

CALIFORNIA HEALTH BENEFIT EXCHANGE BOARD MINUTES
Thursday, November 17, 2016
Covered California Tahoe Auditorium
1601 Exposition Blvd.
Sacramento, CA 95815

Agenda Item I: Call to Order, Roll Call, and Welcome

Chairwoman Dooley called the meeting to order at 10:00 am.

Board members present during roll call:

Diana S. Dooley, Chair

Paul Fearer

Art Torres

Marty Morgenstern

Members Absent:

Genoveva Islas

Agenda Item II: Closed Session

Discussion: Announcement of Closed Session Actions

The Board convened to discuss personnel and contracting matters. A conflict disclosure was performed and there were no conflicts from the board members that needed to be disclosed.

Chairwoman Dooley called the Open Session to order at 11:30 pm.

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 October 27, 2016 meeting minutes.

Presentation: October 27, 2016, Minutes

Discussion: None.

Motion/Action: Board Member Torres moved to approve the October 27, 2016, minutes. Board Member Fearer seconded the motion.

Public Comment: None

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

Agenda Item IV: Executive Director's Report

Announcement of Closed Session Actions

Peter V. Lee, Executive Director, announced that the Board discussed personnel and contracting matters. Personnel matters the board took up in closed session included extending an offer to a candidate for the Chief Deputy Executive Director for Programs vacancy. He noted that a formal announcement would be made the week of November 21. Recruitment continues for the Chief Deputy Executive Director for Administration. Contract matters the board took up in closed session included approval of issuing a competitive RFP for electronic document imaging and verification systems. The board also considered a number of issues related to the CalHeers contract that are currently under review.

Executive Director's Update

Discussion: Press Coverage and Reports & Research

Mr. Lee encouraged everyone to the press coverage and reports & research pieces attached to the agenda material.

Discussion: Board Meeting Calendar

Mr. Lee presented an updated 2017 planned Board meeting schedule and announced that there would be no December 2016 meeting.

Discussion: Open Enrollment 4

Mr. Lee provided an update on the latest Open Enrollment 4 numbers. In the first two weeks of open enrollment, 44,000 Californians have enrolled. This compares to 50,000 last year. He highlighted that Covered California did not run any advertisements the first two weeks and did not do a bus tour. This is on track to the new enrollee projection of 400,000.

In terms of renewal, 1.3 million Californians are in the renewal process. Of those 1.3 million, 263,000 have actively renewed.

Mr. Lee shared Service Center statistics and highlighted the service center has handled nearly 300,000 calls for the first two weeks of open enrollment. Half of those callers had their questions answered via the integrated voice response system; 141,000 were helped directly by representatives. The average speed to answer, four minutes, with over 40% of calls answered within 30 seconds. Additionally, more people are using chat assistance this open enrollment.

Discussion: Recent Media Coverage

Mr. Lee noted that there has been some confusion with the election, on whether Covered California is still open for business. Covered California's message is that the focus is on the "here and now," of getting people the coverage that is in the law and under contract, and to clarify to people what is available to them today.

Discussion: New Tools for Consumers

Mr. Lee shared that a new “On Demand” tool is available for consumers where consumers that need assistance with the enrollment process. Consumers can now request a call back from a certified agent or navigator within 15 minutes.

Discussion: Open Enrollment and Renewal Key Dates

Mr. Lee reiterated the 2017 open enrolment and renewal key dates. He noted that December 15 is the last day to sign up to have coverage effective January 1. January 31 will be the last day of open enrollment.

Discussion: Data and Research Analytics

Mr. Lee noted that at the November Plan Advisory Committee meeting, Covered California provided an overview of the Healthcare Evidence Initiative, which will use utilization and claims data to improve the delivery of health care. The link to the overview can be found in the board material. Comments were solicited and are due on December 1.

Mr. Lee also shared that Covered California will continue to update the Data Book with clinical services by region, information on enrollment support services by region, post-open enrollment 3 plan selection profile information. Updates will be made to the Active Member Profile, reflecting effectuated enrollment.

