

September 12, 2019

TO: Karen Breslin, President, and Members of the Health Service Board
FROM: Abbie Yant, RN, MA Executive Director SFHSS
RE: August 2019 Board Report

SFHSS Member Focus Groups: Your Health Plan Options: 2021 & Beyond

As SFHSS continues to consider the health care benefits models of the future, we are reaching out to a wide array of our membership to hear directly their experience with the health delivery system: what's working and where are the challenges or barriers to care. We will present to the members a handful of high-level model options that were presented at the July HSB meeting to solicit member understanding, questions and concerns so that should we move forward with any of these options we have heard this member perspective.

Our team has developed a thorough outreach plan that is designed to hear many different experiences. In addition to the announcement made in our newsletters and at the HSB meetings, we have specific outreach efforts to: the LGBTQIA+ population, the SF Police Department, the SF Fire Department, the City College Administrative and Teaching staff, SFUSD Administrative and Teaching staff, and the Superior Court Staff. We noted that all members are welcome to bring their spouses, partners, or dependents to these meetings.

****Please note: While we are primarily targeting Active and Early Retiree member input, Medicare beneficiaries are welcome to attend to contribute their recent experience with the Non-Medicare plans. The Medicare-eligible benefits are not being discussed during these focus groups.*****

These email invitations will be sent out after 9/12 and members can sign up until 10/1/19. The focus groups are being held in San Francisco, San Mateo County and Alameda County. The size of each focus group ranges from 20 people to 60 members. We are also providing lunch hour meetings, after work hour and weekend meeting options.

The SFHSS team also created a specific email, hssfocushs@sf.gov, so that members could reach out to the SFHSS team directly if they had questions, comments or issues signing up for these events. We asked that the members give the SFHSS team 2-3 days to respond to these email requests.

Legislative Update Report

Significant activity at both a State and Federal level is described in the attached legislative report.

Second Opinion Fliers

SFHSS staff worked with the carriers to provide information on how to obtain a second opinion. Please see the attached information fliers developed by each plan.

Complex Care Coordination: Kaiser Permanente

During the Care Coordination presentations at the August HSB meeting, several questions were raised regarding the complex care coordination services at Kaiser Permanente. SFHSS staff will meet with subject matter experts from Kaiser in October and request a follow-up presentation to the HSB.

Infertility Benefit

SFHSS staff continue to work on matters related to the Infertility Benefit brought before the HSB in August. SFHSS tentatively plans to continue this discussion and bring an action item to the HSB at the November 2019

CFO Report Follow up to August HSB Questions

SFHSS presented the Financial Report to the Health Service Board (HSB) at the August 8th HSB meeting for discussion. The report covered the period of July 1, 2018, through May 31, 2019, for both the Trust Fund and the General Fund Administration Budget. The Report noted that the Trust budget included a transfer to the General Fund of \$587,335. This budgeted transfer includes \$487,335 from forfeitures (to fund the administration of flexible spending accounts (FSA) consistent with IRS rules) and \$100,000 from the Healthcare Sustainability Fund (for Well-Being programs permitted under the Charter). The transfers were approved by the HSB in October 2018 for the FY 2018-19 budget.

Expenditures for both FSA administration and Well-Being programs are carefully tracked. The FY 2018-19 fiscal year closed on June 30, 2019. Based on actual expenditures, SFHSS analyzed the savings in the General Fund and reevaluated the value of the transfer from the Trust Fund. Expenditures for the Well-Being program came under budget and the \$100,000 transfer from the Healthcare Sustainability Fund was not required. As a result of the fiscal year-end analysis, the final amount of the transfer from the Trust Fund to the General Fund from forfeitures was reevaluated and reduced to \$389,016 from \$487,335.

BSC – Trio Update Clarification

Effective 4/1/2019, BSC added CPMC to the Trio network for SFHSS Brown and Toland Medical Group members. This exclusive arrangement expands access to the **Van Ness**, Davies and Mission Bernal campuses only.

Kaiser Member Legibility File Issue

SFHSS reported in August that Kaiser Members were notified of termination from their Kaiser plan without SFHSS knowledge. SFHSS is pleased to report that we are meeting regularly with Kaiser to improve the process of reconciliation, payment determinations and other enrollment issues. At this time no members are being deleted due to non-payment.

Tracking List of Issues from Prior Board Meetings

- Kaiser Transportation Benefit update

- UHC Transportation Benefit Update
- HIT tax application methodology for both Kaiser and UHC
- SFHSS Risk Management Policy
- Relationship with Workers Compensation
- Other Postemployment Health Care Benefits (OPEB)
- Plan Comparisons: Opioid Epidemic – Impact on Chronic Pain patients

Attachments:

Legislation Update Report
Well Being Slides
ESA Slides

SFHSS DIVISION REPORTS –August 2019

PERSONNEL

Congratulations are in order!!

