CALIFORNIA HEALTH BENEFIT EXCHANGE BOARD MINUTES
Thursday, January 26, 2017
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
Genoveva Islas
Marty Morgenstern

Members Absent:
Art Torres

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 Open Session to order at 12:08 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 November 17, 2016 meeting minutes.

Presentation: November 17, 2016, Minutes

Discussion: None.

Motion/Action: Board Member Fearer moved to approve the November 17, 2016, minutes. Board Member Morgenstern seconded the motion.

Public Comment: None

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

Agenda Item IV: Annual Election of Board Chair

Chair Dooley asked for nominations for the position of board chair.

Discussion: None

Motion/Action: Board Member Fearer moved to reappoint the current chair, Diana Dooley. Board member Islas 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, thanked Chair Dooley for her service. Mr. Lee shared that in closed session the Board discussed personnel updates and contracting matters. Personnel updates included the appointment of Doug McKeever as the Chief Deputy Executive Director of Programs, the appointment Karen Johnson as the Chief Deputy Executive Director of Operations, the appointment of Darryl Lewis as the Director for the Office of the Ombudsman, and the return of Katie Ravel from maternity leave. Contract matters the board took up included approval of issuing a competitive RFP for developing an analytic consulting pool, approval of a contract amendment with PriceWaterhouseCoopers (PwC), and approval to issue an RFP for special enrollment period verification services. The Board also received an update on Covered California's ongoing membership in the National Academy for State Health Policy.

Executive Director's Update

Discussion: Open Enrollment Update

Mr. Lee reported that to date, 327,000 individuals have newly enrolled in Covered California. Roughly 1.3 million individuals have renewed, 32% of which have actively renewed. This is on track to meeting the midpoint of enrollment projections and similar to last year's enrollment.

Mr. Lee also reported that some consumers have experienced systems issues that CalHEERS identified. First, about 20,000 passive renewal individuals were incorrectly identified as having consented to verification of tax information. Covered California has reached out to these individuals informing them they cannot get subsidies without consent. Secondly, Covered California sent health plans incorrect amounts of APTC for 25,000 individuals. Staff has done multiple emails, phone calls, customized notices in multiple languages and reached out through certified insurance agents to impacted individuals.

Mr. Lee also reported that Covered California did research on how the election is affecting those considering renewing or signing up to ensure messaging to consumers is effective.

Jennifer Miller, Senior Marketing Specialist, Marketing Division, reported that Greenberg Strategy conducted research for Covered California to learn about post-election attitudes. The objective was to understand if sentiment was affecting 2017 enrollment, determine consumer barriers, and evaluate Covered California messaging. Key findings were as follows: Consumers thought subsidies would continue to be available in 2017; the belief that the Affordable Care Act

(ACA) will be cancelled is not a barrier to enrollment; and, there is great trust in the Covered California brand. She shared some respondent quotes for quantitative/qualitative studies. Primary barriers for consumers are affordability and a lack of understanding eligibility and enrollment difficulties. These findings were consistent with research conducted prior to open enrollment 4, which was used to tailor the existing Marketing campaign.

Member Islas asked how often assessments like these are conducted and what the plan is for the future. Mr. Lee responded that research is ongoing. He added that fresh rounds of qualitative and quantitative research would be conducted again before open enrollment 5. Ms. Miller added that Covered California is not only looking at barriers, but also motivators.

Member Fearer asked if marketing activities would be elevated to address things happening in the news. Mr. Lee responded that Covered California would continue to have regular communication with consumers.

Member Morgenstern asked how consumers are contacted. Mr. Lee responded they are contacted via e-mail, social media and mail.

Discussion: Special Enrollment Update

Mr. Lee provided an update on special enrollment efforts and noted that Marketing will take a week off advertising. Marketing will then resume statewide, specific by area, targeted outreach efforts. He added that during this period, marketing focuses on prospects and retaining existing members.

Discussion: Federal Policy Update

Mr. Lee provided framing on how Covered California is approaching national discussion ahead. It will be necessary to be mindful of changes happening. It will also be important for Covered California to convey what a successful model of market-based solutions, providing affordable care and access to high quality care looks like. California has an effective model, risk mix and benefits people can understand, resting on financial subsidies through tax credits.