Discussion: Internal Revenue Service (IRS) Outreach

Mr. Lee shared that the IRS will be writing letters to Californians that paid a penalty in 2016 to inform them they can get coverage and avoid paying a penalty in the future. Covered California will be using that opportunity to reach out to Californians to ensure they get the coverage they need and avoid paying the penalty.

Discussion: 1332 Waiver Update

Mr. Lee provided an update on the 1332 Waiver and noted that Health and Human Services requested additional information. Staff is in the process of responding to the request.

Public Comment:

Anthony Wright, Health Access, noted that the success of Covered California’s success in cutting the number of uninsured is due to the broad and bipartisan support from policy makers and stakeholders. Covered California has advocated on behalf of its subscribers, with real results in terms of using that to have a better marketplace and improve value. He encouraged Covered California to continue to ask Californians to enroll, but also to be engaged in the policy debate about what the future of our health care will look like and continue to advocate for beneficiaries.

Jen Flory, Western Center for Law and Poverty and Health Consumer Alliance, thanked staff for taking immediate action after the election in getting the message out that Covered California is still open for business. This enabled advocates to get messaging out to encourage people to enroll in coverage and quell fears about health care was going away.

Betsy Imholz, Consumer's Union, appreciates Covered California's proactive outreach to the media and to the public to allay public confusion. She is heartened by the renewals and the new sign ups and is proud of the message of inclusiveness, transparency and evidence that Covered California has operated under.

Doreena Wong, Asian Americans Advancing Justice Los Angeles, thanked Covered California for immediately reaffirming its commitment to enrolling and covering consumers. It helped reassure navigator partners that they can go out and spread the message. She thanked Mr. Lee, Covered California staff, Ogilvy and Imprenta for allowing her organization to cohost unique language round table briefings to kick off open enrollment. There were 27 media hits, which really helped get the message out.

Dr. Ed Hernandez, Senate District 22, California State Senate, thanked the board, staff, and partners for successfully implementing the Affordable Care Act (ACA) in California. He also thanked Chair Dooley, and the Brown administration for their commitment to the success of the ACA. In six short years, Covered California has set up a model exchange, showing the country what can be done where there is a will to succeed. Any roll back of the progress that has been made in this state would destabilize a high functioning health insurance market and leave millions of uninsured. He committed to fighting to keep what is working in this state and working for everyone that has gained coverage thanks to the affordable care act and demand that congress not take away this access.

Athena Chapman, California Association of Health Plans, noted that California health plans have been a constructive and active partner in working with state leaders whenever major health policy changes are in the spotlight. They will continue to do so with the aim of ensuring that Californians have access to high quality, affordable care. Maintaining access to affordable options that allow consumers to have health insurance should be a top priority.

Cori Racela, National Health Law Program (NHLP) and Health Consumer Alliance, echoed the support expressed by previous speakers. The NHLP is watching very closely and advocating for the viability and the continuance of the federally facilitated market places. In California, NHLP wants to do everything possible to protect the gains that have been made from the quality assurance measures the QHP contracts to all of the consumer protections and notices.

Michael Lujan, California Association of Health Underwriters, is grateful for the on demand tools that are going to make a meaningful tool in terms of connecting people with access to coverage, and grateful that agents play a prominent role in that tool as a valuable resource for enrollment. He reiterated that the agents are on board and preparing for open enrollment 4. With regards to the data being collected, Mr. Lujan asked that staff consider adding some details around retention, whether it be region, channel, or plan.

Amanda Wellner, California LGBT Health and Human Services Network, thanked the Board for their leadership at a time when so many LGBT people throughout the country are feeling very nervous, many of which were able to gain coverage for the first time, thanks to Covered California. She also thanked the Board for their dedication to addressing health equity for LGBT

people from the very beginning, starting before the exchange opened, to the efforts to start collecting sexual orientation and gender identity data on enrollment forms.

Kaylie Castillo, California Primary Care Association, thanked the Board for their leadership and noted that for the previous six days, member community health centers have welcomed the Covered California tour.

