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Seats at the Table: Actors and Decision Variables in Implementing the Affordable Care Act in California

Abstract: The passage of the Patient Protection and Affordable Care Act (ACA) forced the California Major Risk Medical Insurance Board to make a decision on modifying their existing high-risk pool program or establishing a new one to meet the requirements of the federal law. The Board's deliberation minutes provide the data for this study to explore decision making from the combined theories of garbage cans and joint fact-finding. The Board was confronted with a choice opportunity containing a number of problems, potential solutions, and actors. Their deliberation approach was a collaborative process guided by technical analysts. The paper uses this scenario to investigate associations between decision actors and decision themes derived from the literature, with the aid of correlation and correspondence analyses. Significant associations involving analysts, board members and interest group representatives are found. Implications for decision-making and further studies are described at the conclusion.

Keywords: administrative boards; decision-making; federal health care reform; health care accessibility; health care affordability; organizational behavior.

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1 Introduction

The California Major Risk Medical Insurance Program (MRMIP) was one of the 35 state high-risk pools that were left with a decision, in the wake of the 2010 passage of the Patient Protection and Affordable Care Act (ACA), to modify their existing risk pool to meet the ACA requirements, establish a new state-run program, or allow the federal government to institute a program. The California Major Risk

Medical Insurance Board (MRMIB, alternatively referred to here as the Board) had to weigh a number of factors related to accessibility and affordability of coverage as they considered different models and as they waited for the California state government to decide who would operate the program.

This article examines the decision-making process used by the California MRMIB in designing the new state program, using theory from complementary lines of literature: the garbage can model of decision-making (Cohen et al. 1972) and joint fact-finding, which adds to the framework by highlighting the role of the professional analyst in a garbage can decision-making process. Using the MRMIB meeting minutes between the period of the passage of the ACA and California's legislation to operate the risk pools on behalf of the federal government, this paper looks at deliberations of insurance affordability and accessibility, with emphasis on the relationships between the types of actors and other key decision-making themes. Special attention is given to the results' implications about the role of the analyst and analyst's relationships to other actors and variables in decision-making.

2 Theoretical Background

2.1 The Garbage-can Model

The garbage-can model conceptualizes decision-making as the confluence of choice opportunities, problems, solutions, and decision-makers, often based on factors that are outside the control of decision-makers and requiring decision-making within a certain time frame. Choice opportunities serve to bring together various problems, solutions, and decision-makers (Cohen et al. 1972; March 1994). The passage of the ACA and its requirements created a number of immediate choice opportunities for states such as California, as well as policy and administrative problems that stakeholders, as they arrived at the table, would debate. This example of MRMIB supports the idea advanced by Fioretti and Lomi (2010) that those at top hierarchical levels often deal with actions related to legitimacy and stability, while those at lower hierarchical levels often engage in true policy making, with the governor and the legislature making the overarching decisions about the future of the high-risk pool, while the board members and staff of the MRMIB made the in-depth policy decisions.

Problems are defined by when they arrive, the amount of effort needed to address them, and whether they can be addressed in connection with a particular choice opportunity. Most of the problems connected with the federal high-risk pool choice opportunity involved issues of access and affordability for those who

were currently enrolled in the MRMIP and those who would be seeking coverage in the new risk pool. A recurring theme throughout the MRMIB deliberation was concern that people with pre-existing conditions be aware of their coverage options, obtain coverage, and afford the premiums and deductibles. Solutions are answers presented to address the problems, and most often took the form of different models for at what level to set premiums and deductibles. Other solutions sought to address the need to raise public awareness and remove barriers to entry for the new program.

Issue emergence is not always gradual, but rather sometimes issues emerge suddenly and become “hot button” topics. Issues sometimes get on the decision-making agenda for reasons weakly related to why they were a topic of conversation in the first place. Due to the irrational sequencing common to garbage can decision-making, solutions are often identified first and then linked with problems. Issues can rise to the top of the agenda very quickly, with one or two actors often playing a decisive role (McLendon 2003, pp. 504–505). This sudden issue emergence can be spurred by catalytic events which can create change throughout the system (507). The solutions and their coupling with problems and politics can be strongly influenced by the “trash” floating in the governmental garbage can (508). In a study of United Nations peacekeeping as an example of garbage can policymaking, Lipson (2007) also found that arriving at solutions was a result of temporal sorting as opposed to rationally fitting solutions with policies.

Robinson and Eller (2010) discuss the Multiple Streams garbage can model (Zahariadis 2007) which emphasizes that policy makers work under significant time constraints and that the streams feeding into policy (problems, solutions, politics) are often independent from one another. There tends to be significant ambiguity in garbage cans due to fluid participation, problematic preferences, and unclear technology (204). Problems and solutions, which are often preexisting, become attached to actors in the process (204). The research on education policy by Robinson and Eller found participation in one type of stream influenced the likelihood of participating in another stream and participation by elites does not crowd out participation by others. The issue of who participates in garbage can decision-making processes and how they participate is of key importance to this study.

2.2 Joint Fact-Finding

Joint fact-finding is any process in which parties with different interests collaborate to create a shared knowledge base for decisions (Andrews 2002, p. 7). An alternative definition by Karl et al. (2007) is a “participatory, collaborative process channeling opposing views into a civil discourse to find common ground” (24).

He describes joint fact-finding as a process which seeks to make better use of what an expert offers by clearly identifying the scientific basis for disagreement, allowing facts and values to intermingle, and acknowledging that strict neutrality on the part of analysts may not always be possible.

In the same study, Karl et al. (2007) writes that there are three key conditions for joint fact-finding: representations, neutral process management, and a written agreement (23). To be successful, joint fact-finding must involve interaction between analysts, decision-makers and stakeholders throughout the process. The scientific research takes place should be conducted as part of a consensus-building process that actively engages stakeholders to produce actionable recommendations, be done in the spirit of adaptive management, and acknowledge uncertainty (25). Karl et al. (2007) cites Bryan (2004), who describes joint fact-finding as a way to take “shared ownership of our larger and more complex problems and challenges,” allowing for more creative and innovative solutions (33). In the end, the process should result in a new synthesis of information, a concise list of areas of disagreement, and products that show cause and effect relationships. The findings should be provided in an easily readable format, and presenting findings in a single document that can be ratified by the group (McCreary et al. 2001).

