



# HEALTH SERVICE BOARD

## CITY & COUNTY OF SAN FRANCISCO

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### **HEALTH SERVICE BOARD MEETING**

#### **Minutes**

Thursday, September 12, 1:00 p.m.  
City Hall, Room 416  
1 Dr. Carlton B. Goodlett Place  
San Francisco, CA 94103

1. **CALL TO ORDER: Start time – 1:00 pm**

2. **PLEDGE OF ALLEGIANCE**

3. **ROLE CALL**

President Karen Breslin - Present  
Vice President Stephen Follansbee, M.D.- Present  
Commissioner Mary Hao—Excused  
Commissioner Randy Scott – Present  
Commissioner Wilfredo Lim - Present  
Commissioner Chris Canning - Present  
Supervisor Rafael Mandelman – Present (arrived at 1:10 pm)

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

DOCUMENTS ATTACHED: The August 8, 2019 regular board meeting minutes are located on the SFHSS website at:

President Breslin affirmed that the Commissioners reviewed the regular meeting minutes from August 8, 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 August 8, 2019 meeting minutes.**

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

PUBLIC COMMENT: None.

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

President Breslin stated that the Air Conditioning system was currently out of order and noted that this meeting may proceed at a faster pace to accommodate the overwhelming temperature in the hearing room. President Breslin stated she did not have any further items to discuss.

PUBLIC COMMENT: None.

**7. VOTE ON WHETHER TO CANCEL THE OCTOBER 10, 2019 HEALTH SERVICE BOARD MEETING: (Action)**

DOCUMENTS ATTACHED: None.

President Breslin stated that the Health Service Board does not traditionally meet during the month of October due to Open Enrollment. President Breslin noted that by canceling the October Board meeting the SFHSS staff can focus on the Open Enrollment events that take place throughout the month.

PUBLIC COMMENT: None.

**Action Taken: The Health Service Board unanimously approved the cancelation of the October 10, 2019 Health Service Board meeting.**

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

DOCUMENTS ATTACHED: The Director's Report is located on the SFHSS website at: <https://bit.ly/2lQvZHI>

Mitchell Griggs, Chief Operating Officer, presented the highlights of the Director's Report to the Board. Mr. Griggs began the report with an update for the SFHSS Member Engagement Focus Groups, and that the locations have been confirmed, and invitations emailed to members. Mr. Griggs noted that a total of 10 focus groups were planned for San Francisco, San Mateo County, and Alameda County.

Mr. Griggs also shared updates on the Medical Plan Second Opinion Flyers and noted that the final flyers were attached to the Director's Report. Mr. Griggs confirmed that the BSC Trio members will have access to all three of the San Francisco CPMC campuses in Plan Year 2020.

Mr. Griggs highlighted the SFHSS internal promotions and current hiring prospects across the SFHSS vacant positions. Mr. Griggs recognized newly two staff who were present in the meeting, newly hired Benefits Analyst, Jenna Wong, and newly promoted Senior Benefits Analyst, Sonali Shenoy.

PUBLIC COMMENT: None.

**9. PRESENTATION OF THE OPEN ENROLLMENT and eBENEFITS FOR PLAN YEAR 2020: (Discussion)**

DOCUMENTS ATTACHED: The Open Enrollment and eBenefits Presentation is located on the SFHSS website at: <https://bit.ly/2kp8pkY>

Mitchell Griggs, Chief Operating Officer, presented the Open Enrollment materials and updates to the Board. Mr. Griggs shared the newly designed Medical Plan guides, themed with the SFHSS member photography that was captured in 2018. Mr. Griggs reviewed the benefits guides' mailing plan, this included the four employer groups, Medicare, Non-Medicare, and members who waive coverage. The mailing would include over 76,000 pieces. There were also 12 variations of the OE letters.

Mr. Griggs presented the Open Enrollment Events Calendar and reviewed the flu clinic locations. Mr. Griggs thanked the multiple city agencies that made the Self Service updates and inclusion of so many more members possible.