Cary Sanders, California Pan-Ethnic Health Network (CP-EHN), echoed her support for work done by Covered California to eliminate disparities through targeting chronic conditions, and looking at the health outcomes that disproportionately impact members of the state. CP-EHN has gotten out word to network members that doors are open for business and encouraged them to continue to enroll Californians.

Mica Weinberg, Bay Area Council, noted that it is important for people understand how important health care reform has been for the entire California economy and not just people that have gotten coverage through this Covered California. The ACA has been good for employer-sponsored health insurance, for businesses, and for the economy. If someone has an employment gap, they can get coverage through Covered California rather than stay on cobra plans that were not really working for them. He also noted it has been great for there to be the \$20 billion of funding flowing into the health care system to help people afford health care throughout the state. Two thirds of people who have Medicaid are involved in the labor force in some way, two thirds of the adults, which is essential for the state's economy.

Agenda Item V: Covered California Policy and Action Items

Covered California Regulations

Discussion: Individual Eligibility and Enrollment Regulations Emergency Readoption

Bahara Hosseini, Legal, presented the proposed to individual eligibility and enrollment regulations. The major change being proposed is revising the income verification process to implement an increased threshold for income inconsistencies from 10% to 25%. This would mean that consumers would pass verification if their attested projected annual income is higher than the income available on electronic data sources, or is lower than the income from those sources by less than 25%. If the attested income is lower than the information on electronic sources by more than 25%, consumers will enter into an inconsistency, where they are provided notice and 95 days to provide verification documents to prove their attested income. Another noteworthy change is a revision to the eligibility pending appeal or continued enrollment regulations to clarify that the continued enrollment also applies to appeals of erroneous or wrongful terminations of enrollment. The remaining changes are just clean up or conforming changes.

Discussion: Enrollment Assistance Regulations

Drew Kyler, Branch Chief, Outreach and Sales Division, noted that federal ACA regulations were recently amended. Federally-Facilitated Exchanges are required to implement all of the changes, but most changes are optional for State-based exchanges. Staff is proposing that

regulations be changed to align with federal changes. Staff received feedback from stakeholders and advocates, which has been included for the Board's consideration. Staff further requested that the board adopt these regulations. Changes include continuing to pay for fingerprinting costs of certified enrollment counselors (CEC). There was a change to the regulations that would require CECs to provide consumers with referrals to proper tax advice if there were questions regarding tax assistance. Staff has added that Covered California will provide training to counselors on the available resources, so they may appropriately make referrals. Lastly, it would put a cap on the value of a gift that can be provided to an applicant by a CEC, to a nominal value or no more than \$15 in value, either individually or in the aggregate. After stakeholder feedback, staff has explicitly noted that gifts cannot include alcohol, cigarettes, or lottery tickets

Member Torres asked who will be enforcing the rule on gifts and the associated sanctions for violations. Mr. Kyler responded that if a report is made to Covered California, staff will work with the Legal office to reach out to the counselor and rectify the issue. Sanctions include becoming decertified with Covered California.

Member Torres asked why gift giving was an option at all. Mr. Kyler noted that the Federal Exchange allowed it and after having done work with stakeholders, Covered California thought it appropriate that counselors be able to offer swag, such as key chains and note pads.

Member Torres asked what the number of violations have been per year. Mr. Kyler responded that there were none to date.

Motion/Action: Board Member Torres moved to pass Resolution 2016-51. Board Member Fearer seconded the motion.

Public Comment:

Jen Flory, Western Center on Law and Poverty and Health Consumer Alliance, appreciates staff's efforts to make it possible for more people to electronically verify. The more people can do this without having to provide paper verification, the more likely they have to stay in their health plan. She looks forward to continuing to work with staff on how to communicate what happens when somebody has said their income is one thing but the information covered California has is different. She appreciates the addition of the new language regarding eligibility-pending appeal when there has been an erroneous termination.

