



# HEALTH SERVICE BOARD

## CITY & COUNTY OF SAN FRANCISCO

**Abbie Yant, MA, RN**  
Executive Director  
Health Service System

**Natalie Ekberg, M.P.A.**  
Executive Secretary

TEL (415) 554-1727  
FAX (415) 554- 1721  
[sfhss.org](http://sfhss.org)

### **HEALTH SERVICE BOARD MEETING**

#### **MINUTES**

Thursday, August 8, 2019, 1:00 p.m.  
City Hall, Room 416  
1 Dr. Carlton B. Goodlett Place  
San Francisco, CA 94103

1. **CALL TO ORDER: 1:02 pm**

2. **PLEDGE OF ALLEGIANCE**

3. **ROLE CALL**

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

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

**DOCUMENTS ATTACHED:**

Meeting minutes from the June 13, 2019 meeting can be found on the SFHSS website at:  
<https://bit.ly/2ZLSEUA>

Meeting minutes from the July 11, 2019 meeting can be found on the SFHSS website at:  
<https://bit.ly/2YWr6KK>

President Breslin affirmed that the Commissioners reviewed the regular meeting minutes from June 13, 2019 and the special meeting from July 11, 2019. President Breslin asked if there were any corrections to the minutes. There were no corrections offered for both of the meeting minutes presented.

**PUBLIC COMMENT:** None.

**Action Taken:** The Health Service Board unanimously approved the June 13, 2019 and July 11, 2019 meeting minutes.

**Ayes:** Breslin, Follansbee, Scott, Hao

**Nays:** (none)

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

PUBLIC COMMENT:

Gail Ow, Retired Teachers (United Educators for San Francisco), gave her feedback to the SFHSS Leadership team as well as the Board regarding the July 11, 2019 Special Board meeting content. Ms. Ow suggested that SFHSS pilot or test the changes prior to implementation across the SFHSS models. Ms. Ow also asked if there would be accountability to the members and their families who maybe speak English as a second language and asked that other languages be offered in order to support those family's needs who while learning about the new medical plan designs.

Ms. Ow also shared information on the "preventative model" that was implemented in Denver and Austin. Ms. Ow requested that the SFHSS Leadership team look at this model as an option while they are researching new medical plan models.

**6. PRESIDENT'S REPORT: (Discussion)**

President Breslin had nothing to report.

PUBLIC COMMENT: None.

**7. APPOINTMENT OF HEALTH SERVICE BOARD COMMITTEE CHAIRS AND MEMBERS FOR FISCAL YEAR 2019-2020: (Action)**

President Breslin stated that as President of the Board she is mandated by the Governance Policies to recommend and appoint the Health Service Board Commissioners as members and Chairs of the two committees. President Breslin offered her recommendations to the Board members:

- President Breslin recommended Commissioner Scott as the Chair of the Governance Committee, and Commissioner Hao and Commissioner Canning as Governance Committee members.
- President Breslin recommended Commissioner Lim as the Chair of the Finance and Budget Committee, Vice President Follansbee and Commissioner Mandelman as Finance and Budget Committee members.

PUBLIC COMMENT: None.

**Action Taken:** Vice President Follansbee moved to approve the Governance and Finance and Budget Committee recommendations. Commissioner Scott seconded the motion.

**Ayes:** Breslin, Follansbee, Scott, Hao

**Nays:** (none)

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

DOCUMENTS ATTACHED: The Director's Report can be found on the SFHSS website at: <https://bit.ly/2M9EitR> .

Abbie Yant, Executive Director, began the Director's Report with a presentation of a Commendation to a Member Services staff person, Florence Lam, who will be retiring from San Francisco City and County on September 1, 2019.

Executive Director Yant also congratulated other SFHSS staff who received promotions in the last month:

- Carrie Beshears for her promotion to Well Being Manager
- Michael Visconti for his promotion to Contracts Manager
- Yock Chow for her promotion to Senior Benefits Analyst
- Aileen Hayashida-Fong for her promotion to Senior Benefits Analyst

Executive Director Yant also thanked Shannon Nishimura-Chiu, a Senior DHR Consultant, for all of her assistance in the successful hiring of new staff, as well as processing the promotions mentioned above. Executive Director Yant noted that there are still open positions to be filled, and the recruitment process is underway.