Mr. Griggs asked Marina Coleridge, Enterprise Systems and Data Analytics Manager, to present the benefits presentation. Ms. Coleridge also thanked the city agencies that supported the eBenefits process. Ms. Coleridge began the presentation by sharing that the eBenefits expansion included an increase of member use from 2018 (7902) to a total of 35728 members. Ms. Coleridge shared that the communications for the eBenefits users will be mailed at the end of September. The members would need to create their account, and then use their username/password to select their benefit options. Ms. Coleridge noted that the Member Services team will offer step-by-step instructions for members who call in, as well as a video located on our website. Ms. Coleridge noted that members can update their address and are encouraged to add/update all mailing addresses members may have.

Vice President Follansbee asked if the program will prompt members to update or remove contacts, or dependents from their profiles. Ms. Coleridge explained that she did not have that information readily available to respond to this question, and she would return to the following meeting to share this out.

Vice President Follansbee asked if members can add dependents to their profiles and if there is additional verification needed for the dependent to be added. Ms. Coleridge explained that members can add the dependent on their profile, however, the member is required to provide the appropriate documentation to the Member Services team to prove their dependent's qualifications. Ms. Coleridge explained that once a dependent is added to the profile they cannot be "deleted" as this program acts as a tracking system. Ms. Coleridge also explained that when a dependent does not qualify for the benefits, due to a death, or an age requirement, they will be removed from the coverage by the member services team at the SFHSS offices.

Commissioner Lim asked if the benefits selections are emailed to the members as a confirmation. Ms. Coleridge shared that the email option is not fully prepared yet, and the confirmation via mail will go out to members around Thanksgiving.

Ms. Coleridge noted that large agencies who were also added to the self-service pool were also mailed a hard copy of the benefits guides and an enrollment form. Commissioner Canning asked if life events (marriage, divorce, births) could also be added to member's profiles online. Ms. Coleridge stated that SFHSS is working to add that option to the online portal as well.

PUBLIC COMMENT: None.

#### **10. SFHSS PRESENTATION OF Q2 2019 COST, UTILIZATION and QUALITY DASHBOARD: (Discussion)**

DOCUMENTS ATTACHED: The Express Dashboard presentation is located on the SFHSS website at: <https://bit.ly/2mc8eK6>

Marina Coleridge, Enterprise Systems and Data Analytics Manager, presented the Medicare and Non-Medicare dashboards to the Board. Ms. Coleridge noted that All data is sourced from the All-Payer Claims Database (APCD). Ms. Coleridge noted that the current dashboards analyze data from April 2018 – March 2019 and was paid through Jun 2019. Ms. Coleridge stated that the risk scores presented are rescaled to the total population between the plans for comparison. The annual presentation of risk scores is non-rescaled.

Ms. Coleridge reviewed the dashboards sharing information on the High-Cost Claimants, stating that those members have a greater than or equal to \$50,000 in spending for the period. Ms. Coleridge noted that the total number of high-cost claimants (HCC) continues to trend upward although BSC Trio experienced a decrease in the number of claimants from the previous period.

Ms. Coleridge reviewed the members who have a variance of chronic conditions. Ms. Coleridge noted that the total number of high-cost claimants continues to trend upward, although the BSC Trio plan experienced a decrease in the number of claimants in Q2. Ms. Coleridge stated that 45.9% of the total spend comes from the SFHSS High-Cost Claimants. Ms. Coleridge further explained that Chronic Conditions are categorized into 3 episode types:

- Chronic Acute Flare-ups – Manageable conditions such as Asthma, Coronary Artery Disease, Diabetes and Hypertension which have experienced an acute flare-up which is an indicator that the condition may not be well managed
- Chronic Conditions Maintenance – identifies episodes of care related to the maintenance of a chronic condition
- Chronic, Non-Stratified – All other episodes not stratified as a manageable condition with a flare-up or a maintenance episode

Ms. Coleridge concluded this section sharing that the top chronic conditions, for both SFHSS Medicare and Non-Medicare populations, including active and early retirees, are in low back pain, hypertension and diabetes.

Ms. Coleridge shared key observations regarding pharmaceuticals with the Board. Ms. Coleridge noted that the specialty drugs comprise 13 of the 15 top drugs by cost. Ms. Coleridge stated that three of the top SFHSS15 drugs used are also in the top 10 for global sales in 2018. These drugs are Humira, Enbrel, and Revlimid. The total scripts costs for Actives and Early Retirees were \$784,898 with 83% dispensed as generic drugs. The Medicare Retirees had total scripts cost of \$450,392 with 82% dispensed rate as generic drugs.

