

CALIFORNIA HEALTH BENEFIT EXCHANGE BOARD
September 18, 2012
East End Complex Auditorium
1500 Capitol Avenue
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 during roll call:

Diana S. Dooley, chair

Kimberly Belshé

Paul Fearer

Robert Ross, MD

Susan Kennedy

Board members absent: None

Agenda Item II: Closed Session

Agenda Item III: Announcement of Closed Session Actions

Chairwoman Dooley reconvened the meeting in Open Session at 11:58 a.m. A conflict disclosure was performed. Board member Fearer announced he would recuse himself from matters relating to the Pacific Business Group on Health (PBGH).

Peter Lee, executive director, announced Board approval of the following contractual matters:

- Issuance of a competitive bid to support management of a number of procurement issues relating to the Small Business Health Options Program (SHOP) as well as a Request for Proposal (RFP) to support the management of solicitations for general agents, ancillary benefits, and supplemental benefits in the SHOP Exchange.
- Approval of a contract with PBGH to use eValue8, a Request for Information (RFI) tool the Exchange will obtain through PBGH to aid in the Qualified Health Plan (QHP) selection process. In conjunction with this action, the Board also authorized the Exchange to become an affiliate member of PBGH. Finally the Board approved engaging PBGH to share evaluation materials and strategies and to review the quality rating system that will rate QHPs sold through the Exchange.

Agenda Item IV: Approval of Board Meeting Minutes

After asking if there were any changes to be made, Chairwoman Dooley asked for a motion to approve the minutes from the July 19 Board meeting.

Presentation: [July 19, 2012, Minutes](#)

Discussion: None

Public Comments: None

Motion/Action: Board member Ross moved to approve the July 19, 2012, minutes. Board member Fearer seconded the motion.

Vote: Roll was called, and the motion was approved by a 4-0 vote. (Board member Kennedy was not present for the vote)

Agenda Item V: Report from the Executive Director

A. Exchange Planning Update

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

Mr. Lee announced that Agenda item VIII (A) on SHOP policy options would be continued to the October Board meeting. He also noted that Item IX, Health Plan Solicitation, and Item X, Service Center Protocol Models, would be discussion items rather than action items.

Mr. Lee noted that there have been many thoughtful comments regarding the Board's decision regarding stand-alone vision services plans in the individual Exchange. Given that selection of a plan is a contractual matter, the Board discussed the matter in closed session and directed staff to come back at the October meeting with recommendations to ensure the Exchange does not foreclose options as to how vision coverage might be included in the individual market. Mr. Lee noted that supplemental dental and vision benefits are recommended to be included as part of the SHOP.

B. Legislative Update

Presentation: [State Legislative Report](#)

Mr. Lee introduced David Panush, Director of Government Relations, who provided a legislative update. The 2012 regular legislative session concluded, and bills are on the Governor's desk for approval or denial by October 1. Mr. Panush provided an overview of bills impacting the Exchange that have been enrolled and await action by the Governor.

C. CalHEERS Project Update

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

Mr. Lee introduced Juli Baker, Chief Technology Officer, who gave an updated on the development of the California Healthcare Eligibility, Enrollment and Retention System (CalHEERS). Ms. Baker noted that CalHEERS underwent an initial progress review, or “gate review”, by federal officials on September 6-7, 2012 and received positive feedback. Federal officials noted appreciation and support for the Exchange’s efforts and will be releasing \$27.8 million in progress funding upon completion of the review. Ms. Baker added she would present CalHEERS plan choice architecture at the October Board meeting.

D. Exchange Naming and Branding

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

Chris Kelly, Senior Advisor on marketing, presented on the potential Exchange names being discussed and the focus groups used to vet them. All of the names had potential strengths and weaknesses in the focus groups, but the several rose to the top of the list.

Discussion:

Board member Belshé noted this is an important decision, and is drawn to some of the names, but reiterated that she is not the target audience and that the name must resonate with the larger public. Chairwoman Dooley asked why Health Hub was no longer under consideration as a name for the Exchange. Mr. Kelly responded that the name is already owned.

E. Outreach and Education Grant Program

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

Thien Lam, Deputy Director of Eligibility and Enrollment, gave an update on the development of the Outreach and Education Grant Program.