Executive Director Yant confirmed that the Rates and Benefits package for Plan Year 2020 was approved by the Board of Supervisors on July 30, 2019. Executive Director Yant thanked the SFHSS team, the Aon team, and Supervisor Mandelman for sponsoring the Rates and Benefits package's introduction to the Board. As of August 8, 2019, the Rates and Benefits package was awaiting the Mayor's signature and was planned for submission to the SF County Clerk's office on August 9<sup>th</sup>. Executive Director Yant also confirmed that the SFHSS Fiscal Year 2019-2020 Budget was also approved by the Board of Supervisors during July.

Executive Director Yant introduced engagement facilitators, Communities in Collaboration, Heather Imboden and Chanee Hawkins Ash, to the Board. SFHSS is working with the CIC team to plan SFHSS membership sessions to gather input regarding health benefit models.

Executive Director Yant stated that the Member Services team has been working diligently on two LEAN projects throughout the month. President Breslin asked if the LEAN processes were being used throughout the City. Executive Director Yant noted that this process improvement system is available through the Controller's office with no expense to the SFHSS budget.

Executive Director Yant shared that the Legislative Tracker was updated and had the most recent information on legislation that could affect the Health Service System. Executive Director Yant also highlighted that Mike Clarke, Aon, wrote a white paper on the HIT Tax, and asked the Board to review that paper directly to answer any questions the Commissioners may have regarding HIT. President Breslin asked for more detail on updates regarding the Excise Tax. Executive Director Yant noted that there is activity in the Senate and the House of Representatives on this legislation, however nothing to report out in more detail at this time.

Executive Director Yant also highlighted that the CPMC hospitals are now in the Blue Shield Trio network for members to access. Vice President Follansbee asked for clarity around which CPMC hospitals would now be covered in the Blue Shield Trio network. Executive Director Yant stated that all three San Francisco campuses would be available to our members: Mission-Bernal Campus, Davies Campus and Van Ness campus.

Executive Director Yant also addressed the Kaiser eligibility/member enrollment issues discovered and Kaiser is working on the resolution to these issues. This topic will be monitored by the Operations management team.

Vice President Follansbee asked what the City of San Francisco's role would be in the California Single Payer Commission that is being created by the California Governor. Executive Director Yant noted that this information has not been discussed in detail with our agency, however, the SFHSS team will be monitoring and reporting to Board as information as available.

PUBLIC COMMENT: None.

## **9. FINANCIAL REPORT AS OF May 31, 2019: (Discussion)**

DOCUMENTS ATTACHED: Financial Report can be found on the SFHSS website at:  
<https://bit.ly/2YyHXYZ>

Pamela Levin, Chief Financial Officer, presented the Financial Report to the Board. Ms. Levin stated that the report summarized the actual revenues, and the expenses of the Trust Fund as well as the General Fund, as of May 31, 2019. Ms. Levin noted that the Trust Fund's balance as of June 30, 2018 was \$77.4 million and the projected balance as of June 30, 2019 is \$88.4 million which is an \$11 million-dollar increase. Ms. Levin stated that the Healthcare Sustainability Fund has a projected year-end balance of \$3.9 million, which will be carried forward into the current fiscal year.

Ms. Levin stated that SFHSS is seeing unfavorable claims experience for the UHC PPO plan. Ms. Levin also stated that SFHSS is seeing favorable claims experience in the Blue Shield Access + and Trio plans, and the Delta Dental Self-Funded plan. Ms. Levin noted that no pharmacy rebates have been received during the month of August. The current year-to-date total for pharmacy rebates is \$5.8 million, however, the total year-end projection is estimated at \$7.9 million.

Ms. Levin noted that \$500,000 has been received in Performance Guarantees through May 31, 2019. Ms. Levin stated that SFHSS has paid out \$105,000 under the surrogacy and adoption plan benefit in FY 2018-19. The total paid claims for this benefit is \$200,000 since it has been available to the SFHSS membership. Ms. Levin reviewed the UHC PPO, the BSC Access+, the BSC Trio, the Delta Dental, "Cumulative Expenses vs. Budgeted Premium" graphs with the Board and noted that they represent a variety of different cost tracking and expense tracking.

Ms. Levin stated that the final FY 2019-20 General Fund Administration budget, passed by the Board of Supervisors, had a small change from the original budget that was submitted to the Board. The change is due to an increase in "Attrition Savings." Ms. Levin noted that these savings are created due to staff leaving their current positions. In addition, there are projected savings due to new staff being offered the positions at a lower salary level than their predecessors.

