



EXECUTIVE DIRECTOR'S REPORT

Peter V. Lee, Executive Director | April 17, 2014 Board Meeting

ANNOUNCEMENT OF CLOSED SESSION ACTIONS

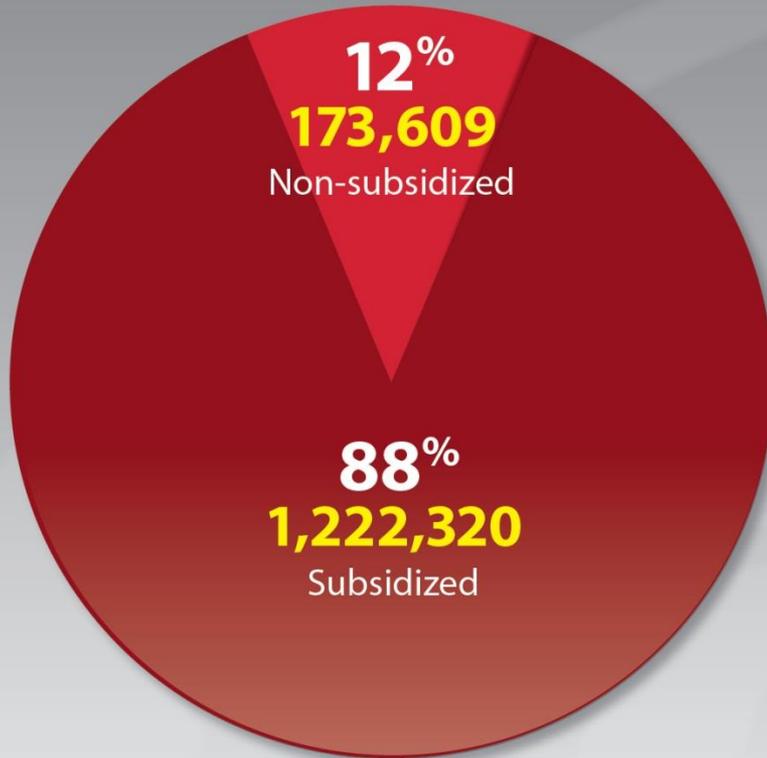
ENROLLMENT UPDATE

1,395,929

Californians have enrolled during the first open enrollment period.