Commissioner Scott asked for more information on the demographics section of the report and was curious as to why the report separated the “members who are male” and the “employees who are male.” Ms. Coleridge did not have the immediate response to this question, however, she noted that she would gather the information on this distinction and report back to the Board.

President Breslin asked about the high number of autistic cases listed under the “mental health episodes,” and she wondered if this listing for autism has always been listed this way. Ms. Coleridge explained that this number is based on the amount that was spent on a particular episode, and there happened to be more spent on episodes with members or dependents specific visits or treatments.

Vice President Follansbee asked if there were criteria for the chronic conditions that would be applied to these cases. Ms. Coleridge stated that she did not have the standard methodology with her, however, she stated that she would provide a full write up to the board members at a future Board meeting.

PUBLIC COMMENT: None.

**11. APPROVAL OF REVISIONS TO HEALTH SERVICE SYSTEMS MEMBERSHIP RULES : (Action)**

DOCUMENTS ATTACHED: The revised SFHSS Membership Rules for Plan Year 2020 are located on the SFHSS website at: <https://bit.ly/2IU2zs3>

Mitchell Griggs, Chief Operating Officer, presented the Summary of Proposed Policy Changes for the Health Service System Rules. Mr. Griggs noted that the purpose of that is we make general modifications based on some plan changes or perhaps city charter changes or operational changes. And these are the rules that we use to administer our benefits as far as eligibility is concerned and enrollment. Mr. Griggs stated that once the changes have been made the HSB approves them so that the members and the public are noticed of changes made to the Membership Rules and the Cafeteria Plan.

Mr. Griggs states that two sections were adjusted, and one material change was made as well as one smaller change, these changes are listed below:

- Section Policy Change Rationale E Page 14 Updated language to the definition of “a dependent” per the eligibility audit.
- Appendix A Page 48 Lists Benefit Coverage Periods for 2020 Reflects Operational policy

To the first materials change, Mr. Griggs noted that when a dependent audit is conducted, members are required to submit documentation that substantiates and confirms that the dependent's relationship with the employee or retiree is still current. Mr. Griggs stated that acceptable documentation may include, but is not limited to, a copy of the current tax year's federal tax returns, and other documentation that demonstrates cohabitation, a lease or mortgage document, or financial interdependency, a shared bank account statement. Mr. Griggs stated that the language used in the Membership Rules was developed based on the Healthcare Administration industry standards.

Mr. Griggs shared that the second change in the Membership Rules pertains to the 2020 plan year coverage period. Mr. Griggs reminded the Board that this update is done every year and can be found under Appendix A.

Commissioner Lim asked if notification of changes to the member's dependents would be required beyond the updates given during Open Enrollment or would the member need to send an additional written notification of the change. Mr. Griggs stated that the notification could be done by sending in the appropriate forms or going through the Self Service portal during Open Enrollment. Ms. Griggs noted that Open Enrollment and the use of the Self Service updates in the member's account as “written notification.” Mr. Griggs stated that the Open Enrollment updates only occur during the month of October, and any notifications that are submitted to SFHSS electronically through the eBenefits portal does count as a notification.

Vice President Follansbee suggested that the policy remain the same for the time being and that this policy be practiced as to reinforce the policy for all members to adhere to. Vice President Follansbee also stated that the term “immediate” does not need a set time- like 30 days or 31 days.

PUBLIC COMMENT: None.

**Action Taken: The Health Service Board unanimously approved the revised SFHSS Membership Rules for Plan Year 2020.**

**12. APPROVAL OF SECTION 125 CAFETERIA PLAN UPDATES: (Action)**

DOCUMENTS ATTACHED: The revised SFHSS Membership Rules for Plan Year 2020 are located on the SFHSS website at: <https://bit.ly/2IU2zs3>

Mr. Griggs began his presentation by noting the Section 125 cafeteria plan requires an annual update under the federal requirement for entities that have a Cafeteria Plan where budgeted funds are set aside pre-taxed for the funding of certain benefits. Mr. Griggs noted that it's important to maintain this document annually so SFHSS can remain in compliance with the IRS. Mr. Griggs stated that SFHSS could potentially lose the pretax status if these guidelines were not maintained.

