

File No. 120778

Committee Item No. \_\_\_\_\_  
Board Item No. 51

**COMMITTEE/BOARD OF SUPERVISORS**  
AGENDA PACKET CONTENTS LIST

Committee \_\_\_\_\_

Date \_\_\_\_\_

Board of Supervisors Meeting

Date 07/24/12

**Cmte Board**

- |                          |                                     |  |
|--------------------------|-------------------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/>            | Motion                                       |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Resolution                                   |
| <input type="checkbox"/> | <input type="checkbox"/>            | Ordinance                                    |
| <input type="checkbox"/> | <input type="checkbox"/>            | Legislative Digest                           |
| <input type="checkbox"/> | <input type="checkbox"/>            | Budget Analyst Report                        |
| <input type="checkbox"/> | <input type="checkbox"/>            | Legislative Analyst Report                   |
| <input type="checkbox"/> | <input type="checkbox"/>            | Introduction Form (for hearings)             |
| <input type="checkbox"/> | <input type="checkbox"/>            | Department/Agency Cover Letter and/or Report |
| <input type="checkbox"/> | <input type="checkbox"/>            | MOU  |
| <input type="checkbox"/> | <input type="checkbox"/>            | Grant Information Form                       |
| <input type="checkbox"/> | <input type="checkbox"/>            | Grant Budget                                 |
| <input type="checkbox"/> | <input type="checkbox"/>            | Subcontract Budget                           |
| <input type="checkbox"/> | <input type="checkbox"/>            | Contract/Agreement                           |
| <input type="checkbox"/> | <input type="checkbox"/>            | Award Letter                                 |
| <input type="checkbox"/> | <input type="checkbox"/>            | Application                                  |
| <input type="checkbox"/> | <input type="checkbox"/>            | Public Correspondence                        |

**OTHER** (Use back side if additional space is needed)

<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____

Completed by: Nicole Lyshorn

Date 7/19/12

Completed by: \_\_\_\_\_

Date \_\_\_\_\_

An asterisked item represents the cover sheet to a document that exceeds 20 pages. The complete document is in the file.

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[Adoption of the Distributed Consortia-Based Option for the California Health Benefit Exchange Board Call Center]

**Resolution calling on the California Health Benefit Exchange Board (HBEX) to adopt the Distributed Consortia-Based Option (Option 4) for the HBEX Call Center.**

WHEREAS, The stated goal of the Patient Protection and Affordable Care Act is to increase access to health care for currently uninsured and underinsured Americans; and

WHEREAS, California is leading the way in the implementation of the Affordable Care Act by establishing a state-based benefits exchange and planning to implement the Medicaid expansion outlined in the Act; and,

WHEREAS, HBEX is currently considering plans to develop a web portal and call center to facilitate enrollment and is considering four different options for the design and operation of the call center; and,

WHEREAS, HBEX is committed to providing a "no wrong door" approach to enrollment of newly eligible Californians into Medi-Cal by maximizing outreach and providing as many avenues for enrollment as possible; and,

WHEREAS, California's counties are currently delegated the responsibility for determining eligibility and enrolling clients into Medi-Cal by state statutes (Welfare and Institutions Code 14154(d), §14153, §10823); and,

WHEREAS, Counties have demonstrated their resilience in maintaining functional Medi-Cal eligibility and enrollment operations despite drastic cuts to County budgets since the onset of the recession; and,

1           WHEREAS, Counties currently operate well-integrated call centers and IT systems to  
2 facilitate enrollment staffed by knowledgeable and professional staff who know the particulars  
3 of the Medi-Cal system; and,

4           WHEREAS, Counties have already begun preparing for the influx of new Medi-Cal  
5 enrollees and are already planning to expand capacity to be ready for January 1, 2014; and

6           WHEREAS, Building off of the existing County call center infrastructure will provide the  
7 HBEX with the most cost-effective means of building an integrated call center in the shortest  
8 amount of time; now, therefore, be it

9           RESOLVED, That the San Francisco Board of Supervisors officially urges the  
10 California Health Benefit Exchange Board to adopt the Distributed Consortia-Based Option  
11 (Option 4) for the HBEX Call Center.

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SUPERVISOR JOHN AVALOS  
BOARD OF SUPERVISORS

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7/18/2012

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revised on: 7/18/2012 - c:\documents and settings\nlyshorn\application data\5\temp\42921.doc

# Introduction Form

By a Member of the Board of Supervisors or the Mayor

Time stamp  
or meeting date

I hereby submit the following item for introduction (select only one):

- 1. For reference to Committee:
- An ordinance, resolution, motion, or charter amendment.
- 2. Request for next printed agenda without reference to Committee.
- 3. Request for hearing on a subject matter at Committee:
- 4. Request for letter beginning "Supervisor  inquires"
- 5. City Attorney request.
- 6. Call File No.  from Committee.
- 7. Budget Analyst request (attach written motion).
- 8. Substitute Legislation File No.
- 9. Request for Closed Session (attach written motion).
- 10. Board to Sit as A Committee of the Whole.
- 11. Question(s) submitted for Mayoral Appearance before the BOS on

Please check the appropriate boxes. The proposed legislation should be forwarded to the following:

- Small Business Commission
- Youth Commission
- Ethics Commission
- Planning Commission
- Building Inspection Commission

**Note: For the Imperative Agenda (a resolution not on the printed agenda), use a different form.**

**Sponsor(s):**

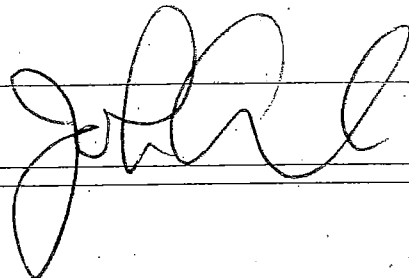
Supervisor John Avalos

**Subject:**

Adoption of the Distributed Consortia-Based Option for the California Health Benefit Exchange Board Call Center

**The text is listed below or attached:**

Signature of Sponsoring Supervisor: \_\_\_\_\_



For Clerk's Use Only: