CALIFORNIA HEALTH BENEFIT EXCHANGE BOARD
March 22, 2012
Fresno Convention Center, Rooms 2015–2018
848 M Street
Fresno, CA 93721

MINUTES

Agenda Item I: Call to Order, Roll Call, and Welcome

Chairwoman Dooley called the meeting to order at 10:00 a.m.

Board members present:	Diana S. Dooley, chair
	Kimberly Belshé
	Paul Fearer
	Robert Ross, MD
	Susan Kennedy

A conflict disclosure was performed; there were no conflicts from the board members that needed to be disclosed. The board entered closed session at 10:02 a.m.

Agenda Item II: Closed Session

Agenda Item III: Approval of February 21, 2012 Minutes

Chairwoman Dooley called the meeting back to order at 11:05 a.m.

She expressed pleasure at being in Fresno, noting that the board and staff take seriously the charge of developing the Exchange and supporting enrollment in Medi-Cal and Healthy Families. It is appropriate that a meeting focused on effective outreach, assistance, and eligibility is held in Fresno, as those in the Central Valley face a number of unique challenges for those with limited English proficiency (LEP) and urban and rural small businesses.

After asking if there were any changes to be made, Chairwoman Dooley asked for a motion to approve the minutes from the February 21, 2012 meeting.

Presentation: February 21, 2012 Minutes

Discussion: None.

Public Comments: None.

Note: these minutes were approved by the Board on April 26, 2012

Motion/Action: Ms. Belshé moved to approve the February 21, 2012 minutes. Mr. Fearer seconded the motion.

Vote: Roll was called, and the motion was approved by a unanimous vote.

Agenda Item IV: Report from the Executive Director

Mr. Lee introduced his remarks acknowledging the two year anniversary of the passage of the Affordable Care Act (AFFORDABLE CARE ACT). Like Chairwoman Dooley, Mr. Lee noted his appreciation for the meeting's setting: Fresno in the middle of the Central Valley. Mr. Lee presented Fresno County statistics, acknowledging the importance it will have for the Exchange due to the diverse population, rural and urban demographics, and high uninsurance rate. He noted that senior staff will be traveling to Washington shortly to report on California's status to federal colleagues and learn about the experiences in other states.

Discussion: Personnel Matters

Mr. Lee announced the Board's appointment of Yolanda Richardson as the new deputy chief operations officer. Sharon Stevenson will unfortunately be returning to the Department of Health Care Services (DHCS) and has been an outstanding colleague at the Exchange and will keep working with the Exchange in her DHCS role. The Exchange hopes to hire a new General Counsel soon.

The website lists other open positions, and it is essential that the Exchange find staff members reflecting the diversity of California. Though consultants have been hired to assist in recruitment, the public is invited to help in the search.

Three new fulltime staff members have been hired since the last board meeting: Tawnya Alibani, Mr. Panush's executive assistant; Marilyn Nishikawa, executive assistant for operations; and Andrea Rosen, staff counsel and interim lead on qualified health plan work.

Discussion: Administrative Update

Presentation: California Health Benefit Exchange Planning Overview and Context

Mr. Lee presented an overview of the Exchange's progress, including released and awarded solicitations, and the plan through the Level II Establishment Grant application in June 2012. He said the plan identifies potential board meeting subject areas which are subject to revision and, note that a new meeting has been added on June 12, 2012 in Sacramento.

Discussion: Update on Federal Final Rule on Establishment of Exchanges and Qualified Health Plans; Exchange Standards for Employers

Presentation: Overview – New Federal Regulations and Guidance

David Panush provided an overview of recent federal guidance, noting that the California's Exchange statute and board composition is in compliance with the federal guidance.

Discussion:
Dr. Ross expressed concerns about the implication of multi-state plans not meeting Exchange standards in California. Mr. Panush said the federal Office of Personnel Management would provide rules that the Exchange would be prepared to comment on. Chairwoman Dooley and Ms. Belshe asked staff to be express the board's concern during the Washington, D.C. meeting.