Mr. Lee referenced five examples on things Covered California is doing to inform the national debate. First, Covered California released its annual report to legislature for fiscal year 2015-2016. Second, there is the marketing study Ms. Miller presented on how consumers see the new reality for enrollment. Third, Covered California released a report on concerns of what repeal would look like without viable replacement. Fourth, on Monday, January 30, Covered California will upload a document on the facts of how proposals might address various elements of the ACA. Lastly, Covered California commissioned Wes Yin from UCLA to look at implications of change of policies for funding of cost sharing subsidies.

Mr. Lee also presented principles for evaluating ACA change proposals and common metrics to assess policies. He welcomed comments from stakeholders.

Member Fearer applauded Covered California's efforts to produce reports. It is important right now given the absence of information and presence of misinformation. Evidence and sound reporting needs to continue for Covered California, other exchanges and policy makers.

Public Comment:

Beth Capell, Health Access California, echoed member Fearer's comments about assessing sentiment of consumers on an ongoing basis. She commended Covered California's focus on affordability as well as efforts to address product issues and process complexities via standardized benefit designs.

Jen Flory, Western Center on Law and Poverty and Health Consumer Alliance (HCA), expressed disappointment with the CalHEERS glitches that were identified. However, HCA stands ready to help consumers that are confused or have been affected. She echoed Ms. Capell's comments regarding studies and research. Loss of CSRs would hamper the ability for consumers to access health care. Lastly, she noted that the different proposals that have been presented do not tackle the issue of affordability for low-income individuals.

Carrie Sanders, California Pan-Ethnic Health Network (CP-EHN), noted that she recently spoke with a Lyft driver who is in Covered California that expressed her appreciation on how easy it was to understand and compare products. Ms. Sanders echoed comments about the importance of continually checking in with consumers to help them understand what is at stake. Most people do not understand how much work has gone into creating standardized benefits. She appreciates the focus on the principles and common metrics; specifically that disparities and keeping consumers empowered and front and center were included.

Michelle Lilienfeld, National Health Law Program (NHLP), echoed comments made on the importance of cost sharing reductions and affordability. NHLP looks forward to reviewing the principles and metrics to assess policies and providing future comments.

Michael Lujan, California Association of Health Underwriters (CAHU), noted that agents are busy renewing consumers and wrapping up open enrollment. He agreed with the Greenberg Study that affordability remains a fundamental barrier for consumers. He thanked Covered California for allowing agents to be used for outreach. He echoed Member Fearer's comments about communication with consumers and thanked Covered California for the information being shared. He noted that about 2,000 CAHU agents would be visiting Washington, DC and sharing the California story.

Gil Ojeda, La Cooperative Campesina de California, is pleased that the Governor and the new Attorney General do not intend to stand down and that the Covered California is creating key information. He encouraged Covered California to dialogue and coordinate with the Governor, Attorney General and the democratic leadership in the legislature moving forward. The information put out by Covered California is creative and needed and should be continued.

Member Fearer noted that in reflecting on the principles and metrics presented by Mr. Lee as well as the public comments, a couple of ingredients for success are standardizing benefits and having the optimum amount of choice for consumers. Allowing health plans to add all of the

bells and whistles they want is hostile to effective consumer choice. This should be captured in the principles and metrics.

Mr. Lee shared that he will be going to Washington, DC to tell California's story. He agreed with Mr. Fearer's comments that more choice is not always better. Covered California will continue to look at the best information and research so that consumers are able to make informed decisions that are in their best interests.

Mr. Lee noted that the order of the Policy and Action items have been moved.

Agenda Item V: Covered California Policy and Action Items

Covered California Regulations

Discussion: Individual Eligibility and Enrollment Regulations Emergency Readoption

Bahara Hosseini, Legal, noted that conforming changes were made throughout the Individual Eligibility and Enrollment Regulations pursuant to recent federal rules which took effect on January 17. Technical changes were also made. The major change being proposed is revising the income verification process to implement an increased threshold for income inconsistencies from 10% to 25%. Changes were also made to special enrollment triggering life events to make consistent with the recent federal final rule. Lastly, language was added that that allows eligibility pending appeal or continued enrollment for appeals of erroneous terminations.

Motion/Action: Board Member Morgenstern moved to pass Resolution 2017-05. Board Member Islas seconded the motion.

