



City & County of San Francisco

HEALTH SERVICE BOARD

1145 Market Street ♦ Suite 200 ♦ San Francisco, CA 94103

Minutes

Regular Meeting

Thursday, August 14, 2008

1:00 PM

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

ANNUAL PLANNING SESSION

- Call to Order
- Pledge of Allegiance
- Roll Call
 - President Scott Heldfond
 - Vice President Claire Zvanski
 - Commissioner Karen Breslin
 - Commissioner James Deignan, *excused*
 - Supervisor Sean Elsbernd, *arrived 1:22 p.m.*
 - Commissioner Sharon Johnson
 - Commissioner Mitch Katz, M.D.

Section 1 - Overview of Today's Planning Session

- 08142008-01 Discussion Item Introduction and President's report (President Heldfond)
 - Documents provided to Board prior to meeting:
None.
 - President Heldfond stated that he is looking forward to the coming year and working with HSS Director, Bart Duncan, and staff in

continuing the initiatives that have been set in motion.

- President Heldfond also asked that for this and future meetings, members wanting to address the Board during the public comment portion of the agendas to please line up in anticipation of speaking in order to move the meeting along in a timely manner.

Public Comments: None.

□ 08142008-02 Discussion Item **Overview and update** (Bart Duncan)

- Third anniversary of new HSS
- Introduction of HSS Chief Operating Officer (Bart Duncan)
- Challenges and opportunities
- Organization and objectives of today's meeting

Documents provided to Board prior to meeting: None.

- Bart Duncan reported that July 1, 2008 marked the third anniversary of HSS as an independent department.
- Mr. Duncan introduced Marianne Lonsdale, new Chief Operating Officer, to the Board and noted that Ms. Lonsdale will address the Board later in the agenda.
- Mr. Duncan also presented the following prepared comments relating to HSS at the beginning of year four, and requested that they be included in today's meeting minutes:
- "I've been struggling for awhile now trying to decide what the appropriate tone is for this agenda item. There is so much wonderful stuff happening at the Health Service System these days (and I'm so excited about my upcoming 50th birthday!) that all I really want to do is broadcast our stunning progress and achievements from the rooftops. Yet at the same time, I see the delicacy of this miraculous, but sometimes fledgling organization. In the end, I decided that three years after our new lease on life, we have all seen and felt some of the tremendous potential of the new Health Service System—we know exciting things are possible; and at

the same time, we've also gotten to know each other well enough that there is no need to pretend and, thankfully, no desire on the part of our most participatory members that we do pretend. There are—after all—nearly 110,000 people whose daily lives and wellbeing depend on how well and honestly we fulfill our responsibilities.

“There is no need to list the achievements of the Health Service System over the past three years. It is evident on all levels that it has been remarkably transformed. Nor is it necessary to underscore the commitment, dedication and vision of the System’s management team and staff. The agenda and volume of materials in front of you is—even standing alone, which of course it does not—a testament to the work that has been and is being done. I am exceedingly proud of the HSS team and feel most fortunate to be a part of it. As members of the very system we are responsible for, all of us here are blessed to have such talent assembled in one small group. The very fact that we can have a meeting like this one just three years after a daunting Controller’s Office audit would have seemed impossible not so long ago.

“As we move into year four, however, I am troubled by how dependent the current System is on superstar performances and increased productivity and efficiency. As a new organization, it presents an exciting and invigorating challenge (one that can inspire new talent to join), but over the long term we all know that it is not fair to the team we lead or to the members we serve. Worse yet, it leaves the agency woefully unprepared to deal with the kind of challenges that we ought to just expect by now when it comes to purchasing and administering healthcare benefits and inescapable staff turnover. To make this perhaps more vivid, consider the fact that the loss of just one person right now stands between our having an IT function and not, having a marketing function and not, having a vendor management program and not. To perhaps top that equation, the

loss of just one other person would wipe out all our commission secretary, executive assistant, facility maintenance and administrative services management. It is, of course, easy to see that this sort of challenge may be more prevalent in the private sector, but such a relatively common observation is not apt here. We are not in the private sector, and our employees and members do not have private sector needs or expectations. Why should they? They don't work in places that bear any resemblance to the private sector. And most of the similar places where our members work or retired from don't have anywhere near the kind of skeletal staffing and resources that HSS does.

“To the extent that we expect our staff to make sacrifices and do more or the same with less, it will be critical that those of us leading the agency use valid points of comparison. Those we lead are astute and fair-minded observers of what's going on around the City and our other participating employers. The flood of new employees and promotions coming through our offices over the past few weeks vastly outweighs the tiny trickle of calls from those who have actually lost a job. Yet our own frontline ranks represented by just one union have this year alone been reduced by nearly 20%. As I have begun to raise this equity issue over the past several months with some City policy makers, the standard answer has been that such equitable standards do not apply to City resource allocation; that a department is essentially stuck with the burden of whittling down its historical piece of the pie. I hope that we are not truly stuck with the burden of being buried in our past. It's too damn depressing for everyone.

“From a big-picture standpoint, there is a great benefit that comes from having limited resources: it can bring about profound clarity where dysfunction and confusion can otherwise prevail. For example, this year on the Trust Fund front, it appears there will be

no funds over and above necessary reserves and contingency margins to subsidize the costs of any of our plans. This will require some very clear and honest discussions among all the stakeholders regarding what will surely be painful increases in active and early retiree family rates for the City Health Plan that are currently being subsidized by up to approximately \$200 per month. Then again, of course, everyone knew when the subsidies were first instituted that this challenging time of transition would come. In meeting this challenge, I look forward to the same kind of teamwork and understanding among the stakeholders that has brought us forward through the end of subsidies on all the managed care and on the retiree City Health Plan population. In addition, it is clear that this year we will have a much smaller and tighter budget for consulting, governance and other contractual fees. This will therefore require top-notch analysis, responsiveness and disclosure from our health plan vendors right from the beginning rather than in the middle or at the end of the rates and benefits process. It will also require self-discipline from our Board and members in sticking to the scheduled number and outcome of rates and benefits meetings. There is no money for a nearly \$100,000 cost overrun due to unexpected extra meetings, analysis and other consulting services like we had last year. Finally, the stingy budget this year means that we will need to focus on core responsibilities and existing priorities in order to remain successful going forward. I'm sorry to report that service hours have been pared back as planned (with attendant complaints), and I'm happy to report that we are successfully moving forward with the critical transition of our new Chief Operating Officer.

"I am certain that if we pull together in new ways we can meet the challenges of this next seminal year. I hope that during this year the Health Service System will be able to shed the burdens of the old Charter structure and historical patterns of decline and neglect: to

stop feeling apologetic or embarrassed just because the voters of the City and County have laid out in the Charter that our System must receive adequate administrative funding from the participating employers rather than a trust or other “special” fund; to no longer be the colony to which the mother country exports its problems, its ill-conceived plans and ideas and its insatiable need for more resources; to not provide another opportunity during the annual holiday rates and benefits sessions for opportunistic sales pitches and political shenanigans. This is the year in which the new and transitioning Health Service System can shine forth in its exemplary vision, efficiency, commitment and achievement. It is with this promising vision in mind that I look forward to embarking on the next plan year with all of you.

“On behalf of the entire management team and HSS staff I thank you from the bottom of my heart for all your help and support. And to all of our members, we wish to express what an honor it is to serve you. Thank you.”

- Mr. Duncan noted that today’s agenda has been organized into substantive groups similar to last year’s format, reflecting the various aspects of HSS functions and responsibilities.

Public Comments: None.

Section 2 – Board Governance and Housekeeping

- 08142008-03 Discussion Item Update on governance matters (Bart Duncan)
Documents provided to Board prior to meeting: (i) Board committee structure chart, and (ii) annual Board meeting calendar.
 - Bart Duncan reported the following:
 - The Board’s governance policies were developed with the assistance of Cortex Applied Research and continue to be aspirations at this time. Some policies will not come into full fruition until additional

administrative resources are secured to facilitate meetings and reporting services.

- The Board's travel and training budget was cut by the Board of Supervisors by one-third; therefore, fewer funds are available in forming a Board education policy than in the past.
- There is also no funding for Cortex's services in this year's budget. Mr. Duncan is hopeful that funds can be secured for Cortex to assist in the Board's self-evaluation and the Director's performance evaluation consistent with past practice. Updates will be provided to the Board.
- President Heldfond noted the usefulness of including a meeting calendar for the coming year in today's handouts.

Public Comments: None.

□ 08142008-04 Action Item

[Appointment of Chair and members of Governance Committee](#) (President Heldfond)

Staff recommendation: None.

Documents provided to Board prior to meeting: None.

Public Comments: None.

Action: Motion was moved and seconded by the Board to appoint Commissioner Johnson as Chair of the Governance Committee and Commissioners Breslin and Deignan as members.

Motion passed 6-0.

□ 08142008-05 Action Item

[Appointment of Chair and members of Membership Rules Committee](#) (President Heldfond)

Staff recommendation: None.

Documents provided to Board prior to meeting: None.

Public Comments: None.

Action: Motion was moved and seconded by the Board to appoint Commissioner Deignan as Chair of the Membership Rules Committee and Commissioners Breslin and Zvanski as members.

Motion passed 6-0.

- 08142008-06 Action Item [Appointment of Chair and members of Finance and Budget Committee](#) (President Heldfond)

Staff recommendation: None.

Documents provided to Board prior to meeting: None.

Public Comments: None.

Action: Motion was moved and seconded by the Board to appoint Commissioner Breslin as Chair of the Finance and Budget Committee and Commissioner Johnson and Supervisor Elsbernd as members.

Motion passed 6-0.

- 08142008-07 Action Item [Appointment of Chair of Rates and Benefits Committee \(committee of the whole\)](#) (President Heldfond)

Staff recommendation: None.

Documents provided to Board prior to meeting: None.

Public Comments: None.

Action: Motion was moved and seconded by the Board to appoint Commissioner Zvanski as Chair of the Rates and Benefits Committee (committee of the whole).

Motion passed 6-0.

- 08142008-08 Action Item [Approval \(with possible modifications\) of the minutes of the meeting set forth below:](#)

 - Regular meeting of June 12, 2008

Staff recommendation: Approve minutes.

Documents provided to Board prior to meeting: Draft minutes.

Public Comments: None.

Action: Motion was moved and seconded by the Board to approve the regular meeting minutes of June 12, 2008.

Motion passed 6-0.

- 08142008-09 Action Item Approval (with possible modifications) of the committee minutes as set forth below:
- Special Meeting: Membership Rules Committee – August 30, 2007
 - Special Meeting: Governance Committee – October 23, 2007
 - Special Meeting: Finance and Budget Committee – January 25, 2008
- Staff recommendation: Approve minutes.
- Documents provided to Board prior to meeting:
Draft minutes.
- Public Comments:** None.
- Action:** Motion was moved and seconded by the Board to approve the special meeting minutes of August 30, 2007, October 23, 2007 and January 25, 2008.
- Motion passed 6-0.

Section 3 – Our Members

- 08142008-10 Discussion Item Update on member services (Marianne Lonsdale)
- Documents provided to Board prior to meeting:
Chief Operating Officer bio
- Marianne Lonsdale, new HSS Chief Operating Officer, relayed her career background to the Board, which includes 20 years' experience in the design and administration of large, complex, health, disability, group insurance and retirement plans.
 - Ms. Lonsdale also reported the following:
 - She joined the Health Service System on July 2, 2008 and is becoming familiar with HSS procedures and processes, as well as getting to know the staff.
 - Her near-term objective is to work closely with Mr. Duncan to determine the future of Member Services.

- On July 1, 2008, the telephone hours were reduced by 30 minutes per day. The new telephone hours are as follows:
 - 8:45 a.m. to 11:30 a.m. and
 - 1:30 p.m. to 4:00 p.m.
- She and Mark Villares will present the annual member services report to the Board in December.

Public Comments: None.

- 08142008-11 Discussion Item [Annual report on member demographics as of July 1, 2008](#) (Bart Duncan and Rosemary Passantino)

Documents provided to Board prior to meeting:
Member demographics as of July 1, 2008

- Rosemary Passantino, Marketing and Communications Manager, reported the following member demographics:
- As of July 1, 2008, the total number of HSS members is 107,984, an increase of 578 from 2007. This total membership reflects a slight reduction in active members (99) and a small increase in retired members (677).
- Since July 1, 2007, the dental plans have seen an increase of 1,898 in total covered lives.
- A handout was presented indicating the membership breakdown in each medical and dental plan.