Ms. Belshé asked about the provision allowing private insurance market websites to enroll individuals. Mr. Panush said it is a policy decision for the board. Mr. Lee noted such websites would act like brokers, and the board would need to see if they fit with its overall criteria.

Ms. Kennedy asked if elements of federal regulations could be remedied by state legislation if the board sees them as incompatible and asked about timelines in the state legislature. Mr. Panush said he is unsure to what extent state law could overrule the federal requirements. In regards to state legislation, some bills are moving forward and staff will give a legislative overview at a future meeting. Chairwoman Dooley said that will be discussed in April. Ms. Belshé suggested staff note which bills are essential for conformity with federal laws, saying the Exchange will have priorities as well that are hopefully in alignment with legislative priorities.

Public comments:
Timothy Curley, director of community and government relations, Children's Hospital, asked the Exchange to require qualified health plans (QHPs) to contract with essential community providers, both pediatric primary and specialty care, and specialty providers; and that QHPs cover all necessary services and equipment and negotiate reasonably with providers.

Amparo Cid, community advocate, California Rural Legal Assistance Foundation, noted the resources pertaining to accessing limited English proficiency populations and immigrants that are available in the Central Valley.

Cynthia, private citizen, discussed her story as an individual who will probably use the Exchange, explaining why it's important and thanking the board for explaining the benefits of the Exchange.

Julianne Broyles, California Association of Health Underwriters, offered her group as a resource in the discussion of assisters, hoping that brokers and agents aren't overlooked as partners.

Agenda Item V: Panel Presentations to Inform the Exchange's Communications, Outreach, and Enrollment Efforts

Panel 1: Enrollment and Marketing Overviews

Panelists:
Ken Jacobs, University of California Berkeley
Katie Marcellus, California Health Benefit Exchange
Maggie Linden and Lizelda Lopez, Ogilvy Public Relations Worldwide

Presentation: Health Insurance Coverage in California under the Affordable Care Act

Ken Jacobs presented the UCLA and UC Berkeley data on enrollment projections. Mr. Lee noted that a complementary report that goes into detail by race, gender, age, and other categories is posted on the website.

Presentation: Stakeholder Input Presentation

Katie Marcellus presented a summary of the eligibility, enrollment, and retention stakeholder process and the rich impact provided through the process. Ms. Marcellus noted that the full report incorporates input from comment letters, response to questions the Exchange has posted and results of small group sessions held across the state.

Presentation: Overview of Marketing/Outreach

Maggie Linden, Ogilvy Public Relations, presented an overview of potential marketing and outreach approaches for the Exchange, DHCS, and the Managed Risk Medical Insurance Board (MRMIB). She and Ms. Lopez explained the importance of marketing and communicating to a diverse California population that is multicultural and multilingual.

Discussion:
Ms. Kennedy asked about those for whom insurance was unaffordable and asked for clarification about who would drop employer based coverage. Dr. Jacobs said their modeling predicts one group of Exchange subsidiary-eligible people is comprised of individuals whose employers drop coverage after 2014. Another group of Exchange subsidiary-eligible individuals have employer coverage but it's more than 9.5 percent of their family income and "unaffordable"; this group has a low projected take-up. Most employers are predicted to maintain job-based coverage.

Ms. Kennedy asked about the influence of the penalty on employers. Dr. Jacobs explained that if the individual drops job-based insurance due to affordability issues and enters the Exchange (receiving subsidies), the employer penalty is $3000 per person.

Ms. Belshé asked about brand development in the context of the Exchange, DHCS, and MRMIB partnership. The challenges of developing the brand of the Exchange and marketplace were noted.

Ms. Belshé asked about the characteristics for the remaining uninsured. Dr. Jacobs noted that between 28 and 34 percent (a little over a million) of the remaining uninsured are undocumented (and not eligible for subsidized coverage); between 25 and 29 percent, eligible for Medi-Cal; and over 200,000 people, eligible due to having unaffordable job-based coverage. Dr. Jacobs noted he would present further demographic data on this population to staff.