- Sonali Shenoy, promoted from 1209 Benefits Technician to 1210 eff 9/9/2019

Open Positions:

- 1813 Senior Benefits Analyst – All positions now filled; Jenna Wong, new 1813, started 9/9/2019
- 1210 Benefits Analyst – 2 positions open, with interviews ongoing;
- 1209 Benefits Technician —2 positions yet to fill, with interviews ongoing, provisional offers out to 4 1209 candidates
- 2820 Sr. Health Planner – recruitment underway
- 1819 – Assistant Health Educator - recruitment underway
- 0923 – Assistant Well Being Manager- recruitment underway

OPERATIONS –

- Met all deadlines for open enrollment communications development
- Hosted “Voice of the Customer” discussion with members to get information on their experience with becoming delinquent on premiums
- Completed Process Improvement for vendor reconciliation reporting with 72% reduction in time spent to process Delta Report at HSS
- Completed NCOA address updates in prep for OE Mailing

Enterprise Systems & Analytics (ESA) – see project dashboard

WELL-BEING - see attached slides

Well-Being

- Keep America Active Physical Activity challenge ended – 1399 participants engaged with 88% of city departments participating
- Special Events (Catherine Dodd Wellness Center) – Hosted the 2nd Table Tennis Tournament bringing in 16 participants, one winner and several additional individuals to support the participants in the 1 hour tournament

Well-Being@Work

- 24 Program Spotlights were awarded and submitted by 13 different departments
- SHFSS Well-Being provided an Exercises@Work stretch for 100 PUC employees

EAP – unable to provide any data due to software system being down and unable to access

FINANCE DEPARTMENT

Accounting

- Attended training on GASB 87 Leases and GASB 84 Fiduciary Activities pronouncements
- Calculated and verified rates for open enrollment documents and detailed PeopleSoft rates
- Preparing audit schedules for Financial Statements audit

Budget and Procurement

- Submitted manual appropriation carryforward requests totaling \$285,514

Contracts

- Fully executed first amendment to technology and professional services agreement with Hyland for new licenses and maintenance for the Enterprise Content Management system
- Finalized proposed changes to 2019 group agreement with Blue Shield of California for modified banking solution
- Finalized professional services terms and conditions with Athena Software for employee assistance program (EAP) case management software
- Finalized proposed second amendment to professional services agreement with Kanopi Studios for Drupal Website tools and added functionalities
- Reviewing 2020 plan materials for Open Enrollment and 2020 benefit agreements

LEGISLATIVE UPDATE SEPTEMBER 12, 2019

State

	Subject	Legislation Title	Activity	Comments
State	Pharmacy Benefit Management Reporting to the California Department of Managed Health Care (DMHC)	Required by AB 315 passed in 2018	A taskforce was established to recommend what information, if any, related to pharmaceutical costs health care service plans or their contracted pharmacy benefit managers (PBMs) should report to DMHC. Members include Sherri Cherman, PharmD, president and CEO of Elements Pharmacy, Shane Desselle, RPh, PhD, FAPhA, president of Applied Pharmacy Solutions, Lisa Ghotbi, PharmD, director of pharmacy services for San Francisco Health Authority, Clint Hopkins, PharmD, owner and CEO of Pucci's Pharmacy, Rochelle Pleskow, chief healthcare informatics officer at Hewlett Packard, Patrick Robinson, RPh, MBA, Pharmacy Manager for Sutter Health Plan, Neeraj Sood, PhD, professor and vice dean for research at the University of Southern California (USC) Price School of Public Policy, John Stenerson, deputy executive officer for Self-Insured Schools of California, and Nicole Thibeau, PharmD, AAHIVP, director of pharmacy services for Jeffrey Goodman Special Care Pharmacy at the Los Angeles LGBT Center. The next meeting is September 12, 2019.	The result of the work of the Task Force will increase the transparency of how pharmacy benefit managers operate and determine if PBMs are serving the best interests of the patients, and not just increase the PBM's bottom line.

	Subject	Legislation Title	Activity	Comments
State	Single-payer health care system	SB 106, An act to amend the Budget Act of 2019	The legislation included creation of the Healthy California for All Commission with a \$5M budget. The focus of the Commission is on how California could create a universal, single-payer health care system. The Commission members include six appointees by the governor; three by the Senate and three by the Assembly, whose names are not available. The Commission will be chaired by the Secretary of Health and Human Services, Mark Ghaly, MD, MPH. The 5 ex officio, non-voting members consist of the Chairs of the Assembly and Senate Health Committees (Jim Wood and Richard Pan), Covered California Director Peter Lee; Department of Health Care Services Director Jennifer Kent; and Marcie Frost, CEO of the California Public Employees' Retirement System.	The impact of creating a California single-payer health care system on SFHSS will depend on the design, funding mechanisms, and the impact on the commercial market.