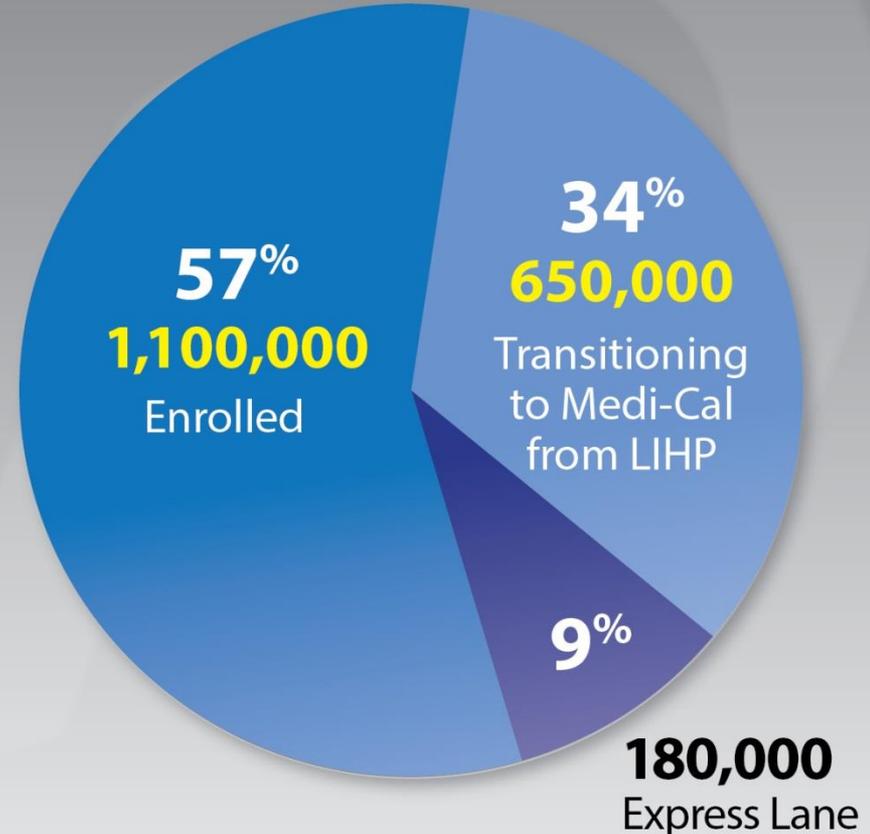
Final Open Enrollment Numbers

Covered California



Individuals Enrolled:
1,395,929

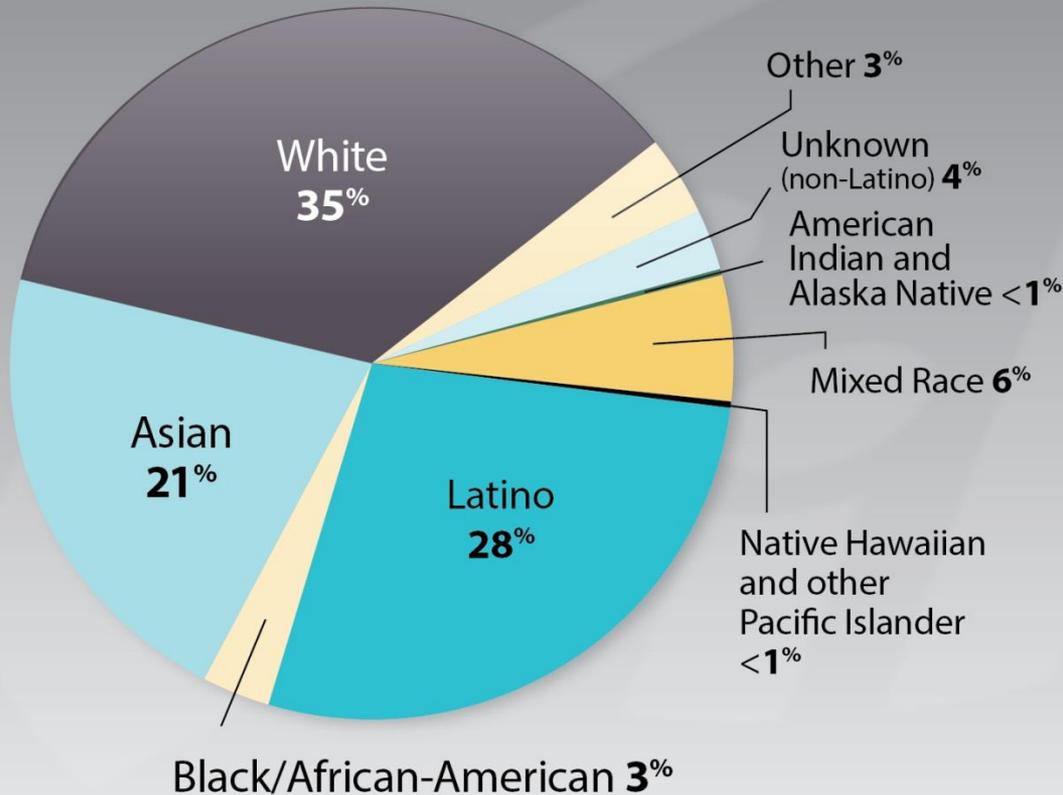
Medi-Cal



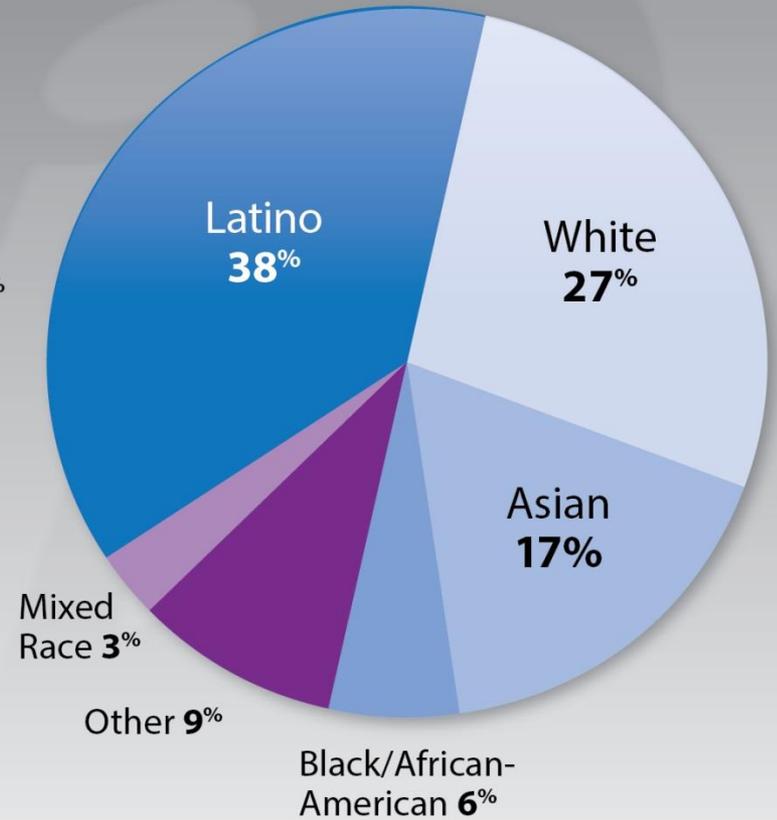
Individuals Enrolled:
1,930,000
Likely eligible* — **800,000**

Enrollment by Ethnicity

Covered California



Medi-Cal



Covered California

Percentage of applicants who self-identified as Latino

**First 3 months
Oct. - Dec.**

18%

**First 2 weeks
of April**

39%

TOTAL ENROLLMENT VS. BASE SIX MONTH PROJECTIONS

	Base Projection for 3/31/2014	Total Enrolled (with plan selection) on 4/15/2014	Difference from Base Projection for 3/31/14	Performance to date (% of 3/31/14 base projection)
Total Enrollment	580,000	1,395,929	815,929	241%
Subsidy eligible	487,000	1,222,320	735,320	251%

TOTAL ENROLLMENT VS. BASE SIX MONTH PROJECTION (ETHNICITY AND RACE)

	Base Projection for 3/31/2014	Total Enrolled (with plan selection) on 4/15/14	% of Total	Difference from Base Projection for 3/31/14	Performance to date (% of 3/31/14 base projection)
