

**FORM SFEC-126:**  
**NOTIFICATION OF CONTRACT APPROVAL**  
(S.F. Campaign and Governmental Conduct Code § 1.126)

**City Elective Officer Information** *(Please print clearly.)*

Name of City elective officer(s):

City elective office(s) held:

**Contractor Information** *(Please print clearly.)*

Name of contractor: United HealthCare Services, Inc. (for City Plan)

*Please list the names of (1) members of the contractor's board of directors; (2) the contractor's chief executive officer, chief financial officer and chief operating officer; (3) any person who has an ownership of 20 percent or more in the contractor; (4) any subcontractor listed in the bid or contract; and (5) any political committee sponsored or controlled by the contractor. Use additional pages as necessary.*

1. The United HealthCare Services, Inc. Directors are :

- William C. Ballard, Jr.
- Edson Bueno, M.D.
- Richard T. Burke
- Robert J. Darretta
- Stephen J. Hemsley
- Michele J. Hooper
- Rodger A. Lawson
- Douglas W. Leatherdale
- Glenn M. Renwick
- Kenneth I. Shine, M.D.
- Gail R. Wilensky, Ph.D.

2. The United HealthCare Services, Inc. Officers include:

**CEO and President:** Stephen J. Hemsley

**CFO:** David S. Wichmann

**COO:** Dirk McMahon

3. No person owns 20 percent or more in the contractor.

4. We provide most of our core services directly through the UnitedHealth Group family of companies. This enables us to offer affordable solutions through integrated data elements and systems, streamlined implementations and unified account management support.

We do work with a variety of external vendors and subcontractors and have listed some of these third parties and the different capacities in which we interact with them. Due to the broad spectrum of UnitedHealth Group businesses and variations in the contractual relationships we have with each vendor or subcontractor, this list is subject to change and should not be considered exhaustive.

**VENDORS AND SUBCONTRACTORS**

**ID CARDS**

Our member medical ID cards are produced by Fiserv Output Solutions, a business unit of Fiserv, Inc. Fiserv, headquartered in Stafford, Texas, is a provider of business-critical communications to the financial services, health care, telecommunications, investment services and retail markets.

## **HEALTH INFORMATION**

Various internal and external sources provide health content to our member website, **myuhc.com**. Each resource maintains relationships with various health professionals who write, edit and review the content created for the site. We screen each vendor for accuracy and independence of content.

## **OVERPAYMENT IDENTIFICATION VENDORS**

We contract with a number of vendors to identify overpayments. These vendors perform a variety of audits, including, but not limited to, credit balance, data mining, COB, contract audits, DRG audits, workers' compensation and subrogation. Generally, these vendors do not perform collections on the overpayments they identify in an effort to reduce the number of vendors approaching physicians. A collection vendor is assigned to collect these overpayments.

## **OVERPAYMENT COLLECTION VENDORS**

We contract with a number of vendors to collect overpayments that are identified internally or from an overpayment identification vendor. Overpayment collection vendors are responsible for sending the initial overpayment notification letter and will follow up with the physician on outstanding balances through phone calls or subsequent recovery letters. These vendors help resolve physician disputes/appeals.

## **SURVEYS**

We conduct an annual member satisfaction survey based upon the HEDIS 3.0 standards.

Administration of the CAHPS survey is a joint effort between the Survey Research Studies division of OptumInsight (a UnitedHealth Group company) and the Center for the Study of Services (CSS). CSS is certified by NCQA as a CAHPS survey vendor.

## **NETWORK LEASING**

We own the majority of networks we use for providing health care coverage. However, we use leased or vendor networks where it is not feasible to develop our own network. Vendor networks must comply with the same quality standards we use for our own networks. Vendor network compensation varies based on market demands and the customary practices of the local marketplace. We retain responsibility for claim processing. In addition, we oversee all quality issues, including quality control of the physicians and other health care professionals in the network.

## **SHARED SAVINGS PROGRAM**

We use Viant, Three Rivers Physician's Network, First Health Networks and MultiPlan's national network of hospitals, physicians and other health care professionals to provide discounts to our customers for non-network claims through our Shared Savings Program (SSP).

## **SOCIAL SECURITY ADVOCACY ASSISTANCE**

Social Security advocacy assistance is provided through another vendor. Claim specialists are trained to educate, guide and monitor the application process for Social Security disability benefits. We then consider offering assistance through Social Security Advocacy for the Disabled.

## **LEGAL**

We hold our vendors to the same standards and requirements to which we agree. We accept responsibility to the extent that our subcontracted vendor fails to meet any contractual obligation we assume.

5. In California, corporate contributions are legal, and all of our political giving is reported by United HealthCare Services, Inc., a corporate entity that registers as a major donor committee with the state. We are happy to provide additional information at the parent company level (UnitedHealth Group, Inc.) for states other than California, upon request.

