stated that due to new formulary data and new information received from the Centers for Medicare and Medicaid Services ("CMS"), this agenda item has been changed from an action item to a discussion item.
- Anil Kochhar, Aon Hewitt actuary, provided a brief explanation of Medicare Part D drug coverage and the Retiree Drug Subsidy ("RDS") rebate program under the 2004 Medicare Modernization Act ("MMA"), which allowed employers to deduct retiree drug costs and did not tax employers' RDS payments. In 2013, the Patient Protection Affordability Care Act ("PPACA") will

eliminate employers' RDS tax deductions.

- An Employer Group Waiver Plan ("EGWP") is an alternative to the RDS program. Under an EGWP, an employer contracts directly with one or more Prescription Drug Plans ("PDPs") to provide at least Part D level prescription drug coverage to its Medicare-eligible participants on a group level.
- The basic EGWP can be designed to provide enhanced benefits equal to the current employer design with the Wrap only providing coverage in the coverage gap.
- HSS currently receives $3.5M annually from the RDS subsidy. Approving the implementation of an EGWP plus Wrap for the City Plan would increase savings through additional discounts and reimbursements while maintaining the same level of benefits.
- Under a UHC plus Wrap structure, HSS would receive, on a deferred basis, manufacturers' 50% discount on brand drugs in the coverage gap.
- By moving to a calendar year plan year, HSS has become eligible for additional rebates from CMS under EGWP, including a $3M credit for catastrophic claims reimbursements. The net benefit of implementing an EGWP plus Wrap would provide an additional savings of $1,250,000.
- An EGWP plus Wrap also reduces HSS' GASB 45 liability.
- The drug disruption list is not yet available. It will be presented at next month's meeting.
- Commissioner Zvanski expressed concern regarding the efficacy of some recommended formulary changes.
- Commissioner Lim expressed concern regarding the Supreme Court's decision on the PPACA.

Public comments: None.

Action: No action was taken on this item.

◻	04122012-04RB	Action item	Consideration of a Stop Loss insurance policy for the self-insured City Plan (UHC) to evaluate if it would protect City Plan from high cost claims (Aon Hewitt)

Staff Recommendation: Do not approve Stop Loss coverage.

Documents provided to Board prior to meeting: Aon Hewitt summary, "City Plan (UHC) Stop Loss Insurance Policy Presentation."

- Monica Hirning, Aon Hewitt actuary, reported on UHC's stop loss insurance options.
- Stop loss insurance provides protection against catastrophic or unpredictable losses and may be purchased by employers who self-fund their employee benefit plans but do not want to assume 100% of the liability for losses arising from catastrophic claims.
- Aon Hewitt requested stop loss coverage quotes from several vendors and received responses from UHC and ING. UHC's contract offers no individual annual maximum. ING's stop loss quotes were lower than UHC's but offered an individual annual maximum of $5M.
- UHC's claims experience has improved significantly in the most recent period due to a decrease in the number and severity of high cost claimants. This improved claims experience indicates that purchasing stop loss insurance will result in additional costs for HSS in the 2013 plan year.
- Aon Hewitt recommends that HSS not purchase stop loss insurance for the 2013 plan year but instead create a claims reserve for large claims. HSS would set aside a reserve each year for larger than expected claims and use the reserve to pay costs associated with such claims.

Public comments: None.

Action: Motion was moved and seconded by the Board to accept staff's recommendation and not approve Stop Loss coverage for the self-insured City Plan for the 2013 plan year.

Motion passed 6-0.

☐	04122012-05RB	Discussion Item	Presentation of City Plan (UHC) utilization and claims experience (Aon Hewitt)

Documents provided to Board prior to meeting: Aon Hewitt summary, "City Plan (UHC) Utilization and Claims Experience Presentation," dated April 12, 2012.

