

**CALIFORNIA HEALTH BENEFIT EXCHANGE BOARD**  
**August 22, 2013**  
**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 during roll call:

Diana S. Dooley, Chair

Susan Kennedy

Kimberly Belshé

Robert Ross, MD

Board Members en route during roll call:

Paul Fearer

Board Members absent:

None

**Agenda Item II: Closed Session**

Chairwoman Dooley called the meeting back to order at 1:01 p.m. A conflict disclosure was performed; there were no conflicts from the Board Members that needed to be disclosed.

**Agenda Item III: 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 meeting held June 20, 2013.

**Presentation:** [June 20, 2013, Minutes](#)

**Discussion:** none

**Public Comments:** none

**Motion/Action:** Board Member Ross moved to approve the June 20, 2013, minutes. Board Member Kennedy seconded the motion.

**Vote:** Roll was called. Board Member Belshé abstained, and the motion was approved by the remaining Board members.

## **Agenda Item IV: Executive Director's Report**

Mr. Lee announced that the only action items would be standard plan designs, county consortia quick-sort options, and portions of the eligibility and enrollment regulations.

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

#### **Discussion: Announcement of Closed Session Actions**

Gabriel Ravel has been appointed as Assistant General Counsel and LaVonne Coen as Deputy Chief Operations Officer. Many more staff members have been hired; now there are almost 800 employees, with 170 at Contra Costa. Over 350 customer service people have been hired for the Rancho Cordova service center and are currently receiving training.

The Board amended and expanded the scope of four contracts previously awarded: Robert Half, Gartner, Tori Group, and Public Consulting Group. They approved the transfer of a contract with Richard Heath and Associates (RHA) previously approved through Ogilvy that will now be direct with RHA, rather than through Ogilvy. A contract with State Compensation Insurance Fund for workers' compensation coverage for Covered California employees was also approved.

Many reports are included among the Board's materials, including a sampling of media coverage throughout California.

#### **Discussion: Covered California Planning Update**

Mr. Lee reported that dozens of town hall meetings are taking place across California, and contact is being made in community groups, street fairs, outreach events and trainings. Attention was directed to the calendar of upcoming Board and advisory group meetings throughout the balance of the year.

Mr. Lee gave an update on the Quality Rating System and when that information will be provided.

Staff is seeking United States Department of Health and Human Services (HHS) approval of the bridge proposal, and has posted its submission. The proposal would allow Medi-Cal participants to enroll in Covered California and stay within their own program. Staff has also posted a letter Covered California sent to the Center for Consumer Information and Insurance Oversight (CCIIO), outlining transparency philosophy and practices.

The state auditor's report on Covered California's financial and performance status was also posted. Covered California is such a large project that it is considered a high risk entity, but the audit results were positive and supportive. The auditor's recommendations included a Board action to codify its existing practice of not exercising Public Record Act exemptions.

Covered California is taking care to ensure consumers served by Covered California are well served. Background check procedures have been adopted, and staff has set up an Office of Consumer Protection for monitoring and reviewing processes. Covered California has been working in close partnership with the Department of Insurance (CDI), the Department of Managed Healthcare (DMHC) and the state attorney general's office to identify organizations falsely representing themselves as Covered California.

**Discussion: Update on Consumer Website Functionality**

Karen Ruiz, CalHEERS Project Director, and Keith Ketcher, Accenture Project Manager, presented an update on consumer website functionality. The website continues to have a calculator for consumers to determine their potential premium assistance. The Customer Relationship Management (CRM) software can collect leads from people who want to get in touch later. The first release of the CalHEERS system was launched, providing the ability for licensed insurance agents to register. This was very successful with approximately 5,000 agents now registered to sell Covered California products. Ms. Ruiz announced the rollout of various other features.

Weekly checks have been taken to assess progress and test status, and they are confident that CalHEERS will be up and ready on October 1 for customers to create accounts, as well as shop and compare plans. Further work is needed to validate that these enrollment processes are ready to go.

Mr. Lee noted that having the best possible consumer experience is a key focus. In order to ensure a high-quality experience at the launch on October 1, it might be best to phase in the enrollment process, starting with assisted support for enrollment and moving to self-service support later in the month. Oregon decided to start their October launch with only assisted enrollment. The Board will decide on this issue in September.

Ms. Ruiz provided other updates related to the system.

**Discussion:** Board Member Ross remarked on Mr. Lee's comments about what Oregon is doing. Oregon is much smaller and different, and he wants to ensure Covered California is up and running on October 1 as much as possible.

Mr. Lee underscored that Covered California will be live and enrolling October 1—but the important date to remember is January 1. If people do not enroll by December 15, their coverage will not be effective January 1.

Board Member Ross agreed that if Covered California is not completely ready on October 1, it would not constitute failure. He hopes to manage the expectations of not just the Board, but also stakeholders and consumers with regards to what will be ready in October and again on January 1. One state has already announced it will not be ready in October, so he wondered what the implications are for Covered California.

Chairwoman Dooley noted that Oregon's decision to start with assisted enrollment and move toward self-enrollment was not based on a lack of IT readiness, but rather on a focus of providing a positive consumer experience. Covered California is also guided by what the best consumer experience will be. The exchange is very well positioned to have an extraordinary expansion of coverage for many Californians in January as a result of all the work that has been done.

Board Member Kennedy clarified that the phased-in functionality is what is being discussed, not the readiness of Covered California to launch on October 1. Being ready to provide as much assisted enrollment as possible in the beginning will enhance the consumer experience.

Board Member Ross expressed that he understands all consumers can enroll with assistance beginning October 1, but that full CalHEERS functionality for self-service enrollment may be delayed slightly.

Mr. Lee confirmed that Covered California will be ready to enroll people on October 1 and that the process will become easier and smoother as time goes on. Planned updates, changes, and reviews will all result in ongoing improvement.

**Discussion: Service Center Update**

Mr. Lee pointed out that enrollment is not an IT issue, it's a human issue and the service center is part of that human issue. Covered California has signed its lease agreement for the Fresno facility. Several other entities have helped, and now hundreds of people are on track to start work in the facilities which are currently being built out.

Carene Carolan, Deputy Director, presented an update on the service center. They are on target with their timeline and have met all milestones as scheduled. They hope to hire 158 people at the new Fresno facility to begin training in early October and start taking consumer calls in November.

The Rancho Cordova facility was ready for occupancy 45 days earlier than expected. The Contra Costa facility is also up and running with 169 customer service representatives trained. The CDCR training facility currently has 250 people undergoing service center representative training.

Mr. Lee noted he has spoken with new staff members at Rancho Cordova and Contra Costa, and they are excited and looking forward to the fall enrollment season.

**Discussion: Outreach, Collateral, and Training Update**

Outreach: Sarah Soto-Taylor, Deputy Director, Community Relations, reported on provider outreach and education grants, focusing on medical, nurse, and other allied health profession associations that can incorporate consumer education into the provider

practice. Many of the ten applicant organizations hoped to reach similar segments, so the decision-making process was competitive. She announced the four selected grantees that will receive a total award of \$3.1 million and the organizations that will partner with them.

Collateral: Ms. Soto-Taylor acknowledged that it has been challenging to get collateral materials to the outreach and education grantees and expressed appreciation for the patience of these partners. Multiple runs of collateral materials have been produced. Some pieces are now available on the website for downloading and printing.

Mr. Lee presented a timeline of upcoming key marketing dates.

Training: Thien Lam, Deputy Director, Eligibility and Enrollment, provided a training update, covering the various training activities and timelines for outreach and education grantees, the community outreach network, Certified Enrollment Counselors, Certified Licensed Agents, and County Eligibility Workers.

Board Member Fearer commented on the large number of people being trained. There will be a lot of changes occurring in upcoming months. How will Covered California update all these people as new information comes in?

Ms. Lam said they are planning on supplemental training as well as other ways to let people know about updates and changes. Enterprise-wide, the Learning Management System (LMS) will help facilitate that. In the realm of various enrollment entities, some will have access to Covered California's Learning Management System, and some entities will have their own. Plans are being made to ensure that updates and additional trainings are passed into those external systems.

#### **Discussion: Navigator Program Update**

Sarah Soto-Taylor discussed the navigator grant program, including the timeline and focuses. Staff has shared the revised timeline with Covered California's federal partners who have expressed support and agreement with the strategies.

#### **Discussion: Legislative Update**

David Panush, Director of External Affairs, presented an update on the progress of key legislation. There are only three weeks remaining in the legislative session for this year, and much of the major work has already been done. In terms of the Stop-Loss Insurance Coverage bill (SB 161), the language now establishes an attachment point that will help protect the small-group market. The Transparency bill (SB 332), which aligns statutes with current practices, is moving forward. The Health Care Coverage bill (SB 639) aligns current law with important Affordable Care Act provisions. It would cap the total out-of-pocket costs that could be required for dental. The Exchange Eligible Parents of Medi-Cal/Healthy Families Children bill (SB 800) is moving forward.

### **Discussion: Federal Rules Update**

Katie Ravel, Director of Program Policy, presented on federal rules and how they are being incorporated. The eligibility and enrollment final rule does not necessitate changes in Covered California. The program integrity proposed rule is being considered. The large employer penalty delay does not impact the programmatic elements for Covered California.

Board Member Fearer wondered if the delay of the large employer penalty may lead to greater enrollment since some employees won't get health care. Regarding the issue around maximum out-of-pocket costs, some states exchanges made an announcement that the ruling will not impact them in order to prevent confusion.

Mr. Lee reported they did speak to reporters when the ruling came out, but California did not seem to experience any confusion.

Board Member Fearer noted there was extensive discussion on how the rollout of the enrollment processes might be staged this fall and how that might impact those being trained, as well as the county partners. In terms of quality reporting, he realized that there may not be comprehensive quality data reporting until 2016 because there will not be a full year of data available until after 2014 is over. He would advocate for doing anything reasonable to have more expansive quality information available for 2014 or 2015.

Board Member Kennedy is also concerned about having no quality rating data at all. She would like to know what Covered California could have in 2014.

Board Member Belshé wished to echo Board Member Kennedy's and Board Member Fearer's comments and asked if quality rating information would be based on mandatory or voluntary reporting. She inquired about the interim strategy of basing it on comparable plans, wondering who would determine that overlap and how much time it would take.

Mr. Lee explained that Covered California proposes to move as quickly as possible to determine which plans meet the substantial similarity requirements. Various percentages would need to be considered. If plans seemed substantially similar, then Covered California would use the quality scores it developed, and it could potentially do that before open enrollment is over. Provider lists need to come in and work needs to be done on assessing similarities. Staff needs to determine when full- and cross-plan comparisons would become available, and gather some HEDIS and CAHPS scores. The Quality Rating System (QRS) could potentially provide scores in 2015 instead of 2016.

Board Member Kennedy asked what Covered California can provide in January 2014.

Mr. Lee answered that they are working toward having quality scores based on past performance for those plans with substantially similar networks and these comparison scores will be posted as soon as possible.

Board Member Ross read from a letter from plan partners shared on the website which addresses the issue of quality rating comparisons for similar networks.

Board Member Belshé felt it would be helpful to hear from plans about how to accelerate the comparison process.

**Public Comments:**

Betsy Imholz, Director of Special Projects, Consumers Union, was at the San Francisco town hall and commended staff for their great presentation and participation. Assisted enrollment phase-in may be necessary, but the public needs to be educated on how to find assisters. They are pleased to know about the new consumer protection office at the exchange and would like to know where to lodge complaints about worrisome websites and suspicious marketing. They support the plea for moving quickly on the quality reporting front, and they appreciate being included in discussions. They urge Covered California to set a time frame for when the plans must provide that information.

Chairwoman Dooley noted that they know any project with this kind of scope will bring up bad actors. They want to encourage everyone to report any suspicious behavior.

Cary Sanders, Director of Policy Analysis, Having Our Say Coalition, California Pan-Ethnic Health Network, thanked the Board members for their comments about the importance of quality ratings. They are disappointed not to have those, believing that they are important for all communities, and look forward to working with Covered California to ensure collection of the CAHPS data. Regarding the service center and website update, many will have questions leading up to the launch, so they reiterate their request that the exchange consider having dedicated 800 numbers in threshold languages for providing bi-lingual language assistance. They appreciate staff's willingness to listen to consumer feedback and look forward to working with Covered California to strengthen that.

On phone: Marilyn Leonard, Health Benefits Specialist, Beacon Ridge Health Insurance Services, is a broker in northern California. She noted that she called to inquire about the certification process and found out that the only class in northern California is scheduled ten days before open enrollment and in the middle of when carriers release rates. Classes in southern California are starting at the beginning of the month. Covered California needs brokers to be able to help with the SHOP and this will antagonize them.

On phone: Jan Spencley, Executive Director, San Diegans for Healthcare Coverage, addressed the rollout schedule and expressed appreciation for the more robust calculator. People keep asking, "Where's my provider?" She wants to know where that is located in this process, since it's one of the first questions people ask when they are looking for coverage.

Lisa Folberg, Vice President Medical and Regulatory Policy, California Medical Association and the California Medical Association Foundation, thanked Covered

California for acknowledging the important role of clinicians in educating patients. They look forward to the partnership and think Covered California can use their infrastructure and relationships.