Public Comments: None.

- 08142008-12 Action Item [Approval of annual member communications plan and budget for fiscal year 2008-2009](#) (Bart Duncan and Rosemary Passantino)

- Bart Duncan commended Rosemary Passantino on her work in member communications, the member summer seminars and the budget presented today.

Staff recommendation: Approve plan and budget

Documents provided to Board prior to meeting: Draft member communication plan and budget.

- Rosemary Passantino presented a detailed written communications plan and budget to the Board and reported the following

overview of the 2008-2009 marketing and communications plan:

- The two key annual events are the Health Fair and Open Enrollment.
- Open Enrollment materials, including the enrollment application, were redesigned in the past year and further improvements are being considered with a focus on timeliness, accuracy and quality.
- The use of payroll stuffers and posters has proven to be an effective means of communicating with active members. These methods of will continue to be used in future communications.
- Since the member seminar programs piloted this summer were such a success, the seminars will continue throughout the year.
- The digital elements continue to expand to ensure that the myhss.org website is blazing the trail as a reliable, well organized and easy to use website that members can rely upon for timely and accurate information. The inclusion of a website e-mail feature to allow members to communicate with HSS staff is also in the works for 2008-2009, as well as an interactive zip code locator identifying plan service areas.
- Planning has begun for the HSS member fair and new features and events are being considered.
- The annual estimated total for the 2008-2009 marketing and communications plan is \$205,000 or \$1.89 per member, which is slightly higher than last year's budget due to expected commodity cost increases from vendors (i.e., printing, etc.).
- Commissioner Zvanski suggested that HSS information be placed in various member publications, such as the SEIU and POA newsletters.

Public Comments: None.

Action: Motion was moved and seconded by the Board to approve the annual member communications plan and budget for fiscal year 2008-2009.

Motion passed 6-0.

Section 4 – Our Finances and Budget

- 08142008-13 Discussion Item Update on financial reporting (Tess Navarro)
 - Year-end closing process
 - Annual independent audit
 - Flex-funded plan report will be presented at September 11 meeting

Documents provided to Board prior to meeting:
None.

- Tess Navarro, HSS Chief Financial Officer, reported the following:
 - The year-end closing process is currently taking place. August 27, 2008 will be the final closing date for fiscal year 2007-2008.
 - The independent audit planning meeting took place on July 17, 2008. KPMG will perform the audit again this year with the same staff as last year.
 - The audit field work is scheduled to take place from September 8 through October 10, 2008 and will consist of onsite review of all financial transactions for fiscal year 2007-2008.
 - The audit timeline is as follows:
 - The draft financial statements, including all notes, are due to the Controller's office on September 26, 2008.
 - The target date for issuing the final financial statements is October 24, 2008.
 - Audit progress reports will be presented at upcoming Board meetings
 - It is anticipated that financial statements from August will be presented to the Budget

and Finance Committee on October 28 and to the full Board on November 13, 2008.

- The report on the first six months of PacifiCare's flex-funded plan has been received. The actual claims are higher than the target premiums with the amount of \$3.7M due to PacifiCare for the first six months (19.3% additional on the target premium amount; the cap is 20%).
- If actual amounts are not available for presentation at the September 11 meeting, Ms. Navarro will provide a report and analysis on the settlement with possible second half of the year estimates.

Public Comments: None.

□ 08142008-14 Discussion Item

General Fund budget update for Fiscal Year 2008-2009 (Tess Navarro)

Documents provided to Board prior to meeting: None.

- Tess Navarro referred to Bart Duncan's previous analysis of the challenges facing the department due to the budget cuts, especially in personnel and consulting services.
- She recommended planning and strategizing for fiscal year 2009-2010 as soon as possible in order to, hopefully, recoup the positions lost in the budget process and possibly add other positions.
- The Board of Supervisors did not approve the transfer of the Employee Assistance Program from DHR to HSS.
- The consulting budget is \$400,000, which will cover the typical services provided by Mercer (rate negotiations, rate setting, dashboard project). It is critical that negotiations and projects are kept within the set timelines. Mercer will report later on the changes in the renewal process in order to achieve a more efficient, productive and within timelines rate setting and rate negotiation process.

