



# HEALTH SERVICE BOARD

## CITY & COUNTY OF SAN FRANCISCO

### MINUTES

Regular Meeting

Thursday, September 13, 2018

1:00 PM

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

- Call to order Start Time: 1:01pm
- Pledge of allegiance
- Roll call 

President Karen Breslin  
Vice President Stephen Follansbee, M.D.  
Commissioner Wilfredo Lim  
Commissioner Sharon Ferrigno  
Commissioner Randy Scott  
Supervisor Rafael Mandelman (excused)
- 09132018-01 **Action item**

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

  - Commissioner Scott asked that one edit be made in the Roll Call section of the August 9, 2018 minutes.

Action: Motion was moved and seconded by the Board to approve the regular meeting minutes of August 9, 2018, with edits as noted above.

Motion passed 5-0.
- 09132018-02 **Discussion item**

Public comment on matters within the Board's jurisdiction not appearing on today's agenda

Public comments:

  - Mr. Mike Delane addressed the Board, airing his experience with the DEVA audit. Mr. Delane shared that his wife was removed from his Kaiser insurance plan without proper notice.
  - Mr. Delane read a character letter to the Board members addressing his wife's character. In the letter his wife's personality, values and

accomplishments were listed in tribute to her time working as public servant in San Francisco.

- In the letter's conclusion, Mr. Delane asked that the HSS Board support HSS as a system to ensure that the active or retired members are supported with the benefits they need.
- Executive Director Yant thanked Mr. Delane for sharing his experience with the Board.
- Executive Director stated that the DEVA audit was conducted on approximately 25,000 members and their dependents. Through this process HSS was made aware that some dependents were not eligible and required verification that proved the dependents listed were still eligible to be on the plan.
- Executive Director ask that the Chief Operating Officer, Mitchell Griggs, connect with Mr. Delane to figure out "where HSS failed him".
- Mr. Delane thanked Executive Director for her recognition, and concluded his response to the Board with, "we don't really need thanks. What we need is to make sure that we are taken care of."

□ 09132018-03

Discussion item

President's Report (President Breslin)

Documents provided to Board prior to meeting: None.

Public comments:

- President Breslin welcomed Natalie Ekberg as the new Board Secretary and thanked her for the work/effort she put into getting this first board meeting organized.

□ 09132018-04

Discussion item

Director's Report (Executive Director Yant)

1. HSS Personnel
2. Operations, Enterprise Systems & Analytics, Finance/Contracting, Communications, Well-Being/EAP
3. Key Meetings
4. Other additional updates

Documents provided to Board prior to meeting:

- Director's report;
- Reports from Operations, Enterprise Systems & Analytics, Communications, Well-Being and Employee Assistance Program;

Executive Director Yant welcomed Natalie Ekberg to the HSS family. Executive Director also acknowledged Anthony Gan for all his effort and work during his interim position as HSS Board secretary.

- Executive Director explained why there is not a Financial report being shared at this meeting, however, there are future financial reports coming to the Board in the coming months. These reports will include the following: an updated financial report that will include

August 2018 will be review in the October meeting, a report that will cover the “yearend close for fiscal year 2018” will be expected in November, the first quarter of 2019 fiscal year’s finances report will be completed in November, there are two audits in process with KPMG that will be reported in December 2018 Board Meeting, and an update on the GASB audit will be completed in December Board Meeting as well.

- It was noted that we will have a Regular meeting in October, and the Board will vote on the Educational Forum in today’s meeting. This Educational Forum traditionally takes place in November.
- Executive Director Yant welcomed two new benefit technicians, Matthew Pobre and Geraldine Sera-Lopez. It was also acknowledged that Carrie Beshears was promoted to a management position within the well-being department. There are two interns working with the Well Being department as well; Kristen Alazo and Spencer Cristi.
- Executive Director Yant shared that the DEVA audit is almost complete. There were approximately 25,000 dependents who were flagged for verification on member’s plans, and HSS is working with the non-responsive members to identify eligibility for approximately 837 dependents as of today.
- Executive Director Yant mentioned HSS’ concern for those members who did not respond to the letters. There have been multiple mailings, and now the customer care staff will be conducting phone calls to contact the members.
- It was also mentioned that the process to reinstate dependents does take time and it is cumbersome.
- Commissioner Randy Scott asked for clarity on the number of dependents that had been dropped and on the number of members who have responded.
- Executive Director Yant shared that the “numbers are fluid,” and as of September 6 HSS had verified 2,025 dependents and 173 members decided to remove the dependent. There are 550 people in the appeals process.
- President Breslin asked about a separate report that spoke to the healthcare value initiative and asked which counties or city agencies HSS is comparing its health benefits and costs to.
- Executive Director Yant shared that the HSS leadership team was discussing how to expand the annual 10 County survey. HSS wanted to ensure that we are using comparable benchmarks – especially when we look at our own costs and diverse member needs.
- Vice President Stephen Follansbee circled back to the DEVA audit to ask about the “non-responders” who did not connect with HSS or the providers to update the system. Vice President Follansbee asked if this issue came from HSS’ ability to contact the members with the information we currently have or if the members

did not update their contact information with us regularly.

- Executive Director Yant stated that keeping an updated contact information page for our members is something that challenging. HSS has new addresses added throughout the year, so we are not always sure which address is mailing or is a home address. HSS wants to have a more consistent communication with our membership.
- HSS has partnered with the Comptroller's Office to work through this communications process moving forward. HSS wants to share this new-found process with our members so there are no more surprises concerning eligibility moving forward.
- There will also be regular eligibility audits conducted on a more regular basis.
- Commissioner Wilfredo Lim shared his concerns about the non-responder's dependents, and if there are pending medical claims for these dependents. If there are we need to be prepared that these members will bring medical bills through the appeals process with a \$20,000 medical bill.
- Executive Director Yant shared that there were some cases where this happened and HSS was notified by the member or the unions. In these cases, HSS was able to rectify the situation. But these situations are not where HSS is concerned, we are concerned that people did not get the mailing, they did not open the mailing, or they did open it and did nothing about it. Once we were able to bring this to the member's attention and the member sees the documents, we are then able to ask for verification so that we can correct it.
- Executive Director Yant mentioned that there is some delay time in the claims processing, so there may not be a way to review claims in timely manner, but HSS is willing to try to add this piece to the puzzle.
- Commissioner Randy Scott stated the HSS is "still financially solvent, stated or affirmed."

Public comments: None.

□ 09132018-05 Discussion item

SFHSS Strategic Plan: Plan Years 2020-2023

Documents provided to Board prior to meeting:

DRAFT SFHSS Strategic Plan: Plan Years 2020-2023 (Aon)

Executive Director Yant began this item discussion by thanking the HSS Board, the Leadership team, and the staff at HSS for their support and presence in the development of this document. Executive Director Yant stated that we have received great feedback from both the HSS staff and member stakeholders who have reviewed the plan and shared feedback. All levels of the HSS staff reviewed the plan at our all staff meeting, and HSS hosted three stakeholder meetings, comprised of active and retired membership, during the week

of 9/11/18. The comments and feedback from these meetings have been introduced and edited into the current Strategic Plan document. The Strategic Plan presented today is a high-level overview, and it will be edited again with the Board's comments after the meeting today. The next presented version will come to the Board in October, as a more flushed out plan that will prepare us for implementation in 2020.

- Ms. Won Anderson began by sharing her excitement with the HSB regarding the communal feedback and group effort this project has required to purposefully shape this deliverable.
- It was stated that solving our member's problems/needs will be a complex process and it will require a multi-level, multi-layered, creative thinking and solution-based thinking.
- Ms. Anderson asked that the HSB to look through the document and reflect on some of the word choices, like "whole person" and "supportive programs." She then asked the Board to read through the mission statement.
- Ms. Anderson noted that Leticia Pagan, from HSS, will be sharing more about the HSS All Staff feedback on the plan, as well as the Stakeholder's feedback that was collected during those experiences.
- Commissioner Scott asked to edit a few words to the Mission Statement- "our members and their families."
- Ms. Anderson discussed the high-level framework and the 5 goals/strategies that are planned for each goal. This entire plan is the organizational and operational strategy.
- Vice President Follansbee commented that this report is a very powerful diagram. He stated that the icons Aon selected actually reflect the categories and each icon really tells the story of what HSS' mission and values are.
- Ms. Anderson reviewed the next few pages of plan's structure and the flow of the strategic goals:
  1. Sustainability/Affordability: to design a transparent health ecosystem that results in quality, better outcomes, and eliminates waste and inefficiencies in the system
  2. Reduce complex and fragmentation: ensuring that we have programs and services available to serve our members where ever they are in their health cycle. HSS thinks that it's important to work around operations and processes and procedures to help thread together the fragmentation in the system.
  3. Engaging and Supporting: Partnership with the members and the goals of the whole - consumer research that they will seek help from their plans for help and for guidance
- Commissioner Scott stated that these goals and strategies are asking HSS to assert certain things under each goal. He stated, "We're aspiring, we're

saying that we believe in, and I would pause with you, that we aim to ensure that these programs, services, and resources, address the entire health cycle.” It is the hope that we will partner with our members to get these best practices and preventive care in action.

- Commissioner Sharron Ferrigno suggested that we use the word “ensure” instead of “wants.”
- Ms. Anderson confirmed Commissioner Scott’s point as well as Commissioner Ferrigno’s suggestions, and continued with the final two goals:
  4. Choice and flexibility: This goal revolves around individualized health care and choices. For this to work there needs to be a better understanding of everyone plan experience in the world with the provider and a need for incuriosity in planning and with the experience with our providers.
  5. Whole Person: We want to ensure that we've got the programs around the whole person and then cultivating and fostering collaboration with stakeholders to advance positive organizational culture and environment.
- Vice President Follansbee shared that his biggest concern for the choice and flexibility goal is the geographic piece—that there are many challenges in the state and national geographic characteristics.
- Ms. Leticia Pagan presented the outcomes and data from the Stakeholder meetings and the HSS All Staff meeting.
- HSS Leadership was challenged to incorporate the HSS staff at all levels and ensure that the strategic plan reflected the entire staff. This meeting had operations, finance, well-being, enterprise and administrative teams present. We also had three stakeholder meetings that included City Hall Offices, Unified Courts, library, fire fighters, roofers, and water/plumber’s union. There was also a mix of active and retired members in all the stakeholder groups.
- We have the results of the All Staff survey and will have the stakeholder results to share the next Board meeting.
- Ms. Pagan shared the themes that were involved in meetings, all were taken from the Values and Goals utilized in the strategic plan. For the values exercise we worked with: respect, excellence, stewardship, exclusivity, and collaboration.
- “We talked about values in relation to how they guide our behavior personal and professionally. We also talked about how values guide the fulfillment of our goals as staff members in relationship to the strategic plan. For our stakeholders we talked about how our values influences how we pursue our health, perhaps what plans we choose...”
- The second exercise we asked the groups to do in all the meetings was centered around the Goals from an

employee perspective: we talked about is that it's critical for the staff to be reflected in the organizational strategic goals because organizational excellence begins with us.

- From the stakeholder's perspective we asked the members to think about the criticalness of having the stakeholder's presence reflected in the plan because our services/needs are designed for our members.
- Ms. Pagan reviewed some of the quantitative data that was collected from the All Staff post survey: "79% of the staff agreed that they understood the Strategic Plan more after they attend the meeting."
- "My input was welcomed and considered in both small and large group sessions, 82%."
- "I felt supported in discussing both positive and challenge aspects openly and honestly, 83%."
- "The strategic planning values reflected SF HSS as an organization, 83%."
- "And the final measure, strategic planning values represented me as a person and professional, 91% of our staff agreed or strongly agreed"
- The outcomes from both the All Staff meeting and the Stakeholder meetings showed the HSS Leadership team that we should maintain this level of staff and member engagement for future planning and projects.
- Commissioner Scott asked if the meeting at HSS was an "All Level of Staff" meeting.
- Ms. Pagan shared that there were all levels of staff present, and a total of 45 staff participated, with 10 staff facilitating the activities.
- Ms. Anderson brings the discussion back to the Strategic Plan- the guiding principles on page 7. She mentions the collaboration principal as the key to working with providers, City Agencies, members are critical to getting these goals completed in the future.
- Data and data driven insights are largely going to influence and help plan for HSS' population overall.
- The social determinants of health are defined as the conditions in which people are born, grow, live, work, and age. And they're really the socio-economic factors such as neighborhood, ZIP code, race, ethnicity, gender, income, education, housing, food security etc.
- We will be discussion social determinants and health care in more detail regarding health equity and equality—it will also be mentioned throughout the Strategic Plan in the Word document.
- Executive Director Yant mentioned that we are looking at social determinants as health equity from an employer benefit perspective. Then we can discuss and plan for the community benefit planning into the integrated delivery system—like Kaiser.
- Executive Director Yant also notes that economics has a big piece to plan in the social determinants discussions—particularly age, where you live, and pollution.

