

CALIFORNIA HEALTH BENEFIT EXCHANGE BOARD
October 30, 2012
East End Complex Auditorium
1500 Capitol Ave.
Sacramento, CA 95814

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
Susan Kennedy
Kimberly Belshé
Paul Fearer
Robert Ross, MD

Board Members absent:

None

Agenda Item II: Closed Session

Agenda Item III: Announcement of Closed Session Actions

Chairwoman Dooley called the open portion meeting to order at 12:35 p.m. with all Board Members present. Chairwoman Dooley stated a Board conflict disclosure was performed relative to items on the agenda. No conflicts were disclosed.

Mr. Lee announced that the Board took action on four contractual and interagency agreement matters:

1. An amendment extending the contract with the Public Consulting Group for project management assistance;
2. An amendment to an existing contract with Milliman providing actuarial support for current work on reviewing cost trends and building on qualified health plan (QHP) design with regard to essential health benefits and other QHP design issues;
3. Extension of an existing interagency agreement with the Managed Risk Medical Insurance Board for staffing support;
4. A new interagency agreement with the California State Controller's Office to establish electronic fund transfer elements that will be needed when the Exchange begins handling funds.

Agenda Item IV: Approval of Prior Meeting Minutes

Chairwoman Dooley asked for a motion to approve the minutes for the Board meetings held August 23 and September 18, 2012.

Presentation: [August 23, 2012, Minutes](#)

Presentation: [September 18, 2012, Minutes](#)

Discussion: None

Public Comments: None

Motion/Action: Board Member Belshé moved to approve the prior meeting minutes. Board Member Kennedy seconded the motion.

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

Agenda Item V: Executive Director's Report

Presentation: [Executive Director's Report](#)

A. Planning Update

Mr. Lee provided an Exchange planning update under Item V(F), Federal Establishment Support and Exchange Blueprint Application

B. Legislative Update

Presentation: [Legislative Update Chart](#)

David Panush, Director of Government Relations, gave an update on the legislation affecting the Exchange noting several key bills signed by the Governor, including legislation designating geographic rating regions, would apply in the QHP solicitation process. Mr. Panush further stated that a number of vetoed bills would be reintroduced in the special session on health care reform, which will run concurrent with regular session to address technical clean-up issues.

C. CalHEERS

Jim Brown, CalHEERS project director, and Catherine Collins, project manager for Accenture presented a project update on the CalHEERS system and timelines.

Presentation: [Executive Director's Report](#) (cont'd)

Board Member Ross asked staff if they had any specific concerns regarding the large number of CalHEERS business practices. Mr. Brown shared Board Member Ross's apprehension, and responded that the CalHEERS team is evaluating the business practices to better determine priorities.

Board Member Belshé noted the online portal is one of the most important deliverables of the CalHEERS project and asked staff to discuss how the CalHEERS implementation will ensure the portal provides a first class online customer experience.

Ms. Collins responded that this is what they call their "usability track," stating that anything customer-facing has a usability component. This effort is underway and is based on the UX 2014 standards, varying when appropriate and where there are gaps in the standards relative to California's needs. UX 2014 is an online health insurance portal design standard to allow people to enroll in and retain health insurance coverage more easily and efficiently.

D. Service Center Protocol Models

Presentation: [Consolidated Comments - Service Center Protocol Models](#)

Juli Baker, Chief Technology Officer, provided a Service Center protocol update.

Board Member Belshé emphasized the importance of Exchange principles in anchoring its work, but noted that tradeoffs exist and should be explicitly called out. Using the service center as an example, Board Member Belshé pointed out that there is a balance between maximizing accuracy and minimizing duplication, noting the importance of understanding federal requirements, especially as they relate to streamlining, real time, and seamless enrollment. It is unclear whether the eligibility quick sort/warm handoff option would meet those requirements.

Mr. Lee stated that staff would return at a future meeting with more details, noting that although informal discussions regarding the warm handoff option had occurred, the Exchange had not yet sought formal federal guidance. Board Member Belshé noted federal approval or support is one critical piece, but also pointed to implementation standards.

E: Tribal Consultation Policy

Presentation: [Draft Tribal Consultation Policy](#)

Jessica Abernethy, Manager of Government Relations, presented the Exchange's proposed tribal consultation policy.

On the broad issue of stakeholder engagement, Mr. Lee announced that the deadline for submission of nominations to serve on the Exchange's advisory groups has been extended to November 30.

