

CALIFORNIA HEALTH BENEFIT EXCHANGE BOARD
March 20, 2014
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 10:15 a.m.

Board members present during roll call:

Diana S. Dooley, chair
Susan Kennedy
Kimberly Belshé
Paul Fearer

Board members en route during roll call:

Robert Ross, MD

Board members absent:

None

Agenda Item II: Closed Session

Chairwoman Dooley called the meeting to order at 12:31 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 February 20, 2014.

Presentation: February 20, 2014, Minutes

Discussion:

Board Member Fearer noted that he is cited as saying the audit process was “complicated,” but he said “contemplated.”

Public Comments: None

Motion/Action: Board Member Fearer moved to approve the February 20, 2014, minutes with Board Member Fearer’s revision. Board Member Kennedy seconded the motion.

Vote: Roll was called, Board Member Ross abstained, and the motion was approved by a unanimous vote.

Agenda Item IV: Executive Director's Report

Covered California staff is focusing on its important work, so many staff members were not present. There is more detailed material available on the website. There are two action items were not to be acted on during this board meeting: Proposed 2015 Standard Benefit Designs, and the Certified Application Counselor Regulations.

Discussion: Announcement of Closed Session Actions

Peter Lee, Executive Director, announced that Chief Financial Officer (CFO) John Hiber is retiring. Dora Mejia, Deputy Director of Financial Operations, will have oversight responsibilities for staff. Joe Munso will be acting CFO with the support of Ana Matosantos.

The Board approved a revision with its contract with Ted von Glahn for technical support and for clinical analytics. The Board also approved negotiating changes to Pinnacle's scope of work to include supporting the enrollment/third-party administration functions for SHOP.

The Board discussed the policies regarding qualified health plan recertification and new entrant policies. Staff will bring formal bidding guidance to the next meeting, with stability, consistency, and predictability in mind.

- Existing plans should have no changes in benefit designs (co-pays, coinsurance, and offerings [PPO, EPO, or HMO]).
- There should be minimal changes to networks beyond changes to ensure adequacy.
- Regions will remain the same, with the exception of underserved regions (only two carriers) and if new carriers come into a region, plans may need to be allowed to change offerings.
- Existing contracts will be extended, with only necessary amendments made.

Staff will more completely review the model contracts for 2016. Covered California is also looking closing at service level agreements—there have been cases where plans have not met targeted service levels, and cases where Covered California has not met them. They will review those after open enrollment is over.

To reduce confusion in 2015, carriers will be required to use identical names for products in and outside of Covered California. In 2016, staff will test and review names.

Discussion: Executive Director's Update

Staff is making good progress on the voter registration front. All applicant households will receive voter registration materials in the mail.

Presentation: Executive Director's Update

Mr. Lee presented on enrollment numbers. As of the end of February, 880,000 people had enrolled in Covered California plans. An additional 1.8 million enrolled in Medi-Cal. On March 15th, we enrolled our 1,000,000th person in Covered California. 87% of those enrolled through Covered California get a subsidy. As of January, more than 85% of enrolled people have paid their premiums. Enrollment has exceeded not just base levels but enhanced levels. About a 1/3 of enrolled children are enrolled in dental insurance.

In the first three months, the Latino community constituted only 18 percent of enrollees. But in the first two weeks of March, Latinos represented 32 percent. This is movement in the right direction. In the first three months, many among those enrolling had previously been insured. Mr. Lee gave credit to the hundreds of organizations and thousands of people working to enroll the Latino community. The Asian community's enrollment has been pretty good, and staff is still working hard to reach it. Staff is still working to get enrollment numbers up.

Background materials for Outreach and Marketing are posted on the web in the appendix sections of the slides. There are about 17,000 agents and enrollment counselors plus over 10,000 county workers performing enrollment. Many are bilingual. There are more than 600 events scheduled between now and the end of the month. Seven regions (where there has been less success in enrollment) will be the focus. These are often areas with higher proportions of Latino residents. Covered California is partnering with many organizations, including the Los Angeles school districts. March 31st is Cesar Chavez's birthday and a state holiday. Covered California staff is promoting that as an enrollment day.