Federal Excise Tax

	Subject	Legislation Title	Activity	Comments
Federal	Excise tax on high-cost employer sponsored health plans (Cadillac Tax)	H.R. 748 Middle Class Health Benefits Tax Repeal of 2019	Passed by the House on July 17, 2019 and forwarded to the Senate, Read for the second time by Senate July 22, 2019 and placed on the Senate Legislative Calendar for July 29, 2019 under General Orders but no action.	This bill would amend the Internal Revenue Code of 1986 to repeal the excise tax on high cost employer-sponsored health coverage. The tax is still scheduled to take effect in 2022.

	Subject	Legislation Title	Activity	Comments
Federal	Excise tax on high cost employer sponsored health plans	S. 684 Middle Class Health Benefits Tax Repeal of 2019	No action since March 6, 2019 when it was read twice and referred to the Senate Committee on Finance.	This bill would repeal the excise tax on employer-sponsored health care coverage for which there is an excess benefit (high-cost plans). The repeal applies to taxable years beginning after December 31, 2019. Currently the tax is still effective in 2020.

Prescription Drugs

	Subject	Legislation Title	Activity	Comments
Federal	Cost of drugs	H. R. 3947 Competition Prescription Act To Lower the cost of prescription drugs, and for other purposes,	Introduced July 24, 2019 and referred to the House Committee on Energy and Commerce, and in addition to the Committees on Ways and Means, the Judiciary, Armed Services, and Oversight and Reform, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.	This bill would lower the cost of prescription drugs by removing delays in introducing generic drugs to the market and expanding patients access to those low-cost alternative drugs. By introducing more generic drugs to the market faster and increasing access to them, the free market will encourage competition between generic and brand-name drugs, ultimately lowering the cost of prescriptions patients pay at the pharmacy counter.
Federal	Protections on cost of insulin	S. 2199 A bill to provide patient protections with respect to the cost of insulin	Introduced July 22, 2019 and referred to the Senate Committee on Finance.	This bill would provide patient protections with respect to the cost of insulin.
Federal	Transparency of drug rebates	S. 2247 A bill to amend Titles XI and XVIII of the Social Security Act to increase transparency of drug manufacturers discounts and establish requirements relating to pharmacy-negotiated price concessions.	Introduced July 24, 2019 and referred to the Senate Committee on Finance.	This bill would require greater transparency of discounts by drug manufactures and establish requirements relating to pharmacy-negotiated price concessions. The details are pending.

	Subject	Legislation Title	Activity	Comments
Federal	Reference prices	S. Prescription Drug Pricing Reduction Act of 2019	Bill approved by Senate Finance Committee July 25, 2019.	The bill may impact the UHC MAPD rates. It changes the Medicare Part D program by the removal of the coverage gap, reducing the true out-of-pocket expense, improving incentives to increase negotiation between prescription drug plans and manufacturers, protecting the program from manufacturer drug price increases, and increasing transparency into pharmacy benefit manager (PBM) practices and manufacturer drug pricing decisions.

CMS Rule Making

	Subject	Legislation Title	Activity	Comments
Federal	Department of Health and Human Services, Centers for CMS Proposed Rule Change	Proposed Changes to Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs; Price Transparency of Hospital Standard Charges; etc.	Filed on July 29, 2019 and was published on August 9, 2019. The comment period closes on September 27, 2019.	This rule may impact the Medicare rates for 2021 due to the proposed revisions to the Medicare hospital outpatient prospective payment system and the Medicare ambulatory surgical center payment system for CY 2020. In addition, CMS is proposing to establish requirements for all hospitals in the US for making hospital standard charges available to the public and establish a process and requirements for prior authorization for certain covered outpatient department services.

	Subject	Legislation Title	Activity	Comments
Federal	Department of Health and Human Services, Centers for CMS Proposed Rule Change	Medicare and Medicaid Programs; CY 2020 Home Health Prospective Payment System Rate Update; Home Health Value-Based Purchasing Model; Home Health Quality Reporting Requirements; and Home Infusion Therapy Requirements.	Proposed rule was issued on July 18, 2019 and comments are due by September 9, 2019.	This rule would update the home health prospective payment system (HH PPS) payment rates and wage index for CY 2020; implement the Patient-Driven Groupings Model (PDGM), a revised case-mix adjustment methodology, for home health services beginning on or after January 1, 2020, implement a change in the unit of payment from 60-day episodes of care to 30-day periods of care, and proposes a 30-day payment amount for CY 2020. Additionally, this proposed rule modifies the payment regulations pertaining to the content of the home health plan of care; allow physical therapy assistants to furnish maintenance therapy; and change the split percentage payment approach under the HH PPS. This may impact the development of the Kaiser and UHC 2021 Medicare plan rates.

Surprise Medical Billing

	Subject	Legislation Title	Activity	Comments
Federal	Medical billing practices Hospital's balanced billing	H. R. 3630 No Surprises Act. A bill to amend title XXVII of the Public Health Service Act to protect health care consumers from surprise billing practices, and for other purposes.	Introduced July 9, 2019 and referred to the House Committee on Energy and Commerce and the Committee on Education, referred on July 10, 2019 to the House Subcommittee on Health. On July 11, 2019 House Subcommittee on Health held consideration and mark-up session and then forwarded to the Full House Committee on Energy and Commerce.	This bill would end surprise medical bills (balanced billing) and adds third-party arbitration. The bill addresses the market failure at the heart of surprise billing; appropriately uses notice and consent exceptions; and establishing a minimum insurer payment that would likely avoid increasing health care spending relative to the status quo.

	Subject	Legislation Title	Activity	Comments
Federal	Lowering Health Care Costs	S 1895 Lower Health Care Costs Act	Introduced June 19, 2019 in Senate, Assigned to Senate Committee on Health, Education, Labor and Pensions on June 26, 2019, Amended as a substitute bill on July 8, 2019, placed on Senate Legislative Calendar under General Orders.	This bill would end surprise billing, reduce high cost of prescription drugs, require transparency, fairness and competition in the health care system, fund America's public health infrastructure, and improve health information technology.

Affordable Care Act

	Subject	Background	Activity	Comments
Court Case – US Court of Appeals for the Fifth Circuit	<p>Texas v Azar (United States Affordable Care Act)</p> <p>Appeal decision of lower court that ruled the ACA unconstitutional due to the unconstitutionality of the individual mandate and inability to sever the mandate from the ACA.</p>	In December 2018, a Texas District Court struck down the ACA in its entirety, finding that the 2017 Tax Cuts and Jobs Act, which reduced the penalty associated with the individual mandate to zero, renders the mandate unconstitutional, and invalidates the mandate as unconstitutional thus invalidates the entire ACA.	On July 9, 2019 the US Court of Appeals for the Fifth Circuit heard oral arguments on the District's Court's decision that the individual mandate is unconstitutional and not severable, it would invalidate the ACA and be appealed to the Supreme Court. The Supreme Court has already upheld the ACA as constitutional in NFIB v. Sebelius and King v. Burwell.	Among other provisions of the ACA, this court case will impact Section 1557 which protects people who have preexisting conditions, prohibits discrimination based on race, color, national origin, sex, age, or disability. It will also impact the pathway for approval of generic copies of expensive biologic drugs.

	Subject	Background	Activity	Comments
United States Department of Health and Human Services (HHS) Office for Civil Rights	Nondiscrimination in Health and Health Education Programs or Activities	<p>On June 14, 2019 HHS proposed “substantial revisions” to regulations implementing ACA Section 1557.</p> <p>The proposal cannot change Sections 1557’s protection in the law enacted by Congress but it would significantly narrow the scope of the existing HHS implementing regulations.</p>	<p>HHS established a 60-day comment period on the proposed changes closed August 13, 2019.</p> <p>The City submitted public comments.</p>	The regulations would: a) eliminate the general prohibition on discrimination based on gender identity, as well as specific health insurance coverage protections for transgender individuals, b) adopt blanket abortion and religious freedom exemptions for health care providers, c) eliminate the provision preventing health insurers from varying benefits in ways that discriminate against certain groups, such as people with HIV or LGBTQ people d) weaken protections that provide access to interpretation and translation services for individuals with limited English proficiency, d) eliminate provision affirming the right of private individuals to challenge alleged violation of Section 1557 in court, obtain money damages, as well as requirements for covered entities to provide non-discrimination notices and grievance procedures.

Legislative Watch List

	Subject	Legislation Title	Activity	Comments
State	California Managed Care Organization (MCO) tax	California SB 106, Amendments to the 2019-20 Budget Act	The final FY 2019-20 budget included intent language to continue the tax. Draft legislation is expected to go to the Senate in September. If the Senate approves the legislation, it will be submitted to CMS for approval. It is unclear if CMS will approve the fee, however, if approved the tax will be retroactive to July 1, 2019.	If the fee is approved by the California Senate and CMS retroactive to July 1, 2019, additional discussions will be necessary with the fully insured plans concerning the impact of the tax on SFHSS payments to the plans. SFHSS will need to identify the funding source for 2019 and 2020 since the fees were not incorporated into the premiums for either year. The primary impact is expected to be on Blue Shield.

	Subject	Legislation Title	Activity	Comments
State	Change of Gender: Updated marriage and birth certification	California SB 741	Senate Committee on Judicial and Senate Committee on Health hearing was scheduled on July 9, 2019 but it was canceled at the request of the author of the legislation.	The SFHSS workload may increase if this bill is passed.
Federal	Healthcare Insurance Tax	S. 80 Jobs and Premium Protection Act	No action since January 10, 2019 when it was referred to the Senate Committee on Finance.	This bill would repeal the annual fee on health insurance providers enacted by the Patient Protection and Affordable Care Act. Tax is still effective in 2020.
Federal	Healthcare Insurance Tax	H.R. 2447 Jobs and premium Protection Act	No action since May 1, 2019 when referred to the House Committee on Ways and Means, and in addition to the House Committee on Energy and Commerce.	This bill would repeal the annual fee on health insurance providers enacted by the Patient Protection and Affordable Care Act. Tax is still effective in 2020.
Federal	Healthcare Insurance Tax (HIT)	H.R. 1398 Health Insurance Tax Relief Act of 2019	No action since February 28, 2019 when referred to the Subcommittee on Health by the Committee on Energy and Commerce	This bill would delay the reimposition of the annual fee on health insurance providers until after 2021. Tax is still effective in 2020.
Federal	Healthcare Insurance Tax (HIT)	S. 172 Health Insurance Tax Relief Act of 2019	No action since January 16, 2019 when read twice and referred to the Senate Committee on Finance.	This bill would delay the reimposition of the annual fee on health insurance providers until after 2021. Tax is still effective in 2020.
Federal	Drug Rebates	H. R. 1034 Phair Pricing Act of 2019	No action since February 7, 2019 when referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means.	This bill would amend title XVIII of the Social Security Act to require pharmacy-negotiated price concessions to be included in negotiated prices at the point-of-sale under Part D of the Medicare program.