Presentation: [Executive Director's Report](#) (cont'd)

F: Federal Establishment Support and Exchange Blueprint Application

Mr. Lee provided a briefing on the planning timeline, calling for the Exchange to submit a Level 2 Exchange Establishment Grant application on November 15 followed by the submission of the Exchange Federal Certification Blueprint on November 16. Mr. Lee noted staff is recommending a Level 2 grant application which would provide Establishment Grant funding through 2014. Staff will submit these items as action items at the November 14 Board meeting.

Discussion:

Board Member Ross expressed his complete support for, and commended the staff's planning of, the Level 2 Establishment Grant and Blueprint, describing it as "smart, thoughtful, forward and aggressive."

Board Member Belshé spoke to the staff recommendation to allow the federal government to fulfill the risk adjustment and reinsurance programs in the Exchange. She noted these are significant policy decisions and asked that time for this topic be scheduled at a future Board meeting to ensure these programs and implications are fully understood.

Public Comment:

Elizabeth Imholz, Director of Special Projects for Consumers Union, noted the importance of iterative consumer testing for CalHEERS as an ongoing activity.

Yvette Roland, leader, OneLA-Industrial Areas Foundation (IAF) and Father John Boll, Diocese of Sacramento and Sacramento Valley Organizing Committee (SVOC), voiced concern about the design and implementation of a seamless and accessible enrollment process, noting three key areas: navigation and assister issues, the vetting of online portal enrollment, and an interest in making available multiyear insurance plans.

Micah Weinberg, Senior Policy Advisor, Bay Area Council, noted that it will be important to avoid creating strong disincentives to enroll through the Exchange.

Omar Medina, Eligibility Worker, Sonoma County, SEIU 1021, noted they are preparing for the large number of calls and advocated for the quick sort option. He expressed concern about the clients who will have a lot of questions.

Louise Ganyo, Eligibility Worker, Mendocino County, expressed support for eligibility workers performing Exchange eligibility functions. She noted that a warm handoff will get them to the place they need to be.

Danielle Niemi, Eligibility Worker, Sonoma County, noted that her county already has a service center that has been a model for other counties. She noted that Sonoma County is hiring a lot of eligibility workers so it can have them up to speed in time so they can accept a warm handoff.

Rosemary Profit Akins, Eligibility Worker, Contra Costa County, urged the warm handoff rather than starting from scratch, noting that the county has already learned from mistakes, made improvements and is able to help.

Sandra Wall, Eligibility Worker, Contra Costa County, advocated for the quick sort option stating that it is best because it is the most efficient way of screening calls.

Jessica Ruiz, Eligibility Worker, Sonoma County, urged the Board to adopt the quick sort option, which is most efficient.

Fiona Young, Public Affairs Coordinator, California Family Resource Association, thanked the Exchange for the advisory group application deadline extension, which will allow them to make a big difference in the member diversity.

Jeff Shelton, Vice President of Government Relations and Regulatory Affairs and Compliance, Health Net, expressed interest in working with the Exchange on engaging the federal government on reinsurance and risk adjustment programs to ensure recognition of California's unique managed care model and implementation of the appropriate risk adjustment model.

Cary Sanders, Director of Policy Analysis, California Pan-Ethnic Health Network (CPEHN), commended the Exchange for tackling the issue of health disparities, and looks forward to a partnership. She appreciated the update on CalHEERS, and hopes the user acceptance testing will include diverse communities, people with disabilities, or people of limited English proficiency.

Beth Capell, Health Access California, appreciated that the Governor signed a number of bills, but asserted that a number of important issues are still outstanding.

Bill Barcelona, California Association of Physician Groups, agreed with Mr. Shelton's comments regarding the difficulty of risk adjustment for capitated medical Independent Practice Associations (IPAs). He would like to offer assistance to the staff on solving this.

Susie Shupe, Executive Director, California Coverage and Health Initiatives, seconded Ms. Young's statements. She agreed that some extra time should be granted to allow smaller organizations to participate in the outreach and education grant program.

Julianne Broyles, California Association of Health Underwriters, noted small groups are subject to underwriting outside of the Exchange, so employers with employees who have worse than average health may be more likely to purchase coverage through the SHOP. She recommended that when the Exchange considers the SHOP design, it should keep in mind that the more plans an employee can choose from, the better the marketing will work.