Vice President Follansbee complimented the SFHSS staff who are currently employed with the agency on the amount of work that they are completing while vacancies are being filled. Vice President Follansbee congratulated the staff on all of their hard work during this time of attrition.

President Breslin asked about a portion of the Financial Report that addressed funds being transferred ("transfer out" as stated in the report) from the Healthcare Sustainability Fund into the General Fund. Ms. Levin stated that in this month's report the "transfer" from the Trust Fund to the General Fund is limited to, and only comprised of forfeitures from flexible spending accounts to pay for the administration of flexible spending accounts.

PUBLIC COMMENT: None.

## **10. CARE MANAGEMENT VENDOR PRESENTATION: (Discussion)**

DOCUMENTS ATTACHED:

- The Care Management Vendor presentation by Aon can be found on the SFHSS website at:  
<https://bit.ly/2Krzmi1>
- The Blue Shield of California Care Coordination Presentation can be found on the SFHSS website at:  
<https://bit.ly/2YSpEOi>
- The Kaiser Permanente Care Coordination Presentation can be found on the SFHSS website at:  
<https://bit.ly/2TicGDL>
- The United Healthcare Care Coordination Presentation can be found on the SFHSS website at:  
<https://bit.ly/2GUAbO8>

Anne Thompson, Aon, introduced the presentation as well as the expectations for the presentation order. Ms. Thompson noted that after the Aon Care Management Vendor PowerPoint concluded the Medical Vendors – Blue Shield, United Healthcare, and Kaiser – would present their organization’s care management presentation for approximately five minutes.

Dr. Neal Mills, Aon, presented the Care Management Vendor presentation to the Board. This presentation covered the following areas:

- Understanding the Member Experience in the Healthcare System
- Evolution of Care Coordination
- What is Population Health Management and what are the Goals of Care Coordination and Health Management
- Best Practice of Care Coordination and Management Programs, the Continuum of Care Coordination, and Differentiators Among Care Coordination and Management

Dr. Mills stated that “Care Management” has developed over the last decade from disease management program to a more holistic care and population management program. The population management programs have focused on the individual and has a holistic wellbeing-based individual needs focus. Dr. Mills noted that these programs look different and vary by carrier. Dr. Mills stated that achieving this full spectrum of various population health management needs, the employer groups have to look at the success of the care coordination and health management programs of each medical vendor.

Care coordination includes the supportive mechanism of medical care “navigation.” Dr. Mills discussed the factors and components of program navigation. Dr. Mills reviewed various scenarios when a member may need support with navigating the system: medical billing, finding an in or out-of-network provider, finding the “right” provider for the member needs, what are the treatment options, does the member have to have a surgery, etc. Dr. Mills discussed what solutions current medical providers are using to support their members in care coordination and navigation. Dr. Mills stated that many medical providers offer digital and live member support options to help guide their members to the supportive services that they may need. It was noted that some of these member solutions exist as a “hybrid.”

Dr. Mills reviewed a slide that listed other care coordinating services and options offered by different vendors across the United States. Dr. Mills noted that a majority of vendors offering digital and live person navigation support would like to expand their services. Dr. Mills concluded his presentation describing different approaches SFHSS could use in the future to incorporate options into the current medical vendors care coordination and navigation support.

Vice President Follansbee asked where some of the presented programs or solutions had been piloted and what are the outcomes from pilots and maybe more contained smaller programs. Dr. Mills stated that he has been studying these care coordination and navigation programs for over two years, and he has found that the providers or the vendors work these solutions into a measurable outcome through Performance Guarantees. Vice President Follansbee stated that he appreciates the response and suggestion of using performance guarantees, but the purpose of reviewing a care coordination solution or navigation solution is primarily focused on improving the approach to how SFHSS delivers healthcare to its members. Dr. Follansbee asked for a list of non-profit vendors who may be providing these services with positive results. Dr. Mills stated that the Aon team would need to do more work on this and come back to the Health Service Board at a later date to present this topic further.

***Medical Plan Presentations on Care Coordination:***

1. Shawn Lovering, Account Management Lead, Blue Shield of California, presented the care coordination programs for the Access+ plan as well as the Trio plan. Ms. Lovering noted that the Access+ members can access “Shield Support.” This service is a comprehensive all acuity management program that

features member focused clinical support from nurses, social workers, health coaches and behavioral health clinicians. Ms. Lovering noted that the program is designed to engage the top 2% of the Access+ members who are currently at risk or who have potential to be at risk.