- The Delta Dental audit is the only project added, which is a first-time ever audit of the self-insured dental plan.
- The follow-up audit of United HealthCare claims is ongoing. The findings have been set aside.
- The usual monthly reports (general fund and trust fund) will be presented at the December 11, 2008 Board meeting. This will allow presentation of first quarter data for projection purposes, as well as allowing time to devote to the independent audit and working with KPMG.
- The audited financial statements will be presented to the Board at the November 13, 2008 meeting.
- Dr. Katz suggested a practice used by the Health Department where Board members are asked to determine prior to meetings any questions that may require the presence of the City Attorney or consultants in order to curtail costs. Questions can then be forwarded ahead of the meeting.

Public Comments: None.

Section 5 – Our Vendor Relationships

- 08142008-15 Discussion Item Update on HSS contracting and vendor management (Robin Courtney)
 - Dental audit
 - Update on UHC follow-up audit

Documents provided to Board prior to meeting:
None.

 - Robin Courtney, Vendor Contracts and Performance Manager reported the following;
 - All vendor contracts for fiscal year 2008-2009 have been finalized. All contracts have been fully executed, with the exception of United HealthCare.

- All vendors now have performance guarantees.
- A new comprehensive Account Management Scorecard has been adopted by all of the vendors, which will enhance communications.
- Mercer is on schedule with the UHC follow-up audit and anticipates submitting a draft report by September 9, 2008.
- An audit of the self-funded dental plan administered by Delta Dental will be performed by Mercer in late 2008 or early 2009.
- HSS will conduct spot audits of the vendor self-reported results for fiscal year 2007-2008.
- Seven vendor report cards have been completed, including Pacific Union Dental, which will be presented today. The four remaining vendor report cards include Kaiser, Blue Shield, PacifiCare and FBMC-Cobra. It is anticipated that all vendor report cards will be completed by the second quarter of fiscal year 2009-2010.

Public Comments: None.

Dr. Katz departed the meeting during this segment.

□ 08142008-16 Action Item

Presentation of composite results of the vendor performance appraisal of Pacific Union Dental and approval of vendor report card regarding vendor performance (Robin Courtney)

Documents provided to Board prior to meeting:
Vendor report card

- Robin Courtney stated that after her presentation of the composite results of Pacific Union Dental's vendor performance appraisal, Angel Hulen, Western Vice President of Pacific Union Dental will address the Board.
- Ms. Courtney reported the following:
- Pacific Union Dental is one of three dental plan choices available to HSS members. The other dental plans are DeltaCare USA and Delta Dental.

- Pacific Union Dental is the least expensive of the three dental plans. Costs have been kept low by providing HSS with a rate pass for fiscal year 2008-2009.
- Although this plan is popular with retirees, fewer members overall are enrolled in the Pacific Union Dental plan. In fiscal year 2008-2009, member enrollment was 3% of the 43,415 HSS dental plan members and 3% of the 89,907 dental plan lives (members and dependents).
- Over the past five years, annual participation in the Pacific Union Dental plan has decreased by 25% (or 700 members), most of which were active members (34.5% or 665 members).
- Pacific Union Dental has a relatively large network totaling approximately 1,081 participating providers in Northern California. This network is approximately 220% larger than DeltaCare USA's network.
- The vendor report card for Pacific Union Dental covered a two-year period, July 1, 2006 through June 30, 2008.
- Individual ratings were provided by six participants, representing all stakeholders. The composite ratings are as follows:
 - Quality and value – the new website, myuhcdental.com, received high ratings.
 - Written communication materials – received low ratings due to member confusion about procedures, plan coverage, out-of-pocket and other costs.
 - Responsiveness – high ratings were received for responsiveness with HSS billing staff, but low ratings were received in overall responsiveness in other areas.
 - Contracting and performance guarantees – while performance has improved, low overall ratings were received in this area and additional improvements are needed in areas

such as availability, assigned backup, timely response to calls and e-mails.

- Future improvements by Pacific Union Dental include:
 - Updated benefit brochure to clarify rights and responsibilities;
 - A PUD quality assurance team to develop a newsletter to communicate and train dentists;
 - More involvement by senior PUD staff
 - Additional training of dentists on the process for consent of non-covered treatments.
- Pacific Union Dental has adopted of a set of robust and comprehensive performance guarantees, including penalties tied to non-performance.
- HSS will work with Pacific Union Dental and report on improvements.
- Angel Hulen, Western Vice President of Pacific Union Dental, expressed commitment to improving the service provided to HSS. She is in the process of assigning an additional account manager to the team, who will work directly with HSS to improve the level of responsiveness and address the issues highlighted in the vendor report card process.