White	194,000	386,501	35.4%	192,501	199%
Asian	83,000	230,352	21.1%	147,352	278%
Latino	265,000	305,106	28.0%	40,106	115%
Black or African American	22,000	30,774	2.8%	8,774	140%
Mixed Race	16,000	62,276	5.7%	121,875	862%
American Indian and Alaska Native		2,640	0.2%		
Native Hawaiian and Other Pacific Islander		2,576	0.2%		
Other		30,285	2.8%		
Unknown Race/Non-Latino		40,098	3.7%		
Total	580,000	1,090,608	100%		
Unknown Race/Unknown Ethnicity	-	305,321			

TOTAL ENROLLMENT VS. BASE SIX MONTH PROJECTION (REGION)

Regions	Base Projection for 3/31/2014	Total Enrolled (with plan selection) on 4/15/2014	Difference from Base Projection for 3/31/14	Performance to date (% of 3/31/14 base projection)
Northern CA	22,571	51,710	29,139	229%
Greater Bay Area	89,599	289,022	199,423	323%
Sacramento	28,726	69,540	40,814	242%
San Joaquin	58,137	108,183	50,046	186%
Central Coast	32,602	95,500	62,898	293%
Los Angeles	177,602	400,889	223,287	226%
Other Southern CA	170,763	381,078	210,315	223%
Total	580,000	1,395,929	815,929	241%

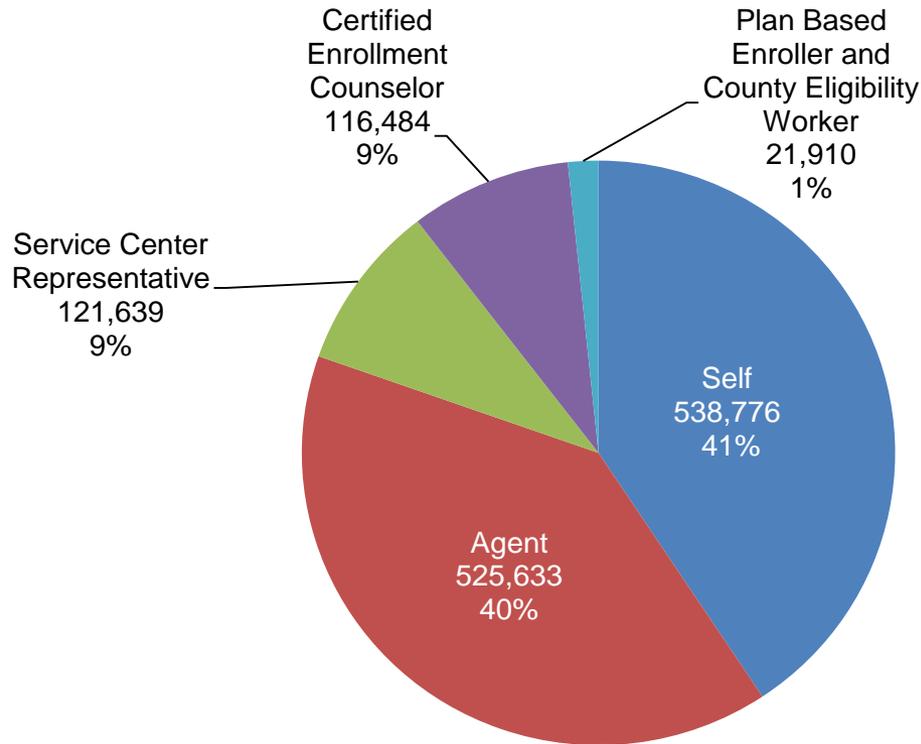
Specific Counties

Fresno	14,500	23,164	8,664	160%
Orange	44,392	131,804	87,412	297%
San Diego	43,054	121,900	78,846	283%
San Bernardino	35,692	53,623	17,931	150%
Riverside	40,377	69,350	28,973	172%

TOTAL ENROLLMENT VS. BASE SIX MONTH PROJECTION (AGE)

Age	Base Projection for 3/31/2014	Total Enrolled (with plan selection) on 4/15/2014	Difference from Base Projection for 3/31/14	Performance to date (% of 3/31/14 base projection)
Less than 18	29,000	77,963	48,963	269%
18 to 25	102,615	161,762	59,147	158%
26 to 34	109,308	241,066	131,758	221%
35 to 44	111,538	238,801	127,263	214%
45 to 54	102,615	338,439	235,824	330%
55 to 64	122,692	336,525	213,833	274%

ENROLLMENTS WITH COVERED CALIFORNIA PLAN SELECTION BY SERVICE CHANNEL; OPEN ENROLLMENT 2013-14



CEC enrollment increased significantly over the second 3 months. From Oct-Dec, CECs enrolled 3% of total enrollment. In Jan-March, CECs enrolled nearly 12% of total enrollment.

Preliminary data – Draft analysis based on Covered California Enrollment (plan selection) as of April 13, 2014

COVERED CALIFORNIA PLAN ENROLLMENT RACE/ETHNICITY FOR EACH SERVICE CHANNEL

	Self		Agent		Certified Enrollment Counselor		Service Center Representative		County Eligibility Worker and Plan Based Enroller		Grand Total	
American Indian and/or Alaska Native	1,154	0%	685	0%	249	0%	348	0%	48	0%	2,484	0%
Asian	74,388	14%	121,293	23%	13,116	11%	11,681	10%	2,719	12%	223,197	17%
Black or African American	16,860	3%	5,391	1%	2,032	2%	3,554	3%	572	3%	28,409	2%
Latino	120,275	22%	78,336	15%	56,080	48%	22,825	19%	5,929	27%	283,445	21%
Mixed Race	42,712	8%	9,253	2%	1,350	1%	4,702	4%	454	2%	58,471	4%
Native Hawaiian and/or Other Pacific Islander	1,332	0%	629	0%	149	0%	221	0%	77	0%	2,408	0%
Other	11,366	2%	12,314	2%	1,596	1%	2,867	2%	626	3%	28,769	2%
Unknown Race/Non-Latino	13,457	2%	19,761	4%	1,163	1%	3,190	3%	479	2%	38,050	3%
Unknown Race/Unknown Ethnicity	41,343	8%	175,883	33%	31,011	27%	34,800	29%	6,783	31%	289,820	22%
White	215,889	40%	102,088	19%	9,738	8%	37,451	31%	4,223	19%	369,389	28%
Grand Total	538,776	100%	525,633	100%	116,484	100%	121,639	100%	21,910	100%	1,324,442	100%