Elizabeth Landsberg, Director of Legislative Advocacy, Western Center on Law and Poverty, shared her admiration for the staff work on the CalHEERS system, and expressed appreciation for the updates.

Agenda Item VI: Exchange Naming and Branding

Chris Kelly, Senior Marketing Advisor for the Exchange presented the Exchange's proposed new name: Covered California.

Presentation: [Exchange Naming and Branding](#)

Discussion:

Board Member Ross commended the staff work, noting he and Chairwoman Dooley served as a Board subcommittee on the naming and branding. He found the logo appealing, and he also liked that Covered is an action verb.

Board Member Belshé asked about the reaction for Covered CA versus Covered California.

Mr. Kelly explained that Covered California tested slightly better. People got the association with it being a destination. Covered CA could end up being the URL.

Motion/Action: Board Member Ross moved to adopt Resolution 2012-60, for Covered California to become the Exchange's name for marketing purposes. Ms. Belshé seconded the motion.

Public comment:

Beth Capell, Health Access California, voiced concern about the name's interaction, which could be combined with plan names on marketing materials under the premium payment model selected by the Exchange.

Elizabeth Landsberg, Director of Legislative Advocacy, Western Center on Law and Poverty, asked whether the new name would be used just for the portal or as an umbrella brand for multiple programs.

Betsy Imholz, Director of Special Projects, Consumers Union, voiced support for additional testing of the tagline, noting that affordability makes everyone nervous. The Exchange can't overpromise, but must build trust and expectations.

Father John Boll of the Diocese of Sacramento and Sacramento Valley Organizing Committee (SVOC) noted that Gold should be included in the logo color because that's what made the state the state it is.

Carla Saporta, Health Policy Director, the Greenlining Institute, asked if the plan is to translate Covered California, or always keep it in English.

Kim McCoy Wade, Alliance to Transform CalFresh and the horizontal integration workgroup, felt the name would meet the goals of driving health care traffic, but it also positions the Exchange long-term, because it can be used to drive people to get other benefits (horizontal integration).

Mr. Kelly addressed the question about the logo and its use by plans. There will be published guidelines about how the logo can be used. It will never be connected to other names.

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

Agenda Item VII: Individual and SHOP Health Plan Contracting and Solicitation

A. Policy and Operational Updates

Presentation: [QHP Solicitation](#)

Andrea Rosen, Interim Health Plan Management Director, provided an overview of the status and activities regarding the Qualified Health Plan (QHP) solicitation. More than 30 health plans responded to the notice of intent to bid as QHPs. Some plans noted they would need to do further work on provider network development in some regions of the state. Some plans noted their negotiations with providers would not be completed by January 1, 2013. Final negotiations with QHPs are anticipated by the end of June 2013. The SHOP also has lots of potential bidders, Ms. Rosen added.

Discussion:

Mr. Lee underscored the importance of the responses to the notice of intent to bid. They aren't binding, but every area of the state has at least six plans interested, and the most populous areas have ten or more. This is a strong statement from the health plan community that the Exchange is where they want to be. The notices were submitted in confidence, but Anthem, Kaiser, Blue Shield, and Health Net have said it can be public knowledge that they intend to participate.

Board Member Belshé said the mission of Covered California is all about consumer empowerment and getting actionable information to consumers their choice of plan and provider network and the plan that meets their needs and provides the best value. There

is a lot of variation in terms of benefit designs and plan types and platform and regulation. How can the Exchange ensure meaningful and informed consumer choice while at the same time promote sufficient innovation? Is there is minimum floor the Exchange is establishing in terms of QHP selection criteria or contracting that can help advance that goal of transparency and informed choice?

Ms. Rosen responded affirmatively. She added to the extent the Exchange discovers significant differences in the two regulatory structures, in an effort to ensure standardization, they will be rectified through the QHP process and monitored in year one (2014). QHPs will be expected to conform to the most consumer friendly standard, whichever it is.

Motion/Action: Chairwoman Dooley asked for a motion on the staff recommendation. Ms. Belshé moved to authorize the Executive Director to finalize and submit staff recommendations on the QHP emergency regulations. Board Member Ross seconded the motion.

Public Comment:

Beth Capell, Health Access California, asked the Board to defer the action on emergency regulations governing the QHP selection process in order to allow for public comment and for the Board to review emergency regulations.