Public Comments: None.

Action: Motion was moved and seconded by the Board to approve the vendor report card of Pacific Union Dental regarding vendor performance.

Motion passed 5-0.

- 08142008-17 Discussion Item **Overview of renewal timing and process** (Mercer Team)
Documents provided to Board prior to meeting:
Overview presentation by Mercer
 - Rhys Evans, Mercer team, provided the following overview of the healthcare plan renewals for the rates and benefits process:
 - The majority of plans are insured and many have multi-year, premium/ fee guarantees in effect (including the vision and dental plans).

- The rates and benefits renewal schedule for fiscal year 2009-2010 includes the following:
 - all HMOs;
 - premium equivalent calculation for the City Plan; and
 - employer premium equivalent for the employee self-funded dental plan
- In fiscal year 2010-2011, several dental plans will be coming off of the multi-year guarantee, which will be addressed in the future.
- The vision plan rates will also come off of the multi-year guarantee in 2011-2012 plan year.
- A standardized format has been developed for the renewal process, detailing specific information to assist in understanding the renewal proposals from each of the vendors and will allow side-by-side comparisons.
- Mr. Evans presented a high level month-by-month timeline for the rates and benefits process, which is very similar to the current schedule.

Public Comments: None.

- 08142008-18 Discussion Item **HSS Dashboard project – continuation of initial data-populated Phase 1 results** (Mercer Team)

Documents provided to Board prior to meeting:
Presentation prepared by Mercer

 - Gillian Printon and Jim Dell of the Mercer team presented an update on the dashboard project.
 - Ms. Printon provided the following:
 - The first report focused on demographics and overall financial results.
 - Updated data has been collected and processed, pursuant to the May vendor summit, in order to facilitate comparison of data across the plans. Data has been received from Blue Shield, United HealthCare (for the City Plan) and Kaiser. PacifiCare’s data has just been received, and will be presented at the next update.

- Tremendous progress has been made in the collection of data for the Medicare retirees. Data has been received from Uniprise and Blue Shield. PacifiCare has committed to provide data for the Medicare Advantage Plan by the end of this month.
- Kaiser has not yet made a commitment on the timing of providing its Medicare data. A call is scheduled with Kaiser to discuss this issue in the next few weeks.
- Today's presentation will highlight the top providers, top procedures and diagnoses, and top pharmacy therapeutic classes used across all of the plans.
- Commissioner Zvanski expressed surprise and concern that Kaiser has not provided the requested information since it bills Medicare.
- Jim Dell presented the following key observations:
 - California Pacific Medical Center is the most utilized hospital among Blue Shield and City Plan active members (approximately \$13M was paid in 2007 for active members and pre-Medicare retirees), with UCSF Medical Center ranking second.
 - Kaiser does not track data for individual facilities or the total dollars paid to an individual facility.
 - The Brown and Toland Medical Group received a significant portion of the overall dollars paid to medical groups on behalf of Blue Shield members.
 - Uniprise is unable to fully capture total dollars paid as part of the claims process.
 - There are 25 industry-standard Major Diagnostic Categories ("MDCs") collected to classify inpatient admission cost and utilization data. Some common MDCs throughout the plans for active members and retirees are cardiac and digestive system issues.
 - Pregnancy and childbirth are the largest MDC costs for Blue Shield.

- Data has also been collected regarding the top diseases in the HSS population by total claim dollars. Future quarterly data updates may reveal recurring patterns that, together with further analysis, will identify appropriate solutions.
- In the pharmacy category, each prescription filled for members is identified with a unique drug code, and are rolled up into therapeutic classes which are summarized into major categories. This data will support discussions with plans about possible clinical management programs as an extension of the pharmacy diagnostic which was completed last year.
- Anti-retroviral drugs are high among all of the plans (i.e., HIV drugs). Further exploration is necessary to ensure that proper processes are in place for approvals and pre-approvals.
- Detailed utilization data for inpatient and outpatient procedures will be presented at the next update.
- The next vendor summit will focus on the remaining portions of Phase 1 (utilization data). This summit has not yet been scheduled.
- Phase 2 of the dashboard will focus on member engagement. The vendors will be asked to provide additional data in this area on a periodic basis.
- Bart Duncan noted that the dashboard project was recognized recently in a featured article in the California Health Line.