Mr. Lee noted that if coverage expands from 84 percent to 92 percent, California will have nearly four million more insured. While the Exchange must aspire to reach everyone, people still have to make a decision between insurance and other necessities; therefore the products must be affordable, which will be an economic challenge.

Dr. Ross asked if, when applying for the Level II grant, it would be helpful to have data for the taxpayers' return on investment. Is there a correlation between outreach dollars and enrollment and then reduction of health care costs? Ogilvy and staff will investigate this issue and staff will discuss with federal colleagues.

Panel 2: Promoting Enrollment: Branding, Marketing, Building Consumer Awareness

Panelists:	Julie Roberts, Blue Shield of California Christine Paige, Kaiser Marilyn McCullough, WellPoint Joan Fallon, Massachusetts Connector (on phone) Ken Jacobs, University of California

Mr. Lee introduced the panel, noting it was comprised of representation of three of the largest plans in the state in terms of individual market share; the former Marketing Director for the Massachusetts Connector and Ken Jacobs speaking about potential avenues to pre-enroll eligible individuals.

California Plan Perspectives

Presentation: Blue Shield of California

Ms. Roberts presented the Blue Shield of California perspective, noting that insurance companies have many of the same goals of Exchanges and there is an opportunity for partnership.

Presentation: Kaiser

Ms. Paige presented the Kaiser perspective, describing Kaiser's broad marketing strategies and noting that Kaiser is very interested in the Exchange's success.

Presentation: Anthem

Ms. McCullough presented the Anthem perspective, describing Anthem's broad marketing strategies and noting the significant challenge ahead of the Exchange in regards to reaching Californians.

Presentation: Massachusetts Connector

Ms. Fallon presented the Connector experience, noting the success in partnering with CVS and the Boston Red Sox and giving grants to community-based organizations to help hard-to-reach populations.

Ms. Kennedy asked Ms. Fallon about paid advertising and the budget. Ms. Fallon said the Connector hired an agency for $4 million and paid $1.2 million for advertising.

Presentation: Pre-Enrollment Opportunities

Dr. Jacobs presented on pre-enrollment opportunities to populate the Exchange in anticipation of service on January 1, 2014, noting many people already connected to other government programs may be eligible for either Medi-Cal or subsidiaries in the Exchange.

Discussion:
Ms. Kennedy noted Blue Shield claimed that about one-third of its members turn over every year, asking if that's true for Kaiser as well. Ms. Roberts said many people use Blue Cross during a transition or decide it's unaffordable, noting that many get insurance elsewhere. Ms. Paige said Kaiser has a similar experience. Ms. McCullough said the average life of an Anthem policy is three years.

Ms. Kennedy asked how many consumers are "high-utilization". Ms. Roberts did not know but would report back. Ms. Kennedy asked if the Exchange needed a marketing director. Ms. Paige said marketing is driven by the segmented target audience's value and preferences, noting that it will be valuable for the Exchange to have expertise in this area.

Ms. Kennedy inquired if the Exchange has a paid advertising budget and Mr. Lee said it will, with Ogilvy advising. Chairwoman Dooley said that money will be part of the Level II grant.

Dr. Ross hoped to partner with private sector colleagues and expressed concern about marketing using an "it's the law" angle. Ms. McCullough recommended using focus

group testing and urged the Exchange to emphasize its own value and benefits.

Public Comment:
Beth Cappell, Health Access California, said it's essential to streamline auto-enrollment and transfers to catch people who may fall through the cracks, noting that California is different from Massachusetts.

Larry Roselle, United Way of Fresno County and United Way of Stanislaus County, described United Way's work and hoped the Exchange is building a sustainable mechanism to support the work currently being done, noting that United Ways is a trusted resource in the community.

Elizabeth Imholz, director of special projects, Consumers Union, noted the importance of early, strong outreach to educate the public, including using consumer testing to develop messages.