- Anil Kochhar reported that since Aon Hewitt's last presentation on UHC utilization and claims experience, active members' claims costs have decreased and experience has improved generating a surplus of $2.3M.
- Early retiree claims experience and utilization for the 2011-12 plan year have improved from the previous year.
- The Medicare retiree claims experience is running at the anticipated loss ratio, which does not include the impact of the RDS or prescription drug rebate.
- Monica Hirning presented City Plan's underwriting methodology, which is based on the most recent 12-month period of incurred medical and pharmacy claims.
- For the 2013 plan year underwriting, claims incurred between February 2011 and January 2012 were used. There was a five-month overlap and seven months of new claims experience in this new data.
- Active employees' PMPM costs have decreased approximately 6.5% with the exception of outpatient pharmacy, which has increased slightly. Inpatient facilities costs have decreased 32% due to a decrease in cost per day and average length of stay.
- Early retiree costs have increased slightly at 3%. Inpatient facilities costs have decreased 32% due to a decrease in admissions and average length of stay.

- Medicare retirees' PMPM costs have increased approximately 7%. The number and average cost for high cost claimants has increased. Costs for all service types are up. The most notable increase is in outpatient facility costs.

Public comments: None.

☐ 04122012-06RB Action item

Approval of City Plan (UHC) rate stabilization calculation required for calculating City Plan (UHC) rates (Aon Hewitt)

Staff Recommendation: Approve rate stabilization calculation.

Documents provided to Board prior to meeting: Aon Hewitt summary, "City Plan (UHC) Rate Stabilization Presentation," dated April 12, 2012.

- Anil Kochhar reported on the official HSS funding policy implemented by prior actuary, Mercer. This policy requires an annual determination of the financial gain or loss of the self-funded plans. The difference between the expected versus actual plan cost is added to the existing stabilization reserve and amortized over a three-year rating period.

Public comments: None.

Action: Motion was moved and seconded by the Board to approve the rate stabilization calculation as presented.

Motion passed 6-0.

☐ 04122012-07RB Action item

Approval of City Plan (UHC) Administrative Service Organization (ASO) costs (Aon Hewitt)

Staff Recommendation: Approve ASO costs.

Documents provided to Board prior to meeting: Aon Hewitt summary, "City Plan (UHC) Administrative Services Only (ASO) Costs Presentation," dated April 12, 2012.

- Since this is a multi-year contract and ASO fees will not change for the 2013 plan year, there was no discussion on this item.

Public comments: None.

Action: Motion was moved and seconded by the Board to approve City Plan's Administrative Service Organization costs.

Motion passed 6-0.

☐	04122012-08RB	Action item	Review of self-funded plan (City Plan (UHC)) plan design (deductibles and annual out-of-pocket limits) and preliminary premium equivalents (Aon Hewitt)

Documents provided to Board prior to meeting: Aon Hewitt summary, City Plan (UHC) Plan Design and Preliminary Premium Equivalents Presentation," dated April 12, 2012.

- Anil Kochhar summarized City Plan's rate changes for the six-month plan year, July through December 2012, approved by the Health Service Board in January 2012:
  - an 11.5% increase for active members;
  - a 10.9% increase for early retirees; and
  - a -1.6% increase for Medicare retirees.
- For plan year 2013, Aon Hewitt's preliminary recommended rate increases are 1.3%, 2.4% and 1.8% for actives, early retirees and Medicare retirees respectively.
- The proposed rate increases include $1.25M in savings from changing the Medicare pharmacy plan to EGWP plus Wrap, if it is implemented.
- Aon Hewitt recommends no change to the $250 deductible or out of pocket maximum for the 2013 plan year.
- Commissioner Zvanski expressed concern regarding resetting the $250 deductible after the six-month 2012 plan year because of the potential hardship on members.
- Committee Chair Breslin stated that making no adjustment to lower the $250 deductible for the 2013 plan year would cause members to leave City Plan.

- Commissioner Lim asked if lowering the $250 deductible for the 2013 plan year would change the rate increases of 1.3%, 2.4% and 1.8% for actives, early retirees and Medicare retirees, respectively.
- Mr. Kochhar confirmed that the proposed 2013 rates will increase if an adjustment is made to the $250 deductible.
- Commissioner Fraser suggested considering an alternative to lowering the $250 deductible for all members, since not all members would be affected and an adjustment would increase the proposed rates.
- Heather Chianello, United Healthcare account executive, reported that she could research UHC's ability to provide a carryover provision or track members who have met their deductibles and report back at next month's meeting.
- Catherine Dodd also asked that UHC review both the deductible and out-of-pocket max.
- Mr. Kochhar asked for direction from the Board regarding how much to reduce the deductible.
- Commissioner Lim suggested that Aon Hewitt present two deductible scenarios for the Board's review—$125 and $200.
- The overall increase for the City Plan is 1.87%, which includes the $1.25M adjustment for EGWP, for the 2013 plan year. Without the savings from EGWP plus Wrap, the overall increase would be 3.5% with retiree rates increasing slightly over 6%.
- Commissioner Zvanski also asked to receive information on whether members reaching the out-of-pocket maximum live in area or out of area networks.

Public comments: Dennis Kruger, retired firefighter, asked the Board to consider an alternative to resetting the $250 deductible after the 2012 six-month plan year because more members will leave City Plan to avoid paying a

$250 deductible for the 2012 six-month plan year and again in 2013.

Action: No action was taken. This item is continued to the next meeting.

☐	04122012-09RB	Action item	Presentation of proposed Blue Shield flex-funding (Aon Hewitt)

Staff Recommendation: Request flex-funding and fully-insured Blue Shield rates for May 2012 Health Service Board meeting.

Documents provided to Board prior to meeting: Aon Hewitt summary, “Proposed Blue Shield Flex Funding Presentation,” dated April 12, 2012.

- Anil Kochhar reported that Blue Shield’s population is demonstrating improved claims experience, and Aon Hewitt is suggesting that the Board consider adopting a Blue Shield flex-funding plan.
- In a Blue Shield flex-funding plan, HSS would share some of the financial risk but would also be able to take financial advantage of a one-time cash flow of “run out” claims from the 2012 plan year estimated at approximately $20M, have full transparency of data and information, and benefit from the expected ACO cost savings.
- Monica Hirning presented a historical overview of the PacifiCare Plan, HSS’ former flex-funded plan in effect from July 1, 2007 to June 30, 2009. That plan was underfunded by approximately $27M.
- Ms. Hirning suggested that because Blue Shield’s membership is stable and the trend is improving, a flex-funded plan would have a more successful result than PacifiCare’s.
- Commissioner Zvanski stated that PacifiCare had been in the HSS network for at least five years prior to becoming a flex-funded plan and also had a stable membership.
- Commissioner Fraser asked for clarification on the advantages of adopting a flex-funded plan.

- Mr. Kochhar stated that he would like to present the numbers for the flex-funded premium equivalent verses the fully-insured rate in May to allow the Board to compare the two.

Public comments: Richard Rothman, retired City employee, suggested inviting a representative from the Department of Human Resources to address the Health Service Board on the City's proposal for employee healthcare contributions next year to see what is being considered.

Action: No action was taken. This item is continued.

☐ 04122012-10RB Discussion item **Presentation of dental plan renewals with possible plan changes, premiums and projected contributions** (Aon Hewitt)

Documents provided to Board prior to meeting: Aon Hewitt summary.

- Monica Hirning reported that rate guarantees for all fully-insured dental plans have been extended to the end of the 2013 plan year or beyond.
- Aon Hewitt is projecting a slight increase to the active Delta Dental PPO self-funded plan rates for the 2013 plan year.
- The current loss ratio on the self-funded PPO plan is approximately 90%. Based on historical trends, claims for this plan are expected to increase at a rate of 2.54% per year.
- Aon Hewitt is recommending a 1.9% (or $814,810) premium increase for the 2013 plan year.
- At last month's meeting, Aon Hewitt was to look at two plan design options that would encourage employees to use tiers that would save the most money. One option will save $1.4M and the other approximately $80,000.
- The current Delta Dental PPO plan allows members to receive dental benefits from three types of dentists: Delta Dental PPO dentists, Delta Dental Premier dentists and Non-Par (non-participating) dentists.