According to the literature, joint fact-finding, because of its participatory nature, is capable of producing a number of benefits. Susskind (2009) argues that its collaborative approach would produce better results by bringing in representation by key groups, allowing for management by a professional, and creating a space for the creation of shared values and bargaining. He also presents joint fact-finding as an opportunity to strengthen our democratic system and more effectively address controversial issues. McCreary et al. (2001) writes that joint fact-finding allows for “more appropriate, creative, and durable” options through the development of findings and solutions at the same time. It seeks to raise technical understanding among agencies and the public while developing technically sound policy and allowing for consensus to be reached on technically complex issues. Weible and Sabatier (2009), in a study of collaborative decision-making, find support that such an approach mitigates conflicts and encourages group convergence, while not necessarily increasing faith in scientific evidence.

A strong example of joint fact-finding that is similar to the case of the MRMIB and the risk pool decision-making is the interaction of the advisory group and the analytical team on the New England Power Pool. The NEP was a regional coordinator to balance supply and demand among utilities in six different states. The role of the advisory group, composed of faculty, staff and students from the Massachusetts Institute of Technology, was to identify issues and concerns, invent strategies, and identify options. They were also responsible for accepting or rejecting modeling approaches and assumptions, expressing constituency

concerns, achieving consensus on a set of options, and taking results back to domains for decision-making (Andrews 2002).

In the NEP joint fact-finding meetings, the analysis team made presentations regarding analysis modifications based on suggestions from the advisory group, there was a review of previous analytical work, and finally a discussion of the implications for public policy. The analysis team also worked with the advisory group to create and package better strategies, help the group move toward a shared understanding, and widely disseminate results. The meeting would conclude with an opportunity for the advisory group to express concerns. These meetings took place between April 1989 and February 1990, and, according to Andrews' (2002) discussion, turned the NEP into a successful project. Once the process was completed, the analysis took the findings public and talked about them with audiences in the six states of the New England region (Andrews 2002). The relationship between the advisory group and the analysis group in the NEP example is similar to that seen in the interactions between the Board, its staff, interest group representatives, and the analysts in high-risk pool deliberations.

2.3 Analysts, Garbage Cans, and Joint Fact-Finding

Analysts are often not explicitly addressed in the discussion of garbage can models, even though they play important roles in framing the problem, articulating possible solutions, and influencing participation. The passage of the ACA created a garbage can situation in the states by requiring those states that had a mechanism to operate their own pools to wade into the garbage can of the new federal policy with some possible solutions and some interested stakeholders, but also with political and social constraints. While analysts were themselves under constraints, they played an important role in guiding and shaping the decision-making process in a manner akin to joint fact-finding procedures, leading participants through complex insurance models and helping to evaluate pros and cons.

Looking at the MRMIB deliberations through the lens of joint fact-finding and the garbage can model will allow us to begin to parse if, during a collaborative process, certain participants emphasize certain themes during the deliberation.

3 California Major Risk Medical Insurance Program

The California Major Risk Medical Insurance Program is a good platform for our exploratory research on decision-making for a number of reasons. California is

a large and demographically diverse state, and thus has employed a number of different programmatic approaches to tackling the problem of lack of access to health insurance coverage and medical care (Leichter 2004). California had to engage in a significant amount of immediate and complex decision-making in the wake of health care reform. The California MRMIB, unlike the boards of some high-risk pools and other comparable organizations, met on a regular basis and carefully documented the content of their meetings. The complexity of the issues involved and the relative transparency of the decision-making process made California a useful test case for this study.

The California risk pool, called the California Major Risk Medical Insurance Program, was one of the three programs under the authority of the California Major Risk Medical Insurance Board. The Board met in public session each month to discuss the operation of the state risk pool, as well as the other programs in its charge, Access for Infants and Mothers and the Healthy Families Program. For a list of participants in these meetings relevant to this research, see Appendix A (MRMIB web site 2011). In 2010, the Board began exploring options to comply with the federal requirements for high-risk pool programs. Key considerations in the decision-making process to determine preference for any of the models were the accessibility and affordability of coverage for the people in California who depended upon such programs, as well as the fiscal sustainability of the program itself.

4 Access and Affordability in Risk Pool Decision-Making

The ability of those most in need of coverage in risk pools to meet eligibility requirements and afford risk pool premiums have been pressing issues in the literature on high-risk health insurance pools since their inception. The new federally mandated high-risk pools were intended as a bridge to allow high-risk individuals to receive coverage until the state health insurance exchanges became into operation in 2014 (CRS Summary 2010). While the nature and mission of risk pools changed considerably after the passage of the ACA and the federal requirement that all states have high-risk pool, states like California who would likely operate their own program needed to establish how they were going to enroll people in the program and how much they would be paying. In regard to the program's accessibility, a key consideration was reaching out to populations in need and providing people with information and resources with which to complete the application process. Laudicina (1988) noted marketing and education efforts as a factor likely to affect pool enrollment.

Affordability has also been a major concern in the operation of high-risk pools since their creation. One of the primary criticisms leveled at risk pools as an approach to increasing insurance coverage is that they were both too expensive for individuals in need of coverage and are not fiscally sustainable for the states operating them (Achman and Chollet 2001; Chollet 2002). Federal government support for the new pools is limited, and state policy-makers were still confronted with trade-offs when it came to keeping the pools affordable to people yet fiscally responsible for the government. Those seeking to enroll in the program would still need to be able to pay the premiums as one would for private insurance, and those premiums would be based on premiums in the state's private market (HHS Interim Final Rule 2010). The question of how and where to set the premiums is one that would dominate the Major Risk Medical Insurance Board's discussions following the passage of the ACA.