Covered California staff promoted the exchange on Martin Luther King Jr.'s birthday. They are trying to ramp up enrollment in the African-American community.

Covered California staff is focusing on enrolling young people, including at city colleges, state schools, and trade schools. They are also ramping up social media. They are following up with people who started applications and did not finish and sending them specific information on where to get help.

The next Board meeting will be held during a new enrollment period, a special one for people who have had life changes.

There are now 250 more service center staff members than there were two months ago. About 40 of them are bilingual. The service center is now open seven days a week, and there are dedicated lines for agents and enrollment counselors. There has been a dramatic reduction in wait times, though it would be nice to shorten them further. The counties are doing a great job with service. The website is working well. If everyone waits until March 31, there won't be enough capacity to serve them.

60 percent of those surveyed found the overall enrollment process through Covered California easy to complete. About 80 percent of those who enrolled were able to find the information they needed to choose a health plan that was right for them.

Covered California now has over 850 groups that have signed up for SHOP. That is over 5,600 Californians. This is continued good growth. We are focusing on making sure that the program is running well and that the people that are in it are well-served. We look forward to expanding it.

Discussion: Legislative Update

The background materials better explain the legislation on the table, including issues Covered California staff is tracking and assisting with.

Board Member Ross said the overall enrollment numbers are great. He is pleased with the improvement in Latino enrollment numbers, but disappointed with the African-American numbers. He wanted to know what would be done to increase those.

Mr. Lee said staff is targeting advertisements, setting up events, and reaching out to African-American faith communities and media. Staff needs to evaluate what has been more and less effective. They will do everything they can in the next eleven days, but also needs to look to the future.

Board Member Ross encouraged collaboration with Darcel Lee of the California Black Health Network.

Staff is looking for lessons from all sectors.

Chairwoman Dooley said 25 percent of those enrolled did not respond to the race/ethnicity question and she wondered if there is any way to know if members of any particular community are more or less likely to identify themselves. That could greatly impact the numbers for some groups.

Latino people represent a higher portion of those who are subsidy eligible than non-subsidy eligible. In the first three months, they expect that most people who enrolled had already had insurance than more recent enrollees, and thus were less likely to be Latino.

Board Member Belshé commended staff on the enrollment numbers. She hoped the focus would begin to be on some of the lessons learned. She is especially interested in focusing on the learning around outreach and enrollment, from a big-picture and population-specific perspective to inform the Board's decisions in terms of funding and approach. A second focus she would like to see would be promoting access to services and care, and thus to health improvement. She would like to hear from the qualified health plans and community members on this. Third, she would like to focus on renewal and retention. The process and requirements should be evaluated, ensuring a good balance between accurate eligibility determinations with consumer-friendliness. Also, the needs of mixed families should be taken into account.

Discussion: Federal Rules Update

Katie Ravel, Director of Program Policy, presented on new federal rules and regulations that could impact the exchange. The first item she presented on is a rule regarding market standards for 2015 and beyond. The key issues under review for this item are: Standardizing notices for plan renewal or discontinuing plans, quality standards for QHPs, and additional standards for Navigators and Assisters. The second item she presented on is an annual notice regarding benefit and payment parameters for 2015. The key issues under review for this item are: A shift of open enrollment date (November 15, 2015 through February 15, 2015), annual limit on cost sharing for stand-alone dental plans, and increased out-of-pocket limits. The third item she presented on is the extension of the transitional policy (through October 1, 2016). States that elected to allow non-ACA compliant plans to continue for plan year 2014 now have the option to extend such plans through October 1, 2016.

Mr. Lee noted that the details on the finances are posted. Next month they will bring back revisions to the current budget and a proposed budget for next year.

Public comments:

Beth Capell, Health Access California, expressed that they are pleased with the million enrollees. They acknowledge the additional efforts toward the Latino and African-American communities and appreciate the acknowledgement of the necessity of learning from this experience. Collaboration will be necessary to understand what it takes for someone to get from a desire for coverage all the way through to paying the premium.. Health Access looks forward to the special enrollment periods. Roughly 50 percent of enrollment will change during that period due to income changes or life changes, so the service center should stay well staffed. People experiencing life transitions may have more complicated questions.

