



San Francisco Ethics Commission

25 Van Ness Avenue, Suite 220, San Francisco, CA 94102

Phone: 415.252.3100 . Fax: 415.252.3112

ethics.commission@sfgov.org . www.sfethics.org

Received On: 08-02-2021 | 14:23:34 PDT

File #: 210740

Bid/RFP #:

Notification of Contract Approval

SFEC Form 126(f)4

(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)

A Public Document

Each City elective officer who approves a contract that has a total anticipated or actual value of \$100,000 or more must file this form with the Ethics Commission within five business days of approval by: (a) the City elective officer, (b) any board on which the City elective officer serves, or (c) the board of any state agency on which an appointee of the City elective officer serves. For more information, see: <https://sfethics.org/compliance/city-officers/contract-approval-city-officers>

1. FILING INFORMATION

TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
original	
AMENDMENT DESCRIPTION – Explain reason for amendment	

2. CITY ELECTIVE OFFICE OR BOARD

OFFICE OR BOARD	NAME OF CITY ELECTIVE OFFICER
Board of Supervisors	Members

3. FILER'S CONTACT

NAME OF FILER'S CONTACT	TELEPHONE NUMBER
Angela Calvillo	415-554-5184
FULL DEPARTMENT NAME	EMAIL
office of the clerk of the Board	Board.of.Supervisors@sfgov.org

4. CONTRACTING DEPARTMENT CONTACT

NAME OF DEPARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Michael Visconti	(628) 652-4645
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
HSS Health Service System	michael.visconti@sfgov.org

5. CONTRACTOR**NAME OF CONTRACTOR**

Health Net of California, Inc.

TELEPHONE NUMBER

(888) 926-4988

STREET ADDRESS (including City, State and Zip Code)

21281 Burbank Blvd., Woodland Hills, CA 91367

EMAIL**6. CONTRACT****DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)**

07/27/2021

ORIGINAL BID/RFP NUMBER**FILE NUMBER (If applicable)**

210740

DESCRIPTION OF AMOUNT OF CONTRACT

\$33,229,104

NATURE OF THE CONTRACT (Please describe)

Medical Health Insurance: Health Net CanopyCare Flex Funded HMO for City Employees and City Early Retirees.

7. COMMENTS

The amount of this contract is based on the most recent actuarial information and will change due to employee resignations, new hires, terminations and other attrition factors, as well as member selections at the time of qualifying events

8. CONTRACT APPROVAL

This contract was approved by:

<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
<input checked="" type="checkbox"/>	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors
<input type="checkbox"/>	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS

9. AFFILIATES AND SUBCONTRACTORS

List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract.

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Neidorff	Michael	Board of Directors
2	Ayala	Orlando	Board of Directors
3	Blume	Jessica L	Board of Directors
4	Dallas	James	Board of Directors
5	Ditmore	Robert K	Board of Directors
6	Eppinger	Frederick H	Board of Directors
7	Gephardt	Richard A	Board of Directors
8	Roberts	John R	Board of Directors
9	Robinson	Lori J	Board of Directors
10	Steward	David L	Board of Directors
11	Thompson	Tommy G	Board of Directors
12	Trubeck	William	Board of Directors
13	Ternan	Brian	CEO
14	Santana-Chin	Martha	Other Principal Officer
15	Johnson	Karen	Other Principal Officer
16	Moore	Jennifer (Jenn)	Other Principal Officer
17	Balbone	Kerri	Other Principal Officer
18	Leaf	Garrett	CFO
19	Chen	Alex	Other Principal Officer

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
20	Centene Corporation		Shareholder
21	The Vanguard Group, Inc		Shareholder
22	Accommodating Ideas		Subcontractor
23	Advanced Medical Reviews		Subcontractor
24	Akorbi Translations		Subcontractor
25	American Specialty Health		Subcontractor
26	American Well Corporation		Subcontractor
27	American Well Physicians		Subcontractor
28	Change Health solutions		Subcontractor
29	Cognizant		Subcontractor
30	CommGap		Subcontractor
31	Conifer Value-Based Care		Subcontractor
32	Cotiviti		Subcontractor
33	Datafied Global		Subcontractor
34	Diversified Data Design		Subcontractor
35	DME Consulting		Subcontractor
36	eviCore		Subcontractor
37	Health Management Services		Subcontractor
38	Interpreters Unlimited		Subcontractor

9. AFFILIATES AND SUBCONTRACTORS

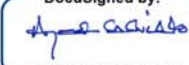
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
39	ISI Language Solutions		Subcontractor
40	MultiPlan		Subcontractor
41	MyStrength		Subcontractor
42	Navitus Health Solutions		Subcontractor
43	Omada Health		Subcontractor
44	Online Care Network		Subcontractor
45	Online Care Group Alaska		Subcontractor
46	Optum		Subcontractor
47	OptumInsight		Subcontractor
48	TBASE		Subcontractor
49	Teleperformance		Subcontractor
50	Turning Point		Subcontractor
<input checked="" type="checkbox"/>	Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.		

10. VERIFICATION

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK	DATE SIGNED
DocuSigned by:  988C8F42C3084B5 Angela Calvillo	08-02-2021 14:23:34 PDT