	Subject	Legislation Title	Activity	Comments
State	Out-of-Network Coverage	A B 72 Health care coverage, out-of-network	Introduced in the California Assembly December 18, 2014, Signed by the Governor on Sept 23, 2016. Bill challenged by Association of American Physicians and Surgeons in the U.S. District Court. The motion to dismiss was granted the defendant (DMHC) on June 6, 2019.	This bill would require a health care service plan contract or health insurance policy issued, amended, or renewed on or after July 1, 2017, to provide that if an enrollee receives covered services from a contracting health facility, and receives covered services provided by a noncontracting individual health professional, the enrollee would pay the in-network rates.
State	Emergency Hospital Services; Costs	AB 1611, Emergency Hospital Services	No action since referred to the Senate Committee on Health hearing canceled at the request of the author.	This bill would require a health care service plan contract amended, or renewed on or after January 1, 2020, to provide that if an enrollee receives covered emergency services from a noncontracting hospital, with certain exceptions, the enrollee will pay the in-network rates.
Federal	Funding research on clinical effectiveness of medical treatments	HR 3439 Protecting Access To Information for Effective and Necessary Treatment Act” or the “PATIENT Act”.	Introduced June 24, 2019 referred to the House Committee on Ways and Means, and to the Committee on Energy and Commerce. On June 26, 2019, ordered to be reported as a substitute.	This bill would extend the Patient-Centered Outcomes Research Trust Fund (PCORI) and the fee. This may increase premiums.

We Are Here to Help!

Some medical decisions can be difficult, especially when you are facing a *serious* medical issue. Is surgery the right answer? How do I know if the suggested treatment plan is the best path for me? Sometimes, getting a second medical opinion from another physician who specializes in your specific condition, can help you to learn more about your illness, the available treatment options and the risks and benefits of each path. Understanding your options can give you peace of mind and confidence when making a serious medical decision.

How To Obtain a Second Medical Opinion:



Shield Concierge: For help in navigating the Second Opinion process, including finding a specialty physician, making an appointment or understanding your options, call Shield Concierge at **855-747-5800**.



Your PCP: For help in determining the most appropriate plan of treatment, you may request a referral from your Primary Care Physician to another Physician for a second medical opinion.



Your Specialist: If the second opinion involves care received from a Specialist, the second opinion may be provided by any Blue Shield Network Specialist of the same or equivalent specialty.



What you can expect: Non-Urgent approvals for Second Opinions are processed within 5 business days. Urgent approvals are typically processed within 72 hours. **Please note that each case is unique, and timing may vary.**

You can use our *Find a Doctor* tool to find and self refer to a specialist in your medical group or locate another physician in the Trio Network.

Go to: www.blueshieldca.com/NetworkTrioHMO

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How To Obtain a Second Medical Opinion:



Shield Customer Service: For help in navigating the Second Opinion process, including finding a specialty physician, making an appointment or understanding your options, call Shield Member Services at **855-256-9404**.



Your PCP: For help in determining the most appropriate plan of treatment, you may request a referral from your Primary Care Physician to another Physician for a second medical opinion.



Your Specialist: If the second opinion involves care received from a Specialist, the second opinion may be provided by any Blue Shield Network Specialist of the same or equivalent specialty.



What you can expect: Non-Urgent approvals for Second Opinions are processed within 5 business days. Urgent approvals are typically processed within 72 hours. **Please note that each case is unique, and timing may vary.**

You can use our *Find a Doctor* tool to find a specialist in your medical group or locate another physician in the Access+ Network.

Go to: www.blueshieldca.com/NetworkAccess+HMO

Getting a Second Opinion

How to get a second opinion at Kaiser Permanente

When you're facing a tough health care decision, you may have a hard time knowing what to do. Is surgery the answer? Is that test the right choice? Is it best to get treatment, or watch and wait? To answer the big questions, it's a good idea to talk to more than one doctor. That is called a second opinion.

When is a second opinion helpful?

For everyday health care you probably don't need a second opinion. But a second opinion may be a good idea if:

- You are undecided about a costly or risky test or treatment, like surgery
- You are not clear about how well a test or treatment may work
- You need more information about your options
- You are unsure about a diagnosis

How do I get a second opinion?