Reneeta Anthony on behalf of Howard Himes, director, Fresno County Department of Social Services, described their role in the community and services they connect to, noting it will be critical for any systems to be able to communicate with and support relevant social services programs.

Kevin Hamilton, deputy chief of programs, Clinica Sierra Vista, discussed the two processes the Exchange must engage in – enrollment and a generational shift in teaching people how to use health insurance. He noted the Exchange should be careful about its name to avoid confusion.

Tania Pacheco, faculty, California State University Fresno (on phone), expressed concerns about limits of care and teaching people how to use their insurance once they're enrolled, asking if it's within the scope of the Exchange or its collaborative body to help people figure this out. Chairwoman Dooley said the focus of the meeting is eligibility and enrollment but that utilization of plans, scope of benefits, and network adequacy would be addressed in the future.

Evena Krychinovitz, Unite Here Health, stated that their plan focuses on value, and represents unionized hospitality workers, predominantly the working poor and immigrants. For the working poor, it's about the money.

Carla Saporta, Greenlining Institute, said Greenlining has been holding town halls around the state, discussing the AFFORDABLE CARE ACT. Their informal survey showed 81 percent of respondents want to purchase insurance in person. In terms of social media, they did mention there is a digital divide; only 55 percent of Latinos have broadband at home. The 36 percent of Californians who earn under $40,000 a year also use their smart phones for the Internet.

Monica Blanco Etheridge, executive director, Latino Coalition for a Healthy California, addressed the use of media, saying the agricultural community listens to the radio, and

the radio will be critical in reaching them. Fresno County has had some success with electronic enrollment, but people don't use email.

Lynn Kersey, Maternal and Child Health Access California (on phone), is pleased Mr. Jacobs talked about pre-enrollment from existing programs and enrollment during life transitions. She says it's also important to enroll people when they are born and don't have insurance. When people are still in the hospital, since 50 percent of the births in California are Medi-Cal births, it is a good opportunity to avoid gaps in coverage, whether it's for Medi-Cal or Healthy Families or private commercial insurance.

Patsy Montgomery, associate vice president for public affairs, Planned Parenthood Mar Monte, said her organization serves twenty-nine counties and annually provides more than five hundred thousand medical visits. One successful aspect of community health centers like hers is their in-house labs and medication dispensing.

Rayna Lehman, San Mateo Labor Council (on phone), described a strong partnership formed by San Mateo community organizations, government leaders, and providers to ensure all county residents have access to competent and preventive health care. The key to San Mateo County's success has been integrated outreach and enrollment systems; their strong community-driven, no wrong door approach ensures reciprocal integration of eligibility and enrollment with other benefit systems.

Chairwoman Dooley congratulated Ms. Lehman on San Mateo's successes, which the board is aware of.

Reverend Sharon Stanley, executive director, Fresno Interdenominational Refugee Ministries, and partner, Hmong Health Collaborative, says that to gain access into and be accepted and trusted by a Hmong family, you need to know the correct codes. It is important for Ogilvy to work closely with local community-based organizations and appropriate ethnic media—and to understand how those sources shift. They want to partner with Ogilvy to help test and vet materials, ensuring materials are respectful and attractive as well as understandable.

Joyce Ezaki-Yamaguchi, California Dietetic Association (on phone), asked if community health promoters have adequate training to tell the difference between residents who are adequately served by community health education and those who have higher levels of care, such as the chronically ill. Chairwoman Dooley said the requirements for training and competence will be part of the standards the Exchange establishes.

Cary Sanders, director of policy analysis, California Pan-Ethnic Health Network, underscored the importance of marketing to linguistically and culturally diverse communities. It will be important to ensure a variety of Asian languages are represented in the focus groups. She would expect California to be ahead of the curve.

Fiona Young, public affairs coordinator, California Family Resource Association, spoke about community organizations' role in outreach strategies. Locally, Fresno Family

Strengthening Network is already taking steps to broaden their community network and be proactive in helping community leaders prepare for health care reform implementation.

Ronald Coleman, statewide policy analyst, California Immigrant Policy Center, suggested the discussion about marketing and messaging is important for immigrant communities; many immigrants have no experience with health benefits or insurance. There is a lot of confusion about eligibility for public programs and who can participate, and also about individual mandates—who's eligible and required to buy or not in mixed-immigration-status families. They are working on legislation to protect people from scams.

Jonathon Tran, California policy advocate, Southeast Asia Resource Action Center, advocates on behalf of the largest refugee population to resettle anywhere around the world. The diversity within the Asian American community often gets glossed over because of low levels of uninsurance, but if you break down the various populations, there are other groups that struggle significantly along with Latinos and African Americans. California must explicitly invest in partnerships with local experts.

Fatima Morales, policy analyst, Community Health Councils, also LA Access to Coverage Coalition and Covering Kids and Families Coalition, wanted to echo many other comments. To achieve maximum enrollment, the Exchange must use current pathways and existing trusted community partners—specifically certified application assisters (CAAs), who will be critical to outreach and marketing before the doors open. The bulk of CAAs' responsibilities are post-enrollment. The Exchange's primary concern is to create a healthier California, and while cost is a concern, it must invest in robust navigators programs to do that. Her groups are ready to support the Exchange

Susan Vang, collaborative coordinator, Hmong Health Collaborative, notes that for eight years, their seven Central Valley Hmong-serving agencies have provided assistance to Hmong consumers, conducted research on Hmong families' needs, and advocated for policies that increase culturally and linguistically appropriate care. Their trained staff has developed language fact sheets and materials in the Hmong language, tailored to groups such as elders impacted by the AFFORDABLE CARE ACT, the uninsured, and young adults. They offer their assistance, as they are deeply rooted in the community and have experienced staff in the field working in language.

Samuel Norman, the Rios Company, noted his social marketing company in Fresno has been engaged in outreach efforts for the past twenty years. Because the Exchange has a short time frame, it must ensure it is engaging in outreach, and isn't just "out there." A lot of programs with fast timelines are good at setting up tables at health fairs and waiting for people to come, but what is needed is true outreach, involving interaction. A lot of nonprofits that could be effective are overwhelmed by their demands, which exceed their capacity, because they aren't being compensated. Incentivizing will help them do the work.

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Sandra Celedón-Castro, programs supervisor, Clinica Sierra Vista, outreach program, explained that when they provide assisters at their major health centers to help patients enroll in programs, they don't just help with applications and enrollment, but assign people case managers who make sure they stay enrolled. All assisters should be required to go through training and certification to ensure consistent messaging. Compensation policies must be implemented across the board; it is unfair and an unjust burden to ask community organizations to provide assistance for free.

Panel 3: Assisters and Navigators: Supporting Enrollment

Panelists:
Julie Weigand, Richard Heath and Associates
Dale Fleming, San Diego County and the California Welfare Directors' Association
Chuck Rosen, president elect, California Association of Health Underwriters
Suzie Shupe, California Coverage and Health Initiatives
Maria Lemus, Visión y Compromiso
Michele Melden, Health Consumer Alliance

Mr. Lee introduced the panel and thanked them for helping the Exchange consider the range of options and models for helping eligible individuals enroll and use needed services.

Presentation: Overview of Range of Assistance

Ms. Weigand of Richard Health and Associates introduced their efforts to assist the Exchange to develop its assisters program as part of the broader outreach initiative.

Presentation: County Assistance

The Californian Welfare Directors' Association's experience in the recession taught them a lot; a lot of people rushed in to be enrolled, and it was hard to keep up with the increased demand.

Presentation: Brokers

Brokers do a lot of the same tasks the Exchange foresees Assisters do in terms of marketing and enrollment. Health insurance is a very sensitive subject and purchasing is very confusing. One challenge will be to get people to divulge sensitive information to a government body. It will help to involve and incentivize the broker community.