Bill Wehrle, Vice President of Health Insurance Exchanges, Kaiser Permanente, noted that October 1 feels more and more real as it approaches. They appreciate the work Covered California is doing to get to a place where quality data might be available in 2014 and urge that the target date be when the consumer is self-selecting a plan. People should have that data when they pick a plan. It's their view that a 70–80 percent overlap is a high bar to get over, and Covered California should ask plans if they can meet that standard or not.

Kim Alexander, President and Founder, California Voter Foundation, supports and applauds Covered California's implementation of the National Voter Registration Act requirements. California is fortunate to have an online registration system; only twelve other states have that. About 6 million voters are not registered in the state, and there are about 5.3 million with no health insurance. There is likely a lot of overlap, and this is a good opportunity to expand the number of registered voters. They are hoping for a prepopulated voter registration form so users don't have to fill in their information twice. As enrollment begins in October, they would appreciate an update to the voter registration plans, including a timeline, and hope a prepopulated form is part of the process. They are happy to help.

Fred Miltran, California Dental Association, thanked Covered California for its deep concern for and interest in pediatric dental issues. They appreciated the webinar. While everyone is concerned about cost, they want to make sure consumers have the maximum number of choices possible, including PPO, HMO, and others, with the most robust networks possible so that people can keep their dentists. They hoped to underscore that embedded plans are not the only way to accomplish mandatory purchase—it is possible using a standalone option.

Meg Sheldon, Information Technology Associate, County Welfare Directors Association, appreciates the amazing effort toward partnership in the large number of workers being trained. Basic training was provided for facilitators, and now it is rolling out to all the staff. It has been a daunting task with short timeframes and limited resources. Feedback indicates a need for additional training at a more detailed level, including Medi-Cal/MAGI eligibility, plan selection and how to guide people through that. They are working with Covered California and the Department of Health Care Services (DHCS) to address this. They just hosted a training webinar on more eligibility detail than was previously provided and plan to do more like that.

Micah Weinberg, Senior Policy Advisor, Bay Area Council, pointed out that the *Wall Street Journal* announced that Covered California won't be ready October 1. Everyone needs to work together to correct the record.



Linda Leu, California Research and Policy Director, Young Invincibles, expressed that many young adults in California are looking forward to affordable health care through Covered California. Young people rely on reviews and quality ratings systems for everything. This issue is important to young people so they hope the process will move along quickly. The written materials say Covered California will be linking to the Office of the Patient Advocate (OPA) website, and she suggested doing that with the mobile app as well. She looks forward to using the mobile app since it is a key tool for young people accessing the internet.

Stephanie Hodson, Senior Policy Associate, United Ways of California, expressed that, as grantees, they appreciate the work Covered California and its contractors have put into creating the training materials in such a short time. They have twenty-seven certified educators now. However, some of these had some concerns about the training, including lack of time to practice role playing, the speed with which materials were covered, and the expectation they should review the manual on their own to learn information not covered. The trainers haven't had time to become experts; they weren't able to answer follow-up questions well. Attendees felt that more detailed training is needed on complex mixed-coverage family scenarios, pediatric dental standalone plans, importance of dental coverage, how to discuss that options will be different once embedded plans arise, and call center protocols, including the quick sort. They suggest that having an expert from Covered California on hand to answer trainee questions would be helpful, and that Covered California policy experts and consumer advocates should review future training materials for accuracy and to consider how things could be better explained.

Autumn Ogden, Policy Coordinator, California Coverage & Health Initiatives, echoed the comments of Ms. Hodson regarding complex situations and pediatric dental. She also felt it would be helpful to create a training module addressing specific needs of families and children, including training about Medi-Cal eligibility which seemed to be wholly focused on adults and not children.

Carmella Gutierrez, President, Californians for Patient Care, urged Covered California to accommodate collateral that is appealing to people who are preparing to enroll. People assume that the reason Covered California is not out there with a lot of messaging right now is the reluctance to step out ahead of an actual call to action (enrollment). However, the current call to action should be to help people get prepared. Helpful information to include would be the types of documents needed, any health assessment needed, and budgeting information. People who have not had insurance will now be expected to accommodate insurance in a monthly budget. Now is our opportunity to help people prepare. She encouraged Covered California to get checklists together to help people once they get to that enrollment process. It is also important to reiterate and clear up rumors and miscommunication when there is information in the news cycle, such as the out-of-pocket expenses brought up by Board Member Fearer. There was a lot of news

coverage on the national side, and the public could benefit from a little extra communication. Covered California should over-communicate.

John Fox, Consumer Advocate, California Public Interest Research Group (CALPIRG), voiced concern about protecting consumers' data security given the increasing risks of identity theft, especially from large organizations such as health insurance companies. After hearing the overview provided, they still have concerns about the thousands of assisters and how they are being trained and monitored. The system is based on the trust of the public and they must feel comfortable sharing this information. CALPIRG would like further detail about staff oversight and training, with a particular focus on consumer privacy and data security. They would like to hear about data incident plans, laying out how Covered California will react when the inevitable significant data breach happens.

Doreena Wong, Project Director, Asian Americans Advancing Justice and the Health Justice Network, supported the recommendations of the other grantees. She also suggested a train-the-trainer program, noting that a lot of staff and volunteers have not been able to be accommodated in the training. It would be helpful to be able to train volunteers and additional staff as they are hired. They are also concerned about delaying the navigator program until June 2014. Many of their partners have been trying to weigh if they should be enrollment entities or navigators and would like to become navigator grantees. They would like to know how many of the service center staff are bilingual in different languages because a bilingual staff is better than a language line. That should be a priority during this current season of hiring. She echoed the quality ratings comments, noting that quality ratings are very important to their community. Whatever is possible, such as a reference to the OPA HMO report card or another kind of rating system, would be helpful. They support voter registration efforts as a priority.

Fatima Morales, Policy Analyst, Community Health Councils, voiced that they are glad to hear an update about the assistance programs, although they have many concerns, such as the delay in the implementation of the navigator program. Community-based organizations had been assuming they could be either assisters or navigators. Many organizations may not be eligible to be certified enrollment entities right now, and staff had indicated previously that navigators were supposed to fill that gap. If it is delayed until the end of open enrollment, it won't be clear what gaps there are in the first phase of the program until people are locked out of coverage. They are also concerned about the lack of transparency and inclusion of community-based organizations in the discussion. Staff has noted that through the outreach and education program and by working with partners to develop the trainings, they have been able to ensure they reflect the needs of those serving in that role. They hope the same standards apply to the navigator program, and would like to review training materials and inform the process. They would like to be sure staff engages them in an open and transparent process.