If you want a second opinion, you can *choose from one of the following options*:

- Ask your Plan Physician to help you arrange for one. Explain that this is how you like to make big medical decisions. Don't worry about offending your doctor. Second opinions are expected.

- Once you choose another Plan Physician for the second opinion, contact your Appointment Center to schedule the appointment. If you need assistance or support, you can contact Member Services.
- Find a physician outside of Kaiser Permanente Medical Group. *

* Kaiser Foundation Health Plan, Inc. will cover a second opinion consultation from a Non- Kaiser Permanente Medical Group Physician *only if the care has been preauthorized by a Kaiser Permanente Medical Group.*

While it is your right to consult with a physician outside the Kaiser Permanente Medical Care Program, without prior authorization you will be responsible for any costs you incur.

How long would it take if I asked for help getting a Second Opinion?

An option for getting assistance with scheduling a second opinion can be through our Member Service's Department. Kaiser Permanente's goal is to respond to a formal request for a Second Opinion within 15 days or less. This time frame includes the time from when the request is made through Member Services and an appointment is scheduled.



For more information about our services and resources, please contact our Member Service Contact Center at **1-800-464-4000** or **1-800-777-1370 (TTY)**.

Getting a Second Opinion



If you're facing a tough health care decision, you may have a hard time knowing what to do. It may be helpful to talk to more than one doctor. Requesting a second opinion can help make sure you're getting the right treatment [options] and give you peace of mind — all at your standard copay or coinsurance.

A second opinion may be helpful if you are:

- ✓ Deciding about a costly test or treatment, like a surgery
- ✓ Unclear about how well a test or treatment may work
- ✓ Interested in getting more information about your options
- ✓ Unsure about a diagnosis

How do you get a second opinion?


Ask your doctor for the name of another physician, someone with whom he or she is not closely connected. Don't worry about offending your doctor. Second opinions are normal and expected.

If you aren't comfortable asking your doctor for another physician, call Customer Service at the number on the back of your member ID card. We can help you find a doctor who can give you a second opinion.


When getting a second opinion, follow these steps:

- 1 If you are enrolled in the UnitedHealthcare Medicare Advantage PPO plan, you can choose to see any doctor or health care provider that participates in Medicare and accepts the plan. Accepting the plan means the doctor is willing to treat you and bill UnitedHealthcare. If you are enrolled in City Plan, you can choose any in-network or out-of-network provider. Your plan copayment or coinsurance will apply.
- 2 When you are ready, schedule a visit with the second doctor. Give yourself enough time to arrange for your medical records to get there before your appointment.
- 3 Have your first-opinion doctor records sent ahead to the second doctor.
- 4 Have the second doctor's office send a report to your primary doctor, the one who manages all your care. This keeps all of your medical information in one place.

Questions about finding a doctor?

 Call Customer Service toll-free at the phone number on the back of your member ID card.



Client Alts	Internal & External Team	Project Details	Color	Color Proofs	Dimensions	Notes
 catchfire	Date: 07.02.19 Client Contact: Scott Helmer Art Director/Designer: catchfire	Depot #: SPRJ47594 Name: GRR 2019 SFHSS Getting a Second Opinion Flier Stage: In Review Reading Level: 6.0 File Name: SPRJ47594.indd	CMYK	Required: Pending Pulled: Pending Client Approved: Pending	Flat: 8.5" x 11" Folded: NA Software: InDesign CC	

Additional resources available to you as a UnitedHealthcare member







- ✓ **NurseLine** — Health questions can come up anytime. NurseLine provides you 24/7 access to a registered nurse who can help you with sudden health concerns
- ✓ **Virtual Visits** — See a doctor or a Behavioral Health specialist virtually using your computer, tablet or smartphone
- ✓ **UnitedHealthcare Call Center** — Our call center is designed to deliver a simpler and more personal experience for members. Our Advocates will be able to help you get the most out of your benefits, get easy access to care and learn how to manage your health

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract. Enrollment in the plan depends on the plan's contract renewal with Medicare.

SPRJ47594

Management Reports

Health Service Board Meeting | September 12, 2019

Project	Status	Key Accomplishments
Cybersecurity / Disaster Preparedness		<ul style="list-style-type: none"> Attended Citywide Cybersecurity planning meeting 8/27 Attended City-Wide Cybersecurity Form on 8/21 and implemented recommended updates based on recent threats
eBenefits		<ul style="list-style-type: none"> Onboarding to self-services for 4500 retirees is continuing on schedule Onboarding of SFUSD pilot will proceed
VOIP telephony upgrade		<ul style="list-style-type: none"> Department of Public Works unable to complete required increase of power to SFHSS offices in time to support a VOIP go-live of September. To avoid conflicts with Open Enrollment, go-live date pushed to November.
Payment Gateway: Member facing payments		<ul style="list-style-type: none"> Schedule back on track for 2020 availability Vendor has expedited development timeline; testing of solution expected by October
Enterprise Content Management System (ECM) Business Insights / scanner licenses		<ul style="list-style-type: none"> Contract approved, proceeding with software installs
Open Enrollment		<ul style="list-style-type: none"> Data files delivered to Print Vendor System configuration complete Screen shots and script information provided to video vendor for eBenefits video