5 Methodology: Coding Development

To explore if participation by certain actors in the MMRIB deliberations exemplified certain themes from the decision-making literature, we employed two qualitative software analysis programs: QDA Miner, which was used for coding the meeting minutes and SimStat, which allowed for content analysis. The first step in the process was to specify the period of time that we wished to study. The minutes from each meeting of the Board were taken from the board's web site, converted into a Microsoft Word document, and then uploaded into the QDA Miner program. After the minutes were uploaded into that program, we first read through the documents to identify those actors officially associated with the Board, categorizing the individuals and coding them as part of a particular group.

We selected the period of April 21st, 2010–June 30th, 2010, as this represented the period between the initial passage of the ACA and California's ultimate decision to operate a new federal risk pool. This represented minutes from a total of five meetings. After making this determination, we isolated those portions of the meeting minutes specifically addressing issues with the new risk pool. The next step in the process was to identify those sentences in the selected portions that addressed issues of either accessibility or affordability. Sentences that were coded as having to do with "access" were those that addressed issues such as individuals' eligibility or ability to enroll in the new program, the public's awareness in regard to the program, and the public's level of understanding of the program. Sentences coded as addressing the issue of "affordability" addressed the public's ability to pay for coverage in the new federal high-risk, focusing largely on the

level of premiums and deductibles charged in the program. The coding of “affordability” also applies to sentences concerned with whether or not the financial structure of the program is fiscally sustainable for the state.

As this initial coding formed the foundation for the rest of the project, each co-author coded documents separately and then an analysis of coding agreement was performed. The results are in the table below:

The free marginal kappa statistic of 0.617 is considered to be a moderate level of inter-coder agreement according to the scale established by Landis and Koch (1977). Based on this finding it was determined that the coding scheme had sufficient validity to continue with further analysis. Agreement on the coding for Access and Affordability was essential as these codes formed the foundation for the remaining coding and were the most difficult to distinguish from one another. In regard to the coding for the Actors, both authors found the coding for this to be clear and self-evident enough that independent coding by each author was not required. Similarly, the authors also determined that, after agreeing upon definitions for the decision-making themes, the codes were sufficiently straightforward not to require independent coding. The authors did work collaboratively and reviewed each other’s work on a regular basis. It should also be noted that all the Board meeting minutes used in this research are publically available to be used in future research.

Once those sentences were identified and coded for “affordability” and “access,” they were also coded based on which type of actor had made the statement and which of the decision-making themes the statement was related to, if any. In regard to the decision-maker codes, the minutes were reviewed and the investigators identified the separate actors involved in the deliberations. Once individual actors had been determined, the investigators proceeded to develop categories of decision-makers in terms of their functions in the meetings. The following set of codes was ultimately developed in order to capture the most prominent decision-makers involved in the deliberations:

- Accountants/Analysts: Outside consultants brought in to provide options and analysis for how the MRMIP could best respond to the Affordable Care Act’s federal risk pool requirement.

Table 1: Results of Free Marginal Kappa Results for Coding Agreement for Access and Affordability.

Code	Agree absent	Agree present	Disagree	Percent	Free marginal
Access	157	68	28	91.3	0.826
Affordability	64	120	69	81.5	0.630
Total	221	188	97	80.8	0.617

- Board Members: Individuals appointed by the Governor or Legislators to oversee the operation.
- Consumer Staff: Staff members for the California Major Risk Medical Insurance Program who address outreach to the community, the ability of clients to enroll in the program, and the ability of clients to receive services from the program.
- Executive Staff: Primarily focuses on the Executive Director and Deputy Executive Director. May include other individuals charged with directing staff operations on a regular basis.
- Interest Groups: Representatives of groups in the state of California that represent the interests of uninsured or underinsured populations.
- Legal Staff: Staff members for the California MRMIP who provide legal analysis of state and federal legislation that could affect the program.

Next, we coded sentences from the minutes with themes derived from the decision-making literature, such as values, uncertainty, expectations, decision rules, and others. The codes were based on the garbage can model of decision-making. In the Cohen et al. (1972) article, organizations are defined as “a collection of choices looking for problems, issues and feelings looking for decision situations for which they might be aired, solutions looking for issues to which they might be the answer, and decision-makers looking for work” (p. 2). In essence, rather than decision-making being the result of a rational process of pursuing solutions in response to problems, decision-making is often the result of actors, problems, and solutions being thrown together in a given point in time. The codes below are also prominent in other important decision-making works, such as *A Primer on Decision-Making* (March 1994).

- Alternatives: Sentences in which different models for operating the new federal high-risk pool are discussed; these models focused on different aspects of the program, including eligibility and ability to pay.
- Coalitions: Sentences in which actors discuss potential opportunities for the collaboration between the MRMIB or MRMIP staff and other actors for the benefit of the program.
- Decision rule: Sentences articulating a mandate or regulation placing restrictions on the group’s decision-making process.
- Expectations: Sentences in which actors express their views on how an aspect of the program is likely to function or public reaction to an aspect of the program.
- Preferences: Sentences in which actors expressed a greater or lesser affinity for alternatives presented to the group.

- Prior Experience: Sentences in which actors discuss information gained from previously working with MRMIP or other programs and attempt to apply it to a current decision-making situation in order to provide insight.
- Uncertainty: Sentences in which actors express a lack of knowledge or intuition regarding an aspect of the program or how a decision could affect the sustainability of the program.
- Values: Sentences in which an actor in the decision-making process expresses the importance of the board taking a particular action or upholding a principle.
- Representation of Processes: Sentences that discuss the internal functions of the program.
- Representation of Outcomes: Sentences that describe the results of the internal functions of the program.

In a fluid decision-making situation such as the one that confronted the MRMIB in regard to the federal risk pool, information is constantly being sought and the speed and accuracy with which it is provided can have important implications for the final result. Therefore we felt it useful to code for whether the actor was engaged in information seeking or information providing. It should be noted that

Table 2: Frequencies of Actor and Decision-Making Codes for Five MRMIB Meetings.