- This thinking is new wave, and it will require us to merge with public health, population health and health delivery systems.
- Ms. Anderson directs the group back to page 8 in the Strategic Plan, where the health cycle is illustrated with the goals and objectives. Here we can see how we envision those goals and objectives to materialize and to benefit. (Benefits, programs, and services are outlined)
- Commissioner Ferrigno stated that she appreciated and really liked this slide for the illustrations and purposes being outlined on one page.
- Commissioner Scott agreed the concepts are nice to have in design form, but he does have some suggestions for the illustrations.
- Ms. Anderson asks the Board to review page 11 specifically the strategic goals with the objectives listed with each goal. On this page there is a business plan added to each of the objectives.
- Reviewing page 12 you can see the business initiatives with a plan year and defined term that tells us what stage of the work this objective is in- action, pilot, or discovery.
- Vice President Follansbee mentioned that this page and these objectives were more developed than the original meeting where he first reviewed this document. He shared that the goal of a strategic plan offers not only the “specifics but also the flexibility” to build on the timelines.
- Vice President Follansbee also shared that these defined time frames or stages will have to be constantly reviewed and talked about even if the timeline projection is 3 years from now.
- Commissioner Scott asked when the City Plan, and sustainability would be discussed in this document.
- Ms. Anderson stated that the first areas of concern are the City Plan, mental health and behavioral health services, the optimization for current services and programs HSS contracts with.
- Ms. Anderson noted that some of these issues will fall into multiple categories in this plan.
- Commissioner Scott asked that to keep order, and provide transparency, HSS and Aon place these higher priority pieces, like the City Plan in specific goals. For example, the City Plan would fall into the “Sustainability” Strategic Goal.
- Commissioner Scott noted that if we are talking about the mental health, this issue would fit under the Complexity and Fragmentation Goal.
- Ms. Anderson agreed to make sure these goals and key issues are outlined more clearly moving forward.
- Commissioner Scott questioned the planning around resources- both time and staff and whatever else it's going to take to execute on this plan. Commissioner Scott questioned if we're going to have to expand staff

or redeploy staff in a different way to help us to do something or building out the network of support.

- Executive Director Yant agreed that there needs to be more work done in preparing resources for the plan execution, and HSS is working on the next steps. Executive Director Yant stated that the HSS Leadership team has spoken about the resources needed to complete this project – these details will be prepared for the meeting in October.
- President Breslin asked how the Concierge Services would work.
- Ms. Anderson shared that this service is about helping the member navigate their health journey. It is to be a support and an advocacy service when the member needs it.
- Ms. Anderson stated that this service could be an extension of HSS staff or it could be a service that is done by a variety of providers.
- President Breslin is concerned about preventive classes and options to supports for people who are not sick in the moment—she wondered how we can fix these basic needs quickly to improve care.
- Ms. Anderson agrees that these classes and basic needs for prevention are important—Stephanie Fisher, the Wellness Manager—is doing wonderful things with prevention work. This plan offers more time to knit together some of the great services we offer the members and now we can streamline, then optimize the programs that are available today.
- Vice President Follansbee mentioned that all the data and needs for our members is already present in the providers/plans that we work with.
- Executive Director Yant stated that the plan itself and the planning process and how I think that it's been a tremendous opportunity for us to sort of build our share of knowledge amongst the entire HSS system.
- Executive Director Yant also mentioned that as a system HSS is not large enough to change the whole health care arena, however HSS can work with the health care businesses and in partnership with constant measure and data we can have a bigger impact on our members directly.
- Ms. Anderson concluded her presentation with the next steps of coming back to the Board in October with the updates and edits.
- Commissioner Lim requested that there be a glossary of terms added to the plan.

Public comments:

Claire Zvanski, RECCSF, shared that she appreciated and enjoyed the strategic plan meeting at HSS' office. She mentioned that HSS and SF City and County are unusual that they cover the retired employees for life as well as the active employees. There is a need to consider geography and regions outside of the SF County where people's dependents and families are impacted by limited services. There is also concern

about using a concierge service, because members and retirees need to be educated about their benefits so that they can use them to the maximum.