On Schedule, Adequate Resources, Within Budget, Risks in Control



Potential issues with schedule /budget can be saved with corrective actions



Serious issues. Project most likely delayed or significant budget overrun

Keep America Active: Physical Activity Challenge

Participation: 1399

- 95% Employees
- 3% Retirees
- 2% Dependents

Participants by health plan:

- 35% Blue Shield
- 55% Kaiser Permanente
- 5% United Health Care
- 5% Other

Engagement:

- 88% Departments
- 58% on Teams
- 42% Used Mobile App

Meeting the Recommendation for Physical Activity:

30 minutes of physical activity on 5 or more days each week:

- Pre-Survey 34%
- Post-Survey 63%

Well-Being@Work Updates:

Well-Being@Work Spotlights

- 24 Spotlights from 13 departments
 - ACC, CHF, CSS, CPC, DBI, DPH, FIR, HSA-DAAS, LIB, PUC, POL, & USD

SFPL: Grow Your Lunch

4th Floor Deck, SF Main Library, 100 Larkin street, SF 94102, April 3 & 4, 2019

Employees plus one retiree went to the Library's 4th floor deck to plant seeds/pits they (and I) had from their (my) lunches.

Being able to grow vegetables/fruits/beans from everyday food is not always obvious to many people. This creative program, growing plants from our lunches, is a way to become aware of where our food comes from and appreciate what it means to choose healthy foods. Becoming lunch gardeners has enabled staff to grow their own healthy foods, look forward to eating and sharing, while realizing eating well at our workplace—has special rewards for their well-being.

As a result of this wellness program, staff are watching plants grow, have a special interest in eating green and are thinking their healthy crops will make them healthy. This program is a real team builder. Staff are talking more to each other especially about foods and planting strategies.

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HEALTH SERVICE SYSTEM

WELL-BEING@WORK



PUC: Move More Scavenger Hunt

A 5-week long scavenger hunt activity was created to help encourage Moccasin employees and their friends/families to get outdoors and move more. Each week a clue/riddle was associated with the different locations. Maps were provided and participants who answered the clues/riddles were eligible to enter into the drawings for raffle prizes. At the end of the scavenger hunt activity participants were invited to a celebratory get together.

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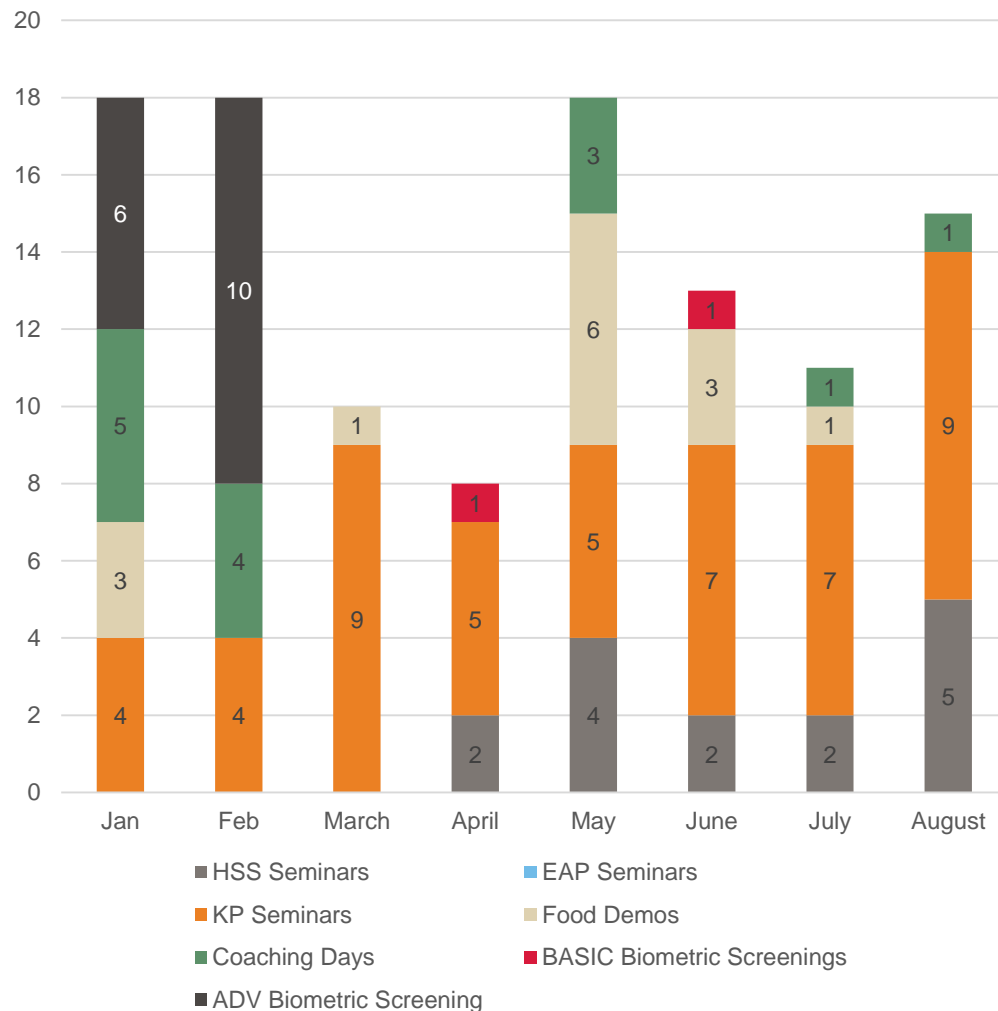
Well-Being@Work: Activities at Department Location