Discussion:

Board member Ross recommended that staff consult with the existing network of diverse ethnic health advocacy organizations for advice on organizations that have the expertise and capacity to serve as grantees.

Board member Belshé recommend the staff consider a re-granting program in which a portion of outreach and education grant funds would be allocated to regional foundations that have experience making grants to community groups that serve hard-to-reach populations.

F. Federal Establishment Support

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

Mr. Lee provided an update on the Establishment Grant funding timeline. Mr. Lee reminded the Board that the Exchange's Level 1.2 grant will provide funding through June 2013. The Exchange intends to seek additional Establishment Grant support by the next application deadline, November 15, 2012. The Board must decide whether to seek another 12-month Level 1 grant or a Level 2 Establishment Grant which would provide funding through 2014. This issue will be brought back to the Board for action.

G. Exchange Blueprint

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

Regarding the Exchange Blueprint that will be submitted for federal approval, Mr. Lee emphasized the Exchange is committed to operating a state-based exchange sensitive to the needs of California. The Exchange Blueprint will cover 12 major areas of activity that collectively demonstrate the Exchange's readiness to be a state-based exchange. The Blueprint application must be submitted by November 16, 2012. Mr. Lee added many of these activities have already been accomplished and the Exchange has provided regular updates to the Center for Consumer Information and Insurance Oversight (CCIIO). As elements of the Blueprint are completed, they are shared with the federal government.

Mr. Lee reviewed a proposed Board calendar for 2013 noting that the July and December meeting dates are tentative.

Public comment:

Beth Capell, Health Access California (HAC), noted HAC sponsored a number of the bills in the staff report. The individual market bills are on the Governor's desk along with the small group market bills.

Betsy Imholz, director of special projects, Consumers Union, urged the Exchange to support getting that package of market reform bills signed; some will set the parameters for the Exchange's work, including the qualified health plan RFP.

Al Hernandez-Santana, director of policy, California State Rural Health Association, expressed support for Dr. Ross' suggestion that the Exchange consult with health advocacy organizations to inform the grant-making process.

Kate Black, the Health Privacy Project of the Center for Democracy & Technology, expressed concern the Exchange staff, under time constraints, may not be spending time on the type of privacy and security policies mandated by the federal government. Privacy and security will be crucial to building trust in the Exchange's information technology systems.

Cary Sanders, director of policy analysis, California Pan-Ethnic Health Network, expressed appreciation for Board member Ross and Belshé's comments; they are committed to working with the Exchange to be sure outreach is effective.

Mari Lopez, policy director, Visión y Compromiso, asks the Exchange be mindful of diluting the dollars that reach the streets; administrative costs absorb some of the funds.

Carla Saporta, health policy director, the Greenlining Institute, was pleased to hear some of the suggestions about using community foundations to reach into local communities. Some hard-to-reach communities will require more funding.

Joanie Rothstein, senior policy analyst, California School Health Centers Association, urged the Exchange to consider more grant funding. She stated that the Exchange should treat adolescents and young adult as specific targets.

Alice Kessler, Transgender Law Center, pointed out that studies show the lesbian-gay-bisexual-transgender (LGBT) population is disproportionately un- and underinsured. She urged the selection of trusted LGBT organizations as grantees.

Monica Blanco-Etheridge, executive director, Latino Coalition for a Healthy California, noted that cultural competency was missing from the presentation. She urged the Exchange to ensure competency in interpretation services.

Stephanie Hodson, public policy associate, United Ways of California and 211 California, was happy to see their comments reflected in the outreach and education grant information. She expressed support for the hybrid approach, targeting pockets of potentially eligible individuals in both a geographic and non-geographic manner.

Amparo Cid, director of Sustainable Rural Communities Project, California Rural Legal Assistance Foundation, was pleased to see the inclusion of limited English proficient populations. She expressed support for the hybrid approach.

Elizabeth Landsberg, director of legislative advocacy, Western Center on Law and Poverty and the Health Consumer Alliance, expressed support for the balanced approach of focusing on the high needs community and placing some focus on hard-to-reach populations. She stated that the grant amount should be higher for statewide collaboratives.

Doreena Wong, Asian Pacific American Legal Center and the Health Justice Network, noted that while they were happy to see diverse focus groups, they still encourage the Exchange to do some in other languages. She also urged the Exchange to consider the ease of translation of names and taglines when testing and picking names.