	April 21	May 13	May 27	June 16	June 30
Foundation codes					
Access	26	36	14	26	24
Affordability	24	23	7	108	13
Actor codes					
Accountants/analysts	10	10	1	61	0
Board members	1	11	3	38	6
Consumer staff	0	10	0	1	14
Executive	7	16	1	20	7
Interest groups	4	7	6	0	6
Legal staff	23	2	8	0	0
Decision-making codes					
Alternatives	7	14	4	48	10
Coalitions	0	0	0	0	1
Decision rule	2	2	0	4	5
Expectations	3	6	0	14	2
Information providing	28	29	8	40	9
Information seeking	1	4	2	11	5
Prior experience	0	2	1	6	1
Preferences	0	3	4	9	3
Representation of processes	9	0	3	10	0
Representation of outcomes	4	0	0	5	1
Uncertainty	5	7	0	10	1
Values	4	9	6	9	5

this idea of “information seeking” and “information providing” could be viewed as applying to all sentences to a degree. However, it should be remembered that our coding was limited to those sentences associated with the codes for “affordability” and “accessibility.” Additionally, we limited this coding to sentences where information seeking was the primary purpose of the individual speaking and specific information was being sought. In regard to information providing, we again attempted to limit the coding to instances where providing information to a specific inquiry or concern was the primary purpose of the sentence.

Below are the frequencies for each of the codes across all five meetings:

6 Overview of Results

After examining the data from the cross-tabulation, the correlation analysis and the correspondence analysis, three associations are evident across the different analyses:

- 1) Accountants/Analysts and Alternatives (Positive)
- 2) Board Members and Information Seeking (Positive)
- 3) Interest Groups and Affordability (Negative)

We will examine each table in turn to review how these associations emerged from the data.

6.1 Cross-tabulation of Actors and Decision-Making Themes

The crosstab table suggests substantive associations between Accountants/Analysts, Board Members, and Interest Groups and a number of decision-making themes. It is important to note that this crosstab is examining the percentage of co-occurrences between actor codes and decision-making themes that are associated with each of the actor codes. A co-occurrence is a sentence that is coded with both a particular actor code and a particular decision theme so that the two overlap. For the purposes of this discussion, associations were considered substantive if an actor’s share of the co-occurrences was 50% or higher. Of the coded segments many references to the code Alternatives are made by actors from the Accountants/Analysts group (45 out of 84). Accountants/Analysts also account for half of the references to Representation of Outcomes made by the actors, although there are a small number of references to this theme overall (Accountants/Analysts made 4 out of 8 references). Board Members are strongly associated with the Information Seeking theme (12 out of 21). Interest groups are strongly

Table 3: Cross-tabulation of Co-occurrences of Frequencies for Decision-Making Actors and Decision Themes.

	Accountants/analysts	Board members	Consumer staff	Executive staff	Interest groups	Legal staff
Access	16 (13.22%)	17 (14.05%)	24 (19.83%)	24 (19.83%)	24 (19.83%)	16 (13.22%)
Affordability	77 (42.31%)	48 (26.37%)	4 (2.20%)	31 (17.03%)	0 (0.0%)	22 (12.09%)
Alternatives	45 (53.57%)	14 (16.67%)	11 (13.10%)	12 (14.29%)	0 (0.0%)	2 (2.38%)
Coalitions	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	1 (100%)	0 (0.0%)
Decision rule	1 (10%)	3 (30%)	2 (20%)	2 (20%)	0 (0.0%)	2 (20%)
Expectations	12 (48%)	6 (24%)	1 (4%)	5 (20%)	0 (0.0%)	1 (4%)
Information providing	42 (35%)	7 (5.9%)	14 (12%)	22 (18%)	4 (3.4%)	30 (25%)
Information seeking	0 (0.0%)	12 (57%)	1 (4.8%)	7 (33%)	1 (4.8%)	3 (14%)
Preferences	2 (5.9%)	6 (18%)	1 (2.9%)	2 (5.9%)	23 (68%)	0 (0.0%)
Prior experience	2 (20%)	4 (40%)	1 (10%)	2 (20%)	1 (10%)	0 (0.0%)
Representation of outcomes	4 (50%)	1 (13%)	1 (13%)	2 (25%)	0 (0.0%)	2 (25%)
Representation of processes	11 (46%)	1 (4.2%)	0 (0.0%)	2 (8.3%)	1 (4.2%)	9 (38%)
Uncertainty	5 (22%)	8 (35%)	1 (4.3%)	6 (26%)	2 (8.7%)	1 (4.3%)
Values	2 (5.9%)	12 (35%)	2 (5.9%)	5 (15%)	13 (38%)	0 (0.0%)

associated with the theme for Preferences (23 out of 34). However, just as noteworthy is the fact that Interest Groups did not make reference to a number of key decision-making themes, including Alternatives, Decision Rule, Expectations, and Representation of Outcomes. Most noticeable of all is the fact that Interest Groups made no reference at all to the foundational theme of Affordability, while making 24 references to the issue of Access. By way of comparison, Accountants/Analysts made 77 references to Affordability (compared to 16 references to Access) and Board Members made 48 references to Affordability (compared to 17 references to Access).

6.2 Correlations between Actors and Decision-Making Themes

The differences between Board Members and Accountants/Analysts on one hand and Interest Groups on the other is also evident in the correlations between the frequencies with which these actors appear in the meeting and the frequencies for the decision-making themes. The results indicate that the frequencies for Board Members and Accountants/Analysts were significantly and positively associated with the frequencies for the Affordability coding. The frequencies for Interest Groups show a significant and negative association with the coding for Affordability. This suggests that in working to make policy decisions regarding the new federally required high risk pool the issue of affordability was foremost

Table 4: Results of Pearson Analysis for Correlations between Affordability/Access Codes and Actor Codes.

	Affordability (175)	Access (126)
Board members (59)	0.9641** (0.5274/0.9954)	0.2308 (-0.733/0.8708)
Executive staff (51)	0.7942 (-0.242/0.9718)	0.7291 (-0.359/0.9620)
Interest groups (23)	-0.9251* (-0.990/-0.227)	0.0503 (-0.797/0.8263)
Legal staff (33)	-0.3114 (-0.888/0.6985)	-0.1628 (-0.855/0.7594)
Accountants/analysts (82)	0.9976*** (0.9591/0.9997)	0.1911 (-0.749/0.8617)
Consumer staff members (25)	-0.3270 (-0.891/0.6912)	0.4484 (-0.626/0.9149)

*=0.05, **=0.01, ***=0.001.