Betsy Imholz, Director of Special Projects, Consumers Union, is proud of all the efforts and increasing percentages of Latino enrollees. There needs to be stability, and she appreciates that narrower networks can be a tradeoff for lower premiums (as long as regulations are being enforced and consumers know who's in their network). A valid directory is thus critical. They are hearing a lot of complaints about networks. Uniform names are important; right now they aren't even standard within Covered California. It will be important to consider basic consumer education.

Stephanie Hodson, Senior Policy Associate, United Ways of California, compiled a list of challenges and questions as well as best practices. TPartnerships and collaborations are more effective, so they have health teams who travel together. They suggest longer education sessions with good materials. Collateral items have been helpful though new ones and in-language ones have been slow in coming. Social media is effective, especially for younger people. They are waiting on guidance for federal changes and the employer mandate extension, and seeing how that might affect their work. When consumers have trouble reaching the call center, it puts a burden on United Ways since people turn to them to answer unexpected application questions.

Gil Ojeda, Director, California Program on Access to Care at UC Berkeley, pointed out that larger numbers of Latino people are in Medi-Cal. What California has done is unique. The Latino numbers are coming together, and the last month has helped. Everyone should learn from the lessons gained in the open enrollment period. He commended Covered California on the setup of a Latino task force. He suggests an external body that participates. Medi-Cal enrollment continues every day with respect to Latinos.

Carla Saporta, Health Policy Director, The Greenlining Institute, noted that there is still a lot more to do in African-American communities and communities of color. They are excited about the voter registration letters going out and that staff has agreed to put it out in all thirteen threshold languages. Look forward to full implementation of the NVRA.

Kim Alexander, President and Founder, California Voter Foundation, echoed Ms. Saporta's comments. They appreciate the hard work that has been done.

Cary Sanders, Director of Policy Analysis, California Pan-Ethnic Health Network, appreciated the continued outreach to Latino and African-American communities as well as the push to drive people to in-person assistance. They commend the numbers for the API populations, but she cautioned that that is a take-up rate that's less than 50 percent of that population. They know that many more are subsidy eligible and hope for continued outreach in-language. They have gotten feedback to ensure translated paper applications are more readily accessible. At this point, 70 percent of people enrolled have identified English as their preferred language. It should be easier for people to upload verification documents. Training is still necessary.

Sonya Vasquez, Policy Director, Community Health Councils and Covering Kids and Families and Local LE Access Coalition, expressed that as grantees, they are excited to see the fruits of their labor. There are still some issues to resolve. Medi-Cal eligibility problems impact their ability to market Covered California. While that is outside of the Board's purview, it would help if it could work with DHCS to fix that and be transparent so we can move forward. The website is good, but it would make sense to think about working with community-based organizations to figure out what consumers want and need to know on these websites. They get a lot of questions about utilization and what kinds of benefits are covered. She recommended creating a chart similar to one DHCS has created. They are very happy about the dedicated call center line, but it only works if they have not yet completed an application.

Sarah Muller, Director of Government Affairs, California Association of Public Hospitals and Health Systems, noted that more information is needed about the benefits and challenges along the income scale. How many were insured prior to signing up? How does enrollment vary by income level? What does that look like at various levels of the federal poverty level? Efforts can't stop at enrollment—we will have to look at churn in and out of Medi-Cal, access to providers, and if consumers can pay their premiums. As providers who serve large numbers of low-income consumers, it will be important for

them to understand these dynamics. It will also be important to determine if essential community provider participation in networks is sufficient. Covered California should analyze data to ensure that everyone enrolled has access to a provider.