Jonathan Tran, California Policy Advocate, Southeast Asia Resource Action Center, supported the statements about stakeholder IT input. He strongly encouraged the Board not to exclusively use the action plans proposed early on in the year. The strategies relating to the Asian and Pacific Islander communities were focused on well-educated and privileged demographics and ignored smaller populations.

Fatima Morales, policy analyst, Community Health Councils on behalf of the Covering Kids and Families Coalition and the Early Access to Health Care Coalition, stated that messaging and outreach should focus on retention and utilization of coverage.

Jessica Rothhaar, lead campaign organizer, Pico California, stressed the importance of targeting mixed-immigration status families as a distinct population. She stated that grants should be given to organizations that can explain legal requirements and provide information about what personal information will be shared and with whom.

Brianna Pittman, legislative advocate and policy associate, Planned Parenthood Affiliates of California, urged the Exchange to make sure to incentivize those who are interested in serving as navigators for the Medi-Cal eligible population.

Eileen Schnitger, director of public policy, Women's Health Specialists, noted that grants are an important component of their outreach efforts in rural California.

On phone: Kamal Muilenburg, San Diegans for Healthcare Coverage, noted that her coalition is already building an outreach and education collaborative. She stated that a \$250,000 Outreach and Education grant would be inadequate.

Gilbert Ojeda, director, California Program on Access to Care, UC Berkeley, said he was impressed by the comprehensiveness of the Exchange's Education and Outreach grant approach.

Autumn Ogden, policy coordinator, California Coverage & Health Initiatives, expressed support for the hybrid approach to allocating funding. This approach would maximize the opportunity in areas with the most need.

Discussion:

Chairwoman Dooley observed the Board continues to hear requests for increased funding levels. She noted that many community organizations have been doing assistance work for years without compensation. There will still be a lot of volunteer work necessary, and she hopes to see continued fostering of that spirit, noting that the Exchange will not have resources for everyone to be compensated.

Board member Ross requested that staff update the Board on whether additional resources are needed for the grant program. He also agreed with Chairwoman Dooley that the Exchange should leverage all aspects of the public and private sectors in its outreach effort.

Mr. Lee stated that the Exchange must work closely with community foundations and others, not just as re-grantors, but as partners. He also noted that, while the Exchange will not be able to provide grants to all interested organizations, it will be able to provide tools such as training and printed material so that all organizations can participate in outreach.

Agenda Item VI: Stakeholder Consultation Plan

Mr. Lee introduced Katie Marcellus, Director of Program Policy, who presented a Board Recommendation Brief on stakeholder consultation. He noted this matter was presented in preliminary form in April and is now being brought to the Board as an action item.

Presentation: [Board Recommendation Brief—Stakeholder Consultation Plan](#)

Staff recommends continuing in the current stakeholder engagement activities listed in the brief as well as replace the current individual and small business workgroups with three new topic-specific workgroups on 1) health plan management, 2) marketing and outreach enrollment assistance and 3) the SHOP.

Public Comment:

Betsy Imholz, director of special projects, Consumers Union, requested the creation of two additional advisory groups – one addressing the eligibility and enrollment issue and a second group on IT issues. She also requested that the advisory group timeline be accelerated to allow stakeholder input prior to January.

Kathleen Hamilton, director, the Children’s Partnership and the 100% Campaign, noted that she enjoyed participating in various Exchange stakeholder activities over the last year. Her organization found the small group opportunities especially useful and productive, and she stated that the staff’s recommended plan seems to set the stage for this type of ongoing engagement.

Brett Johnson, associate director, California Medical Association, stated that great emphasis should be given to how enrollees enter and utilize the health care system. He recommended that delivery system reform be added to the scope of the advisory groups.

Alice Kessler, Transgender Law Center, hoped the marketing work group would include LGBT advocates to provide advice on reaching this hard-to-reach population.

Sara Flocks, California Labor Federation, urged that labor should be included in these groups, possibly all of them. She further noted that Taft-Hartley trust funds, especially in the building trades, represent many small employers in terms of the SHOP group.

Dolores Duran-Flores, legislative advocate, California School Employees Association, agreed with Ms. Flocks. At least 10 percent of their members are uninsured, and at least 50 percent work part-time.