Public Comment:

Jen Flory, Western Center for Law and Poverty and Health Consumer Alliance, supports the proposed changes to the eligibly and enrollment regulations. The income threshold will allow people to get into Covered California right away without having to provide paper documentation. The language on terminations will ensure people who are terminated for any reason are allowed to have continued enrollment, rather than just during renewal. Lastly, Western Center supports the language on erroneous terminations.

Michelle Lilienfeld, National Health Law Program (NHLP), supports changes made to the regulations. The income threshold will allow more people to be automatically enrolled into coverage. NHLP also supports allowing continuous eligibility pending appeal for any improper termination, not just at application or renewal.

Beth Capell, Health Access California, concurs with comments made by other consumer colleagues.

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

Discussion: Plan Based Enrollment (PBE) Permanent Regulations Amendment

Drew Kyler, Branch Chief, Outreach and Sales Division, shared that currently a PBE must be employed or contracted as a captive agent with a Plan Based Enrollment Entity (PBEE) that is also a California qualified health plan. If a consumer contacts a plan, the PBE provides the options that are available from that plan for enrollment. PBEs are currently required to notify consumers that they are a representative of the plan. Should consumers wish to learn more about other plan options, PBEs could transfer them to the Covered California service center.

The proposed regulations would prohibit PBEs from entering into agreements or affiliating with either Navigator Grantees or Certified Application Counselor Entities or Counselors. This will ensure that when consumers are engaging with a PBE, that they are actually affiliated with a plan and not affiliated with a community-based organization.

Chair Dooley asked if PBEs are obligated to share with consumers all the options that those consumers have. Mr. Kyler responded that they are only required to share that they have options. If consumers were interested in other options than the ones available through the PBE, the PBE would then transfer them to the Service Center for additional information.

Public Comment:

Beth Capell, Health Access California, noted that plan-based enrollers (PBEs) play an important part, but they are distinct from navigators, community-based organizations, and others who reach out to the community and make all options available. There has been confusion in the field, so it is important that these regulations move forward to make it clear that there are different things playing a different role, and that both are acknowledged and respected.

Cary Sanders, California Pan-Ethnic Health Network (CP-EHN), echoed Ms. Capell's comments and supports staff's recommended amendments. It is helpful to clarify and distinguish between roles to avoid confusion for consumers looking for unbiased assistance. She noted that CP-EHN submitted a joint sign on letter with additional detail on the support for the changes.

Jen Flory, Western Center for Law and Poverty and Health Consumer Alliance, echoed comments made by CP-EHN and Health Access. She noted that this issue came out of concerns that were raised about some potential confusion regarding the payment of certain enrollers. Staff has been proactive in working with advocates in helping to clear that up.

Michelle Lilienfeld, National Health Law Program (NHLP), supports the regulations. She agreed with other speakers that this would strengthen consumer protections by managing potential conflicts of interest between plan-based enrollers and other Covered California enrollment programs, which would help ensure impartial assistance for consumers.

Doreena Wong, Asian Americans Advancing Justice Los Angeles and the Health Justice Network, echoed comments made by CP-EHN, Health Access, Western Center and NHLP. She expressed appreciation that staff listened and fixed this issue. This will avoid confusion between a navigator, a certified enrollment counselor, and a certified application counselor.

Evelyn Gonzales, Community Health Councils, supports the regulations and agrees that it is important to clarify roles.

Michael Lujan, California Association of Health Underwriters (CAHU), supports the regulations, and the comments made by others. He requested clarification on whether or not certified insurance agents would be included or excluded from the proposed language. The structure of how certified insurance agents are compensated (outside of grants, their role being appointed with multiple carriers, and providing in-person assistance) supports this policy without any conflict of interest.

Chair Dooley expressed appreciation with the distinctions that were made in the regulation and asked Mr. Kyler to provide clarification in response to Mr. Lujan's concern.

Mr. Kyler responded that he would take back the comments from all stakeholders and potentially incorporate some language.