Ms. Lovering shared that the Trio plan members have a service called “Shield Concierge.” This is a more inclusive program that acts like a “White Glove” service for Trio members. This service offers specialized and specially trained member service representative interactions, and this support is partnered with clinicians, social workers, and physicians to support the needs of the member while they are on the call. Ms. Lovering concluded her presentation by sharing that in July 2019, the Blue Shield programs launched an application called, “Well-volution”, where members can add their health data into the application and track their wellness journey.

Vice President Follansbee noted that the screening process to these services would most likely offer the same type of members and their needs in both plans. Vice President Follansbee asked if there were any behavioral health issues that would move a member to the top 2% for these services. President Breslin asked how long this service has been available to the SFHSS members, and if all members could utilize these services. Ms. Lovering stated that there are many steps and factors that go into the selection process for these programs, however any Trio or Access+ member could self-refer to these services. Ms. Lovering stated that if a member has multiple conditions, either physical or mental health related, it would push the members to the top of this service list.

Commissioner Scott asked when the Blue Shield team would be reporting out on the utilization of these services. Ms. Lovering stated that this report would come to the Board at the end of the calendar year.

2. Ms. Debbie McConathy, Kaiser Permanente, presented the Kaiser HMO care coordination services to the Board. Ms. McConathy noted that Kaiser uses a team-based approach to care coordination. It was stated that the medical teams, nurse/medical assistants/doctors/healthcare professionals, work with patient’s records through one integrated data management system. Ms. McConathy stated that with this digital system all the medical professionals can access the member’s case records in real time so that they can work with the Primary Care Physician, the care team, the member, and any required Specialists in a more coordinated approach. Ms. McConathy stated that the member services team is also a major piece of the support system in place for members to access appointments and next steps in their care plan in a more seamless service. Ms. McConathy noted that the Kaiser members all have access to their KP.org member access webpages or KP cellphone applications that members can add to their phones for more direct access. For the website and for the applications there are a range of supportive services available to members.

Vice President Follansbee asked whether Kaiser offered a “White Glove” service to the SFHSS membership that would offer more personalized care for specific member needs. Ms. McConathy noted that there are various points of contact throughout the medical team, these contacts can occur with the member services team helping with appointment setting, or the primary care physician, possibly a nursing team member, following up with a member after a procedure is completed.

Kate Kessler, Kaiser Permanente, stated that there is proactive outreach being conducted for members who have require more support regarding serious disease management to ensure they are attending regular appointments or getting their labs completed. Ms. Kessler noted that one piece of the larger care management approach at Kaiser is the integration of the mental health professionals’ presence in the primary care departments.

Vice President Follansbee asked if the Kaiser care coordination services included a “complex care coordination” service. Ms. Kessler noted that all Kaiser facilities may be staffed slightly differently, however, there would be case management services available. Ms. Kessler stated that a report of how

each facility is practicing complex care could be provided to the Board. President Breslin asked if any of these practices in care coordination are “new” or if these practices have been used for “some time.” Ms. Kessler stated that the Kaiser team is constantly looking at ways that they can improve the services that are offered to the members, and the care coordination models will continue to adapt.

3. Heather Chianello, United Healthcare, presented the care coordination and navigation programs for the City Plan and Shannon Haas, United Healthcare, presented the care coordination and navigation programs for the Medicare Advantage PPO plan. Ms. Chianello noted that City Plan has offered the care coordination services to its members in a variety of ways, particularly through a service called “Advocate for Me.”

Members would be placed into this navigation service if they qualified through types of services accessed, referrals made or if the member had one of the possible 50 chronic conditions, or the member had multiple chronic conditions. The members who qualify for this program will be contacted directly to understand what is needed from their provider network, or what services they need for treatment. Ms. Chianello stated that United Healthcare also offers a few online tools for members to use, to examples of these tools are the “Rally Health” and “Wellness Keeps.” There are supports offered for behavioral health, health e-notes that remind members of their appointments, assessments, and healthcare needs throughout the month.