Contractor address:  
 UnitedHealth Group Center  
 9900 Bren Road East  
 Minnetonka, Minnesota 55343

Date that contract was approved: <b>June 11, 2015 by the Health Service Board</b>	Amount of contract: (Estimated for CY 2016) \$37,430,461
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Describe the nature of the contract that was approved: Self-Insured Medical Plan and Prescription Drug sponsored by CCSF and whose claims administration is outsourced to UnitedHealth Services, Inc., as well as a fully insured PDP Drug Plan for Medicare A and B retirees

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

This contract was approved by (check applicable):

the City elective officer(s) identified on this form

a board on which the City elective officer(s) serves \_\_\_\_\_  
 Print Name of Board

the board of a state agency (Health Authority, Housing Authority Commission, Industrial Development Authority Board, Parking Authority, Redevelopment Agency Commission, Relocation Appeals Board, Treasure Island Development Authority) on which an appointee of the City elective officer(s) identified on this form sits

\_\_\_\_\_  
 Print Name of Board

<b>Filer Information</b> <i>(Please print clearly.)</i>	
Name of filer:	Contact telephone number:
Address:	E-mail:

\_\_\_\_\_  
 Signature of City Elective Officer (if submitted by City elective officer) Date Signed

\_\_\_\_\_  
 Signature of Board Secretary or Clerk (if submitted by Board Secretary or Clerk) Date Signed

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Name of City elective officer(s):	City elective office(s) held:

<b>Contractor Information</b> <i>(Please print clearly.)</i>
Name of contractor: Delta Dental of California ( Delta Dental PPO Active Self Insured and Retiree PPO fully insured, and DeltaCare DHMO)
<i>Please list the names of (1) members of the contractor's board of directors; (2) the contractor's chief executive officer, chief financial officer and chief operating officer; (3) any person who has an ownership of 20 percent or more in the contractor; (4) any subcontractor listed in the bid or contract; and (5) any political committee sponsored or controlled by the contractor. Use additional pages as necessary.</i>
<b>(1) DIRECTORS AND OFFICERS</b>
Glen F. Bergert 100 First Street San Francisco, CA 94105
Barbara J. Burgel 100 First Street San Francisco, CA 94105
D. Douglas Cassat, DDS 100 First Street San Francisco, CA 94105
R. Kent Farnsworth, DDS 100 First Street San Francisco, CA 94105
Lynn L. Franzoi, <b>2nd Vice Chair</b> 100 First Street San Francisco, CA 94105
Devang M. Gandhi, DDS, <b>Secretary</b> 100 First Street San Francisco, CA 94105
Roy A. Gonella 100 First Street San Francisco, CA 94105
Gregory D. Kaplan, DDS 100 First Street San Francisco, CA 94105

Beverly A. Kodama, DDS  
100 First Street  
San Francisco, CA 94105

Steven F. McCann  
100 First Street  
San Francisco, CA 94105

Terry A. O'Toole, **Treasurer**  
100 First Street  
San Francisco, CA 94105

Stephen R. Pickering, DDS, **1<sup>st</sup> Vice Chair**  
100 First Street  
San Francisco, CA 94105

Gary D. Radine (Ex Officio)  
100 First Street  
San Francisco, CA 94105

Jo Bonita Rains  
100 First Street  
San Francisco, CA 94105

Andrew J. Reid, **Chair**  
100 First Street  
San Francisco, CA 94105

Thomas A. Zimmerman  
100 First Street  
San Francisco, CA 94105

**(2)**

President/Chief Executive Officer – Gary D. Radine  
President/Chief Operating Officer – Anthony S. Barth  
Chief Financial Officer – Michael J. Castro

**(3)**

None

**(4)**

None

**(5)**

None

Contractor address:  
100 First Street, San Francisco, California 94105

Date that contract was approved:  <b>June 11, 2015 by the Health Service Board</b>	Amount of contract: (estimated for CY 2016)  Delta Dental PPO - <u><b>Policy Number 1673 – Retirees</b></u> \$12,629,676  Delta Dental PPO - <u><b>Policy 9502 – Actives: (Self-funded Claims + Admin.)</b></u> \$45,553,450  DeltaCare USA – DHMO <u><b>Policy # 01797 – DeltaCare:</b></u> \$1,039,054
Describe the nature of the contract that was approved: Dental Benefits	
Comments: The amount of this contract is based on the most recent 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. The Delta Dental PPO Active Self-Insured Plan is based on actual claims and administration.	

This contract was approved by (check applicable):

- the City elective officer(s) identified on this form
- a board on which the City elective officer(s) serves \_\_\_\_\_

Print Name of Board

- the board of a state agency (Health Authority, Housing Authority Commission, Industrial Development Authority Board, Parking Authority, Redevelopment Agency Commission, Relocation Appeals Board, Treasure Island Development Authority) on which an appointee of the City elective officer(s) identified on this form sits

\_\_\_\_\_  
 Print Name of Board

<b>Filer Information</b> (Please print clearly.)	
Name of filer:	Contact telephone number:
Address:	E-mail:

\_\_\_\_\_  
 Signature of City Elective Officer (if submitted by City elective officer)

\_\_\_\_\_  
 Date Signed

\_\_\_\_\_  
 Signature of Board Secretary or Clerk (if submitted by Board Secretary or Clerk)

\_\_\_\_\_  
 Date Signe