With regards to the assistance regulations, she noted that some of her organization's suggestions were not taken because of some parallel regulation, which they understand. She is pleased with the compromise that staff that has come up with in the meantime to educate assisters on how to get people to the right tax advice without, feeling like they have to give an exact referral to a tax assister that has not been vetted.

Doreena Wong, Asian Americans Advancing Justice Los Angeles, supports Ms. Flory's comments on the Eligibility and Enrollment Regulations and the Navigator Regulations. She is pleased with the additional training for Certified Enrollment Counselors. In order to conform the navigator regulations to the CAC regulations, she recommended that final regulations include more specific language that could be applied for both programs. In response to the issue around

nominal gifts, she noted that it is useful to navigators to have swag or small gifts to generate consumer interest.

Michael Lujan, California Association of Health Underwriters (CAHU), noted brokers that do enrollment in Medi-Cal are indicating that consumers are not being notified when they fall in or out of eligibility. He stressed the importance of the notification, how it is communicated, the address used or alternative communication formats that are allowed to be set up in advance that gives a better probability of reaching the person to give them that notification.

CAHU supports the Enrollment Assistance Regulations.

Beth Capell, Health Access California, noted that her organization made the suggestion on the prohibition on tobacco, alcohol and lottery tickets. Health access would prefer that there wasn't swag at all, but recognizes that it is customary in this industry and attempted to find a middle ground that was practical

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

Agenda Item VI: Considering Future Issues for Covered California Panel Discussion

Chair Dooley provided opening remarks and noted that in light of Covered California's 5th year anniversary it is a good time to take stock of lessons learned where we are, and where we might be headed. It is important to have this forum to get sort of a glossary of terms and understanding of what it is people are talking about as possible paths and looks forward to learning from the panelists about their

Mr. Lee thanked the panelists for joining. He added that five years ago the board established a mission for Covered California about addressing the triple aim of better care, health year people, and lower cost, while expressly addressing concerns around healthcare disparities, but doing that through market-based solutions and putting consumers the driver's seat in terms of plans they pick and the providers they have access to.

Mr. Lee referenced a California Health Care Foundation article on potential visions for Covered California's role and noted that Covered California has been steered since the very beginning by this type of material. Covered California has framed what we are doing by four pillars; creating competitive markets; creating affordable products; effectively reaching out and enrolling consumers; and encouraging people to use care right. Looking ahead, Mr. Lee noted it is necessary to revisit which of these pillars need to be changed.

Mr. Lee agreed with Chair Dooley's comments about understanding how to talk about the issues that are critical for Covered California in the months ahead. The Covered California today is focused on "here and now" issues such as planning for the new administration, Medi-Cal transitions, special enrollment periods, improving the consumer experience, proving ground and working to streamline our appeals process.

Mr. Lee noted that Covered California's efforts to inform policy are not new. For example, in July, Mr. Lee noted he testified before the House Ways and Means Committee. He also spoke at Harvard about how Covered California's lessons are relevant not just in federal and state policy but to private plans and others thinking about benefit design. Lastly, Covered California commissioned research in June 2016 (by PwC) on policy potentials of a new administration.

Mr. Lee noted that Covered California has always been an evidence-based organization. A key part of that evidence now is to be informed by some of the national expert panelists here today. Mr. Lee noted there would be two, the first will discuss national and state healthcare and health insurance landscape issues and trends, and second which will discuss health prevention, wellness, and consumer engagement. He introduced the first panelists:

John Bertko, Chief Actuary, Covered California, presented on national/state individual insurance trends for 2017 and beyond.

Presented some information in terms of how actuaries determine premiums in all markets. This includes risk mix, health care costs, benefit design, administrative costs and profits, financial subsidies, rules and regulations, and market uncertainty. He noted that financial subsidies are what drives enrollment more than anything else and that it is the most important element. He added that pre-ACA about 30% of people were denied coverage due to pre-existing conditions. In term of benefit design, skimpy plans existed pre-ACA, most of which had no maternity or prescription coverage among a variety of things. He added that pre-ACA, a 30-year old woman would be double that of a man due to maternity coverage.