Gary Passmore, Congress of California Seniors, agreed with Ms. Capell's comment, and argued that spending more time on the QHP regulations will not disrupt the process.

Betsy Imholz, Director of Special Projects, Consumers Union, appreciated the robust conversation among the actuaries, the plans, the consumer groups, and agreed with the emphasis on standardization to help make meaningful comparisons. Her concerns are the high deductible plans and health savings accounts, asserting that they do not work well for those at the low end to the middle of the income spectrum and can impede access to preventative services.

Cary Sanders, Director of Policy Analysis, CPEHN, expressed concern about language access not being listed on the solicitation's list of requirements that plans must meet. Health plans already have to comply with California language access laws, but explicitly including these requirements sends an important message and will help the Exchange to achieve its mission of eliminating health disparities.

On phone: Edie Ernst, Private Essential Access Community Hospitals, appreciated the emphasis on sufficient networks of essential community providers across the geographic areas. She requested clarification on how the responding plans are asked to demonstrate adequate inclusion of essential community providers, noting that the latest solicitation is less clear on how this important segment of these providers will be weighted by the Exchange in the evaluation process.

Cindy Ehnes, President and Chief Executive Officer, California Children's Hospital Association, pointed out the cascading effects of network adequacy requirements, especially in relation to essential community providers, the allowance of tiering, and the impact of proposed non-contracted rates rules.

Byron Gross, National Health Law Program, is concerned about how plans will be evaluated and compared, and would like the public to have a role.

Joanie Rothstein, Senior Policy Analyst, California School Health Centers Association, was pleased to see school-based health centers included as essential community providers, but commented that in the solicitation, they will not be counted toward the threshold of 340Bs. She recommended that any 340B be counted toward the threshold to ensure equity.

Sarah Muller, Director Of Public Affairs and Government Communications, California Association of Public Hospitals and Health Systems, expressed appreciation for the effort to include additional goals as well as the recent language about assigning greater weight for those who surpass the 15 percent threshold. However, she noted that they remain concerned about the inclusion and meaningful participation of safety net providers.

Brett Johnson, Associate Director, California Medical Association, expressed appreciation for the Exchange's good relationship with the regulators, and was pleased to see so many stakeholder comments woven into the second draft. He asserted that allowing two-tier network plan designs magnified current concerns about affordability, consumer choice, and network adequacy.

Ruth Liu, Blue Shield of California, expressed concern on standard plan designs and the addition of out-of-pocket limits for out-of-network providers, stating that those kinds of limits will significantly impact the price of PPO plans and the ability of plans to offer a PPO in the Exchange.

Bill Wherle, Vice President of Health Insurance Exchanges, Kaiser Permanente, supported the staff recommendation. An option allowing employees to choose among additional metal value tiers can be added later once more information is available on the cost of doing so.

Ellen Israel, OneLA, noted small business owners are concerned about affordability and also offering consistency of health plans for employers. If the Board recommends having the employer pick a tier and the employees pick plans within that tier, without being able to buy up, it would standardize the risk pool for the insurance providers.

Elizabeth Landsberg, Director of Legislative Advocacy, Western Center on Law and Poverty, agreed with the National Health Law Program on the qualified health plan solicitation, and is interested in ensuring good overlap with medical networks.

Athena Chapman, Director of Regulatory Affairs, California Association of Health Plans (CAHP), noted that CAHP would like clarification on which eValue8 components will be required. They would like the Exchange to consider phasing in eValue8 reporting for those who don't currently use it.

Chad Silva, Policy Director, Latino Coalition for a Healthy California, noted that there is language relating to geographic requirements for essential community providers, but asserted there should also be requirements tied to specific subpopulations and outcomes. Plans must contract with providers who protect the safety net.

Doreena Wong, Project Director of Health Access Project, Asian Pacific American Legal Center, expressed support for CPEHN's suggestion to ensure language access requirements are integrated. She also agreed with Health Access and Consumers Union, asking the Board to delay the decision to codify the QHP regulations to give stakeholders time to react.

Dolores Duran-Flores, Legislative Advocate, California School Employees Association, noted that they generally oppose high-deductible health plans, which don't work well for low-income people. She has concerns about how they affect those with preexisting conditions.

Mark LeBeau, Health Policy Analyst, California Rural Indian Health Board, recommended including the federal Indian health service provider list in California under the solicitation library for qualified health plan bidders to help bidders identify tribal health programs and entities to participate in the delivery of the qualified health plan initiatives.