Elizabeth Landsberg, director of legislative advocacy, Western Center on Law and Poverty, said while topic specific groups make sense, she hopes the Exchange will provide an opportunity for stakeholders to react to the development of the single application and the CalHEERS system.

Beth Capell, Health Access California, noted there is no one perfect way to engage stakeholders and requested that at least two consumer groups be involved in each advisory group.

Cary Sanders, director of policy analysis, California Pan-Ethnic Health Network, appreciated the commitment to racial and ethnic diversity in stakeholder groups and public participation commitment.

Doreena Wong, Asian Pacific American Legal Center, asked that hard-to-reach communities be represented in all advisory groups. She also asked that the public have access to participate.

Stephanie Hodson, public policy associate, United Ways of California, expressed support for the staff recommendations, especially those relating to ad hoc groups. She noted that there could be a performance measurement group to review and advise on service issues and ensure a first-class consumer experience. She also asked that non-members be allowed to sit in and listen but also offer comments.

Discussion:

In response to some of the public comments, Mr. Lee noted the Exchange is very committed to engaging stakeholders on the IT process before January. The Exchange will add delivery system reform to the scope of the plan management advisory group. Finally Mr. Lee stated that there needs to be an interactive process on enrollment and eligibility, though he noted that states are still waiting for the federal government to release the single application form.

Vote:

The Board voted 4-0 to accept the staff recommendation with Board member Kennedy absent.

Agenda Item VII: Consumer Assistance/Ombudsman Programs

Katie Marcellus, Director of Program Policy, presented a Board Recommendation Brief focused on strategy for providing assistance to Exchange enrollees who have problems with enrollment or accessing their benefits. Four options were presented and staff recommended option 3 – partnering with regulatory entities and providing interim support for non-regulatory independent assistance.

Presentation: [Board Options Brief—Consumer Assistance/Ombudsman Program](#)

Discussion:

Board member Ross said he is comfortable with the staff recommendation, but would like to hear stakeholder comments on it.

Board member Belshé noted the difficulty in understanding how different consumer facing programs under development – such as the marketing, service center and consumer assistance programs – relate to each other and where one set of responsibilities begin and another ends.

Public Comment:

Katie Murphy, supervising attorney, Neighborhood Legal Services of Los Angeles, noted that Navigators and assisters will help people get into coverage, but her organization will be consulted when consumers encounter problems.

Cori Racela, lead attorney, Neighborhood Legal Services of California, noted having insurance doesn't automatically mean access to needed care. Her clients often find their treatment path contains obstacles and barriers they didn't anticipate.

Amy Williams, managing attorney, Legal Services for Northern California and the Health Consumer Alliance, is a contractor for the Consumer Assistance Program (CAP) grant through the Department of Managed Health Care (DMHC). She provided information about clients with urgent problems and grievances.

Liza Thantranon, staff attorney, Legal Services for Northern California and the Health Consumer Alliance, works primarily on rural Northern California cases. She provided information about clients with urgent problems and grievances.

Elizabeth Landsberg, director of legislative advocacy, Western Center on Law and Poverty and the Health Consumer Alliance, addressed Board member Belshé's comment about roles. She noted that it is a confusing mix of services, but it is clear that this is a unique role, and the Exchange is required by the federal government to provide this assistance. She expressed support for option 3, tapping into the existing local framework and helping collect data for improvement.

Autumn Ogden, policy coordinator, California Coverage & Health Initiatives, expressed support for option 3 as recommended. She stated that this option will make best use of existing consumer assistance functions while offering an interface with the Exchange service center.

Al Hernandez-Santana, director of policy, California State Rural Health Association, noted that his organization has been considering the best way to provide consumer assistance for Exchange enrollees. He stated that engagement of the Exchange on this issue is critical.

Beth Abbott, director of administrative advocacy, Health Access, urged caution in relation to the capacity of state agencies to respond to consumer complaints.

Cary Sanders, director of policy analysis, California Pan-Ethnic Health Network, pointed out another important role of the HCAs is identifying patterns in problems. She expressed concern about the possibility of deceptive marketing or misinformation going out to the communities CPEHN represents.

Athena Chapman, director of regulatory affairs, the California Association of Health Plans, expressed support for the Exchange's use of existing regulatory and consumer assistance functions of CDI and DMHC, currently funded by health plans and insurers. She stated that it is important to not confuse consumers seeking assistance; this function will be necessary now and after 2014.