The following changes were incorporated for Plan Year 2020:

- Section B3.1 Maximum annual Health Care FSA election Page B-3 Updated annual election amount maximum under IRS guidelines to \$2700.00 2020 Benefit program update
- Section D5.2 Dollar Value of Flex Credits Page D-3 Updated Flex Credit Amounts for City and County employee biweekly amounts based on coverage level and plan Operational – 2020 benefit update
- Appendix E Page E-2 Added to 50,000 Pre Tax Group Term Life Insurance to Auto. Mach., Local 1414, Craft Coalition, Deputy Probation Officers, Plumbers, Local 38, TWU, Local 250-A (7410) 2020 Benefit program update due to new M.O.U.s
- Appendix E Page E-2 Removed VOYA administered Universal Life Insurance Carrier will not offer benefit in 2020

Mr. Griggs shared more details on the change listed in Appendix E on page E2. Mr. Griggs stated that SFHSS offered universal life insurance to municipal executives as a voluntary benefit. Mr. Griggs stated that the carrier, Voia, will not be offering any new policies to SFHSS municipal executive in Plan Year 2020. Mr. Griggs noted that SFHSS is currently working with Workterra and EBS, the administration that purchases and contracts universal life insurance benefits for SFHSS, a replacement for the universal life benefit for plan years.

Vice President Follansbee asked about the removal of the universal life insurance, and whether the members are enrolled in the policy they purchased. Mr. Griggs noted that those who are currently enrolled in the universal life insurance program will continue to have their policy, however, this policy will not be offered in 2020.

PUBLIC COMMENT: None.

**Action Taken: The Health Service Board unanimously approved the updated Section 125 Cafeteria Plan as presented.**

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

PUBLIC COMMENT:

Claire Zvanski, RECCSF, presented a concern to the Commissioners regarding Medicare retirees who have been asked by their primary care physicians for an annual fee to receive “a concierge-type service” from the requesting physician. Ms. Zvanski stated that the concern here is that the Medicare retirees cannot afford the rates that are being presented by the physician’s office, and she asked the Commissioners if this practice is legal for our contracted physicians, who are working with our Medicare Retirees, to ask for this fee for “better service.” Ms. Zvanski stated a member of issues with the fees and asked if the members are required to pay this fee for the best services as members of the SFHSS benefits system.



Ms. Zvanski noted that she shared this information with the SFHSS leadership team, and Executive Director Yant noted that this update was new information to the SFHSS team.

Shannon Hass, United Healthcare, stated that providers who are in the UHC network cannot charge the annual fee to the SFHSS members, however, any provider who is out of the network can charge an annual fee. Ms. Hass requested that a list of the providers who are currently charging the SFHSS Medicare Members be collected, and her team can cross the list to ensure that in-network providers are not charging SFHSS members. Ms. Hass noted if the providers are in-network charging an annual fee, the UHC administration will contact those providers directly. Ms. Hass concluded that the UHC administration cannot enforce any restrictions on providers who may be on the list collected by the RECCSF team if the providers are out of network.

Vice President Follansbee noted that the practice of charging patients for a “concierge” service has been practiced for some time throughout the healthcare system. Vice President Follansbee agreed with Ms. Hass, that the SFHSS members need to confirm with UHC whether or not the provider they want to see is in-network or out of network, before paying the annual fee. Vice President Follansbee noted that all private practitioners who may be part of the out of network UHC system can charge these annual fees, which can vary from \$200-\$15,000 per person.

President Breslin asked what the fee would apply to as a concierge service, and what does that include. Vice President Follansbee noted that there is a menu of benefits offered to the people who pay for these services.

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

PUBLIC COMMENT:

Erica Maybaum, an SFHSS member, thanked the SFHSS staff and Commissioners for responding to the infertility issues and overall experiences of the SFHSS membership, with the presentation from the previous Board meeting. Ms. Maybaum presented her history and experience with IVF and noted that this change in the infertility benefits could create more access for fertility treatments across the SFHSS membership. Ms. Maybaum stated that the adjustment of language and content for the Infertility Policy could change this benefit from an “infertility benefit” to a “fertility benefit.” Ms. Maybaum requested that the policy state all the fertility treatment options and remove the fixed percentage (50%) from the co-insurance statement in the last section of the Infertility Policy.

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

PUBLIC COMMENT: None.

#### **16. ADJOURNMENT:**

### **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.

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

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### **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