- 09132018-06 Discussion item Open Enrollment Update (Mitchell Griggs)

Documents provided to Board prior to meeting: None

Mr. Mitchell Griggs, Chief Operating Officer, Deputy Director of SFHSS updated the Board on the enrollment configuration, the updates for People Soft, the updated rates and the mailings.

- Open Enrollment symbol this year is an “O” to visualize open enrollment—this will be used on all our posters and flyers.
- HSS hired a photographer this year to capture our members in real time, in their real work environment. It added some more personalization to the engagement piece of our strategic plan. The employees who were involved really appreciated this aspect.
- Benefits guides will be mailed out to some members during open enrollment, but they'll be available to new hires and current employees and retirees all through the next year.
- This year we are mailing out a total of 76,000 open enrollment packets, about 1,000 more packets than last year.
- Packets can have various things inside of the them depending on which packet the member is selected to receive. There will be the benefits guide in every packet, some selected members will receive the self-service instructions and other members will also receive information on Medicare.
- Mr. Griggs shared the details of the self-service portal, and what this process will look like for retirees and for active members. HSS sent out letters specifically for retired members and another letter to active members who will be using the self-service. This is the first time we're going to offer e-benefits for members to use during open enrollment- online.
- There are about 4500 retirees being asked to enroll for their benefits online.

Ms. Marina Coleridge presents on the completed self-service portal for e-benefits, as well as configuration for open enrollment.

- HSS is the first department in the city that's really leveraging People Soft and self-service benefits for the retiree population—so we wanted to promote this system slowly to all our members in yearly increments.
- We are aware of the limitations of the online system, the ability to process all HR documents and process new members.
- Getting our current members to the self-service platform and the roll out from that through the Comptroller's Office is really focused on active employees.

- The Comptroller's office needs until the first quarter of next year to get all the SF City and County employee on the People Soft system.
- HSS has taken on the role of getting the retirees onboard to the People Soft System.
- We purposefully took a smaller group into this e-benefits pilot to manage all the help desk calls and the support we know we will need to provide active employees and retirees.
- HSS looked back at the retirees who have recently retired, and these folks were selected to test out the People Soft portal, because they are more familiar with People Soft and we hope that they will navigate the system easier.
- This criteria allowed us to select the 4500 retirees.
- HSS is working to make People Soft more user friendly, and the Enterprise department is working to lay another interface over the People Soft page to create a different, simpler user experience.
- There will be alerts on the main page, they'll be articles on the main page, they'll be other links under the employee link section. It will say "employee links" even if you're a retiree, this will happen because in People Soft it's the employee portal.
- HSS is creating the Help Documents now. They'll be some additional web pages with resources as well.
- Any computer, tablet, Mobil device, smart phone, can access our e-benefits site.
- There are step by step screens that will capture the benefits selection. There are audit tables built into the system that will capture other information, and the benefit selection. This is data is added to your member file.
- One of the last pages is the confirmation statements. These will not be completed until the official confirmation statement is mailed in November. This page can be saved as a record of submission.
- Commissioner Scott asked if there was a confirmation email sent to the users to confirm their enrollment choices or changes.
- Ms. Coleridge stated that there is a confirmation page that can be printed once the user gets to the end of the selection process with benefits information, and this page is printer friendly. This page is time stamped.
- This method allows the member to make changes over the course of the month—and the final changes/decisions will be sent out to the user in the mail from the HSS operations team in November.
- Commissioner Lim asked how the cost was determined on the "Your Cost" column.
- Ms. Coleridge shared that this is for active employees and it is a bi-weekly amount. For retirees it would be listed as a monthly amount.
- Commissioner Lim requested that we give an annual total cost on this page.

- Commissioner Lim also wondered why Department of Public Health, Public Utilities Commissioner and MUNI are not on the list.
- Ms. Coleridge confirmed that these three agencies are using a different system.
- Mr. Griggs presented a calendar of all the Benefits fairs and flu shot clinics offered throughout the month of October.

Public comments: None.