Doreena Wong, Asian Pacific American Legal Center, stated that organizations providing outreach and education services work in partnership with consumer assistance organizations to ensure their clients have access to culturally and linguistically appropriate assistance for complaints and grievances.

Betsy Imholz, director of special projects, Consumers Union, expressed support for option 3, building on existing agency resources as well as organizations like the Health Consumer Alliance. She stated that the proposed funding level for community-based consumer assistance is insufficient.

Agenda Item VIII (B): Small Business Health Options Program; SHOP Administrative Options

Michael Lujan, Small Employer Health Options Program (SHOP) Director, presented the staff's recommendation to issue a solicitation for vendor services to administer the SHOP in the initial years of the program. Mr. Lujan stated that potential vendors would be able to bid on two options – either using the CalHEERS technology platform and providing operational staff or providing both operational staff and a technology solution.

Presentation: [Board Recommendations Brief—Administration of the SHOP](#)

Discussion:

Board members discussed the considerations and tradeoffs in terms of a vendor using the CalHEERS technology platform as opposed to building or offering one of their own. Mr. Lujan noted some vendors currently possess IT platforms tailored to the small business marketplace.

Motion/Action: Mr. Fearer moved to adopt Resolution 2012-55, for the Exchange to contract with a vendor for SHOP administration services. Dr. Ross seconded the motion.

Public Comment:

Virginia Donohue, Pet Camp, stated that the Exchange cannot offer just premium relief as a major incentive to purchase through the SHOP. It must also offer plan choice for employees so they can each decide what is best for them and their families.

Carla Saporta, health policy director, the Greenlining Institute, voiced concerns with using an outside vendor. She recommended that all IT functions should operate out of CalHEERS.

David Chase, California outreach director, Small Business Majority, stated that they support the staff recommendation to work with a vendor for SHOP administrative services. He stated that this approach would allow the Board and staff to focus on more substantive issues.

Beth Capell, Health Access California, noted with respect to the role of the SHOP in dealing with dependents, it is part of Exchange's role to reinforce employer coverage. She stated that in Massachusetts, 70 percent of small employers offered coverage, and after the Connector went live, 77 percent did. HAC does not want employers to drop dependent coverage.

John Connolly, Insure the Uninsured Project, said the Exchange must stay intimately involved in eligibility and enrollment as well as in the grievance and appeals process if it contracts with a vendor for SHOP administrative services.

Vote: Roll was called, and the motion was approved 5-0.

Agenda Item IX: Health Plan Solicitation

Presentation: [Qualified Health Plan Solicitation—Content, Timeline, & Stakeholder Input](#)

Andrea Rosen, interim Health Plan Management Director presented the Qualified Health Plan (QHP) solicitation recommendations.

Ms. Rosen outlined the QHP solicitation timeline, and explained that there will be multi-year contracting with plan issuers for the first few years of Exchange operations with exceptions for newer issuers. Ms. Rosen added the Exchange would also be promulgating emergency regulations relating to the QHP solicitation. She noted that solicitation will include standardized benefit plan designs which are being refined based on stakeholder input. Ms. Rosen noted the CalPERS health plan solicitation was reviewed as a model for the Exchange QHP process, and added that staff is exploring making the entire QHP process electronic. Doing so will make it easier to analyze data and generate reports.

Discussion:

The Board discussed various questions and concerns related to the integration of the QHP enrollment process with CalHEERS and particularly concerning identification of individuals whose incomes qualify them for government subsidized programs such as Medi-Cal in order to ensure the ease and speed of their enrollment.

Motion/Action: None required.**Public Comment:**

Beth Capell, Health Access California, noted because of the structure of the federal guidance, all of the variability in the benefits the Exchange will offer has been shifted to cost sharing. She stated that the Exchange's target consumers make \$8–10 an hour and will not be able to afford a 20 percent coinsurance on hospital care.

Katie Murphy, supervising attorney, Neighborhood Legal Services of Los Angeles County and the Health Consumer Alliance, said problems with Independent Practice Associations and network adequacy are top issues that come into their consumer assistance hotline.