In terms of how California is positioned, Mr. Bertko noted that California's rate increase for 2017 was 13.2%, well under the national average increase of 22%. Additionally, there are three insurers in every one of the 19 regions, in contract to 25% of counties in the country with only one insurer. The risk mix in California is the lowest in the country.

In terms of how exchanges are performing nationally, Mr. Bertko noted that it is a "mixed bag." He also highlighted that inside exchanges, 85% or so of people are protected by the subsidies.

In terms of whether insurers will continue participating in exchanges or exit, Mr. Bertko noted there were some exits in 2017 due to bad strategies or mistakes in initial pricing. For 2018 there were large increases. Insurers have learned to build "narrow network" plans and have years of claims data to build their premiums.

In looking to the future, Mr. Bertko noted that 2017 is going to be a good year for plans on exchanges. He added that the Blue plans and other plans have expressed commitment to the market. He added that in 2017 grandfathered plans will be done and all of those healthy people will be coming into the exchange, which will translate into a rate decrease.

Mr. Bertko presented the Covered California's risk scores measured using state hospital discharge data, and noted that they were good, with the open enrollment population being healthier than special enrollment and the renewal population.

Some of the issues Mr. Berko anticipates in 2018 include the increase in drug prices, special enrollment period rules, and third party payment rules.

Chair Dooley asked Mr. Bertko to explain why he was discussing 2018 and why 2017 is protected. Mr. Bertko responded that Republicans have indicated they will follow what they did in 2015 for the bill that was vetoed. That path would take Covered California to the end of 2017 with the contracts in place and to keep disruption down, extend through 2018.

Larry Levitt, Senior Vice President for Special Initiatives, Kaiser Family Foundation, presented on the coming debate over the future of the Affordable Care Act. He highlighted that the ACA succeeded tremendously at its primary goal, which was to increase insurance coverage. The uninsured rate nationally and in California as well is at its lowest rate ever. However, the public actually does not understand this. Unwinding a law that provides benefits on this scale would be unprecedented.

27 million Americans remain uninsured with an estimated three million in California. 46% of uninsured Californians are eligible for Medi-Cal or APTC through the exchange. When asked why they do not enroll, consumers cite cost as a barrier, indicating they are unaware they may be eligible for subsidies or that they do not perceive these subsidies as affordable.

While there have been concerns that the ACA is unsustainable, California is proof that it can work. This has resulted in California signing up 79% of subsidized enrollees as a share of the eligible population, which is a testament to the outreach being done. This is important in producing a balanced risk pool and more stable premiums. The cumulative change in benchmark premiums since 2014 in California is 12.9% growth, compared to 33% nationally.

Covered California's success is highly dependent on the provisions of the ACA. If it is repealed and replaced it could have significant implications on the coverage gains.

It is expected that the incoming congress may try to repeal the ACA through a budget reconciliation maneuver with an effective date sometime between one to three years, and vote on a replacement bill in the future. Mr. Levitt discussed possible ACA alternatives based on what President-Elect Trump proposed during the campaign and what the house speaker Ryan has put forward. Alternatives include converting Medicaid to a block grant or a program with a per capita or per person cap, giving states flexibility but putting them at greater financial risk. Alternatives also include subsidies, but in a very different form. President elect trump has proposed eliminating those tax credits and instead making health insurance premiums tax deductible, the uninsured resulting from repeal would owe no taxes to begin with or are in very low tax brackets, making a deduction not worth very much to them. The GOP proposed a refundable tax credit similar to the ACA but they would only vary by age, which would provide more help to higher income people and less to help lower income people. Both proposals include allowing insurers to sell insurance across state lines, which would allow insurers to flock to states with minimal regulatory environments, making it very hard for a state to impose consumer protections. Guaranteed issue would only apply to those with continuous coverage under new proposals. For those denied due to pre-existing conditions, there would be high-risk pools. High-risk pools can work depending on the kind of resources available to provide coverage to people.