Public Comments: None.

- 08142008-19 Discussion Item **Report on significant network and health plan issues (if any)** (Respective plan representatives)
 - Kaiser
 - Blue Shield
 - PacifiCare/Secure Horizons
 - United HealthCare (City Health Plan)

Documents provided to Board prior to meeting:
None.

- Bart Duncan announced that Lori Cumming, PacifiCare representative, will be taking a significant amount of time off and wished her well.
- Raul Monares, Kaiser Executive Account Manager, reported that he is the new account representative for HSS. He reported on a Kaiser network change in Kern County, which involves the consolidation of three Catholic Healthcare West hospitals into one, San Joaquin Community Hospital. This change will have minimal impact on HSS members (eight retirees who will be notified in the next few weeks). This change will become effective January 1, 2009.
- Bart Duncan welcomed Mr. Monares and noted that Angela Kohls, Kaiser Senior Sales Manager, was also in attendance.
- Jeff Hermosillo, Blue Shield Account Manager, introduced Lori Taylor, who has joined the Blue Shield team and will work on the day-to-day issues.

Public Comments: Gerry Meister, UESF retired teachers' representative, asked that the vendors introduce themselves.

In response to Ms. Meister's request, the following vendors introduced themselves:

Mike Saavedra, United HealthCare Strategic Client Executive, representing the City Plan

Lori Cumming, Strategic Account Executive, representing PacifiCare and Secure Horizons.

Lois Cannon, Account Manager, representing Delta Dental

Angela Kohls, Senior Account Manager, representing Kaiser Permanente

Jacqueline Cienfuegos, National Account Manager, representing Pacific Union Dental.

Section 6 – Closing Items

- 08142008-20 Discussion Item Closing remarks (President Heldfond)
Documents provided to Board prior to meeting:
None.
 - In the interest of time, President Heldfond had nothing further to report.**Public Comments:** None.

- 08142008-21 Discussion Item Opportunity to Place Items on Future Agendas
Public Comments: Ileana Samanc, DHR Employee Relations representative, requested that the proposed transfer of the as-needed health benefits program be placed on a future agenda. This program is currently being administered by DHR.
President Heldfond responded that he is aware of the request and has met with Micki Callahan, DHR Director, and Bart Duncan regarding the issue.
Commissioner Zvanski inquired if the two school districts are a part of the as-needed discussion with CCSF.
Ms. Samanc stated that, since DHR does not handle the health benefits for the school districts' as-needed employees, they are not covered through CCSF.

- 08142008-22 Discussion Item Opportunity for the Public to Comment on any Matters within the Board's Jurisdiction
Public Comments: None.

Adjourn: 3:16 p.m. in memory of Tony Sacco.

Summary of Health Service System Rules Regarding Public Comment

- Speakers are urged to fill out a speaker card in advance, but may remain anonymous if so desired.
- A member of the public has up to three minutes to make pertinent public comments before action is taken on any agenda item.
- A member may comment on any matter within the Board's jurisdiction at the designated time at the end of the meeting. The complete rules are set forth in Section A(6) of the Health Service System Rules and Regulations. A copy of these Rules and Regulations is available at any time upon request. Call the Administrative Services Manager, Laini K. Scott for further assistance at (415) 554-1727.

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

Disability Access

The meeting will be held at City Hall, 1 Dr. Carlton B. Goodlett Place, Room 416. 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.

The following services are available upon request:

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

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

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 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, contact Adele Destro by mail to Interim Administrator, Sunshine Ordinance Task Force, 1 Dr. Carlton B. Goodlett Place, Room 244, San Francisco CA 94103-4689; by phone at (415) 554-7724; by fax at (415) 554-7854; or by email at sotf@sfgov.org.

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

Lobbyist Registration and Reporting Requirements

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

Summary of Health Service Board Rules Regarding Cell Phones and Pagers

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

The complete rules are set forth in Chapter 67A of the San Francisco Administrative Code and in the Rules and Regulations of the Health Service System.

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