Julianne Broyles, Lobbyist and Legislative Advocate, California Association of Health Underwriters, NAIFA, and IIABA, voiced appreciation for the time staff spent going

through the issues that have been a concern to agents. They are very pleased to see the certification process moving forward. They already have their own master trainers throughout the state and highly recommend being allowed to use them for trainings. She noted that the Executive Director's report referenced computer-based trainings available in mid-October and wondered if that is a fully online training, or if it is a follow-up to the classroom training. They need sufficient time to complete classroom training, do follow-up hours and finish testing before October 1.

Hugo Morales, Executive Director, Radio Bilingüe, thanked Covered California for coming to Fresno and for signing the lease contract. He has been following the proceedings. Residents of the Central Valley fear being excluded from the conversation. He appreciated Covered California's commitment to coverage and access to health. Their public radio network serves Latinos throughout most of the state. He is concerned about consumer trust, spreading information to consumers, and the large challenge inherent in the fact that 40 percent of California's households speak a language other than English. Also, 50 percent of Latinos who don't speak English do not have broadband at home, which affects access to online registration. He estimated that half of Latinos are effectively illiterate so it is very important to have a lot of people assisting. They have partnered with the California Endowment to host talk shows and are hearing a lot of confusion about the plans. There is a real need to get specific information. The previous comment about bilingual staff makes a lot of sense. The media platforms are building trust with various communities of color and can partner with Covered California.

Mari Lopez, Policy Director, Visión y Compromiso, echoed the comments of CPEHN, Advancing Justice, Community Health Councils, and Young Invincibles regarding language capability in the trainings and call centers. Regarding future outreach and education training, they would like to see repeat trainings available to staff who already participated and have passed the test. It is not easy to translate this technical material into another language in a way that is understandable and then explain it to communities for whom this is an entirely new concept. They recommend that the outreach and education stakeholder workgroup be reengaged more often.

Regina Wilson, Chair and Executive Director, California Black Media, thanked the staff for its hard work. She appreciated the update on education and outreach, and expressed that they want to provide input on reaching eligible African-Americans. They suggest considering how to incorporate the new consumer protection office into the marketing and advertising awareness campaign so that consumers know what to do if they are victimized.

Vanessa Cajina, Legislative Advocate, Western Center on Law and Poverty, shared that people being asked to take the gamble and enroll in Covered California need quality data to help them make educated decisions. She applauded including a link to OPA, but also urged Covered California to consider leveraging other resources at a state level. They are concerned about the delay of the navigator program and what it means for those confused

about the options ahead of them. Open enrollment might be a way to think through that. In the creation of the in-person assister training program, they have seen deference given to densely populated areas. They encourage an equal focus on people in rural areas because they'll need a lot of assistance with their complicated cases.

Kevin Aslanian, Executive Director, Coalition of California Welfare Rights Organizations, thought he should become an assister, so he went on the computer and found that it didn't work. The system for assisters to enroll is not consumer friendly and asks odd questions. He was perplexed because he is not computer illiterate and yet still found the system to be difficult with too many questions. The process needs to be simplified. If people have a problem enrolling in October, what happens if they fail? Will the system contact them and follow up? If someone made the contact and went through the process without completing it, Covered California should find out why. He voiced support for the idea of prepopulating the voter registration form.

John Valencia, Attorney, VSP and the National Association of Vision Care Plans, voiced that they are ready to meet the September timeline to offer supplemental offerings. He thanked staff for facilitating meetings to get to this point. He also commented that the Latino Physicians of Californians are excited and ready to go.

Carolina Coleman, Research Manager, Insure the Uninsured Project, pointed out that the new app only works on the iPad and the Android, not on the iPhone. People need to be able to pull the app up on their phones in order to participate in the Covered California conversation and she urged that it be made available on the iPhone.

Beth Capell, Policy Advocate, Health Access California, commended the new app. The scale and speed of what Covered California is trying to do is vast. It seems like a lot of people have been trained, but with the open enrollment period starting in less than six weeks, more work is needed despite the large amount that has been accomplished. There is a constant tension between getting the quality data out and having the data be carefully vetted. Those who are using the report cards would like to have data available quickly, but those being graded would prefer that the grades not be posted. Perhaps California should consider moving to regional rating systems as a long-term option since most of California's geographic regions are bigger than most states.

On phone: Silvia Yee, Staff Attorney, Disability Rights Education and Defense Fund, agreed with the comments made by outreach and education grantees. They wonder if Covered California has considered having ongoing technical assistance for grantees and certified trainers regarding substantive issues. Accessibility accommodations are hard to cover in just a page or two. Outreach and education grantees will need to know how to deal with this in order to meet the needs of the public. Ongoing support would be helpful. There is also a need for resolution regarding those who do not have bank accounts.

Mr. Lee responded to public comments. Regarding the certification and training schedule, he reported that more training dates will be added. Provider selection and the provider directory are both a key part of plan selection. They will continue to provide more updates on the critical issue of consumer security. He has heard thoughtful comments about the updating of the trainings. These will not be just one-time trainings; Covered California must give regular updates to thousands of people. They will listen to suggested improvements for the trainings and provide regular updated material.

Board Member Belshé noted that one of the public comments indicated that there would be no quality data reporting in 2014 and she wondered if that was incorrect.

Mr. Lee affirmed that it is an incorrect assumption. Staff will try as quickly as possible to get some quality rating data. The goal is to have the substantially similar quality reporting available as soon as possible in 2014.

## **Agenda Item V: Covered California Program Regulations**

### **Discussion: Re-adoption of Standard Plan Design Regulations**

Andrea Rosen presented the re-adoption of standard plan design regulations as an action item.

### **Presentation: [Re-adoption of Standard Plan Design Regulations](#)**

**Motion/Action:** Board Member Ross moved to approve the standard plan design regulations as proposed. Board Member Kennedy seconded the motion.

### **Public Comments:**

Beth Capell, Policy Advocate, Health Access California, voiced that she is happy the Board has moved forward on standard benefit design. Revisiting the elements of the standard plan design is something that should be considered carefully during the next five Board meetings prior to next year's round of solicitations. As the Board moves forward in the fall, they are urged to review and revise this first-ever standard benefit design for consumers.

Mr. Lee agreed and appreciated the comment, noting that staff will have an update for the next plan year, reviewing and revisiting the standard benefit design in order to take action by March 2014. These designs are not just for Covered California's plans, but include the entire insurance market.

**Vote:** Roll was called. The motion was approved by a unanimous vote.

### **Discussion: SHOP Regulations**

Corky Goodwin, Policy Advisor, SHOP, presented on the draft proposed regulations relating to the Small Business Health Options Program (SHOP).

**Presentation:** [SHOP Draft Proposed State Regulations](#)

**Discussion: Agent Regulations**

Dianne Koelzer, Interim Director, SHOP, presented on regulations relating to licensed insurance agents. The timeline is the same as for the SHOP regulations.

