

Board meeting. The documents had since undergone slight grammar cleanup.

Motion/Action: Dr. Ross moved to approve the October 21 Board Meeting Minutes. Ms. Kennedy seconded the motion.

Vote: Roll was called, and the motion to approve the minutes and the Vision, Mission and Values statements were approved by a unanimous vote of the four Board members present – Mr. Fearer had briefly stepped away.

Discussion: Chairwoman Dooley asked that public comment be limited to 2 minutes per speaker, noting that this a first-time test of the limit. She said the Board would welcome questions and comments following that and that they always welcome written comments.

Mr. Lee noted the reason they are limiting speakers to two minutes is because at the next meeting, in December, the Board will be piloting a process to let people listening in via phone or web to comment by phone. He said since the Board doesn't know how many comments there will be they want to see how well limiting the time works.

Ms. Kennedy reiterated that it's also very helpful to have submitted comments in writing.

Public Comment: Beth Capell, Policy Advocate, Health Access, clarified that the time limit is two minutes per comment. The Board confirmed it is indeed per item.

Agenda Item V: Report from the Executive Director

Mr. Lee gave his report, first highlighting some of the additional materials the Board received in their binders and noting that the materials can be found on the Exchange website.

Discussion: Contract Award & Solicitation Approval Update

Presentation: [Presentation - California Health Benefit Exchange Decision Roadmap](#)

Mr. Lee introduced a PowerPoint presentation providing context to what's been discussed in the last few meetings about the IT system and how it fits into the entirety of the steps Exchange needs to take to be fully operational in January 2014. He said he wants to layout the timeline for the broad community and then walk through how the Exchange will engage stakeholders going forward. Mr. Lee outlined the major issues and working contractor engagement timeline.

He went over the scope of background material to be developed, including the legal scope, the stakeholder perspectives, options and recommendations, and a detailed budget and timeline for a Level II Establishment grant.

He also discussed the engagement and input processes, the California Affordable Coverage Enrollment System RFP Development and Proposal Evaluation Working Timeline including a draft RFP for public comment by Dec. 20, potential vendor

qualification submission by Dec. 20, release of the RFP by Jan. 18 and award the contract by April 17; marketing, promotion and outreach; issues around navigators, agents and brokers; and enrollment and information technology.

Presentation: [Resolution No. 2011-07](#)

Mr. Lee announced that in the closed session the Board adopted a resolution to move forward in soliciting contracts in six areas: research and analysis, stakeholder engagement, communications support and outreach, health plan management, small business health options program, and support for the Board meetings. The Board also adopted a resolution for approval of the IT solicitation process, a process Mr. Lee noted would not be the standard process for all Exchange procurements.

Dr. Ross asked what stakeholder and potential vendors might be able to expect from the RFP before the Dec. 20 deadline for the comment period. Mr. Lee said the Exchange and its partners would post a high-level summary of major issues to the website. A note will be sent to the list-serve about what they can find on the website. Ms. Belshé asked if Mr. Lee could say anything about the relationship between the outreach meetings over the next four or five weeks and the pending development of IT procurement. Mr. Lee said questions and comments would be forwarded to the IT RFP team.

Public Comment: None.

Discussion: Personnel Matters

Mr. Lee announced the Exchange has five new people in the process of becoming staff members, including Katie Marcellus, who has been the assistant secretary of Health and Human Services.

He also announced that this will be the last Board meeting of Pat Powers, who has served as Interim Administrative Officer and Executive Transition Consultant for the California Health Benefit Exchange.

Presentation: [Resolution No. 2011-08](#)

Chairwoman Dooley thanked Powers for her “phenomenal” service and read the Board’s resolution honoring her. Ms. Kennedy thanked Powers for doing an outstanding job in getting the Exchange off the ground successfully. Ms. Belshé noted that she kept hearing from people at meetings all around the country about Pat Powers. Dr. Ross added his appreciation, noting “I’m sure there were no 8-hour days.” Ms. Powers said she appreciated all the comments and that it’s been an honor to work with the Board. She also recognized the staff and noted she can’t think of a more capable person to carry it on than Mr. Lee.

Motion/Action: Chairwoman Dooley moved to approve the resolution. Dr. Ross seconded.

Presentation: [Resolution No. 2011-06](#)

Mr. Lee went over the proposed organizational structure, approved by the Board in executive session. The structure includes a Chief Medical Officer and under the Office of the Director would be Operations, Individual and Small Group Health Plan Contracting, SHOP Exchange, Legal, Government Relations, Communications and External Affairs and Actuary and Research. Under Operations would be Information Technology and Financial Management.