Break

2:37pm-2:50pm

- 09132018-07 Discussion item 2017-18 Influenza Season Report (Marina Coleridge)
  - Documents provided to Board prior to meeting:
  - CDC Influenza Season report
  - SFHSS 2017-18 Influenza Report
  - Ms. Marina Coleridge presented the SFHSS Influenza Report – she shared that our body cannot fight off the virus because of our weakened immune systems and possibly having some other conditions, that can lead us to being more susceptible for some other viruses.
    - Our lab data for 17-18 was significantly higher this flu season compared to last year.
    - The cost per patient increased from \$106 to \$164 per in our retiree population.
    - Net payments increased from roughly \$300,000 to about \$838,000 over the course of this flu season compared to the previous flu season.
    - CDC recommendations still is the best way to avoid getting the flu is to go with your vaccine.
    - HSS hosts 25 clinics between October 1st and November 2nd. We're expecting 4300 vaccinations.
    - The previous year was a very severe flu season and hopefully we will avoid that this coming year, because we had significant increases in utilization and cost.
    - January, February, March, are most effected months for SF City and County.
    - In network vaccinations are covered. This is true for Kaiser, for United Healthcare as well as for Blue Shield members. Note in Blue Shield: if you get your flu shot at a retail pharmacy it is not covered in the benefits.
    - Vice President Follansbee questioned how the strategic plan will help in getting members the support they need to get a flu shot? Or be helped during a time of flu sickness?
    - We need to maximize geographic access so that all our members, no matter if they're in Tuolumne or not, have access to flu vaccines.
    - Lastly, there needs to be an improvement to how we respond to members who cannot make an appointment to see their PCP and get them the shot at an easier access point.

- Executive Director Yant spoke to the Blue Shield plan representative directly and mentioned the number of calls number HSS receives from members that have Blue Shield that are concerned about having to go to their doctor for their flu shot when they don't need to go to the doctor otherwise.

Public comments: None.

□ 09132018-08

Discussion item

Medical Expert Second Opinion Carrier Options (Aon)

Documents provided to Board prior to meeting:

Aon Report

Ms. Anne Thompson presented information about not only Best Doctors but how a member could seek a second opinion through their health plan. She reviewed the protocols and processes for Blue Shield, United Health Care and Kaiser.

- The three options to get a second opinion are as follows: through Best Doctors, through a health plan carrier, or members could always self-pay out of network/out of plan.
- Kaiser's option methods look like this: Member would contact member services and they help arrange the consultation with a physician or if it's a specialty that is not represented within the Kaiser network they would arrange for consultation with a non-plan physician for that second opinion. Then The test results of a second opinion are put into their electronic health record so that information is available to the initial physician or provider as well as the second opinion can see the initial providers take on the case.
- Blue Shields option method looks like this: Member would need to get a referral from the primary care provider or they may initiate a second opinion if they desire one for the member. And if the care is provided by the member's primary care provider, the second opinion would be provided by another physician within the same medical group. If it's care provided by a specialist the second opinion may be provided by any specialist of the same or equivalent specialty within the Blue Shield network. Once authorized by the member's medical group or through the health plan so the insurance company portion of that. The results of the second opinion would be shared through the medical group's data sharing system and may also happen through provider to provider discussion for next steps.
- United Health Care non-Medicare method looks like this: the plan members have the option to contact a doctor at any time to make an appointment for a second opinion. They do not need to notify the current provider they're seeking a second opinion. The services generally must be otherwise covered under the plan and the cost sharing is applied based on the provider's network status. So, if they're in network or out-of-network, sharing of the results from the second

opinion is up to the member to share with the initial provider.

- Best Doctors can be summarized at a high-level description as a service where members can contact Best Doctors directly to obtain a second opinion from a physician who is a specialist in need, and once the member is given the opinion they have the choice to share that second opinion information with their initial provider.
- Moving forward in this process Aon would like to work with our providers or Best Doctors to share the information that our members are using a second opinion option and get the actual numbers of how many members are.
- Commissioner Scott mentioned that his original question about this service option was based in whether there was a duplication of services being done by Best Doctors if our providing plans already provide these services. Do we need the Best Doctors overlay if we are getting this in the plans?
- Vice President Follansbee noted that he appreciated the Best Doctors method of reviewing the case and then passing the case onto the physician who was most qualified to make the next recommendation. He noted that many members who look for a second opinion usually see doctors based on a friend's recommendation not because they are the best person to review the case.
- President Breslin stated that this presentation was very informative, and she appreciated United Health Care's plan because it allowed the member flexibility to go outside the network. She hopes that Kaiser and Blue Shield can do some work to improve and broaden their options.
- Ms. Thompson agreed this was a first start and this option should be aligned with the strategic plan.
- President Breslin wondered if Kaiser had many referrals for Best Doctor.
- Executive Director Yant shared that there were quite a few referrals with Kaiser and she was hoping to have more data from Best Doctors, however it was not prepared for the Board meeting.
- Executive Director Yant also posed the question of how Best Doctors is integrating with the member's health plans since their relationship due to their business model is with only the patient. If they don't go back to the physician or the health plan, how do we ensure that there is a full circle of communication.
- Vice President Follansbee mentioned that with Kaiser patients there was little information about who was able to use Best Doctors. Kaiser's member services was not recommending Best Doctors to HSS members.