**Presentation:** [Agent Draft Proposed State Regulations](#)

Mr. Lee noted that these regulations are largely, but not wholly, complete. Agents will need to be certified for both the individual market and the SHOP market. Agents will be compensated by plans in the individual market and by Covered California in the SHOP market.

**Discussion: Plan-Based Enrollment Regulations**

Dan Frey, Policy Advisor, presented. He noted Covered California has already received significant feedback and anticipates having 1,100 plan-based enrollers certified by October 1.

**Presentation:** [Plan-Based Enrollment Regulations](#)

Board Member Ross knows there has been a lot of fast-moving exchange between stakeholders and staff. He would like to hear feedback from consumer advocacy organizations on concerns about the collection of tax IDs and social security numbers in SHOP, and if the concerns about appropriate marketing for plan-based enrollment issues have been adequately addressed.

**Public Comments:**

Beth Capell, Health Access California, had reported that the draft SHOP regulations did not reflect California law and thanked staff for its responsiveness to these concerns. It's important that these regulations accurately reflect federal and California law; a little more work is required. In regards to plan-based enrollment, she noted that out of the 2.2 million Californians currently in the individual market, 800,000 of them will be eligible for Medi-Cal or the exchange. They also appreciate the list of prohibited activities such as door-to-door marketing and cold-calling, and believe it's important that health plans not be permitted to retain information related to immigration status or income. There should be a firewall between people's health status information and outreach efforts in order to avoid inappropriate marketing. Further work is needed.

Cary Sanders, Director of Policy Analysis and the Having Our Say Coalition, California Pan-Ethnic Health Network, seconded Ms. Capell's comments about plan-based enrollment. They appreciated staff's responsiveness to their concern. She voiced concerns

that it is not appropriate for SHOP regulations to require employers to collect social security numbers, while federal regulations only specify a tax ID number is required. A social security number should not be a requirement for people going into the SHOP; it is an unnecessary barrier to immigrant families who want to enroll. They have received a verbal commitment from staff that social security numbers will be optional, but they want to see that in the regulations as well as additional language clarifying that qualified employee coverage can't be denied for lack of a social security number.

Kathleen Hamilton, Director of Sacramento Governmental Affairs, The Children's Partnership and the 100% Campaign, echoed the comments of Ms. Sanders and Ms. Capell and was pleased with the opportunity to preview draft regulations. They raised concerns in the two webinars regarding the requirement of employee social security numbers, and particularly were concerned at the suggestion that dependents would also be subject to this. They signed on to a letter to this effect and would be happy to discuss it with the Board. They were pleased to see that the SHOP app addresses the need for SHOP employees to have a place to indicate if they have dependents. Families need information about coverage for their dependent children if a SHOP employer is not providing coverage. The draft regulations appear to limit the questions only to dependents who might be seeking coverage through SHOP; it needs to be broader since children may be eligible for coverage elsewhere.

Betsy Imholz, Director of Special Projects, Consumers Union, agreed with concerns about social security numbers, and asked if they can get a copy of the draft agent agreement. On the issue of plan-based enrollers, plans are well placed to reach people who are Medi-Cal and subsidy eligible, but the adverse selection mentality won't go away. These are long-held practices, so they are concerns. They have made suggestions, including the firewall for current information and prohibiting plans from keeping sensitive information in their own databases. This is especially true if additional customer service people will be brought in. Conflicts don't automatically go away. It's asking a lot to expect that plan-based enrollers will offer the full array of choices, especially to new enrollees.

Kim Lewis, Managing Attorney, National Health Law Program and the Health Consumer Alliance, voiced that they had signed on to the written comments on the SHOP regulations with their grave concerns about the collection of social security numbers, as well as concerns about the joint application regulations. They are concerned that the request for social security numbers seems to ask people to get them. They are also worried about confidentiality and due process for employees whose employers have not paid premiums. The draft should also include accessibility information.

Steve Young, Senior Vice President and General Counsel, Independent Insurance Agents and Brokers of California, California Association of Health Underwriters, and NAIFA, expressed that they are committed to working closely with Covered California to make an agreement that agents will recognize but that is balanced with Covered California's

needs. No agent should sign the agreement in its current initial draft form. They want to work together toward improvement.

Jeff Shelton, Vice President of Government Relations, Regulatory Affairs, and Compliance, Health Net, noted that the California Association of Health Plans has provided written comments on the plan-based enrollers draft regulations, and Health Net agrees with those. Some requirements, such as the language requirements, are impossible. The Affordable Care Act, California law, and Medi-Cal contracts contain triggers for when various groups require language assistance. Covered California would require oral and written translation in all languages. There are services that can be accessed for oral translation, but nobody can translate all languages for use by plan-based enrollers. Also, the accessibility requirements are unclear and are overly broad.

Bill Wehrle, Vice President of Health Insurance Exchanges, Kaiser Permanente, echoed what Ms. Hamilton said about the importance of providing dependent coverage information. Many small businesses do not cover spouses or dependents, and a link between the SHOP application and information about subsidies available in the individual marketplace would be a great way to find the uninsured. California has taken the lead on plan-based enrollers. They want to share their experience in the market; when large groups with dependents approach them, they would like to refer them to Covered California. They share Mr. Shelton's concern about overly broad requirements; they don't specialize in helping people register to vote, for example. They plan to use their unlicensed customer service representatives to help current customers, while new enrollees would be helped by agents.

Athena Chapman, Director of Regulatory Affairs, California Association of Health Plans, noted that their members are committed to sharing their expertise in enrolling people. They appreciated the delay in acting on the plan-based enrollment regulations since they had just received the draft. Staff has been very responsive to their submitted comments. They echoed the concerns about the overly broad or unfeasible requirements and want to create a system that will work for everybody. They are concerned about the information required in the enrollment application. The information in the guidelines and the regulations is inconsistent and needs to be rectified. They would like more clarification on the ability of plans to enroll people in Medi-Cal; transferring people around is not consistent with the no-wrong-door policy.

Tim Smith, Policy Director, Local Health Plans of California, echoed Ms. Chapman's comments. Many members are excited to participate in this process and become plan-based enrollers.

Julianne Broyles, Legislative Advocate, California Association of Health Underwriters, thanked Covered California for starting to clarify how long an employer has to get new employees covered when they are hired after the original plan has been set up. The current language is awkward and unclear and this will lead to unintentional mistakes.



Regarding the requirement about the percentage of employees who must be enrolled in a plan to keep that plan's group status, the typical number is 60 percent. They don't want to discourage small employers from offering group coverage by requiring more. Small employers may or may not have available a list of dependents if they only cover their employees.

