

BOARD of SUPERVISORS



City Hall
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MEMORANDUM

Date: September 13, 2024
To: Note to File
From: *Ace* Angela Calvillo, Clerk of the Board
Subject: Unsigned Form 126 – File No. 240724

Following is the legislative history of the subject file, along with information on the Ethics Form 126s submitted:

- On June 25, 2024, Supervisor Dorsey's office submitted an Ordinance for Health Service System Plans and Contribution Rates - Calendar Year 2025 for introduction.
 - Ten (10) Forms 126 were submitted, including two (2) forms for California Physician Services DBA Blue Shield of California (\$63,207,027 & \$114,917,337).
 - The Form 126 for California Physician Services DBA Blue Shield of California in the amount of \$386,601,644 under DocuSign 12e4cc3a-1f1e-4d0d-95e0-b478569fa1aa was not one of the forms submitted.
- On September 11, 2024, it was brought to attention that the form for \$386,601,644 was not part of the final forms filed with the Ethics Commission.
 - Upon further research, the missing form had not been submitted to the Office of the Clerk of the Board; the Department of Health Service System (HSS) had sent the form through the Ethics Commission portal for processing, unbeknownst to the Office of the Clerk of the Board.
- On July 17, 2024, the Budget and Finance Committee duly noticed and heard the Ordinance; the Ordinance was Recommended for passage to the full Board.
- On July 23, 2024, the Ordinance was Passed on First Reading by the Board.
- On July 30, 2024, the Ordinance was Finally Passed by the Board.
- On July 31, 2024, the Clerk of the Board certified the Board's action to Finally Pass the Ordinance.
- On August 8, 2024, Mayor London N. Breed signed and approved the Ordinance.
- On September 12, 2024, the Office of the Clerk of the Board received the missing subject form.

The missing Form 126 was attached to the legislative File No. 240724, unsigned.



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:

File #:

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
	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 California Physician Services DBA Blue Shield of Calif	TELEPHONE NUMBER 510-607-2400
STREET ADDRESS (including City, State and Zip Code) 601 12th Street, Oakland, CA 94607	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable)
DESCRIPTION OF AMOUNT OF CONTRACT \$386,601,644		
NATURE OF THE CONTRACT (Please describe) California Physician Services DBA Blue Shield of California Medical Health Insurance: Blue Shield Flex Funded HMO (Access+ and Trio HMO) for City Employees, City Early Retirees and eligible dependents		

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	Diaz Jr.	Guillermo	Board of Directors
2	Barker	Mari	Board of Directors
3	Belshé	Kimberly	Board of Directors
4	DuPlessis, M.D, M.P.H.	Helen	Board of Directors
5	Chen, M.D.	Arthur	Board of Directors
6	DeCoste	Pamela	Board of Directors
7	Glaser	Will	Board of Directors
8	Leslie	Kristina	Board of Directors
9	Markovich	Paul	CEO
10	Panetta	Leon	Board of Directors
11	Minter-Jordan, MD, MBA	Myechia	Board of Directors
12	Williams III	Arther	Board of Directors
13	The Rawlings Group		Subcontractor
14	Optum		Subcontractor
15	American Specialty Health		Subcontractor
16	Cotiviti, Inc		Subcontractor
17	HealthSparg		Subcontractor
18	Broadridge fka DST Output		Subcontractor
19	Arvato Digital Services		Subcontractor

9. AFFILIATES AND SUBCONTRACTORS

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
20	Maven		Subcontractor
21	MediKeeper, Inc.		Subcontractor
22	NovuHealth		Subcontractor
23	Healthwise		Subcontractor
24	Solera Health, Inc.		Subcontractor
25	LabCorp		Subcontractor
26	LanguageLine Solutions		Subcontractor
27	Magellan Health		Subcontractor
28	EyeMed		Subcontractor
29	National Imaging Associate		Subcontractor
30	Quest Diagnostics		Subcontractor
31	Teladoc Health, Inc		Subcontractor
32	TPUSA-FCHS Fka Teleperform		Subcontractor
33	Partners in Care Foundatio		Subcontractor
34	Call the Car		Subcontractor
35	Clarke	Sandra	COO
36	Stuart	Michael	CFO
37	Davis	Lisa	Other Principal Officer
38	Lifespring Home Nutrition		Subcontractor

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
39	Solutran		Subcontractor
40	BenefitFocus		Subcontractor
41	Accenture		Subcontractor
42	Arine		Subcontractor
43	CVS Specialty Pharmacy		Subcontractor
44	Amazon Pharmacy		Subcontractor
45			
46			
47			
48			
49			
50			
<input 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
BOS Clerk of the Board	