Betsy Imholz, director of special projects, Consumers Union, stated that standardization is an underpinning of the Affordable Care Act and encouraged the Board not to have so much variation that it makes comparisons impossible and actuarial value less meaningful. She also noted that interfaces between the IT systems of health plans and the Exchange will be very important.

Cary Sanders, director of policy analysis, California Pan-Ethnic Health Network, thanked the Exchange for including the disparity reduction module of eValue8 which will give an important baseline of information for reducing disparities.

Jim Mullen, manager of public and government affairs, Delta Dental of California, requested engagement with the standalone dental community to delineate what kind of criteria here could and should apply to dental benefits.

Ruth Liu, Blue Shield of California, stated in reference to eValue8, that Blue Shield understands the desire to move delivery reform forward, but noted that eValue8 is a complex tool. She further noted that they are concerned that health plans that do not fill out this tool today will be hard pressed to gather that data by the time it is due. She recommended having an in-depth discussion with affected stakeholders.

Athena Chapman, director of regulatory affairs, the California Association of Health Plans, has questions about the network provider list. CAHP requests a specific date to demonstrate the 15 percent overlap and clarification of the requirement.

Bill Wehrle, vice president of health insurance exchanges, Kaiser Permanente, commended the staff for the focus on quality reporting metrics, whether it is using eValue8 or another tool. With respect to standard versus nonstandard designs, he would like the Board to consider evaluating nonstandard proposals and then picking one or two that can be meaningfully evaluated.

Brett Johnson, associate director, California Medical Association, noted concerns with the payment grace period defined in federal regulations, noting that many specialists will not be able to absorb the associated fiscal impact. He recommended that delivery system reform be added to the scope of the advisory groups.

Agenda Item X: Service Center Protocol Models

Mr. Lee noted this item would be a discussion rather than an action as noted on the agenda.

Presentation: [Service Center Status Update](#)

Juli Baker, Chief Technology Officer, and Craig Tobin, principal with Eventus, presented an update on Service Center protocol models.

Discussion:

There was extensive discussion among Board members and staff concerning how families with multiple program eligibility will be screened. Discussed was the role of CalHEERS in assessing eligibility for both Exchange and Medi-Cal eligibles, the need for clarity from the federal government in terms of what applicant information can be collected relative to eligibility, the role of the Exchange relative to the counties in processing Medi-Cal eligibles, and which entity has custody of Medi-Cal applicant data.

Mr. Lee noted there will be discussions with federal government relative to these items. The goal is to provide as seamless a customer interaction as possible though this will be challenging for families with both Exchange and Medi-Cal eligibility.

Chairwoman Dooley clarified that CalHEERS will have an interface with the Statewide Automated Welfare Systems (SAWS) for processing of Medi-Cal eligible individuals as well as an eligibility rules engine. Chairwoman Dooley has had conversations with the federal government, which recognizes that there will be two contacts for these applicants – one with the Exchange and one with county Medi-Cal workers. She noted the “one touch and you’re done” goal might not be appropriate for this population so much as a first-class overall consumer experience.

Public Comment:

Elizabeth Landsberg, director of legislative advocacy, Western Center on Law and Poverty and the Health Consumer Alliance, stated that she did not see an advantage of

option 2 in the staff presentation (partial assessment by service center agent) over option 1 (quick sort by service center agent). She urged the Board to think about the overall consumer experience noting that it would be possible to provide a seamless experience with two “touches”.

Cathy Senderling-McDonald, deputy executive director, County Welfare Directors Association of California, recommended option 1. She stated that a warm handoff will work for the first-class customer service.

Katie Murphy, supervising attorney, Neighborhood Legal Services of Los Angeles County, noted that some who see the Exchange’s number will call for reasons other than eligibility and recommended that the Exchange build pathways to respond to such calls.

Hellan Roth Dowden, SEIU Local 1000, expressed concern that not everyone will use CalHEERS when the state is spending so much on it. She questioned why the system was not being used across the board.

Betsy Imholz, director of special projects, Consumers Union, questioned why option 3 (full assessment by service center agent) was not recommended. She stated that every “sort” is an opportunity to lose people.

Cary Sanders, director of policy analysis, California Pan-Ethnic Health Network and the Having Our Say Coalition, expressed concerns about options 1 and 2. She urged the Exchange limit the number of handoffs. She also noted that Limited English proficient individuals will have more problems and their problems will be exacerbated with more handoffs.