Table 5: Results of Pearson Analysis for Correlations between Information Seeking/Providing Codes and Actor Codes.

	Information seeking (23)	Information providing (114)
Board members (59)	0.9633* (0.1730/0.9969)	0.7143 (-0.381/0.9597)
Executive staff (51)	0.9033 (-0.264/0.9916)	0.8655 (-0.047/0.9820)
Interest groups (23)	-0.7857 (-0.980/0.5426)	-0.6926 (-0.956/0.4108)
Legal staff (33)	-0.7395 (-0.976/0.5966)	0.0252 (-0.805/0.8193)
Accountants/Analysts (82)	0.8716 (-0.374/0.9887)	0.8129 (-0.199/0.9745)
Consumer staff members (25)	0.1054 (-0.860/0.8975)	-0.3131 (-0.888/0.6977)

*=0.05, **=0.01, ***=0.001.

in the minds of the appointed board members and the technical experts advising them, while those attending the meeting representing the interests of at-risk or underprivileged groups wanted to draw attention to other themes.

Only one significant association exists between the Actor codes and the codes for Information Seeking and Information Providing. The frequencies for Board Members is found to be positively associated with the frequencies for Information Seeking. In keeping with the garbage can model of decision-making, the necessity to create a new risk pool was forced upon the board members by the federal government, creating a choice opportunity they had no choice but to react to. Board members were forced to seek out a large amount of technical information in a short amount of time, which they relied upon the technical experts to provide as they engaged in a process similar to joint fact-finding.

Accountants/Analysts is significantly and positively associated with the theme for Uncertainty, indicating that the technical experts were forced to confront many issues where future inputs and outcomes were not easy to anticipate. Both Board Members and Accountants/Analysts are significantly and positively associated with the theme for Expectations, indicating that the Board Members and Accountants/Analysts engaged in an extensive conversation regarding what outcomes could be expected from decisions made by the board. It should be noted that the code for the board's Executive Staff is also significantly and positively associated with the themes of Uncertainty and Expectation, indicating that these actors were also regularly engaged in confronting these issues of trying to

Table 6: Results of Pearson Analysis for Correlations between Decision Codes and Actor Codes.

	Uncertainty (23)	Expectation (25)	Decision rule (13)
Board members (59)	0.8667 (-0.043/0.9822)	0.9515* (0.4141/0.9937)	0.5716 (-0.537/0.9367)
Executive staff (51)	0.9122* (0.1537/0.9885)	0.9410* (0.3325/0.9923)	0.4592 (-0.619/0.9169)
Interest groups (23)	-0.7966 (-0.972/0.2368)	-0.7840 (-0.970/0.2633)	-0.5755 (-0.937/0.5338)
Legal staff (33)	-0.1692 (-0.857/0.7571)	-0.3920 (-0.904/0.6581)	-0.4216 (-0.910/0.6415)
Accountants/Analysts (82)	0.9258* (0.2308/0.9903)	0.9503* (0.4039/0.9936)	0.5223 (-0.576/0.9282)
Consumer staff (25)	-0.2721 (-0.880/0.7161)	-0.1429 (-0.850/0.7665)	0.3312 (-0.689/0.8922)

*=0.05, **=0.01, ***=0.001.

anticipate outcomes in the face of uncertainty. In the meeting minutes, the Executive Staff, particularly the executive director, often seemed to act as a facilitator of the dialog between the board members and the technical experts, which could help to explain these results. Uncertain factors and outcomes and trying to anticipate the results of various decisions are common elements of joint fact-finding and other types of systematic decision-making. Particularly in a garbage can decision-making scenario, where problems and solutions are not always rationally linked together, it is important to acknowledge missing information when projecting future outcomes.

Board Members and Accountants Analysts also share positive and significant associations with the themes of Alternatives and Prior Experience. Garbage can decision-making is about trying to link one of many possible solutions to a particular problem, in hopes of finding a fit that is rational and effective. Joint fact-finding has become a frequently used technique for developing evidence regarding the different potential solutions and weighing that evidence to arrive at the best outcome. In evaluating different scenarios, Board Members drew extensively from their prior experience with the MRMIP and the health care and insurance fields in general to project the outcomes of certain alternatives. Accountants/Analysts, meanwhile, incorporated the practical experience of the Board Members when considering which Alternatives were practically feasible and likely to result in successful implementation. It should be noted that none of the Actor codes were found to be significantly associated with the decision themes for Representation of Processes and Representation of Outcomes.

Table 7: Results of Pearson Analysis for Correlations between Decision Codes and Actor Codes.

	Alternatives (83)	Preferences (19)	Prior experience (10)	Coalitions (1)	Values (33)
Board members (59)	0.9930*** (0.8845/0.9991)	0.8075 (-0.212/0.9737)	0.9939*** (0.8983/0.9992)	-0.2144 (-0.867/0.7399)	0.7166 (-0.378/0.9601)
Executive staff	0.8511	0.4426	0.8070	-0.2335	0.6026
Staff (51)	(-0.095/0.9800)	(-0.629/0.9138)	(-0.213/0.9737)	(-0.871/0.7323)	(-0.510/0.9419)
Interest groups (23)	-0.8507 (-0.980/0.0960)	-0.5659 (-0.936/0.5418)	-0.7634 (-0.967/0.3026)	0.2802 (-0.713/0.8816)	-0.2974 (-0.885/0.7049)
Legal staff (33)	-0.4509 (-0.915/0.6240)	-0.7797 (-0.970/0.2718)	-0.5912 (-0.940/0.5199)	-0.3789 (-0.902/0.6651)	-0.6309 (-0.947/0.4819)
Accountants/analysts (82)	0.9825** (0.7354/0.9978)	0.6712 (-0.437/0.9530)	0.9371* (0.3045/0.9918)	-0.3594 (-0.898/0.6752)	0.5999 (-0.512/0.9414)
Consumer staff (25)	-0.2104 (-0.866/0.7415)	0.0412 (-0.800/0.8238)	-0.1626 (-0.855/0.7595)	0.7672 (-0.296/0.9678)	-0.1473 (-0.851/0.7650)

*=0.05, **=0.01, ***=0.001.