Public comments:

Claire Zvanski, RECCSF, one of the things that I hear from our members who want second and sometimes third opinions is

that they really don't want to stay within that network and get the opinion. There is a concern with some of the retirees that if they stay in network the same opinion will be made from the Doctors who work together. That is why they would prefer to go out of network.

- Another concern is that Best Doctors is restricted to just the members use and is not available for the member's dependents.
- Executive Director Yant shared no that is not true.
- Claire Zvanski asked if Best Doctors includes dependents.
- Executive Director Yant answered "Correct"

□ 09132018-09 Action item

Cafeteria Plan – 2018 Annual Update

Documents provided to the Board prior:

Cafeteria Plan - 2018 Annual Update

Staff Recommendation: Approve changes to the Cafeteria Plan.

Mr. Mitchell Griggs shared the summary of changes for the Cafeteria Plan. This review is an action item because the fact that this is one of our plan documents and any material changes to this document must be reviewed and approved by the Board. This is from section 125 of Internal Revenue Code.

- The first change is on page 30 and we updated the Executive Director's name to Abbie Yant.
- The second change is updating section B3.1 (annual election amounts) from 2500 per year to 2650 per year under the IRS guidelines.
- Section B5.1 and C5.1 are the same changes from B3.1.
- The final change is in section D5.2 and this an annual change. We are updating the amount of flex credit.

Public comments: None.

Action: Motion was moved and seconded by the Board to approve the Cafeteria Plan, with updated edits.

Motion passed 5-0.

□ 09132018-10 Action Item

Vote on whether to cancel November 9, 2018 Health Service Board meeting and instead hold educational forum (Executive Director Yant)

Staff Recommendation: Approve cancellation of November meeting to hold educational forum.

Documents provided to Board prior to meeting: None.

Public comments: None.

Action: Motion was moved and seconded by the Board to cancel the Regular Meeting and hold an educational forum on November 8, 2018.

Motion passed 5-0.

- 09132018-11 Discussion Item Report on network and health plan issues (if any) (Respective plan representatives)

  - Ms. Nancy Jackson shared that VSP standard coverage changed on 7/1/18 because this new option was an overall positive add on for the current customers. VSP wanted to ensure all members had access to this add on.
  - Currently VSP is processing 16 claims in total from 1/2018 through 6/2018 since they were not covered by this add on at the time of purchase. Those members who submitted claims should be receiving the checks to reimburse their purchases.
  - Ms. Sharron Ross UNHC shared that she and her team did some research on the licensing of Jewish Home for the nursing homes. In the past month there has been some negotiations and contracts proposed. Jewish Homes is now in the contracting phase, they will soon be included in the UNHC network.
  - The Towers are also going to move forward as a contracted provider beginning 6/2018.

Public Comment: Ms. Maureen O'Shay representative of Protect our Benefits— she wanted to thank UNHC for utilizing Jewish Home and the Tower; however, she wondered if UNHC was moving forward with Sequoia or Heritage as future partners/providers.

  - Ms. Hass has no current information on Heritage or Sequoia as potential providers but stated that she would bring these two providers back to the provider management for discussion.
  
- 09132018-12 Discussion Item Opportunity to place items on future agendas Public comments matters within the Board's jurisdiction

Public comments: None.
  
- 09132018-13 Discussion Item Opportunity for the public to comment on any matters within the Board's jurisdiction

Public comments: None.
  
- 09132018-14 Action Item Vote on whether to hold closed session for member appeal (President Breslin)

Staff recommendation: Hold closed session.