Ms. Chianello stated that a new component of navigation and care coordination is “Advocate for Me,” which connects the member to a nurse advocate that attached the member to the correct expert to address their concerns. This service would need to be requested when the City Plan member calls the customer service number and the member requests to use the Advocate for Me program.

President Breslin stated that she is a member of City Plan, and she had not heard of the program, “Advocate for Me.” Ms. Chianello noted that if you are a member who is not a high utilizer or your chart does not highlight your needs within the “high risk chronic condition” the member would not have received any outreach from the programs mentioned throughout this presentation.

Vice President Follansbee asked if the City Plan procedure responds to a high-risk diagnosis such as breast cancer with this “Advocate for Me” program, to verify that this member will receive all of the information he or she needs to decide on the proper treatment options. Ms. Chianello stated that any cancer diagnosis would prompt the system to contact this member. It was stated that most often the United Healthcare member reaches the member who requires support for their diagnosis, but they are already receiving navigation support from their provider group. Ms. Chianello reassured the Board members that the outreach is always made in the high-risk cases.

Vice President Follansbee asked how the United Healthcare group ensures that some members are not being left unattended or “falling through the cracks,” and is getting the information they may need for any diagnosis. Ms. Chianello stated that with the City Plan members can get as many opinions from various providers, so their need for these services is based on their diagnosis, and their need for further support.

Shannon Haas, United Healthcare, presented the care coordination services available for the Medicare Advantage members. This program has the member at the center and the two cornerstones grounded in holistic case management and the “House Calls” program. The “House Calls” program ensures that the member’s health condition is known in the system which generates referrals into some clinical programs.

Ms. Haas explained that “Advocate for Me” is also available to the Medicare members. These members would call the customer service line once they have a diagnosis and receive the support to make the necessary appointments. Ms. Haas stated that for members who may be hospitalized they are assigned a nurse that will help them get through their hospital stay and transition them home. Ms. Haas also noted that there are special programs for people who are living their life with a chronic illness or who were almost at the end of their lives.

**PUBLIC COMMENT:**

Diane Urlich, retiree, stated that she and her husband are a member of Kaiser, however, Ms. Urlich noted that she nor her husband have not received any outreach from Kaiser regarding her husband's multiple chronic conditions. Ms. Urlich noted that her husband had been in the emergency room multiple times this year without any outreach to her family. Ms. Urlich stated that she thinks Kaiser offers very helpful services but as a member you need to be knowledgeable in order to advocate for yourself.

Gail Ow, retiree, stated that she is a Medicare Advantage member with Kaiser. Ms. Ow stated that recently accessed the Kaiser website because she wanted to know more about her wellbeing options offered through her membership. Ms. Ow stated that she did access the "wellbeing tracker," as it was presented in the Kaiser presentation today, however she could not move forward on the website application because did not enter her blood pressure. Ms. Ow asked the Board if they knew what happens to the information, she enters on the Kaiser website applications. Ms. Ow also shared that she attended a "gong event" for cancer survivors, and the only issue she had with getting to this event was figuring out how to get the event details from the website.

Herbert Weiner, retiree, asked a question regarding the types of mental health services that were available to the members. Mr. Weiner requested that both psychodynamic physiotherapy and cognitive behavioral therapy be offered to all members.

**BREAK: 3:10 pm**

**MEETING RESUMES: 3:20 pm**

**11. PRESENTATION ON INTEROPERABILITY: (Discussion) – This item listing was adjusted from the original agenda during the Board meeting to item number 11.**

DOCUMENTS ATTACHED: The Interoperability presentation can be found on the SFHSS website at: <https://bit.ly/2KquQ3t>

Dr. David Camitta, MD, Medical Director, Health Informatics, Dignity Health, presented this presentation to the Board. The presentation included the following topics:

- The Current State of the Medical Professional Practices and the number of Primary Care Providers versus Specialists
- The Definition of Interoperability, Key Types of data and methods
- Timeline for the National system of Interoperability to be live
- National Scope and Capability for Interoperability in each state
- Hospital Data sharing, Office Based Data sharing, Office Based exchange
- Interoperability Landscape at Dignity Health and the Ca Interoperability Coverage
- Partnerships in the Community
- Geomapping
- Next Steps for Health Plans

Dr. Camitta reviewed this presentation and answered the Board member's questions. Vice President Follansbee stated that his personal experience with Interoperability at Kaiser was complex, and it required two years of continual work so that all Kaiser campuses could interact with each other. Vice President Follansbee asked how long it will take achieve data sharing among all states with all providers. Dr. Camitta stated that this work will take time, and that "there is a long way to go." There was no specific timeline listed beyond a general year this interoperability could be completed nationwide.