Michelle Cabrera, Director of Research, SEIU California, thanked Covered California for the delay in action. They echoed the concerns about the collection of social security numbers. This could discourage employers from offering coverage.

Elizabeth Landsberg, Director of Legislative Advocacy, Western Center on Law and Poverty, echoed their consumer advocate partners' comments about plan-enrollment issues and social security numbers. They strongly support the language access and disability access provisions. Medi-Cal only requires written translation in thirteen languages, but the Medi-Cal plans are subject to all the federal language requirements and disability requirements, including oral translation into all languages. It is currently worded that translation is required if it is needed for meaningful engagement with the consumer.

Mari Lopez, Policy Director, Visión y Compromiso, supported Ms. Landsberg's comments regarding language access and the collection of social security numbers.

Kevin Aslanian, Executive Director, Coalition of California Welfare Organizations, supported the comments about social security numbers.

**Discussion: Eligibility and Enrollment Regulations**

Thien Lam, Deputy Director, presented on the eligibility and enrollment regulations. The Board previously approved the regulations on June 20, 2013, but additional provisions have been included due to federal regulations that were issued on July 15, 2013. These revised regulations are presented for action with the exception of the single-family plan issue, section 6512.

**Presentation: [Eligibility and Enrollment Regulations](#)**

Board Member Belshé just received the materials and did not feel prepared. She voiced willingness to submit to staff's feeling of urgency.

Board Member Ross asked what happens if they do not take action.

Chairwoman Dooley explained that Covered California has a backlog of regulations to submit to the Office of Administrative Law (OAL). These regulations must be adopted in an emergency form before October 1. It would be up to OAL to pick which regulations they can process in a short timeframe. These regulations can be amended if they are adopted.

Mr. Lee agreed it is important to move the regulations forward. It is likely that changes will be made.

Ms. Lam pointed out that some of these regulations have already been accepted by the Board and been sent to OAL. They were pulled back for revision, mostly just technical cleanup in order to harmonize with federal law. Some were amended due to stakeholder feedback, and those are being presented as well.

**Motion/Action:** Board Member Fearer moved to adopt and submit the eligibility and enrollment regulations as proposed, with the exception of section 6512. Board Member Ross seconded the motion.

**Public Comments:**

Jack Lorenz, Deputy Director, Equality California and the LGBT Health Access Services Network, was concerned that Covered California has left domestic partners out of the eligibility and enrollment regulations. Change in domestic partnership status should be a triggering event for special enrollment periods.

Elizabeth Landsberg, Director of Legislative Advocacy, Western Center on Law and Poverty, thanked Ms. Lam and her excellent staff. This is very complicated and she appreciated the many hours that staff has spent in discussion with stakeholders and advocates. She reviewed some places where changes have been made. However, their concerns regarding Article 7, Appeals, have not been incorporated yet and she asked the Board to commit to amending it if it is adopted. They are still concerned about mixed-coverage families relating to appeals, and a lot of coordination needs to happen with Medi-Cal. They had fewer than thirty-six hours to review these regulations and noted that a number of the items listed as required on the application are actually not required, including asking people to explain why they don't have a social security number. They are trying to schedule another meeting and staff seems committed to continue working together.

Beth Capell, Policy Advocate, Health Access California, felt troubled that careful vetting did not appear to have been done with respect to state law. There are inconsistencies relating to domestic partners, tobacco rating, and wellness incentives, as well as additional issues. They have had this for less than a day and they have many questions. They do want Covered California to be operational October 1. The Office of Administrative Law has ten days to process an emergency regulation, and it would be nice if these regulations were consistent with state law.

Kevin Aslanian, Executive Director, Coalition of California Welfare Rights Organizations, noted that they also participated in the meeting regarding state hearing regulations, and what appears before the Board and what they agreed to are very different. Many elements are missing, including subpoenas, information about choosing

your own judges, and postponement. If the SHOP regulations can wait until the September meeting, so can these.

Kim Lewis, Managing Attorney, National Health Law Program, thanked Ms. Lam, and noted they would be in favor of having workable rules in place on October 1 even if things need to be fixed. Staff has worked closely with them, but they have additional concerns. There are also federal regulations on appeals that will come out before the end of the year, so these regulations may need to be revised anyway. Appeals are important and they don't want those to not be in effect on day one. If staff commits to work on these, let's move forward.

Betsy Imholz, Director of Special Projects, Consumers Union, echoed Ms. Lewis's remarks. They hope they have a commitment to partner on revising. The implication is that there is choice for both Medi-Cal and nonsubsidized members, but the current draft is structured so that that lower-income people are the ones who all have to go into the same family plan. They look forward to working with staff on that.

Brett Johnson, Associate Director, California Medical Association, voiced that recent events will impact the grace period, and yet there's still a section in the draft that would promulgate the previous grace period regulations. They would like to remove C3 of section 6506 regarding pending claims.

Cary Sanders, Director of Policy Analysis and the Having Our Say Coalition, California Pan-Ethnic Health Network, thanked staff for the discussions and collaboration on the regulations. They sent a joint letter with outstanding issues to staff, and understand the quick timeframe. They would like to hear a commitment that they will be continually revising and incorporating stakeholder feedback.

Kathleen Hamilton, Director of Government Affairs, The Children's Partnership and the 100% Campaign, stated that they are entirely in accord with Ms. Landsberg and Ms. Capell regarding where there are still opportunities for discussion. There needs to be consistency and precision. She thinks Covered California will have the opportunity to work with the Office of Administrative Law to be sure they get the regulations passed.

Athena Chapman, Director of Regulatory Affairs, California Association of Health Plans, expressed support for the California Medical Association's concerns about the grace period. They don't want anything in the regulations that would conflict with the federal government's pending guidance.

Chairwoman Dooley appreciated all the hard work done by Ms. Lam and her staff. She felt inclined to accept the motion and continue to work to revise the regulations. She asked about the grace period; since that is an issue that goes into effect after January when people start to get coverage—would it damage the staff's recommendation if the Board took the grace period out and dealt with it in September?

Mr. Lee was not sure. He wanted to ensure alignment with state law as a finalization issue.

Ms. Lam noted the one piece of the single streamlined application cannot be pulled out because it is referenced throughout. The grace period language does not have any cross references written in with it, so it could be pulled out.

Board Member Belshé asked if the package was held over until the September meeting and then rejected during the Office of Administrative Law's ten-day review period, would there be no regulations in effect on October 1?

Kathleen Keeshen, General Counsel, responded that the practical implications would be that there would be no regulations in place. Covered California would still move forward, but could potentially be operating with underground regulations that would not be enforceable.

Mr. Lee expressed his strong sense of the Board's discomfort about moving forward without all issues being addressed, although rarely are they resolved to everyone's satisfaction. They will postpone the vote and take their chance with the Office of Administrative Law in late September. Covered California has a good partnership with them, and it is not likely that they would reject the package outright.