On phone: Meaghan McCamman, Associate Director of Policy, California Primary Care Association, noted the initial solicitation draft included language that QHP bidders must sign an attestation that they understand federal requirements for payment for non-contracted federally qualified health centers in the Exchange. The second draft removed the language, and she asserted that it should be put back in.

Discussion:

Mr. Lee suggested the Board table until the November 14th meeting the motion to finalize and submit staff recommendation on the QHP emergency regulation. Mr. Lee asked that stakeholder comments on the draft regulations be submitted by Friday, November 2.

Board Member Belshé withdrew the motion.

B. Supplemental Benefits

Presentation: [Board Recommendation Brief - Supplemental and Pediatric Essential Health Benefits: Dental and Vision](#)

Mr. Lee presented the Board recommendation brief. The recommendations include: allowing the offering of standalone supplemental benefits in individual Exchange plans as well as in the SHOP Exchange and offering pediatric dental benefits in both Exchanges on the same terms pending federal guidance.

Motion/Action: Board Member Ross moved to adopt Resolution 2012-61, for the Exchange to offer standalone benefits as described in the Board recommendation brief, and Board Member Kennedy seconded the motion.

Public comment:

Kathleen Hamilton, Director, Children's Partnership, voiced support for the recommendation and thanked the staff for listening. They support supplemental and standalone benefits for adults and children.

Rob Lynch, President, Vision Service Plan (VSP), thanked the staff for their consideration. They appreciate being able to give input and want to be able to participate in the exchange.

Susie Shupe, Executive Director, California Coverage and Health Initiatives, supports the staff recommendation. They suggest taking care while creating CalHEERS so that adults can't finish the enrollment process without enrolling their kids in vision and dental plans.

Bill Howe, Executive Director, California Optometric Association, was pleased with the recommendation to include standalone vision plans. That means people can keep seeing the same doctors. They hope the Exchange will consider asking QHPs to permit doctors of optometry to treat medical eye conditions in addition to providing vision care.

Hugh Bower, City of Sacramento, indicated the City of Sacramento's support for the revised recommendation.

Beth Capell, Health Access, noted that the most common question she hears is whether dental and vision will be included. She is pleased that they will.

Anissa Routon, Californians for Patient Care, voiced support for the reconsideration of standalone vision plans.

On phone: Jackie Miller, California Association of Dental Plans, noted CADP supported supplemental vision and dental benefits in both Exchanges to mirror current market practices.

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

C. Employer/Employee Choice

Presentation: [Board Recommendation Brief - Employer / Employee Choice in the SHOP](#)

Michael Lujan, SHOP Director, noted staff considered six options and narrowed them down to three. Staff considered the amount of choice needed to support the Exchange's role in the marketplace and how much choice can be offered in the SHOP while minimizing adverse selection.

Staff recommended the option of employer choice of tier and employee choice of plan issuer (option A). Staff will revisit this recommendation as early as July 2014 based on experience during the early phase of SHOP operations. Staff recognizes the importance of choice, and the benefit designs that SHOP offers will be critical, and sought additional actuarial input from sources including Milliman, Wakely Consulting, and PriceWaterhouseCoopers as well as interested groups. Mr. Lee noted the SHOP wants to start strong with a growing pool and retain the ability to add more choice later.

Motion/Action: Board Member Kennedy moved to adopt Resolution 2012-62, for the Exchange to initially offer employer selection of benefit tier and employee selection from among the plans offered, with the note that the Exchange will review and consider adding additional choice options after the launch of the SHOP. Board Member Fearer seconded the motion.

Public Comment:

Maureen O'Haren, representing Western Health Advantage, strongly supported the staff recommendation and the federal default option on reinsurance and risk adjustment, noting it's the best way to drive quality and gives small employers something they don't have in the current marketplace.

Becky Patel, Chief Executive Officer and President, LISI, expressed support for the recommended option.

Emily Lamb, Senior Director of Health Care, Silicon Valley Leadership Group, expressed a preference for greater choice and supported options A and B. She expressed concern that employers won't participate because choice is so important to them and is pleased the issue will be revisited soon.

John Arensmeyer, Small Business Majority, noted that research shows a desire for employer and employee choice. There is a tension between maximum choice and adverse selection—and thus cost—so they recommend option B be added, recognizing that they could only go up one tier. If the Exchange does option B, there should be at least three products in each tier.