- See page 17 of Aon Hewitt's report for alternative plan designs for the Active Delta Dental PPO Plan.
- Aon Hewitt is recommending Alternative 2, which changes the percentage members pay on crowns and restorations and to Non-Par dentists (resulting in 3% off current costs or nearly $1.5M savings) and reduction in the adult orthodontics lifetime maximum:
  - 90/10 – Delta Dental PPO
  - 70/30 – Delta Dental Premier
  - 50/50 – Non-Par
  - Adult orthodontics maximum reduced from $2,500 to $1,500, $1,000 or $500:
- Commissioner Zvanski stated that she was involved in the dental negotiations in 1992 and inquired if the proposed percentage changes would require the consent of labor negotiators. The idea at that time was to allow full choice and she expressed concern about increased out-of-pocket costs.
- Supervisor Chu stated that while the dental plan is a negotiated benefit, it must remain affordable for all members. She also asked about member disruption.
- Dr. Dodd responded that 77% of HSS members currently use a Premier dentist.
- Ms. Hirning stated that 99.6% of HSS members live within 10 miles of two Delta Dental Premier dentists.
- Commissioner Lim inquired about non-par dentists' billing through Delta Dental for member services.
- Commissioner Ferrigno asked about the coverage of dental referrals from a Delta Dental dentist to a facility such as UCSF.
- Valerie Layne, Delta Dental representative, responded that a referral to UCSF would be considered in network. She also stated that over 90% of dentists in California are Premier dentists. Approximately 50% of

those dentists are PPO dentists as well.

- In response to the many questions regarding networks and percentage changes, Supervisor Chu suggested continuing this agenda item.
- President Zvanski asked Erik Rapoport, Deputy City Attorney, to review the terms negotiated in 1992 for clarity.
- Commissioner Fraser departed the meeting during this segment.

Public comments: None.

☐ 04122012-11RB Action item

Approval of recommended communication/ wellness/cost reduction increase from $1.04 PMPM to $2.05 PMPM to cover healthcare sustainability expenses (Catherine Dodd)

Staff Recommendation: Approve recommended increase from $1.04 PMPM to $2.05 PMPM.

Documents provided to Board prior to meeting: HSS summary.

- Catherine Dodd reported that the passage of Prop. C in November allows HSS to use trust fund dollars on wellness programs, actuarial services and expenses incurred to reduce healthcare costs.
- The $1.04 per member per month (“PMPM”) contribution to the Health Service System Trust Fund was established to fund communication with members about plan benefits and pay for member health plans.
- HSS is requesting to increase the $1.04 PMPM contribution to $2.05 PMPM. The $2.05 PMPM contribution will be built into the premiums.
- Dr. Dodd reviewed the cost and benefits of some of the proposed 2013 initiatives and the advantages of participation. She stated that the funds would be used only with Board approval.

Public comments: Richard Rothman asked for clarification on how the $2.05 would be applied to the premium rates.

Action: Motion was moved and seconded by the Board to approve increasing the $1.04 PMPM to $2.05 PMPM to cover healthcare sustainability expenses.

Motion passed 5-0.