Discussion: SHOP Eligibility and Enrollment Emergency Regulations Readoption

Gabriela Ventura, Legal, presented proposed amendments to the Covered California for Small Business (CCSB) eligibility and enrollment regulations. The proposed amendments include eligibility and enrollment rules for dental plans in CCSB. For consistency across Exchange programs, amendments reflect similar rules as the individual exchange for dental enrollment. This would allow qualified employees to enroll in a dental plan only if they are not selecting a qualified health plan (QHP). It would also require, consistent with the individual exchange, that all children be enrolled in the same dental plan. The proposed amendments also include a conforming rule change for new employee waiting period calculations pursuant to final federal rules. This calculation would count the waiting period from the day that the qualified employee becomes otherwise eligible for health care, not when the employer notifies CCSB.

Public Comment: None

Discussion: Acknowledgment of Contra Costa County for Partnering in Offering Service Center

Mr. Lee presented Contra Costa County with a resolution recognizing and appreciating its partnership with Covered California to increase the number of Californians who have health coverage, reduce health disparities and provide consumers more choice and better value. In 2013, Covered California engaged Contra Costa County to be a key partner in the launch of Covered California and the implementation of the Affordable Care Act, and they operated up until last month one of what was our three service centers.

Chair Dooley extended her appreciation to Contra Costa County.

Motion/Action: Board Member Islas moved to pass a resolution acknowledging Contra Costa County. Board Member Fearer seconded the motion.

Public Comment: None

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

Discussion: 2018 Qualified Health Plan Certification Policy

James DeBenedetti, Interim Director, Plan Management Division, presented on the 2018 Qualified Health Plan Certification Policy. He reviewed the 2017–19 certification guiding principles for the individual marketplace. He noted that for 2018, there will not be any significant changes, but some carriers were not licensed when 2017 certification happened so Covered California wants to enable newly licensed carriers to apply for certification. The certification application will also be open to Medi-Cal managed care plans. In addition, options that are offered by the small business program will be expanded. Lastly, the certification application will be shortened for issuers contracted for 2017–19. Performance targets and requirements will be updated, if needed, based on the information acquired over the past year. There will not be a separate recertification application for those returning applicants.

Mr. DeBenedetti pointed to the proposed certification milestones and reviewed the most important milestones. Letters of intent will be submitted by February 15. Applications will be opened after the board approves them in the March meeting and will be due on May 1. Staff will then review with expectation that negotiations will start in June. In July, Covered California will make public preliminary rates. Regulators will have 60 days to review rates submissions to determine if appropriate.

Mr. DeBenedetti reviewed comments related to draft certification applications that were posted for review in December. Staff has incorporated comments and provided drafts with board materials. Many carriers want the rate submission timeline extended. Covered California is not going to do that at this point. There were also some questions on service area requirements and staff clarified language. Language was also clarified on quality. For requirements for returning vs. new entrant applicants, staff reduced some of the currently contracted-applicant questions. Lastly, language was revised and definitions were added in the fraud, waste, and abuse and sales channel sections.

Mr. Lee noted that Covered California understands the letters of intent submitted will be based on what is known at that point in time. Covered California will continue to engage with plans and bring back information to the board that might change that picture.

Public Comment:

Beth Capell, Health Access, expressed appreciation for the work that has been done in the contracts to improve quality, reduce cost, and reduce disparities.

Athena Chapman, California Association of Health Plans, acknowledged that plans will be starting the certification process with a lot of uncertainty and appreciated Mr. Lee's acknowledgment that this may need to be revisited.

Discussion: Proposed Standard Benefit Design

James DeBenedetti, Interim Director, Plan Management Division, presented key considerations for 2018 health plan benefit design, which were informed by input from the 2018 Benefit Design Workgroup and national best practices. He noted that health plan benefit changes from 2017 include lowered copays for Platinum and Gold plans, removal of inpatient physician fees in the Plantinum and Gold copay plans, lowered pharmacy deductibles from $250 to $100 and applied it to Tier 1 drugs for Silver, Silver 73, CCSB Silver Copy and Coinsurance plans, and an increased maximum out of pocket (MOOP) to $7,000 in Silver and Bronze plans. On the endnotes, staff provided clarification on language related to oral anti-cancer drugs, mental health services, and drug tier definitions. Staff also added new endnotes specifying that cost sharing for hospice services apply regardless of the place of services. In addition, day limits on the amount of tobacco cessation meditation someone could receive were removed.