**PUBLIC COMMENT:**

Herbert Weiner, retiree, stated that he appreciated the presentation and the goal of sharing data across providers. Mr. Weiner hopes that this interoperability presentation becomes a reality because data sharing “should be usable for everyone.”

## **12. APPROVAL OF THE INFERTILITY BENEFIT POLICY STATEMENT: (Action)**

### DOCUMENTS ATTACHED:

- The Infertility Benefit Presentation can be found on the SFHSS website at: <https://bit.ly/2KE9yOp>
- Infertility Benefit Policy can be found on the SFHSS website at: <https://bit.ly/33qyykL>
- Fertility Benefit Coverage document can be found on the SFHSS website at: <https://bit.ly/2YSqUMz>

Anne Thompson, Aon, presented the Infertility Presentation and Infertility Policy Statement to the Board. The Presentation covered the following content regarding the SFHSS Infertility Policy, and benefits:

- The Introduction and Rationale for the Infertility Benefits Analysis
- Infertility Benefit Evaluation Process -- Overview
- Infertility Benefit Evaluation Process – Findings
- Next Steps
- Action Item: Vote on proposed Infertility Benefit Policy
- Appendix: Vendor Performance Annual Report Out
- Appendix: References

After the presentation concluded, and prior to the questions/discussion around this agenda item Commissioner Scott moved to accept the policy statement as recommended and outlined. Commissioner Hao seconded the motion. Then there was a discussion around the Commissioner’s questions pertaining to the Infertility Benefits offered, and the Infertility Policy Statement presented.

Vice President Follansbee asked how this policy statement came from the previous discussions the Board had with members, particularly member discussions regarding women’s infertility diagnosis as a requirement for these benefits to be used. Vice President Follansbee also asked what the issue is around the use of the word fertility instead of infertility in an updated SFHSS fertility policy statement.

Executive Director Yant stated that the previous member concerns and experiences with this set of benefits was the precursor to this policy statement. Executive Director Yant stated that this policy statement would allow insemination services to be for same sex and un-partnered women so that they would be able to receive those services and either become pregnant. Executive Director Yant explained that by not conceiving a child through the insemination services would prompt other diagnostic and/or treatment service options covered by the current benefit.

Ms. Thompson noted that there was a Kaiser professional in attendance at the meeting who could speak to the coding specifications that describe complex fertility diagnoses. Ms. Thompson stated that the relationship to diagnostic and treatment discussions are between the physician and the patient. Coding is a separate billing mechanism used. Ms. Thompson stated that by adopting this insemination policy the SFHSS payor makes the decision on what is an allowable benefit.

Erik Rapoport, San Francisco City and County Attorney noted that this policy could be renamed. Vice President Follansbee stated that he would prefer that the policy stated what issues were being addressed in the beginning of the policy. Executive Director Yant asked if any of the Commissioners wanted to amend the policy as it was written. Vice President Follansbee asked to have the policy renamed to the Fertility Benefit Policy. Commissioner Scott seconded the request with the provision that the title have quotes around the title until the content of the policy is final.

Executive Director Yant requested that the Board act on the policy statement so that the benefits could be available for all members immediately. Vice President Follansbee and President Breslin agreed that the renaming of the policy could take place at the Board meeting (Infertility Policy Statement to Fertility Policy Statement) as well as the change of the word “Infertility” to “Fertility” throughout the entire policy.

**PUBLIC COMMENT:**

Erica Maybaum, Active CCSF employee, stated that she is a legislative aide to Norman Yee, President of the San Francisco Board of Supervisors, and that President Yee has concerns about access to this benefit. Ms. Maybaum thanked Executive Director Yant, and the SFHSS staff for their work on this policy. Ms. Maybaum shared her personal experience with the Board regarding fertility services and the cost of these services to her family. Ms. Maybaum spoke to her experience with the infertility diagnoses, and the need for the policy to change so that the diagnoses do not create an unwanted bias amongst SFHSS members. Ms. Maybaum noted that the pharmacy costs is also a concern, especially the cost differentiation from pharmacies in network versus pharmacies out of network.