Kathleen Hamilton, director, the Children’s Partnership and the 100% Campaign, urged the Exchange to consider its stated principles and the requirements of federal law – including the promise of first class experience, comprehensive streamlined services, and responsiveness to consumers and stakeholders – in making decisions about specific program protocols.

Autumn Ogden, policy coordinator, California Coverage & Health Initiatives, the 100% Campaign, and United Ways of California, urged the Exchange to pursue CMS guidance on the question of sorting. Her groups are concerned that sorting will not always be accurate and she recommended development of service center protocols to handle these situations.

Stephanie Hodson, public policy associate, United Way of California, recommended that the counties and any other contractors be subject to same performance standards as the service center in order to comply with federal rules and produce the first-class experience.

Serena Kirk, Children’s Defense Fund and the 100% Campaign, echoed the comments of the speakers before her. She provided suggestions for creating a caseload assessment and

readiness plan. Subcontractors like the counties can assess their expected caseloads and then develop a plan for how they will meet those demands, including contingency plans.

Robert Padilla, eligibility worker, SEIU 521, expressed support for option 1 stating that it will minimize duplicate work and reduce costs for IT development.

Yolanda Floyd, eligibility worker, Los Angeles County, explained that their experience and training make eligibility workers the best fit for helping people through the process. They have a bilingual staff and an awareness of cultural sensitivity.

Lisa Quintero, eligibility worker, Los Angeles County and SEIU 721, stated that she works at the largest customer service center in LA County, and is confident they can meet and exceed the customers' needs. She expressed support for option 1.

Grace Sepulveda, eligibility worker, Ventura County and SEIU 721, expressed support for option 1 for the best customer service.

Danielle Niemi, eligibility worker, Sonoma County and SEIU 1021, expressed support for option 1.

Jessica Ruiz, eligibility worker, Sonoma County, expressed support for option 1.

Omar Medina, eligibility worker, Sonoma County, expressed support for option 1. He thanked the Exchange for allowing Medi-Cal eligibility to be determined at the county level. He state that "one-touch" customer service standard should not be applied too literally.

Roseanne Booth, eligibility worker, Santa Clara, SEIU 521, expressed support for the quick sort method.

Mariella, eligibility worker, Santa Clara County, expressed support for option 1.

Gabriel Gomez, eligibility worker, Santa Barbara County, stated that his county is well equipped for handoffs and Healthy Families referrals. He stated that option 1 will reduce duplication and provide security.

Dana Brown, eligibility worker, Alameda County and SEIU 1021, expressed support for option 1.

Lorelei Self, eligibility worker, expressed support for option 1.

Letty Ortega, eligibility worker, Kern County, expressed support for option 1.

Doreena Wong, Asian Pacific American Legal Center, expressed support for option 3 in order to get complete information.

Thelma Starr, eligibility technician II, Alameda County and SEIU 1021, expressed support for option 1. She noted that her county can access the language line to assist non-English speakers.

Gloria Cadrillo, eligibility worker, Santa Clara County, expressed support for option 1.

Albert Carlson, research and policy director, SEIU 521, noted that they are already going through major changes and reforms and look forward to implementing health care reform, including supporting new measures and standards.

Mari Lopez, policy director, Visión y Compromiso, agreed that it's important to get as much information up front as possible. She stated that many people in their communities – bilingual and Spanish speakers – will be expecting an initial full assessment and expect to be asked minimal information from that point on.

On phone: Kamal Muilenburg, San Diegans for Healthcare Coverage, expressed support for more use of CalHEERS, reflected in options 2 and 3, with a more integrated system. She stated that eligibility workers are already overworked, making warm handoffs challenging. She stated that there will be a need for strong navigators who can help applicants make the right choice the first time.

Beth Capell, Health Access California, noted that regardless of which option the board chooses, the Exchange subsidy is an income tax credit. She stated that about 70 percent of enrollees will have different incomes at the end of the year than they do in the beginning.

Meg Sheldon, County Welfare Directors Association, noted that the key difference is the non-MAGI Medi-Cal members and families in which a member might be eligible for non-MAGI Medi-cal. She stated that, in the case of, MAGI Medi-Cal, the questions may be the same.

Agenda Item XI: Adjournment

The meeting was adjourned at 5:13 p.m.