6.3 Correspondence Analysis and Associations between Actors and Decision-Making Themes

Correspondence analysis works similarly to factor analysis, taking data from a content analysis and grouping different codes along multiple axes based on their association with one another in the coded document. The QDA Miner program is limited to a maximum of three axes, which means that codes may not be associated with an axis. The tables providing the statistical results for the correspondence analysis of the Board data are included below. Table 8 provides the eigenvalues and percentage of coded data associated with each of the axes. Table 9 provides numerical scores indicating each codes degree of association with each axis (the higher the score, the higher the degree of association). It should be noted that a negative score indicates a lack of the characteristic associated with that axis. Also, in order to be considered associated with a particular axis a theme should have a coordinate value of at least 0.4. Based on these criteria, some of the codes could not be assigned to one of the three axes. Table 10 lays out which codes are associated with which axes.

Three associations suggested by the previously discussed cross-tabulation and correlations are further supported by the use of correspondence analysis. Board Members and the code for Information Seeking are most closely associated with Axis 2, supporting the apparent association and correlation between the actor theme and decision theme evident in the previous analyses. This provides further evidence that, as those with the ultimate responsibility to make the decisions regarding the policy governing the new high-risk pool, it was incumbent upon the board members to seek out high quality and reliable information upon which to base their decision.

The link between the Accountants/Analysts and the decision theme for Alternatives is also supported by the correspondence analysis. Both the actor theme and the decision theme are not found to be associated with any of the three axes. While we cannot say definitively that both themes would be associated with the same unidentified axis, given that <6% of the data is not accounted for under one of the three axes, it is highly likely that the two would be grouped together.

Table 8: Statistics for Correspondence Analysis of Actors and Themes in MRMIB Meeting Minutes.

Eigenvalues	Percentages	Cumulative percent
0.189	48.052	48.052
0.149	37.954	86.006
0.033	8.313	94.319

Table 9: Coordinates for Coded Themes on the Three Category Axes.

	Axis 1	Axis 2	Axis 3
Access	1.056	0.364	0.062
Affordability	-0.778	-0.239	-0.001
Accountants/Analysts	-1.398	-0.560	0.127
Board member	-0.982	0.461	-0.810
Consumer staff	1.522	3.516	1.796
Executive staff	0.025	0.530	1.042
Interest group	2.178	0.687	-2.443
Legal staff	2.556	-3.165	0.194
Alternatives	-0.642	0.275	-0.283
Collaboration	2.212	4.976	1.844
Decision rule	0.602	1.462	1.706
Expectations	-0.698	0.153	0.879
Information providing	0.374	-0.388	0.636
Information seeking	-0.139	0.900	-0.947
Preferences	0.045	0.532	-3.547
Prior experience	-0.736	0.474	-1.724
Representation of outcomes	-0.064	-1.314	2.245
Representation of processes	0.316	-2.076	-0.258
Uncertainty	-0.173	-0.261	1.662
Values	0.831	0.343	-1.881

The bold values in each column indicate which axis the code was most strongly associated with. For example, Access was most strongly associated with Axis 1 and the value is in bold in that column.

Table 10: Review of Which Coded Themes were Most Closely Associated with the Three Dimensions.

Value-based	Information synthesizing	Information framing	Not assigned
Access	Board member	Executive staff	Affordability
Interest group	Consumer staff	Decision rule	Accountants/Analysts
Legal staff	Coalitions	Expectations	Alternatives
Values	Information seeking	Information providing	Representation of processes
	Preferences	Representation of outcomes	
	Prior experience	Uncertainty	

Finally, the negative association between Interest Groups and the theme for Affordability is also supported by the results of the correspondence analysis. The actor theme of Interest Group was found to be associated with Axis 1, whereas the theme for Affordability was one that was not associated with any of the three identified axes. Also, the correspondence plots below (see Figures 1–3) reveal that

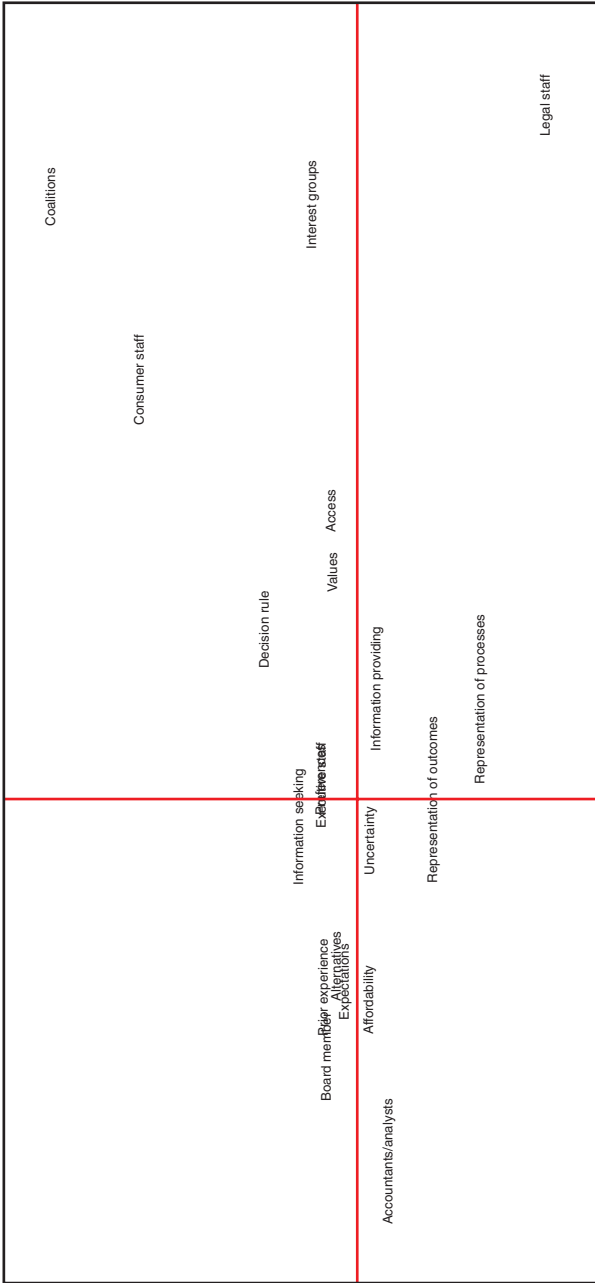


Figure 1: 1 vs. 2.