Kate Kessler, Kaiser Permanente, stated that Kaiser has policies in place that do not allow their practitioner to discriminate based on sex, race, gender or age. These services are offered and covered for all SFHSS members who are experiencing infertility within their families.

Shawn Lovering, Blue Shield of California, stated that she and her partners across the Blue Shield team reviewed Ms. Maybaum’s case and addressed the gaps as well as the issues Ms. Maybaum was experiencing with the provider that she was previously seeing for her infertility treatment. Ms. Lovering stated that the Blue Shield team is also working with the entire network of their Accountable Care Organizations to ensure that the infertility benefits are being administered correctly to all SFHSS members.

Erik Rapoport, San Francisco City Attorney, asked if the policy could be re-named the “insemination policy” so the issue moves away from “fertility” versus “infertility.” Mr. Rapoport suggested that this item needed clarification on what would be covered under this policy, and that this should be part of the policy’s final voting.

Executive Director Yant asked that the discussion move away from the coding decisions. It was noted that these decisions happen in a doctor’s office with the patient, and their physician. Kate Kessler, Kaiser Permanente, noted that the mention of “insemination services” would not cover the infertility as it applies to men. Ms. Kessler also agreed that coding is complex, and these codes are assigned depending on the member’s current health status.

Commissioner Scott suggested that this particular policy statement be edited and worked through, outside of the Health Service Board meeting. Commissioner Scott withdrew his original motion as well as his second to amend the title. Vice President Follansbee moved to defer this matter to future meeting. Commissioner Scott seconded.

**Action Taken: The Health Service Board Commissioners unanimously agreed to defer this matter to a later date.**

**Ayes: (none)**

**Nays: (none)**

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

PUBLIC COMMENT: None.

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

**PUBLIC COMMENT:**

Kate Kessler, Kaiser Permanente, stated that there were two updates she wanted to share with the Board. Ms. Kessler stated that Kaiser has now partnered nationally with MinuteClinics. This partnership ensures Kaiser members access to the co-payment prices for prescribed medications if they visit the urgent care outside California.

Vice President Follansbee asked how a member would use the CVS MinuteClinic if the member has lost their prescription while traveling and needed a prescription refill. Ms. Kessler stated that the co-payment price only covers the re-fills requested or by the urgent care prescription being sent to the CVS MinuteClinics for member pick up. Ms. Kessler noted that if a member needed a refill or a member lost a prescription, the member should call Kaiser directly to coordinate a pick up. The lost prescription that needed to be replaced would be an out-of-pocket expense and would most likely be charged to the member at full price of the pharmacy.

Ms. Kessler's second update was related to the mental healthcare program and access. Ms. Kessler noted that there is now a live "1-800" number of the Kaiser website for members to call if they any support regarding mental health or substance abuse services or needs. This phone number can also support members who may need a person to work on scheduling appointments for services, or for general questions. Ms. Kessler stated that members who have received mental health or substance abuse services through Kaiser in the past year will be receiving an email to inform them of the toll-free line and its purpose. Additionally, Ms. Kessler noted that there will be flyers in Spanish and English.

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

PUBLIC COMMENT: None

**16. ADJOURNMENT: 4:10pm**

## Summary of Health Service Board Rules Regarding Public Comment

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

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

### Disability Access

Regular Health Service Board meetings are held at City Hall, 1 Dr. Carlton B. Goodlett Place, in Hearing Room 416 at 1:00 PM on the second Thursday of each month. The closest accessible BART Station is Civic Center, three blocks from City Hall. Accessible MUNI lines serving this location are: #42 Downtown Loop, and the #71 Haight/Noriega and the F Line to Market and Van Ness and the Metro stations at Van Ness and Market and at Civic Center. For more information about MUNI accessible services, call (415) 923-6142. There is accessible parking in the vicinity of City Hall at Civic Center Plaza adjacent to Davies Hall and the War Memorial Complex.

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

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

### Knowing Your Rights Under the Sunshine Ordinance

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

### Lobbyist Registration and Reporting Requirements

Individuals and entities influencing or attempting to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance [SF Campaign & Governmental Conduct Code § 2.100] to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at 25 Van Ness Avenue, Suite 220, San Francisco, CA 94102; telephone (415) 252-3100; fax (415) 252-3112; web site [www.sfgov.org/ethics](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 [Natale.Ekberg@sfgov.org](mailto:Natale.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) 554-0662