REGULAR BOARD MEETING MATTERS

☐	04122012-12	Discussion item	President's report (President Zvanski) Documents provided to Board prior to meeting: None. ▪ President Zvanski had nothing to report. Public comments: None.
☐	04122012-13	Discussion item	Director's Report (Catherine Dodd) ▪ HSS Personnel ▪ Finance, Operations, Communications, Wellness/EAP, Vendor Contracts ▪ Meetings with Key Departments ▪ Other additional updates Documents provided to Board prior to meeting: 1. Director's report; 2. Reports from Operations, Communications, Health Promotion and Wellness Plan and Employee Assistance Program. ▪ Dr. Dodd reviewed her Director's Report, which may be viewed on the HSS website at myhss.org. Public comments:
☐	04122012-14	Discussion item	Update on Financial Reporting as of February 29, 2012 (Tracey Loveridge) Documents provided to Board prior to meeting: 1. Statement of Revenues and Expenses – FY 2011-2012 (summary and detail); and 2. Annual Administrative Budget – FY 2011-2012. ▪ Tracey Loveridge, HSS Chief Financial Officer, reviewed the monthly financial report, "Statement of Revenues and Expenses FY

2011-2012" for the eight months ended February 29, 2012.

- Ms. Loveridge also reviewed the report "Administration Statement of Revenues and Expenditures as of February 29, 2012," which reflect the annual projection, budget, variance and variance percentages in the HSS administrative budget.
- As of the end of February, all of the health plans are in very good shape in terms of budget versus actual, and no significant changes are anticipated through this year. However, there could be unanticipated increases to claims as the year progresses.
- There are no significant changes to the Administrative Budget from last month.

Public comments: None.

□ 04122012-15 Discussion item

Accountable Care Organization (ACO) Update
(Catherine Dodd)

Documents provided to Board prior to meeting: HSS summary.

- Dr. Dodd reported on a recent meeting with Herb Schultz, Regional Director for U.S. Dept. of Health and Human Services, and the two ACOs.
- In less than a year, there has been improvement in the cost curve from 16-18% to 9.9%.
- Hill Physicians has profoundly changed the hospital readmission rate and when there is one, it is reviewed to determine if there was any breakdown in the delivery of care.
- A post-discharge welcome home has also been implemented by Hill Physicians.
- Brown and Toland has created a nurse advice line to deter members from going to the emergency room off hours and encourage follow up with their primary care physicians the next day.
- HSS has quarterly monitoring meetings with each ACO.

Public comments: None.

□	04122012-16	Discussion item	Report on network and health plan issues (if any) (Respective plan representatives) Public comments: None.
□	04122012-17	Discussion item	Opportunity to place items on future agendas Public comments: None.
□	04122012-18	Discussion item	Opportunity for the public to comment on any matters within the Board's jurisdiction Public comments: Dennis Kruger commended the Health Service System on the current retiree member guide as the best yet in its clarity.

Adjourn: 4:30 p.m.

Summary of Health Service System 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 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 at the designated time at the end of the meeting. The complete rules are set forth in Section A(6) of the Health Service System Rules and Regulations. A copy of these Rules and Regulations is available at any time upon request. Call the Administrative Services Manager, Laini K. Scott for further assistance at (415) 554-1727.

Health Service Board and the Health Service System Web Site: http://www.myhss.org

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

The following services are available upon request:

- American Sign Language interpreters will be available upon request.
- A sound enhancement system will be available upon request at the meeting.
- Minutes of the meeting or hearing are available in alternative formats.

If you require the use of any of these services, please contact Administrative Services Manager, Laini K. Scott, at (415) 554-1727 or by email at laini.scott@sfgov.org at least 72 hours prior to the meeting.

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Citizens interested in obtaining a free copy of the Sunshine Ordinance can request a copy from Ms. Destro or by printing Chapter 67 of the San Francisco Administrative Code on the Internet, http://www.sfgov.org/sunshine/

Lobbyist Registration and Reporting Requirements

Individuals and entities that influence or attempt 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 is prohibited at Health Service Board meetings and its committee meetings.
- The chair of the meeting may order the removal from the meeting room of any person(s) in violation of this rule.
- 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 and in the Rules and Regulations of the Health Service System.

If any materials related to an item on this agenda have been distributed to the Health Service Board after distribution of the agenda packet, those materials are available for public inspection at the Health Service System during normal office hours. For more information, please contact Laini K. Scott at (415) 554-1727 or email at laini.scott@sfgov.org.