Autumn Ogden, Policy Analyst, California Coverage & Health Initiatives, voiced excitement to see Latino numbers increasing. The CalHEERS system has difficulties with regard to mixed-status families. When enrollment counselors go through CalHEERS to do an application for a mixed-status family, CalHEERS freezes up on them. This affects the Latino enrollments, as many Latinos are of mixed-status families. California Coverage & Health Initiatives will be looking at the glitches in June, but this should be a priority.

Jessica Haspel, Senior Associate, Children Now, mentioned that foster youth who age out, under the Affordable Care Act, are eligible for Medi-Cal regardless of income. The current mechanisms prevent this population from getting enrolled in the right coverage. The quick sort process does not include a question about foster care. This is a programming problem with CalHEERS. Children Now knows changes are in line for this population in April, but currently this population can't get into the right coverage group. This means that some are experiencing delays or wind up in the wrong group and some are being denied Medi-Cal coverage. Certified enrollment counselors and service center staff need to be trained to route this population to the counties.

Elvia Malvito, Eligibility Worker, and Angelica Mujica, Eligibility Worker and CalHEERS Task Force Member, Los Angeles County Department of Public Social Services, expressed that their work volume has increased dramatically, and it's affecting every program. If the interface were quicker between Covered California and local county offices, it would help. They must do a lot of manual calculations because eligibility is not being determined correctly. It would also help if the counties could manually determine eligibility and circumvent the CalHEERS system if a client is eligible for Medi-Cal. They could also input the Covered California applications for those who don't meet the income requirements for Medi-Cal.

Jen Flory, Senior Attorney, Western Center on Law & Poverty, noted that people are having trouble making payments to plans and some have wound up disenrolled. There needs to be sufficient staff to deal with appeals, special enrollments, and problems. The public needs to know Medi-Cal enrollment is still open. They would like to ask that consumer advocates be a larger part of the CalHEERS programming conversation. A quarterly meeting doesn't suffice. Many problems that arose are complex program issues that community partners and legal services advocates are used to dealing with.

Sonal Ambegaokar, Senior Attorney, National Health Law Program and the Health Consumer Alliance, voiced that consumers are already asking questions about the special enrollment period. Though some logistics are still being worked out, it would help to have an FAQ section on the website. She also asked that a special enrollment period be granted to those with pending Medi-Cal applications so that they don't find out that they are not eligible for Medi-Cal when it's too late to enroll in the exchange. Sonal wanted to

flag that the February 27 CMS bulletin allows the marketplace to provide special enrollments based on exceptional circumstances.

David Chase, California Director, Small Business Majority, appreciated the update on SHOP enrollment numbers. There have been some technical issues causing problems for agents and employers, and he trusts that those are being worked out. He was disappointed that the SHOP marketing plan shown to stakeholders a few weeks ago was crafted without stakeholder input. Since the marketing budget is not large, there should be as much feedback as possible.

Beth Malinowski, Associate Director of Policy, California Primary Care Association, echoed the comments about the need to improve application processing, especially for Medi-Cal. They and their partners are excited about the progress on Latino enrollment, but they hope for system improvements on that front, especially regarding the IT side and programming functionality. They heard some functionality improvements are scheduled, but they should be moved up to maximize the number of Latino households that can get through the portal. They agree about the need for expanded stakeholder engagement. The group needs to meet more frequently. There is a great opportunity to improve for the second enrollment period and for the special enrollment period.

On phone: Iva Bartley, Independent Agent, voiced that Kaiser and Blue Shield are still having problems showing agent delegation and they are saying it's a Covered California problem. She wondered how and when this can be resolved. She also wondered about the status of the agents getting paid for Medi-Cal clients.

Tamika Butler, California Director, Young Invincibles, voiced that they are happy that young people will be able to vote. She noted that young adults can find information, but they don't necessarily understand it. Stakeholder participation can help. The group could meet more frequently, specifically evaluating the next open enrollment period and the special enrollment periods. Young people can't consider renewal if they don't understand what they have or how to use it. Further education is necessary.