The Board resolved to establish the following key executive positions within the California Health Benefit Exchange each of which the Board authorized to be civil service or potentially exempt positions: IT Project Director, Assistant Chief Operations Officer, Director of Government Relations, Director of Communications and External Affairs, Director of Marketing in Communications and External Affairs, Director of Sales and Marketing for the SHOP Exchange, and Chief Actuary/Director of Research. The Board also acted to approve retaining three senior positions on the senior management team. The Board appointed the Chief Operations Officer, the General Counsel, and the Director of Government Relations. Mr. Lee said he could not be more thrilled to get these people on board.

Dr. Ross stated for the record that the Board wants to emphasize its goal of having a team that's diverse in race, ethnicity, gender and in understanding both public and private sector perspectives.

Public Comment: Cary Sanders, Director of Policy Analysis, Pan-Ethnic Health Network, thanked the Board for stating that they want a staff that reflects the state's diversity.

Gilbert Ojeda, director of California Program on Access to Care, asked if there was a timeline for all the critical staff to be added. Mr. Lee said "we are seeking to hire as quickly as we can." He noted the Exchange has been ably served by consultants and will continue to be quite public about that. He said they haven't outlined specific timing because they are waiting for the Board to approve the organizational structure.

Chairwoman Dooley noted the legislation authorized seven positions exempt from civil service and additional positions as necessary. She said 15 of 75 will be either exempt or career executive assignments. The rest will all be hired through the state civil service system. Those on layoff lists have a right to be considered for other departments so the Exchange will hire from layoff lists or other open recruitments as appropriate.

Stephanie Burri, legislative advocate government affairs, SEIU, commented that those on the civil service list are highly qualified and will be excited to work in this new area. Mr. Lee agreed, saying that the four new staff members noted earlier are civil servants from other areas.

Vote: Roll was called, and the motion was approved unanimously.

Discussion: Administrative Update

Presentation: [Memo - AB 922 and AB 1296](#)

Presentation: [Memo - Certiorari in ACA](#)

Gabriel Ravel, Staff Counsel, gave an update on two pieces of new state legislation, AB 922 and AB 1296, which may have substantial impact on and implications for the Exchange. He provided an overview of AB 922, noting that the Department of Managed Health Care and the Office of the Patient Advocate move under the California Health and Human Services Agency.

Mr. Ravel provided an overview of AB 1296 and its impact on the Exchange, noting the partnerships required to develop the single statewide application.

Mr. Ravel provided an update on the legal challenges to the Affordable Care Act, noting that the Supreme Court granted certiorari in the challenge to the ACA.

Dr. Ross thanked Mr. Ravel for his report and noted the California Endowment submitted an amicus brief to the Supreme Court in support of the Affordable Care Act asking the court to grant certiorari and said there is a link on the California Endowment's website. Chairwoman Dooley thanked Dr. Ross for the brief.

Public Comment: None.

Agenda Item VI: User Experience Project 2014 Update

Mr. Lee introduced Terri Shaw from the California Health Care Foundation, who gave a presentation on UX 2014, an online enrollment website design.

Presentation: [Presentation - Enroll User Experience 2014 Project](#)

Ms. Shaw said the project objectives are two-fold: to develop first-class user experience (UX) design for health insurance exchanges operated by state and federal governments under the ACA and design the UX based on an understanding of consumer needs and refine them through user testing.

She gave an overview of the several public/private partners in the project, including the IDEO design firm, the federal government and 11 state teams, noting that California has the most well-rounded team of all the states. Ms. Shaw noted that the project scope is geared for the individual market and would provide an end-to-end eligibility, enrollment, plan comparison and selection, premium payment and retention experience. It would include all health insurance affordability programs (Medicaid, CHIP, Exchange, BHP) as well as links to other human services programs and would have a uniform application via multiple pathways but would be tailored to meet users'

preferences and circumstances. She said it would ask only for necessary data and would be designed for diversity and ADA compliance, noting the portal would also be vendor-neutral, system-agnostic, and customizable and provide support for assisters such as brokers or Navigators.

Ms. Shaw outlined the design phases and presented on the needs of the prospective users. She said they conducted field interviews with consumers in three states; talked with experts such as frontline workers, state and federal staff, advocates and policymakers; identified and learned from analogues; and developed research insights and design principles. She noted that the system was designed to be tailored to individual preferences.

Ms. Shaw presented the system flow with a diagram showing the proposed information flow and functionality and a preliminary visual design.

Discussion: Dr. Ross asked if the design thus far was meeting expectations of the federal government. Ms. Shaw said the design was still a work in process but federal stakeholders, among others, were involved in the process.

Mr. Lee asked if there would be easy access to information like annual out-of-pocket expenses as well as simple monthly premiums and Ms. Shaw said there would be.

Chairwoman Dooley asked if the system would be simple enough for somebody who had never had insurance before and Ms. Shaw said that was included in the research.

She noted there was a design workshop Sept. 13 in which CMS and 14 states participated, as well as California's team of six. Based on those discussions, the design would include multiple enrollment channels, including mobile phone, paper, computer, tablets or in person but that it would be up to each state how exactly to implement.

Ms. Shaw noted that potential vendors have been briefed and that the project is in phase 3, the initial design phase; the design refinement phase is expected to be completed by April 2012. She encouraged everyone to visit the public website at www.ux2014.org.

Dr. Ross asked Mr. Lee how much of what was seen in the presentation would show up in the RFP, noting it would be foolhardy to either completely nix the system they have now and start from scratch or to ignore better technology. He also asked if anyone who was part of the California team could speak to his question. Mr. Lee said the presentation was not meant to foreshadow what would be in the RFP but that many of the UX 2014's state-of-the-art elements should be in virtually any IT RFP related to the Exchange, clarifying that the presentation was for information purposes only.

Ms. Belshé said she saw the promise of the design exciting, noting that in accomplishing the goal of the Exchange to make buying insurance simpler and more understandable the design will be critical. She asked Ms. Shaw what the Exchange should particularly pay attention to in order to succeed. Ms. Shaw reiterated some of the things her collaborators are trying to incorporate into the design to make it consumer-friendly and said a key

provision in the federal guidance is only asking information that is absolutely necessary. Ms. Shaw suggested the Exchange should provide as much information in advance as possible.

Public comment: Elisabeth Landsberg, Director of Legislative Advocacy, Western Center on Law and Poverty, said she was responding to Dr. Ross's request to hear from someone who was on the California team at the September design workshop and described her experience, saying while we in California think we're so advanced it was humbling to hear the progress of other states.

Julie Silas, Senior Policy Analyst, Consumers Union, stressed that while the IT element is very important it is just one part of many to the RFP.

Micah Weinberg, Senior Policy Advisor, Bay Area Council, announced a small business forum he said was a complement to the UX 2014 Project in that it discussed the customer experience for the SHOP. He also expressed concern regarding the design mockup in that the premium price is too prominently displayed. He said it should be equally easy for people to see the estimated total cost of care, a crucial element to choose a plan.

Cathy Senderling-McDonald, Deputy Executive Director, County Welfare Directors Association of California, said she also was on the California team and noted that there is a lot to be considered in tailoring the questioning process: How do you gear toward SHOP vs. the regular consumer? How do you ask enough to find out people's situation but not enough to turn people off? How much do you allow people to anonymously shop before finding out who they are? How do you identify qualified people and market potential subsidies they might be eligible for? How do you help families look at plans that have providers in common, for example if one family member was on Medi-Cal and another in the Exchange – how do they all get the same doctor?

Kim McCoy Wade, Alliance to Transform CalFresh, said she appreciated the design's building of connection to human services, saying that the multiple channels proposed are also critical. She asked if the deadline for public comment on the RFP might be extended to Jan. 6 instead of Dec. 30.

Sara Nichols, SEIU California State Council, said her organization represents assisters, consumers, and a lot of uninsured workers and that they should be included in the conversation.

Ms. Sanders said she appreciated the UX design's efforts for language assistance and feels this is every important to outreach, asking the Board to think about requiring some of the good design ideas to be incorporated into the RFP. Ms. Sanders noted that her organization would like to share some ideas of how to increase access with the design team and said it might be good to have something visual that stresses to applicants that their information is private and will only be used for insuring them. She said the portal should include links and referrals for those who can't access healthcare.

Hellan Roth Dowden, Project Manager, Teachers for Healthy Kids, said to be mindful that it's not just what's on the application but how it's delivered and deployed. She said schools are the second-largest place where people enroll in health insurance because there are Medi-Cal administrative assistance programs there that the Exchange could build on.

Austin Price, Health Care Associate, CALPIRG, said the proxy access will be important in getting people enrolled but that ensuring data is secure will profoundly affect consumer confidence.

Sarah Muller, Director of Governmental Affairs and Communications, California Association of Public Hospitals and Health Systems, said she wants to think about how all the research done can translate to the local level to avoid duplication of efforts.

Ronald Coleman, Statewide Policy Analyst, California Immigrant Policy Center, said he would like to see child-only applications and that, given the fears, it is important to ask for only limited information that will be used for administrative purposes only.

Ms. Capell commented that the Exchange needs to plan for continuous improvement to make the website simpler and also to improve the technology, noting that too often public institutions don't look at continually improving the simplicity and elegance of products.

Mr. Lee said he would take the request for a public comment deadline of Jan. 6 instead of Dec. 30 to the RFP team to see if that would be feasible, underscoring that the sooner comments are received the more effectively they can be incorporated into the RFP. He encouraged the public to submit comments as soon as possible that they believe haven't been heard and said that, based on his experience working at CMS, briefer comments tend to be better.

Dr. Ross stressed to the UX 2014 team that they should get employees informed and involved as soon as possible since they will need to be on Board and a part of the team.

Agenda Item VII: Adjournment

The meeting adjourned at 3:51 PM.