Presentation: Children's Health Initiatives

Children's Health Initiatives (CHIs) bring in diverse community organizations, making sure proper training and certifications are taking place for their certified application assisters, who speak Spanish, English, Russian, Mandarin, Hmong, and others. Retention

will be crucial to the Exchange's success, so they don't have to refind, rereach, and reenroll the same people over again. Everyone hopes CalHEERS will be very successful in enrolling many people without assisters. If we really want to see that enhanced level of enrollment, we really have to commit resources to that work.

Presentation: Promotores Programs

Visión y Compromiso is an eleven-year-old organization founded in California with goal of helping health workers do the best job they can. It is a nationally and state recognized leader in capacity building. Part of their work is to look at how they can elevate the personal or professional development of those who are the natural leaders of their communities. The model started as a volunteer model, and they are being asked to do so much.

Presentation: Consumer Assistance and Problem Resolution

All of the pieces we've heard from are important: brokers, promotores, and certified application assisters. The Health Consumer Alliance augments those roles in a way that is critical to making the Exchange function. By the time people come to Health Consumer Alliance members organization, they have already confronted barriers. If there's a problem that can't be solved, the alliance will help, but it also works on the systemic problems identified.

Discussion:

Ms. Kennedy asked Ms. Shupe if she has the ability to assess her program's reduction in the turnover rate. Ms. Shupe believes they do have that ability, though she doesn't have the numbers. They surveyed their members to find out if they could track their retention success and will start to track it on a regular basis. Ms. Kennedy would like to compare their numbers to those of the health insurance companies, who estimated they see about a third of their consumers turn over; Ms. Shupe thinks their numbers are better than that.

Ms. Kennedy asked Mr. Rosen, who had said there isn't a lot in the AFFORDABLE CARE ACT to reduce health care costs, if he thinks the Exchange could or should be doing anything with the tools it has. Mr. Rosen said incentivizing wellness could help catch people before they begin chronic conditions requiring a lot of care. The AFFORDABLE CARE ACT includes tort reform and electronic records, and some of the plans are trying to do those things but without a lot of success in keeping costs down. For example, Kaiser has electronic records, but their rate increases are just as high as the other carriers'.

Ms. Kennedy addressed Ms. Weigand, whose assister considerations slide said "no conflict of interest," asking what that means. Ms. Weigand said that is one of the AFFORDABLE CARE ACT's requirements. An example would be with regards to compensation.

Ms. Belshé asked about assister performance standards, in terms of both quality assurance and compensation. Ms. Weigand said those are currently being explored and will be presented for consideration.

Ms. Belshé asked Mr. Lee about what we can incorporate into the Level II grant relative to marketing and outreach as well as the assisters program. He said the Level II grant include funding for navigator infrastructure, training, and certification; it does not support payments for navigators. The Exchange is looking at various financial models to support those payments.

Dr. Ross pointed out that the Exchange is going to need all of the different groups present at the meeting to make this work. The Exchange does not have unlimited resources, though it will have the opportunity to get support through the Level II grant—but after 2015, California is on its own financially. We cannot pile costs onto the consumers' premiums, so we'll have to get more efficient. That's the challenge.

Mr. Lee agreed—the Exchange needs to partner with community groups, the health plans, the brokers, and the foundations out of the gates.

Public Comment:

Lillian Coral, 211 California, feels the Exchange should consider existing systems of nonprofits to deal with the issues involved in getting going before 2014. Systems like 211, which itself touches millions via the phone and web, already have broad reach to make the challenge more doable and can help develop that culture of coverage. The 211 specialists are trained to help people assess their needs. The 211s not only receive people who are looking, but also target people, doing proactive screening.

Margarita Rocha, executive director, Centro La Familia Advocacy Services, offered a local perspective from her organization, which has been serving families in the community for forty years. They also formed a call center, which in four hours fielded over a thousand health questions; they were able to direct these callers to various programs they were eligible for. Her organization, which reaches over five thousand people a year, is part of the collaborative family strengthening organization.