August 2019:

- 111 onsite activities (YTD)

August Highlights:

- Laguna Honda hosted a series of Stress Management seminars for staff
- SFHSS tabled at SFUSD nutrition services employee development (150 attendees)
- SFHSS provided Exercise@Work stretch for 100 PUC employees



Catherine Dodd Wellness Center: Activities

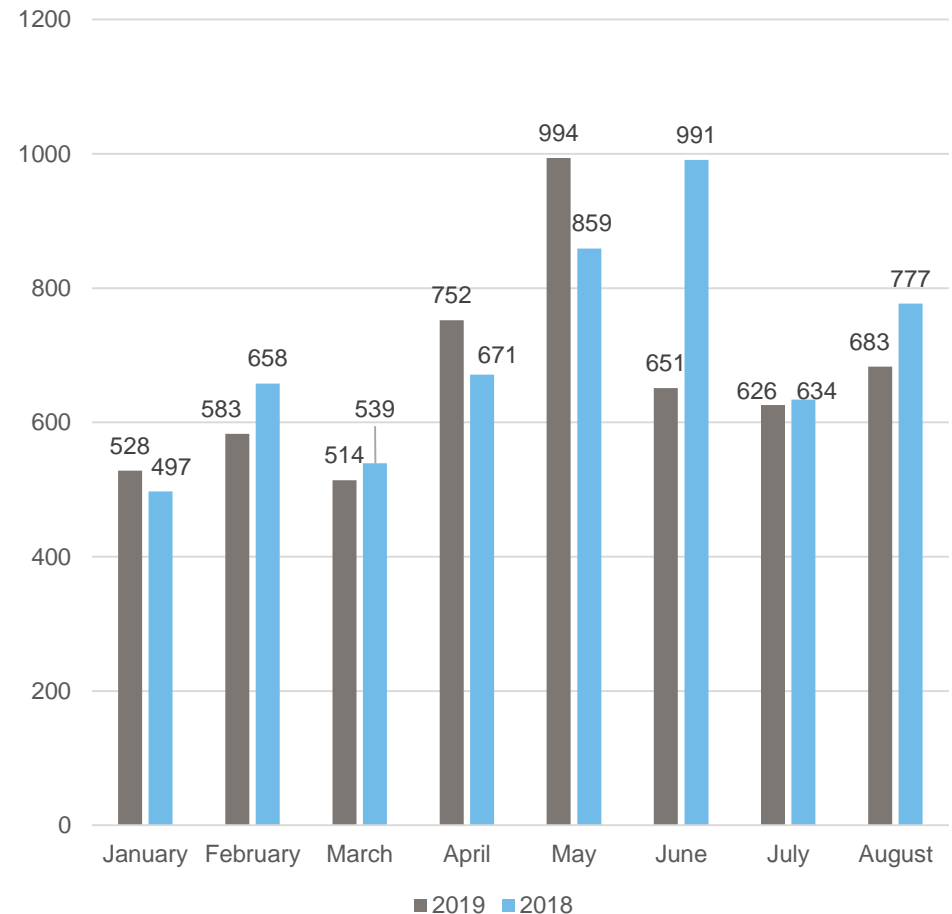
Year to Date:

- 5331 Total Participation
- 136 Average Monthly Unique Participation

August Highlights:

- 12% Increase in the number of individuals utilizing the Wellness Center for open use and videos
- Provided 2nd Table Tennis Tournament

Total Participation 2018 vs. 2019



Catherine Dodd Wellness Center: Special Events

Table Tennis Tournament:

- Thursday, August 29, 2019 from 12:00 pm - 1:00 pm
- Participation: 16 individuals
 - ✓ An additional wait list of 10 individuals due to popularity
- Winner: Bosco Wong, SFHSS
- There were at least 20 additional individuals that came to support the participants
- Everyone was excited throughout the lightning speed rounds, especially during the final rounds which determined the champion.
- Due to the success and excitement around the event, the Well-Being team will offering an annual table tennis tournament.