The Board agreed to wait on the vote until more issues are resolved.

**Vote:** No action was taken.

#### **Agenda Item VI: Covered California & DHCS Terms with Counties/Consortia for Handling Medi-Cal Callers ("Quick Sort")**

David Maxwell-Jolly, Chief Deputy Executive Director, presented a proposed memorandum of understanding (MOU) between the county consortia, Department of Health Care Services (DHCS), and Covered California which would govern the process by which some consumer calls to Covered California would be transferred to county service centers. He proposed several amendments based on stakeholder feedback, noting there had been a gap by not incorporating any kind of language about the targeted performance Covered California would be expected to maintain in its own service center operations. The proposed amendment would state that the target performance criteria for the exchange would be the same as is used for the counties.

#### **Presentation:** [Quick Sort](#)

The staff's recommendation is to enter into the described MOU with DHCS and the county consortia. This would authorize Mr. Lee to be the signatory on the three-way

contract, which will be finalized as consistent with federal law and guidance. Terms will generally be as previously detailed in the August 14 draft.

**Motion/Action:** Board Member Ross moved to authorize Mr. Lee to enter into the recommended memorandum of understanding. Board Member Fearer seconded the motion.

Board Member Ross asked for feedback from consumer advocates. The Affordable Care Act expanded coverage in several ways with its expansion of Medicaid and creation of the exchanges. Covered California has committed to a first-class user experience for everyone who can benefit, including Medi-Cal recipients. He hopes philosophically and also in practice that the first-class consumer experiences will match no matter where people come from and who they are. Whatever performance standard is set should be consistent with and identical to the kind of performance standards Covered California holds up for itself. He sought assurance that the MOU would result in this.

Mr. Maxwell-Jolly said the MOU affects the call standards that Covered California sets for itself and any calls referred to counties. But it does not impact direct calls to the counties.

Board Member Ross asked if the MOU would accomplish this starting October 1.

Mr. Lee feels that it does. People will come in not knowing what they are eligible for; they should all receive a first-class service. It will be important to monitor if this is happening and to use the same expectations and standards.

Board Member Belshé pointed out that if people call the service center, the 80-30 standard will be applied, and then if it is determined that they are likely Medi-Cal eligible, there's a second 80-30 applied to them. By definition, this is a policy difference that creates a different consumer experience. That's not new information, but she finds it troubling because it's not consistent with Covered California principles and philosophy.

Mr. Maxwell-Jolly said there is a tradeoff. The Medicaid agency has the final determination and it might successfully be able to make that determination sooner due to the handoff from Covered California. The second step might help with efficiency.

Chairwoman Dooley noted that the only way to do without the warm handoff is to change the structure of Medi-Cal eligibility determination, taking it from the counties and giving it to the exchange.

Board Member Belshé voiced that the Board has continually asked questions about contingency plans and monitoring, and everyone has pushed those issues to the MOU, and now the MOU is on the table. She feels worried that the process being recommended is information and action on an important and sensitive issue. She is struggling with

reconciling Covered California's focus on a first-class user experience with the hand off. She was pleased to see the suggested amendment for exchange service center performance targets matching county ones. That's an important consumer-grounded step forward. She would like to know at what level the monitoring will occur, at the individual level or aggregated level. The individual experience is what matters to consumers, but the MOU seems to be grounded in an aggregated look back. The expectation is that the counties' performance will be high and the standards will be met once they are created. However, she is concerned about components in this MOU in terms of quality improvement and corrective actions. It suggests problem-solving before instituting a corrective process and describes a thirty-day cure period which has implications for the consumer experience. The consumers will be subject to the performance problems, which she hopes are the exceptions, but she is concerned that the MOU is falling short. She is considering Covered California's responsibility under the Affordable Care Act to ensure that all consumers are receiving services without delay. She would also like feedback from consumer advocates.

**Public Comments:**

Betsy Imholz, Director of Special Projects, Consumers Union, noted that this MOU is a culmination of a year's worth of dialogue. It sets the expectations and a standard to be used in monitoring the consumer experience. The law now says that Covered California will handle mixed-household cases, and information about that does not seem to be included here. The MOU does specify that performance standards about the transfer protocol be set forth in the interagency agreement, so she was glad to hear amendments to set those targets. They would appreciate the inclusion of language on Covered California's own standards and hope that the process goes forward with the inclusion of various stakeholders and consumer advocates. They do not see the definition of the warm handoff spelled out in the MOU.

Hellan Roth Dowden, SEIU Local 1000, brought up the MOU's corrective action section, page 7, which lays out what will be done if there is a failure to meet a service requirement. They suggest that these calls could be rerouted not just to Contra Costa but to the other service centers in Rancho Cordova or Fresno. That would be better than having people wait on the phone. They suggest adding that to the corrective action section.

Cary Sanders, Director of Policy Analysis and Having Our Say Coalition, California Pan-Ethnic Health Network, voiced appreciation that the transfer protocols include language handling, but they are concerned about the actual requirements since they don't mention language assistance. With the delay of the language assistance performance metrics by four months, how will we know if consumers with limited English proficiency are being helped or not? Regarding the warm handoff definition, she thought she heard in previous webinars that if a caller got a live, bilingual staff representative, they would have the option to choose to continue to work with them or have that person stay on the line if

there is a transfer in order to help them through that process—but they don't see that language here.

Kim Lewis, Managing Attorney, National Health Law Program, echoed the comments about identifying targets for the service center. They do support a first-class consumer experience, but they did not support the simple-sort process because consumers could get transferred to the wrong place and asked to re-answer the same questions. Counties have expertise and experience with Medi-Cal eligibility and Covered California does not. They are concerned people won't get to the right programs they are eligible for.

Kathleen Hamilton, Director of Governmental Affairs, The Children's Partnership and the 100% Campaign, acknowledged the extraordinary work that has been done. Staff has made progress on the service center protocol, but they hope there will be an opportunity to further improve the MOU with more specificity. They were glad to see that performance standards will be amended in, but it's important to see those in writing in order confirm they are consistent with state law requirements. There is a need not just for a contingency plan but for one that qualifies as a first-class consumer experience. This MOU doesn't allow for that; it allows for a second handoff. They would like a better understanding of how mixed-coverage families will be handled.

Beth Abbott, Director of Administrative Advocacy, Health Access California, offered up the experience of the Social Security Administration. She was instrumental in the implementation of their 800 number in the Sacramento region and shared lessons learned. Social Security emphasized access, timeliness and quantitative measures without addressing commensurate quality standards. Staff paid attention to that quantitative measurement and rushed calls without fully answering questions to the satisfaction of consumers. As a result, Social Security staff had a bad reputation that took years to get over. This MOU does not include quality-based standards for performance. Quantitative standards are important, but they have to be combined with a quality measure. Covered California should emphasize quality.