Maika Yang, executive director, Stone Soup Fresno, Her organization is also part of the family strengthening network. Most of its inhabitants are economically disadvantaged. She said the Exchange should make sure it hires people who look right and speak the languages and understand the different cultures

Yali Bair, California Primary Care Association, feels meaningful partnership with community clinics and health centers is one way for the Exchange to accomplish its goals. It's imperative that there should be no wrong door for enrollment; moreover, community health centers are often the *only* door. There is agreement that there should be a diverse array of assisters. The Exchange should build on existing successful networks. There also needs to be a message formulated for people who are not eligible. There has

been talk of continuity of insurance, but continuity of care is what really matters. Clinic staff should be able to assess eligibility and enroll people in Medicaid and the Exchange plans.

Edie Ernst, Private Essential Access Community Hospitals, says that as open-door providers, many of their hospitals already connect patients with the state health care they are eligible for. As part of its no-wrong-door approach, she asks that the Exchange consider private safety-net hospitals as navigators and provide appropriate grant funding for education and training.

Marisol Franco, California Latinas for Reproductive Justice, explained that Latinas are the most uninsured population in California and have the least access to care. They make up a large portion of the Central Valley population. Promotores are a critical piece, going beyond simply being navigators, and should be involved in whole system. They are powerful and trusted messengers and experts in their communities; they should be part of the marketing strategy development and implementation and the Exchange should seriously consider how to fully integrate them throughout the state. Managed care presents many barriers and we must ensure people are actually getting care and receiving assistance in doing so. Helping with health literacy and health education, promotores are a huge part of this puzzle.

Karen Rowley, area services director, Planned Parenthood Mar Monte, oversees ten health centers from Stockton to Bakersfield; together they receive 186,000 annual visits. Two-thirds of these patients are people of color, with Latinos comprising 44 percent. Half are at or below poverty level. Community-based health centers offer an excellent opportunity to reach individuals eligible for the Exchange. They are trusted in underserved areas to provide quality health care to vulnerable and marginalized populations. The broadest range of navigators possible should be sought, providing appropriate assistance for the diverse citizens of California. Providers like Planned Parenthood, should be used as navigators. The Family PACT program provides an excellent example of provider-based, on-site enrollment.

Ronald Coleman, California Immigrant Policy Program, would like the Exchange to work to fully integrate promotores, community health centers, and community-based organizations. Immigrant communities want reliable, accurate, trustworthy information, and they trust promotores. They are targeted by a lot of scams and even dealing with government programs can be hard. The Exchange should partner with groups they are familiar with. His organization also recommends finding a way to create a public-private partnership to fund this work, because it's important to the success of the Exchange.

Yolonda Reeves, Fresno Health Consumer Center, is part of the Health Consumer Alliance. She just got an email from a client, who scanned denial letters from a local health insurer and is seeking her help. Legal matters are an important piece of the equation.

Norma Forbes, executive director, Fresno Healthy Communities Access Partners, says we've heard a lot of great input from Fresno. Some of the most sophisticated technology in California is in Fresno, a tool called One-e-app, offering expanded services with applications for referral services, and it should be considered as a model to look at. There are also tremendous, longstanding, collaborative partnerships in the area. There must be more collaboration, more knitting together, just among the support services. The ultimate goal is health care. If we endow our CAAs with sufficient technology and support, they can get people the health care they need.

Julie Hornbeck, private citizen, noted she is the former director of the Department Of Social Services says they kept their eyes on the stars, and utilized every resource in the room to accomplish their goal of implementing with quality on Day 1. Her department could not have done it without them, and they busted barriers every day to accomplish their goal. She expressed admiration of the board's ability to do this huge task, noting if they keep their eyes on the goal of efficient and effective health services for California consumers, they can succeed by using all the resources they can get.

Agenda Item VII: Adjournment
The meeting was adjourned at 5:16 p.m.

Note: these minutes were approved by the Board on April 26, 2012