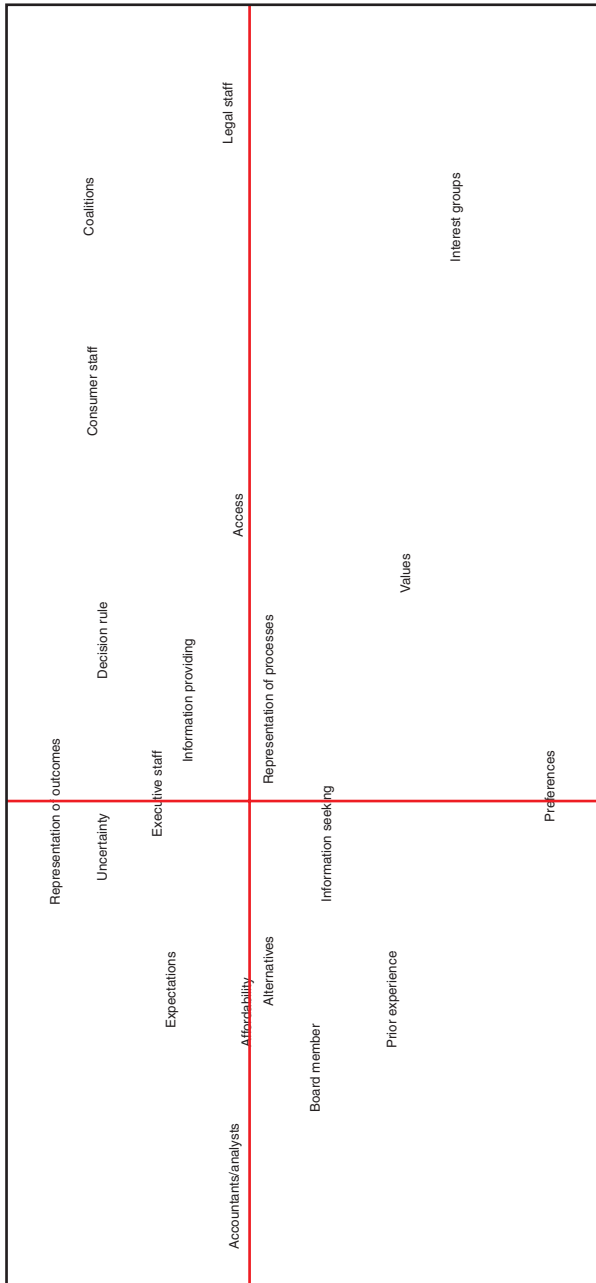


Figure 2: 1 vs. 3.



Figure 3: 2 vs. 3.

the Interest Group and Affordability themes are never in close proximity to each other along any of the three axes (Affordability is in close proximity to Accountants/Analysts in each plot, while Interest Group is most closely tied to the theme for Values).

The relationships between Executive Staff and Uncertainty and Expectation are also supported by the correspondence analysis. These three themes are grouped together under Axis 3. One role of the researcher when using correspondence analysis is to create interpretations for the different axes based on the themes associated with them. Based on the manner in which the themes are grouped along the axes in Table 10, we would designate Axis 1 as the Values-based Axis, wherein decisions and perspectives on the federal risk pool were driven more by ethical and humanitarian considerations than technical data. The themes that were left unassigned, on the other hand, would seem to fall on the opposite end of the spectrum, with decisions based primarily on technical and economic considerations. The remaining axes, Axis 2 and Axis 3, we would designate as the Information Synthesizing and Information Framing respectively. The role of the Executive Staff under Axis 3 was to frame the discussion in light of federal requirements (Decision Rule), as well as expectations and areas of uncertainty. On the other hand it was the role of the Board Members to take the information provided by the technical experts and framed by the executive staff to determine which policy to pursue by seeking additional information and combining available data with preferences and prior experiences to decide on the best course of action.

7 Discussion

The findings from the content analysis discussed above are indicative of an important point about what types of people are sitting at the table during these types of deliberations and what types of decision-making themes they bring to the table. Representatives of interest groups such as Health Access were given an opportunity to speak or ask questions during periods for “audience” or “public” comment, which, though allowing for constructive external opinion, nevertheless was not the same as giving these representatives an official seat at the table. During their comments these representatives tended to eschew the discussing the more technocratic and economic issues related to Affordability and remind the Board and the other participants in the deliberations that, while the cost of the program, both to the state and the consumer, is important, it is also important to remember that programs like the Major

Risk Medical Insurance Pool and the newly created federal high risk pool are made to serve those that have largely been left out of the system over the years due to various socioeconomic factors. These groups consistently reminded the board and its staff that having a fiscally sustainable program was important, but it was equally important that the Board and other stakeholders make sure that the program was adequately publicized to those groups needing its services the most and that the application process was sufficiently transparent and easy to navigate.