Next, Mr. DeBenedetti presented 2018 proposed dental benefit designs. For copay plan design, staff is updating the standardized copay schedule for the new codes that came out for 2017. For Adult coinsurance design, the exclusion of veneers has been added to the list. In addition, there is a six-month waiting period for major services. However, prior coverage is good enough. In addition, Covered California is trying to bring about another employer-sponsored dental plan.

Looking ahead to 2019, Mr. DeBenedetti noted that preparation for 2019 would need to start in February, rather than September. Current priorities for exploration are high deductible health plans, and looking at the open enrollment period end date that is scheduled to change at the federal level to December 15 for plan year 2019.

Mr. Lee introduced Wes Yin from UCLA and noted that Covered California reached out to Mr. Yin to model what would happen if health plans had to build cost-sharing reductions (CSRs) into the premium instead of receiving support from federal funds.

Wes Yin, Professor of Economics at UCLA and former white housing health care economist in the Obama administration, explained the two types of subsidies; Advanced Premium Tax Credit (APTC) and Cost Sharing Reductions (CSRs). 90% of Covered California enrollees receive some form of APTC and about 50% are in a CSR-eligible Silver plan. The current *House vs. Burwell* lawsuit threatens the CSR funding mechanism. Eliminating CSRs would result in a loss of $715 million a year in direct federal CSR funding for California consumers. Currently, insurers are required to offer CSR reductions for the Silver plan variants regardless of whether that funding is available. By eliminating CSRs, issuers could either exit the market or load Silver plan premiums to cover the CSR defunding.

Mr. Yin explained that for his analysis, he sought to understand the impact of an increase to Silver plan premiums in response to lost CSR funding on consumer plan choice, spending, as well as the impacts on the federal budget. Mr. Yin reviewed his modeling approach. In his results, he noted that gross Silver premiums would need to increase 16.6% to make up for lost CSR funding. He also noted that since APTC is pegged to the second-lowest Silver, APTC would also increase as premiums increase. As for consumers, Mr. Yin explained there is a substitution away from Silver plans, primarily to Bronze plans and to Gold and Platinum plans. He also noted that the impact on the federal budget for defunding the CSRs would be a net

increase in federal spending of $221 million. This is because APTC rises and can be used broadly across all plans. A similar analysis was conducted for the off exchange market, which also resulted in the increase in Silver plans by 16.6%. Enrollment response was away from Silver, towards Bronze plans, Gold and Platinum plans. Due to the rise in premiums, there was also a small decline in the total off exchange enrollment.

Public Comment

Beth Capell, Health Access California, noted that Mr. Yin's report did not become available until after 10am. She encouraged the Board to post materials at least before the start of closed session. She noted there are huge differences and huge impacts on consumers. Staff and stakeholders have worked very hard to steer people who are below 250% poverty in the CSR plans, and have largely been successful. Very few people who are below 250% of poverty select Bronze. A lot of work that has been done to help people get the best coverage is being tossed up in the air. For someone living on $12 an hour, the difference between $8 for a specialist visit and $70 is the difference between going to the doctor and not going to the doctor. Ms. Capell explained she had comments about benefit design and would had shared them if the topics had BEEN separated.

In response to Ms. Capell's comments about the availability of the CSR report, Mr. Lee noted that Covered California is in a very fast-moving period and that this discussion is just the beginning. Information was put out as soon as it was available and he noted that no decisions would be made.

Jen Flory, Western Center for Law and Poverty and Health Consumer Alliance, is relieved at the assessment in the presentation that consumers would still be entitled to receive CSRs, but it does throw a hand grenade in the market again, and particularly those people higher up on the FPL who are in cheaper regions or who are younger would experience a different assessment on their APTC and would likely have to switch plans again. For standard benefit design, Ms. Flory noted that the process Covered California undertakes is unique. While it is sad to see any place where cost is going up, she is thankful that the deductible and the maximum out of pocket were reduced for the most generous CSR plan that affects low-income people. She thanked staff for taking some of Western Center's comments on the footnotes. Specifically, it was important that where Bronze and Bronze HDP plans work differently, that that be clarified in the footnotes.

Cary Sanders, California Pan-Ethnic Health Network (CP-EHN), echoed Ms. Flory and Ms. Capell's comments. They appreciate being part of the plan advisory committee and the work staff puts into the standard benefit designs, specifically as it relates to lowering certain costs. She is also pleased with the changes to the footnote, particularly around the tobacco cessation medication.