Mr. Levitt posted some long-term questions to consider under an ACA alternative such as: What would be the impact on the number of people uninsured? Could low and middle-income people afford health insurance and health care? Is there a way for people with pre-existing conditions to get adequate health care? How might changes in Medicaid affect the individual insurance market? Are there mechanisms and resources for states to go further if they wish? Is there a role for an organization like Covered California to structure the market and help consumers get insured? Potential shorter-term questions in the context of an ACA repeal debate include How to communicate to potential enrollees that the ACA's benefits and requirements are still in effect? How to maintain stability in the individual insurance market if there is a gap in time between an ACA repeal vote in Congress and implementation of an alternative? How will a new Administration handle *House v. Burwell* and lawsuits over risk corridor payments? What might the transition from the ACA to a new structure look like?

Sandra Hernandez, MD, President & Chief Executive Officer, California Health Care Foundation, presented on California's health care market trends and issues to consider for the future. She noted that she expects there will be a focus on consumers bearing a lot of the decisions and responsibilities and requirements going forward. She added that the employer market has been more stable in states that have expanded Medicaid. Out of pocket costs have also declined since the ACA. In terms of take-up, lower income individuals have the highest rate. Dr. Hernandez called attention to a report that CHCF did with IHA looking at HMO and PPO products in 2013 and found that HMOs were higher quality lower cost. Consolidation in hospitals and physicians has also increased compared to pre-ACA. Dr. Hernandez shared Medi-Cal enrollment figures across various California cities and noted that Fresno has 50% of its population on Medi-Cal. She expects there will be larger conversations about entitlement reform. In addition to being the right thing to do for families and communities, healthcare coverage right thing to do for our economy, as it accounts for about 7% of the state's employment and is a big technology driver. She shared some labor statistics and noted that health care and the social infrastructure really did lead a lot of the economic recovery in California coming out of 2008-2009. With regards to the public funding of health care, she pointed to a UCLA study that found that 71% of health care expenditures in California are paid for with public funds. She commended Covered California for their work in partnership with Medi-Cal and CalPERS to identify areas of utilization and C-section rates and building that into contracts. Some issues to consider moving forward include providing coverage to the remaining uninsured, minimizing loss of coverage due to churn, improving affordability, improving access to care and delivery system reform.

Member Torres asked Mr. Levitt if interstate commerce translated into cost savings. Mr. Levitt responded that it would be cheaper premiums, but not necessarily to the benefit of the consumer.

Ian Morrison, PhD, Author, Consultant and Futurist, presented on looking ahead at American health care, specifically providing an overview of the marketplace, reactions to the ACA and the election, and provided several issues. He noted that some of the changes in health care have revolved around coverage expansion, payment reform volume to value, consolidation and integration, delivery shift to ambulatory environment, IT infrastructure and enhancing the consumer (and provider) experience. He expects the following as a result of the election: major structural changes to ACA – changed name, the end of mandates – individual/corporate, the

elimination or reduction of “Cadillac insurance tax,” establishing state pre-existing condition pools, less federal subsidies for uninsured and Medicaid, more state discretion for Medicaid spending, and less insurance regulation. He anticipates implementation of a new plan will be incremental and that policies will be very market driven. However, he wonders if coverage for 20 million people will be eroded and how guaranteed issue will be maintained without the mandates. Due to the 2018 elections Mr. Morrison is hopeful that the following items do not change: shift from volume to value, MACRA, payment reform in public and private sector, managed Medicaid but more state flexibility, Medicare advantage growth, consolidation, population health and continuum of care

Mr. Lee noted that all speaker presentations and suggested supplemental reading material are available online at <http://board.coveredca.com/meetings/>.

Public Comment:

Beth Capell, Health Access, noted that before the Affordable Care act was enacted, California had a wild, Wild West approach to insurance market regulation. She added that on the day the ACA was enacted, she was in discussions about a piece of legislation to standardize benefit design, and a major carrier said that 800,000 Californians had hospital only coverage. Those who were unfortunate enough to buy coverage in California regulated through the insurance code were not required to have medically necessary care. That is what we are talking about when we are talking about the pre-ACA and she does not want to go back.