Public comment on all matters pertaining to the closed session:

Action: Motion was moved and seconded by the Board to approve to move into closed session to review member appeal.

Motion passed 5-0.
  
- 09132018-15 Action Item Vote on whether to hold closed session for conference with legal counsel – anticipated litigation as defendant – one case (President Breslin)

Staff recommendation: Hold closed session.

Public comment on all matters pertaining to the closed session:

Action: Motion was moved and seconded by the Board to approve to move into a closed session for a conference with legal counsel regarding litigation.

Motion passed 5-0.

Closed Session Start Time: 3:21pm

Closed session pursuant to: California Constitution Article I, Section 1; the Confidentiality of Medical Information Act, California Civil Code §§56 et seq; the Health Insurance Portability and Accountability Act, 42 U.S.C. §§1320d et seq.; California Government Code §54956.9; San Francisco Administrative Code §67.10(d)(2)

- 09132018-16      Action Item      Member appeal (President Breslin)  
Documents provided to Board prior to meeting:
  - 1. Memo from HSS;
  - 2. Member documentation.Staff recommendation: Uphold SFHSS decision.  
Action: The members of the Board requested further documentation to be provided by the member and HSS for the meeting in October 2018. The member appeal will be reviewed in the October meeting's closed session.
  
- 09132018-17      Discussion Item      Update Board regarding potential litigation

### Reconvene in Open Session

- 09132018-18      Action Item      Open Session Reconvene Time: 4:30pm  
Vote to elect whether to disclose any or all discussion held in Closed Session regarding member appeal (San Francisco Administrative Code Section 67.12) (President Breslin)  
Action: Motion was moved and seconded by the Board to not disclose any or all the discussion held in closed session regarding the member appeal.  
Motion passed 5-0.
  
- 09132018-19      Action Item      Vote to elect whether to disclose any or all discussion held in Closed Session regarding anticipated litigation (San Francisco Administrative Code Section 67.12) (President Breslin)  
Action: Motion was moved and seconded by the Board to not disclose any or all discussion held in the closed session regarding the anticipated litigation.  
Motion passed 5-0.

- 09132018-20      Action Item      Possible report on action taken in closed session (Government Code Section 54957.1(a)(5) and San Francisco Administrative Code Section 67.12 (President Breslin)

Action: Motion was moved and seconded by the Board to not report on actions that took place in the closed session.

Motion passed 5-0.
- 09132018-21      Action Item      Possible report on action taken in closed session regarding anticipated litigation (Government Code Section 54957.1(a)(5) and San Francisco Administrative Code Section 67.12 (President Breslin)

Action: Motion was moved and seconded by the Board to not report on actions that took place during the closed session regarding the anticipated litigation.

Motion passed 5-0.
- Adjourn      End Time: 4:35pm

**Summary of Health Service Board Rules Regarding Public Comment**

- Speakers are urged to fill out a speaker card in advance but may remain anonymous if so desired.
- A member of the public has up to three (3) minutes to make pertinent public comments before action is taken on any agenda item.
- A member may comment on any matter within the Board’s jurisdiction as designated on the agenda.

**Health Service Board and Health Service System Web Site: <http://www.myhss.org>**

**Disability Access**

Regular Health Service Board meetings are held at City Hall, 1 Dr. Carlton B. Goodlett Place, in Hearing Room 416 at 1:00 PM on the second Thursday of each month. The closest accessible BART Station is Civic Center, three blocks from City Hall. Accessible MUNI lines serving this location are: #42 Downtown Loop, and the #71 Haight/Noriega and the F Line to Market and Van Ness and the Metro stations at Van Ness and Market and at

Civic Center. For more information about MUNI accessible services, call (415) 923-6142. There is accessible parking near 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 assist the City's effort to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical-based products. Please help the City accommodate these individuals.

#### **Knowing Your Rights Under the Sunshine Ordinance**

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

#### **Lobbyist Registration and Reporting Requirements**

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

#### **Summary of Health Service Board Rules Regarding Cell Phones and Pagers**

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

The complete rules are set forth in Chapter 67A of the San Francisco Administrative Code.

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

The following email has been established to contact all members of the Health Service Board: [health.service.board@sfgov.org](mailto:health.service.board@sfgov.org). Health Service Board telephone number: (415) 554-1727.