Brett Johnson, Associate Director of Medical and Regulatory Policy, California Medical Association, said are optimistic that improvement in ethnic enrollment is possible. They appreciate gaining better clarity on networks and which networks are with which products. It would be good to add stability to these networks. A usable, reliable centralized database will be important. They would like to see this on a meeting agenda. They hope plans will continue working with them and create a tool consumers can use. A physician helpline would be helpful as well.

Michelle Cabrera, SEIU California, appreciated the overwhelming sense of a commitment to improvement and a culture of improvement within Covered California. With respect to Medi-Cal, they look forward to conversations about how to make sure IT systems are working how they should. Workers are trying to make up for some of the problems because there is an interdependence between Medi-Cal's and Covered

California's systems. They suggest querying people who reach out to Covered California to find out why they didn't sign up.

Betsy Estudillo, Health Policy Coordinator, California Immigrant Policy Center, appreciated that there is a special group for Latino enrollment. They would like to see continued partnerships. People in their network of organizations have encountered confusion about coverage relating to Deferred Action for Childhood Arrivals (DACA) recipients. Some call center staff and county workers have told people they don't qualify for Medi-Cal. They would like to ensure eligible people are getting into Medi-Cal after the open enrollment period. There needs to be better communication between the counties and Covered California.

Kate Burch, Network Director, California LGBT Health and Human Services Network, would like to see data on the LGBT community based on application questions by the next enrollment period, given that they are often uninsured.

Doreena Wong, Project Director, Asian Americans Advancing Justice, voiced support for a lot of the comments about voter registration, delays in processing, and additional training. They are still hoping for breakdowns of the numbers from the different Asian communities, including information on language, ethnicity, and region. They hope there's a commitment by Covered California to continue outreach and enrollment efforts and funding.

Micah Weinberg, Bay Area Council, stated that the key to controlling health care costs is the use of high-value integrated systems, or narrow networks that really work. There are some critical access challenges for consumers. If they are not implemented soon in a way that works for consumers, Covered California can't take advantage of the power of integrated, non-overlapping networks.

Julianne Broyles, California Association of Health Underwriters, echoed Mr. Weinberg in terms of access and service areas. The SHOP portal is now down and they don't have a restart date. They wanted to ask about change requests between plans. They would like to see that be a priority. It is a common question for agents when their clients find out their doctors are not included in their networks.

Chairwoman Dooley noted that the Affordable Care Act is not self-implementing. Implementation has taken extraordinary effort from a lot of people working in partnership.

Mr. Lee agreed that congratulations on enrollment should not just be extended to the Board or staff. This is statewide partnership success. He looks forward to reviewing other states' demographic data to see what works. He hopes California can hold itself up as an example because of its great rate of enrollment. He acknowledged the pointing out of the culture of improvement and said it's a core part of the organization.

Further and more detailed data will be collected and shared, including data from independent surveys. CalHEERS does require improvement. States had to set up vast, complex systems too quickly. There was not enough time for testing, and some elements are still being put into place. Prioritizing has been difficult. It is not a perfect system, which means for some number of people it does not work ideally. Staff takes this seriously. They appreciate that they will still need a lot of staff after April 1; the work of retaining members goes on. They have a good staff they want to keep on. Covered California is committed to making sure that when people sign up for coverage, they get care. This will be closely evaluated.

Staff has gone through reconfirmation to make sure delegations are working appropriately so agents get paid as they should. The first round of certified enrollment counselor payments is going out. There will be more reconciliation work, making sure everyone owed money gets payments from DHCS, Covered California, and the plans. People should get paid for the work they provided.

California does have a lot to celebrate. Everyone is part of making this happen. Nobody thought Covered California would insure all uninsured residents during open enrollment, but the organization is well on its way to surpassing any expectations.

Board Member Ross voiced support for Mr. Lee's comments. The Board received a very nice letter from Children Now regarding children aging out of foster care, which is an important topic. He found suggestions about the following helpful: Including a physician helpline, including a FAQ section for the special enrollment period, and including sexual orientation (LGBT) on the second open enrollment period's application.

Agenda Item V: Covered California Policy and Action Items

The certified application counselor discussion will be deferred to the next Board meeting. The standard designs need to be adopted by all plans inside and outside of Covered California.