Michael Lujan, California Association of Health Underwriters (CAHU), noted that the association is still forming official comments. In response to Mr. Bertko’s estimate of those denied insurance pre-ACA, Mr. Lujan added that CAHU’s members have shared closer to a 50% decline rate pre-ACA. California got down to two, if not one, carrier in the individual market places that offered maternity coverage pre-ACA. CAHU is troubled by the possibility of returning to either gender pricing or other changes that exacerbate disparities in health equity and market limiting benefits like that.

Mr. Lee introduced the second panel, to present on topics around improving wellness, population health, and consumer engagement.

Karen Smith, MD, MPH, Director and State Public Health Officer, California Department of Public Health, presented on the future of healthcare. Specifically, drivers of change, alignment and shared goals, and on focusing on the future. She noted expanding the mandate, changing population, health care reform, community focus and new data of tools all as drivers of change.

Doris Peter, PhD, Director, Health Ratings Center, Consumer Reports, presented on consumer engagement and how Consumer Reports has engaged consumers and perhaps how that could translate into what Covered California is doing. She also presented a wish list for 2020 for Covered California. She shared various tools on engaging consumers with data and ratings on topics such as hospital safety, drug safety, cost tools and other related health areas. In terms of the wish list for 2020, she is hopeful that: there is a continued to push the nation on disparities, health-plan accountability for provider safety is expanded, pent-up demand among consumers for

cost and quality information & tools Consumers ready to engage on drug costs & effectiveness is harnessed, and that there are improvements in quality measurement and data quality

Public Comment

Julie Broyles, California Association of Health Underwriters, noted that licensed certified agents are the marketing, sales and servicing arm for most of the plans. They have been here through pre-ACA, the ACA, and now, at the front lines of consumer involvement. They know the local landscape of providers and the facilities, and they are the ones that the consumers turn to, again, for renewals, retention, consistency in their plan use. She noted there has not been much conversation about the need to protect sales and marketing. The private marketplace outside of the exchange has been a very rocky one for the agents in the last several months.

Beth Capell, Health Access, noted part of the reason why it was possible to create Attachment Seven so quick is because there had been so much ground laid out by Consumers Union, C-PEHN and many other partners. Attachment Seven would not exist without many prior efforts, Those who run hospitals and provide care are the ones most capable of making change so it is very important that the ratings matter to them. We have a very expensive, unsafe, inefficient health care system and it is part of what is causing the challenges we are facing.

Michael Lujan, shared that there's a whole wave of insurance technology to the tune of about \$2.5 billion being invested last year, much of it aimed at a lot of the things that we are talking about improving such as health insurance literacy, consumer transparency, engagement of various different aspects of both the employer and the individual consumer market. So as we look at exploring and maybe to Peter's point around the engagement or adoption rate and how we increase their use, I think there is interesting technologies happening on the carrier side, certainly interesting tools and useful tools happening on the public side. There whole private sector that aims to deliver through an improved user experience, user interface, technologies that people use on their phones and might be multicarrier, agnostic of any one carrier, which is probably the primary barrier why people don't use carrier created tools.

Cary Sanders, California Pan-Ethnic Health Network (CP-EHN) noted that disparity starts with coverage and lack of access to coverage. Ms. Sanders was struck by the slide looking at Fresno and other particular areas where disparities have historically existed in access to coverage. The work that Covered California and DHCS has done really helped to close those disparities. Ms. Sanders appreciated Dr. Smith and Dr. Peters helping to make the links between the social determinants of health, which we know are really important and really do impact health outcomes.

She is hopeful that the conversations between DHCS and Covered California, between the major purchasers in California will continue.

Evelyn Gonzales, Community Health Councils, thanked the panel for the information they provided. She would like to see further information around prevention, for the consumer reports

and seeing how some of the elements that delve into prevention and behaviors can be packaged to better understand that aspect.

Agenda Item VII: Adjournment

The meeting was adjourned at 3:43 p.m.