Doreena Wong, Project Director, Health Access Project, Asian Americans Advancing Justice, echoed the comments of consumer advocates about ensuring that the system in place reflects more specificity about the consumer experience. They concurred with Ms. Sanders's comments about bilingual assistance being continued throughout any transfer. If there are delays, then it's not a warm handoff anymore. Multiple transfers would result in losing the caller. They would appreciate an opportunity to provide more comments relating to specificity. They would like to see tracking according to language to ensure that limited-English callers are not impacted more than others. It's not currently detailed enough with regards to monitoring.

Cathy Senderling, Deputy Executive Director, County Welfare Directors Association, agreed that it has been a long road to get to this point. They agree with Mr. Maxwell-Jolly's recommended changes and consider this to be an elegant solution. They have been

working on how best to provide the first-class consumer experience to everyone, and as Ms. Lewis said, it's important to determine if someone is Medi-Cal eligible as quickly as possible so they can be routed to those specializing in Medi-Cal determinations. What happens in the first part of the call if they are Medi-Cal eligible will look very different from what happens in the second half, once they are routed to the appropriate place. The four-month baseline period is important, because there is no interface between SAWS and CalHEERS October 1 through December 1, 2013. The staff referred to the performance standards as ambitious; they rival not just those in the public sector but also the private sector. They are working with Covered California to make sure they will be monitored, even during the baseline period. They are excited to have the staffing in place. Sixty-one staff members are being moved from existing positions, and staff is being put in place for contingency plans. Other staff can be shifted for backup.

Elizabeth Landsberg, Director of Legislative Advocacy, Western Center on Law and Poverty, echoed the comments of Ms. Lewis. A first-class customer service experience means getting people into the right programs, so they are interested in ensuring that likely Medi-Cal cases get to the counties. This is especially important with non-MAGI Medi-Cal. Integrating other services such as CalFresh can also be done best at the counties. There will be no way for CalHEERS to do the electronic verification of residency required by law. They are in support of the quick sort.

Michelle Cabrera, Director of Research, SEIU California, expressed that Covered California has worked well with them to hammer out the details of the MOU. Their workers are eager to get to work providing first-class customer service. Once they can reach an agreement and begin training, they can get started with accomplishing their goals.

On phone: Kate Burch, Network Coordinator, California LGBT Health and Human Services Network, commented about eligibility and enrollment. Section 6504 on special enrollment periods includes mention of marriage and divorce, but not domestic partnership and dissolution of domestic partnership. The definition of dependent is the federal definition, but in many places in the regulations, this is problematic. A domestic partner's loss of employment should trigger a special enrollment period. Covered California should include people who are considered dependents by state law, and use the term "tax dependent" when there is a need to conform to the IRS status.

Board Member Ross inquired about the length of the MOU and learned that it covers a three-year period. He assumes that all the partners have every intention of making this work, but he is bothered by the fact that this is a three-year agreement. We will know so much more in January about what is going well and what corrections need to be made. Can a check-in or re-opening in early 2014 be built in from the standpoint of all partners?

Mr. Maxwell-Jolly said the statute requires an evaluation by next October. One of the open issues, about which Covered California has not yet come to terms with the counties,



is on next year's open enrollment period. This year, Covered California will deal with mixed-status families, but it has not been determined yet who will handle those families next year.

Chairwoman Dooley noted that the first re-opener is in January 2014, when corrective actions will be determined after the baseline period. Nobody knows how this will operate, so we need all hands on deck to get it right and then correct issues as they are identified and inventoried. The law also requires it to be reviewed before the next open enrollment period.

Board Member Ross asked about the SEIU comment regarding where calls could be routed as a contingency plan. Would the MOU need to be revised to adjust that?

Mr. Maxwell-Jolly said four potential actions are suggested. They designated Contra Costa County because they respect the counties' prerogative to handle Medi-Cal. County staff representatives are under contract with Covered California. As a practical matter, they think they can manage that workload.

Chairwoman Dooley noted that those are possible actions that would be taken if corrective action is required. If the evidence of the first four months suggests a different set of corrective actions, then that's open. Those are merely suggestions according to what is anticipated.

Mr. Lee agreed that Covered California is not limited to those corrective actions.

Mr. Maxwell-Jolly noted there are two ways of dealing with language assistance. Covered California expects to have a cadre of bilingual operators available to take calls and hopes to have designated, published lines for various languages. If a caller is tagged as a Spanish speaker, for example, and the quick sort is invoked, then that tag would go with them to the counties. If they have Spanish-speaking queues, then those will be used. If a non-English speaker calls and there is no bilingual staff person to service their language, they will use the language line, and they have committed to keeping that language line in place throughout the transfer.

Chairwoman Dooley noted that the counties already operate language services for Medi-Cal.

Mr. Maxwell-Jolly said that each county will adapt to its particular population, and usually already has its major languages covered.

Board Member Belshé continues to be concerned with how the agreement is structured relative to remedies. Covered California has the responsibility to make sure there are meaningful, consumer-focused contingency plans. She is still not satisfied with the potential for some corrective action and a thirty-day cure. Before Covered California

increases call response times, it should reroute the calls to Fresno or Rancho Cordova. The consumer is the one who will bear the brunt of the problems. She is uncomfortable with the contingency plans which do not meet the Covered California value of a first-class consumer experience.

**Vote:** Roll was called. Board Member Belshé abstained. Board Member Ross voted no. Board Members Fearer, Kennedy, and Dooley voted yes.

## **Agenda Item VII: Covered California Plan Updates**

Mr. Lee noted that these are not action items.

### **Presentation:** [2015 Recertification/Decertification/Certification Timeline](#)

#### **Discussion: Qualified Health Plan Model Contract Provisions**

Staff discussed the pediatric dental policy work by means of a webinar. They will post a revised model contract to clarify that plans that have products outside the exchange must offer all ten essential health benefits. Staff does not intend to redo and resign the contract. It should be clear to all that state law trumps the contract.

#### **Discussion: 2014/2015 Plan Contracting Schedule**

Mr. Lee provided a high-level review of the next year and what needs to be accomplished.

#### **Discussion: Premium Payment Policy Update**

Mr. Lee presented a background brief on premium payment policies. Staff has been working with advocates and plans on how to accomplish that, particularly in regards to those consumers without bank accounts.

#### **Public Comment:**

Beth Capell, Policy Advocate, Health Access California, appreciated the staff's work on the schedule. There are just five board meetings between now and March. Use each of them to discuss the many substantive issues encompassed in the initial contracts.

## **Agenda Item IX: Adjournment**