Discussion: Proposed 2015 Standard Benefit Designs

Tim von Herrmann, Policy Advisor, Plan Management, gave an update on the standard benefit designs. Not everyone can be pleased, but they trying by working hard, listening and incorporating suggestions from stakeholders, plans, regulators, and their own advisor team. The carriers were interested in keeping changes to a minimum. The stakeholder groups were intent on making sure all children in California had access to coverage. Regulators on both sides have helped understand what is and what is not allowed, and creating clarity on language.

They would like to limit the changes because they want stability, predictability, and consistency in 2015. They would like to limit the changes for 2014 and get the basics right before they begin to add the "bells and whistles."

There were a few things that they did have to do for this year. Criteria for updates in benefit design includes: Limited changes from 2014 benefit designs (2015 AV

Calculator, embedded dental, and family dental), portfolio price stability year to year, and add an affordable Family Dental Plan (pricing appeal to consumer, familiarity to consumer, and ease of Family Plan administration for dental plans). Since the February Board meeting, they have: Entered all proposed 2015 health plan benefit designs in 2015 AV Calculator, reduced health plan out of pocket maximum to comply with Senate Bill 639 out of pocket maximum requirements, and conducted independent actuarial analysis of dental plan designs.

Staff would like to seek adoption in thirty days.

Mr. Lee added that staff posted the detailed pages and endnotes among the Board materials.

Public Comments:

Jerry Jeffe, Public Policy Director, California Chronic Care Coalition, voiced that there is a lot of confusion about what is included in the out-of-pocket maximums. That needs to be clear in the materials and plan communications. The top issue for their coalition of thirty statewide health care organizations is specialty tiers, which cause financial stress on their members. That should be a priority for 2016. Dr. Rideout is aware of the issue but has not made recommendations.

Janice Rocco, Deputy Commissioner of Health Policy and Reform, California Department of Insurance, noted that they submitted a letter. The newest version should provide more clarity about the different categories of cost-sharing to avoid having the regulators engage in lengthy arguments about the issue. The latest version appears to include a bronze deductible of \$5,000 may still apply; the new state law says the deductible can't be over \$2,000 for the SHOP unless the regulator approves it.

Kathleen Hamilton, Director, The Children's Partnership and California Children's Health Coalition, appreciated Mr. Lee's openness and that the staff has considered their comments. They don't often see a willingness to change tack in government. She said we've come a long way since last June, when it became clear that pediatric dental needed reconsideration, and many people have collaborated to create a better opportunity for families. They are thrilled that embedded plans will be offered in 2015 and look forward to working on this more.

Jen Flory, Senior Attorney, Western Center on Law & Poverty, voiced that they are disappointed to see the change go into the deductible for silver plans, adding to the front end of the cost. Families in this tier have Medi-Cal eligible children, so they already pay Covered California premiums plus their children's Medi-Cal premiums. They would like to see some alternatives to increasing deductibles.

James Mullen, Manager of Public and Government Affairs, Delta Dental, noted that they have done a lot of work on the pediatric dental component, and appreciate that it was a tough policy decision. Another aspect of that same Board resolution was offering dental benefits to adults, which was proposed as a 2016 reach but an aspiration for 2015. They

commend the staff who created that opportunity. The final standard plans were just posted today and there are some slight errors. They participate in twenty-seven exchanges in the country, and there is tremendous uptake for adult dental. The mere presence in the marketplace encourages adults to get it.

Nicette Short, California Dental Association, echoed the compliments about family and adult dental plans. It is a complicated issue. They want to continue to work on the standardized benefit design itself. What staff has proposed so far is not really a standardized benefit plan; details are left to each plan to change as they see fit. This leads to an “apples-to-apples” comparison.

Sonal Ambegaokar, Senior Attorney, National Health Law Program, considered the standard benefit design from a low-income-consumer standpoint. They appreciate the proposal to lower co-pays as much as possible. They are concerned about the cost increase in the standard silver plan. Medical debt continues to be a huge problem for low-income people, both insured and uninsured. They don't understand cost-sharing. Their education focuses on affordability and what that means. She asked that the Board do some qualitative and quantitative analysis of what beneficiaries know and still need to know. The comment about standard co-pays and plan benefits makes sense. The formularies are available for consumers to view, but it is not always clear about what is covered; to have that standardized would be helpful.

Betsy Imholz, Director of Special Projects, Consumers Union, noted that staff has worked hard on the pediatric dental component. They would like to help shape and refine the package. Names guide people, so calling a product “minimum coverage” as opposed to “catastrophic coverage” might affect enrollment. Consumer testing would help. There is still a lot of confusion in the marketplace. For 2016, priorities should include minimizing or eliminating coinsurance and then standardizing deductibles.

Linda Leu, California Research and Policy Director, Young Invincibles, voiced that they have been defining what terms like coinsurance and deductibles mean for young people. It would help to eliminate some and make others less complicated. It is important to tell young people what they are paying for and what they are going to get.

Beth Capell, Health Access California, looks forward to working with staff. Covered California has done a lot toward standardization, but other iterations will be required in order to get it right. If the exchange doesn't take additional steps to standardize, the outside market could rely on designs that are adversely selecting.

Discussion: Regulation Reoptions

Katie Ravel, Director of Program Policy, presented emergency regulations proposed for reoption for ninety days. They were originally adopted in September for 180 days. Staff is working with stakeholders on a parallel track to make these regulations permanent.

- i. Eligibility and Enrollment Process for the Individual Exchange**
Staff has made clarifying changes to: Definitions, the application, and the appeals process. Mr. Lee pointed out this one has potential improvements relative to the special enrollment process and stakeholders should consider it before the final adoption.

Motion/Action: Board Member Ross moved to pass Resolution 2014-21.
Board Member Belshé seconded the motion.

Discussion: None

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

- ii. Certified Plan-Based Enrollment Program**
Minor changes were made to the program application, roles and responsibilities, and conflict of interest standards.

Motion/Action: Board Member Ross moved to pass Resolution 2014-22.
Board Member Belshé seconded the motion.

Discussion: None

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

- iii. SHOP Eligibility and Enrollment Process**
No changes were made.

Motion/Action: Board Member Ross moved to pass Resolution 2014-23.
Board Member Belshé seconded the motion.

Discussion: None

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

- iv. Certified Insurance Agents**
Minor, non-substantive changes were made.

Motion/Action: Board Member Ross moved to pass Resolution 2014-24.
Board Member Belshé seconded the motion.

Discussion: None

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

Public Comments:

Beth Capell, Health Access California, noted that the definitions section for all the regulations will need revision. When the definitions were written, many of the state laws governing these regulations were not yet in place. The document needs to be in conformity with state law. Covered California has also made policy changes so the definitions might need adjustment there too.

Jen Flory, Senior Attorney, Western Center on Law & Poverty, would like to see included some language notifying consumers about arbitration and information on their rights. They would like to limit the amount of information that is asked of immigrants. The final regulations need to be as consumer friendly as possible.

Sonal Ambegaokar, Senior Attorney, National Health Law Program, thanked staff for allowing stakeholder input. They would like to provide input for the permanent regulations. The application has gone through changes, and that needs to be reflected in the regulations. Some regulatory efforts have been made and they would like to work with staff on how to codify that more.

Athena Chapman, Director of Regulatory Affairs, California Association of Health Plans, voiced that there is an inconsistency between the individual eligibility and enrollment regulations, the SHOP regulations, and the outside insurance market. There needs to be a level playing field. They will help resolve this.

Betsy Imholz, Director of Special Projects, Consumers Union, thanked staff for all of its time. Last Friday the federal government gave new guidance. They support moving forward.

Kate Burch, Network Director, California LGBT Health and Human Services Network, thanked staff for making minor changes to include domestic partners.

Julianne Broyles, California Association of Health Underwriters, stated that they would like the chance to walk through the regulations with staff.

Agenda Item VI: Adjournment

The meeting was adjourned at 2:45 p.m.