It is evident from the content analysis that the Board Members and the Accountants/Analysts were the major actors driving these conversations (with significant assistance from the Executive Staff). It is also apparent that efforts toward joint fact-finding to arrive at consensus on the appropriate solution for this garbage can policy-making scenario were focused on the affordability and fiscal sustainability, with comparatively less attention made to issues of Access. The actors most associated with the theme of Access were Consumer Staff, Executive Staff, and Interest Groups (24 references and 19.83% of total references to Access per actor). From our reading of the minutes, Consumer Staff and Interest Groups were driving the introduction of this subject into the discussion. Consumer Staff regularly participated in an advisory capacity throughout the meeting, while Interest Group representative often entered the discussion at the end of the portion of the meeting devoted to the federal high-risk pool to pose questions or make statements. If Interest Group members had been more fully integrated into the meeting, it may have had the effect of making Access a more equal component of the discussion. Considering that concerns regarding people's access to high-risk pools because of lack of information or difficulties with the application process were prominent in previous literature, it might benefit the MRMIB moving forward in the wake of health care reform to give greater voice to those actors bringing greater attention to Access concerns. As indicated in the cross-tabulation results, this could also help to bring some additional focus on Preferences held by consumers and Values that would contribute to the conversation.

8 Conclusion

In their July 7th, 2010 meeting, the Board discussed the details of the proposal that Governor Arnold Schwarzenegger had forwarded, outlining how the State of California intended to operate the new California Pre-existing Condition Insurance Pool. This document served as the foundation for the program they ulti-

mately established. The proposal followed the program elements as they had previously been discussed in the Board meeting in regard to access and affordability. Looking at access, the proposal indicated an applicant needed to be a resident of the State of California and a lawful resident of the United States. To receive coverage through the PCIP, one should have had no coverage for the previous 6 months and be able to provide proof of uninsurability. This could take the form of either a letter denying coverage or documentation that the coverage that an applicant could receive on the private market would be prohibitively expensive (Board minutes, July 7th 2010).

Regarding affordability, the proposal called for a \$1500 annual deductible and \$500 deductible for drugs. The proposal included 15% co-insurance, but no co-pays for preventive services (which were not subject to the deductible. The out-of-pocket maximum established in the California proposal was \$2500 (Board minutes, July 7th 2010).

The California Board was thrust into a “choice opportunity” involving a number of problems to solve and numerous solutions. The Board members explored different possible models together with the assistance of the accountants/analysts. The Accountants/Analysts provided these alternatives and the board members sought additional information. Other actors contributed to the conversation, but the Interest Groups seemed to consciously address other themes. This joint fact-finding process helped to cut through some of the “garbage” produced by the requirements of the ACA and the policy environment created by previous programs, although those representing the needs of the underprivileged or vulnerable still introduced more humanistic elements to the discussion and prevented it from becoming too technocratic.

The deliberations that occurred in the meetings of the California Board following the passage of the ACA weighed various programmatic alternatives in light of how they would affect the public’s access and participation in the program. Their decision-making process represented an example of the garbage-can model as the intersection of choice opportunities, decision-makers, problems, and solutions. The choice opportunity was created by the passage of the ACA and the requirement that all states establish a federal high-risk pool. The decision actors were the Major Risk Medical Insurance Program board members, executive staff members, other staff, and interest group representatives involved in decisions regarding what form the new program would take. There were a numbers of problems at issue in the deliberations, but they could all be described as either issues of accessibility or affordability. Solutions were the different alternatives debated in the meetings. In order to arrive at consensus on a preferred solution, the Board engaged in a process similar in nature to joint fact-finding. A particularly important component was the use of technical

analysts to help facilitate the discussion of different models for the high-risk pool.

We focused less on the outcome of the decision-making and more on whether different themes from the decision-making literature could be found in the minutes of the board's meetings, the link between particular themes and actors, and what those links said about their role in the process and the degree to which the process followed tenets of joint fact-finding. Statistically significant correlations were found. Additionally, the use of correspondence analysis allowed us to categorize actors and themes into three dimensions and identify actors and themes that did not fit along any of the axes.

This research contributes to existing literature on decision-making in public administration on a number of levels. First, this research has demonstrated through systematic content analysis that many of the themes discussed in the decision-making literature do manifest themselves in modern decision-making scenarios, as well as demonstrating examples of how the themes may manifest themselves. Second, the research builds on previous research regarding the different roles that actors take on in the decision-making process, as well as how those roles affect their policy preferences and the ultimate decision-making outcomes. The research found that, based on actors' relationships to decision-making themes as well as the broader themes of accessibility and affordability, one could categorize actors and themes as falling under the heading of Value-based, Information Synthesizing, and Information Framing. Thereafter, one could view the participation of various actors through those prisms and gain a different perspective on their part in the deliberations. This allows one to account for the biases of bureaucratic actors that may not be readily apparent. The study also presents evidence that who has a seat at the table during deliberations and how they are included matters to the outcome of the decision-making process.

As technology and heightened transparency lead to more documents like meeting minutes becoming available, we anticipate that future researchers will take better advantage of content and correspondence analysis. Complete written records can be a useful alternative to observation, as the process is non-reactive. This research has a number of limitations inherent in case studies: it is focused on one state in one decision-making scenario over a relatively brief period of time and therefore lacks generalizability. However, this was a study of decision-making during a unique period of change, which we might see more frequently as fiscal stress drives a lot of policy reforms. Beyond that, we hope that this research will encourage greater analysis of deliberation narratives in public administration studies, and stronger demands that such records be kept and made available. We hope that others might engage in similar research regarding other states.

Appendix A

Actors Involved in MRMIB Deliberations Regarding Federal High Risk Pool

Accountants/Analysts

Deborah Kelch, Kelch Associates
Tim Doyle, Mercer

Board Members

Cliff Allenby, Chairman
Areta Crowell, Ph.D.
Sophia Chang, M.D., M.P.H.
Richard Figueroa

Consumer Staff

Shelley Roulliard, Deputy Director for Benefits and Quality Monitoring
Ernesto Sanchez, Deputy Director Eligibility
Thien Lam, Manager for Eligibility, Enrollment, and Marketing Division
Larry Lucero, Manager in the Eligibility, Enrollment and Marketing Division
Anjonette Dillard, Manager in the Eligibility, Enrollment, and Marketing Division

Executive Staff

Lesley Cummings, Executive Director
Janette Casillas, Chief Deputy Director

Interest Groups

Beth Abbott, Health Access
Krystal Moreno Lee, Children Now/100 Percent Campaign

Legal Staff

Laura Rosenthal, Chief Counsel

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