Linda Brown, Government Affairs Representative, Health Net, voiced support for the revised recommendation. The reasons are set out well.

Bill Wherle, Vice President of Health Insurance Exchanges, Kaiser Permanente, supported the staff recommendation, asserting it will make the SHOP Exchange more competitive. Adding a second tier will tend to push up the cost.

Carla Saporta, Health Policy Director, the Greenlining Institute, explained that employee choice will make the SHOP more competitive in the marketplace. Option A may offer more choice than is currently out there. California could combine options A and B to be even more competitive.

Francene Mori, California Exchange Director, Anthem Blue Cross, agreed with the recommendation.

Brian Sullivan, Broker and Vice President Care Relations, Filice Insurance, noted that brokers are engaged and appreciate what the Exchange is doing, especially with regard to employer/employee choice. He voiced support for option A, noting it gives the Exchange flexibility for the future and mitigates risk.

Beth Capell, Health Access California, stated she had supported greater choice and hopes it will be considered in the future, and hopes that gaining more data will help the Exchange consider more choice.

Dolores Duran-Flores, Legislative Advocate, California School Employees Association, expressed support for greater choice, hoping the Exchange will consider option B as well.

Discussion:

Board Member Belshé supported the staff recommendation, which will be an important step forward and will enable the Exchange to gain experience as they consider how to advance the goal of providing more employee choice. They also have work to do relating to risk adjustment and reinsurance. No matter what, there will be some potential for adverse selection, and risk adjustment and reinsurance offer the opportunity to mitigate that.

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

Agenda Item VIII: User Experience and Choice Architecture Panel

Presentation: [Accenture](#)

Terri Shaw and Jens Egerland presented, with Steve Demeras on the phone. Mr. Egerland said it is critical to make the system as simple, straightforward, and easy to use as possible. Usability is a key component.

Presentation: [Consumers Union](#)

On phone: Lynn Quincy, Senior Policy Analyst, gave an overview on the critical role of proper plan choice architecture in consumer health plan selection and the significance of initial search results in engaging consumers to select a plan.

Presentation: [Centers for Medicare and Medicaid Services \(CMS\)](#)

William Trefzger, Director of the Division of Website Strategy, Centers for Medicare and Medicaid Services, provided a presentation on best practices and lessons learned relative to the Medicare.gov Medicare and pharmacy plan selection web portal.

Presentation: [Consumers' CHECKBOOK](#)

Robert Krughoff, President, Center for the Study of Services/Consumers' CHECKBOOK, presented the organization's State Exchange Health Plan Comparison Tool and recommendations on best practices for health plan comparison tools.

Discussion:

Board members and presenters engaged in a discussion and dialogue on topics including simplicity and relevance in the consumer interface with the Exchange.

Mr. Lee noted that the vast majority of the core elements that most standard choice architectures use is built in including estimated cost, provider involvement and provider networks. Other elements in choice tools, usually the third or fourth filter down, such as specific health conditions supported, are the reason for doing some of the eValue8 questions to obtain some service level information. Mr. Lee noted keeping provider network directories up to date is challenging for plans and asked the panel to discuss best practices to keep these directories current.

Public Comment:

Betsy Imholz, Director of Special Projects, Consumers Union, pointed to one of the findings in Ms. Quincy's research, that people liked examples of bundled care. The ACA already requires that plans derive this information and come up with specific codes for that.

Elizabeth Landsberg, Director of Legislative Advocacy, Western Center on Law and Poverty, noted their meeting about health care plan choice raised a lot of the same points—consumers are focused on cost and finding their doctors.

Samuel Chu, President, OneLA-IAF, found the presentation very informative. Many consumers will be entering the market for the first time for a product they are not familiar with.

Ivana Krajinovic, Unite Here Health, supports keeping employees in their employer-based plans. She also endorsed having a simpler interface.

Cary Sanders, Director of Policy Analysis, CPEHN, appreciated the presentations by the panel, and stated that it's one thing to talk about access, but how to make it happen is trickier. The focus groups they participated in showed the same things, that cost is such a huge factor. There is a lack of information about health insurance.

Beth Capell, Health Access California, noted that bidding is a challenge for choice architecture. Ten plans with multiple products is 50 to 150 choices.

Agenda Item IX: Adjournment

The meeting was adjourned at 5:18 p.m.