Autumn Odgen, American Cancer Society Network, appreciates that staff ensures patients are informed and provided clarifying language around the oral cancer drugs, and also the tobacco cessation medications. It is critical that they know what their rights are, and removing as many barriers as possible.

Michelle Lilienfeld, National Health Law Program (NHLP), appreciates being part of the Plan Management Advisory Group. On the standard benefit design, she appreciates covered

California's commitment to consider changes to meet consumer needs while maintaining consistency and stability. Lastly, she looks forward to reading Mr. Yin's report and the opportunity to provide comment in the future.

Michael Lujan, California Association of Health Underwriters noted that reactions are worrisome and that California is more insulated than most states. He is grateful for the opportunity to participate in the Plan Management Advisory Group. He cited statistics shared on the commercial market that that about 50% of working individuals already have difficulty affording $1,000 or more in out-of-pocket expense. That number is about 25% for $500 or more. He noted that while this trend with high deductible plans and possibly the inclusion of an HSA or HRA might be a viable solution for some, it would not be for all. He underscored, in light of the 21st Century Cares Act that was just enacted, that HRAs be included in this discussion. Both are expected to grow significantly this year. In addition, HRAs, by way of the Cares Act, makes it permissible for smaller employers to use an HRA where they otherwise would not have been.

Chair Dooley noted that the CSR report was making one assumption; that the current law that requires the CSR subsidies would stay in place and the funding for it removed. Plans would still be obligated to provide it, and this looked at how issuers might incorporate it in their premium structure. This was only one narrow assumption in a sea of other aspects of the law. This is an example of the type of work that will need to be done once we learn what the actions are.

Mr. Lee expressed his appreciation for Brent Barnhart, who served as last year's chair of the Plan Advisory Committee. The new chair, Rob Spector, hit the ground running at the last plan management meeting. He thanked the health plans, advocates, provider representatives and clinicians for their work. This mix is part of why Covered California has patient centered benefit designs, good enrollment and people getting care when they need it.

James DeBenedetti, Interim Director, Plan Management Division, provided an update on special enrollment period (SEP) verification efforts. He noted that staff is looking at putting a place a system to verify qualifying life events through a method other than self-attestation. Covered California does not want to make this process cumbersome for enrollees and is looking for ways to do verifications electronically and real time. Staff will be issuing an RFP to procure a vendor that can provide those services. The primary focus will be to verify loss of minimum essential coverage (MEC). However, if vendors can verify other qualifying life events staff will look at whether it can be implemented. Next, he reviewed the guiding principles for the process, evaluation and implantation. Recently, staff conducted an RFI from the industry to find out if such verifications were achievable and six companies responded. This topic was discussed at a recent plan management advisory group meeting. The next steps are to get the RFP out no later than March 2017. Staff will incorporate feedback from carriers, advocates and other stakeholders for the RFP requirements. A vendor will be selected no later than August 2017. Conforming regulations will be drafted in coordination with system and process development. The goal is to get the system in production and in place for 2018 special enrollment period.

Public Comment:

Jen Flory, Western Center for Law and Poverty and Health Consumer Alliance, appreciates staff's work on verifications and on providing updates on results of the audit. Western Center looks forward to working with staff on the regulations to ensure that no one has delays on enrolling in a plan based on verification.

Michelle Lilienfeld, National Health Law Program (NHLP), echoed Ms. Flory's comments.

Cary Sanders, California Pan-Ethnic Health Network (CP-EHN), echoed Ms. Flory's comments.

Beth Capell, Health Access California, is pleased to see, after considerable work from staff, that there is a shift towards electronic verification. That is the right solution, but it took a lot of work to figure out how to operationalize it.

Wendy Therrian, Workforce Services Bureau Director for Contra Costa County Employment and Human Services Department, conveyed their appreciation for the recognition and the adoption of the resolution and the comments made by Mr. Lee. The Call Center worked hard to be a top performing call center. She expressed appreciation for the partnership with staff. She also noted they are proud to have collaborated with Covered California to help more than a million California residents obtain affordable health care coverage.

Agenda Item VII: Adjournment

The meeting was adjourned at 2:30 p.m.