Preliminary data – Draft analysis based on Covered California Enrollment (plan selection) as of April 13, 2014

COVERED CALIFORNIA PLAN ENROLLMENT SERVICE CHANNEL FOR EACH RACE/ETHNICITY

	Self		Agent		Certified Enrollment Counselor		Service Center Representative		County Eligibility Worker and Plan Based Enroller		Grand Total	
	Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage
American Indian and/or Alaska Native	1,154	46%	685	28%	249	10%	348	14%	48	2%	2,484	100%
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Grand Total	538,776	41%	525,633	40%	116,484	9%	121,639	9%	21,910	2%	1,324,442	100%

Preliminary data – Draft analysis based on Covered California Enrollment (plan selection) as of April 13, 2014

TRANSITIONING TO SPECIAL ENROLLMENT

During the Special Enrollment Period:

- Consumers will continue to be able to apply for the Medi-Cal Program.
- Covered California has (and continues) to coordinate with our partners on protocols and processing applications for various consumer household compositions during the Special Enrollment Period:
 - Department of Health Care Services (DHCS);
 - County Welfare Directors Association (CWDA); and
 - County Representatives.
- Covered California is coordinating with DHCS and CWDA on pended Medi-Cal cases and Medi-Cal re-determinations, in order to develop seamless processes to assist consumers who are found eligible for Covered California to enroll without a tax penalty.

TEST; LISTEN; LEARN AND ADJUST

- Covered California is using a variety of formal and informal listening opportunities to understand the consumer experience, barriers to enrollment and what works for enrolling Californians:
 - Data from those who do enroll
 - Board meetings
 - Advisory groups
 - Focus groups
 - Regional meetings
 - Surveys of Covered California enrollees and partners
 - Early research and evaluation findings
- To maximize input, Covered California convenes listening opportunities and leverages work conducted by partners, researchers and foundations

PLAN MANAGEMENT UPDATE

Leesa Tori, Senior Advisor

2013: LAUNCHING INDIVIDUAL & SHOP MARKETPLACES SETTING OUR POLICY COMPASS

CERTIFY the program with a full portfolio of products:
Who, What, Where, When, How

IMPLEMENT products provided by a diverse set of partners:

- Statewide and regional
- Private and public insurers
- Product type variety: HMO, PPO, & EPO

EFFECTUATE affordable, quality coverage for millions of Californians

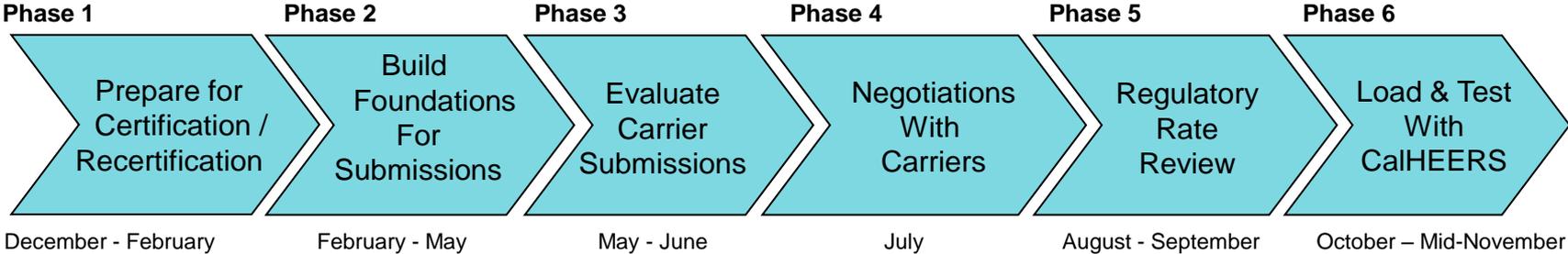


CURRENT STATE – END OF OPEN ENROLLMENT AND BEGINNING OF HEALTH

1.4 million Californians now have affordable coverage and are accessing care.



And... 'TIS THE SEASON RECERTIFICATION SUMMARY

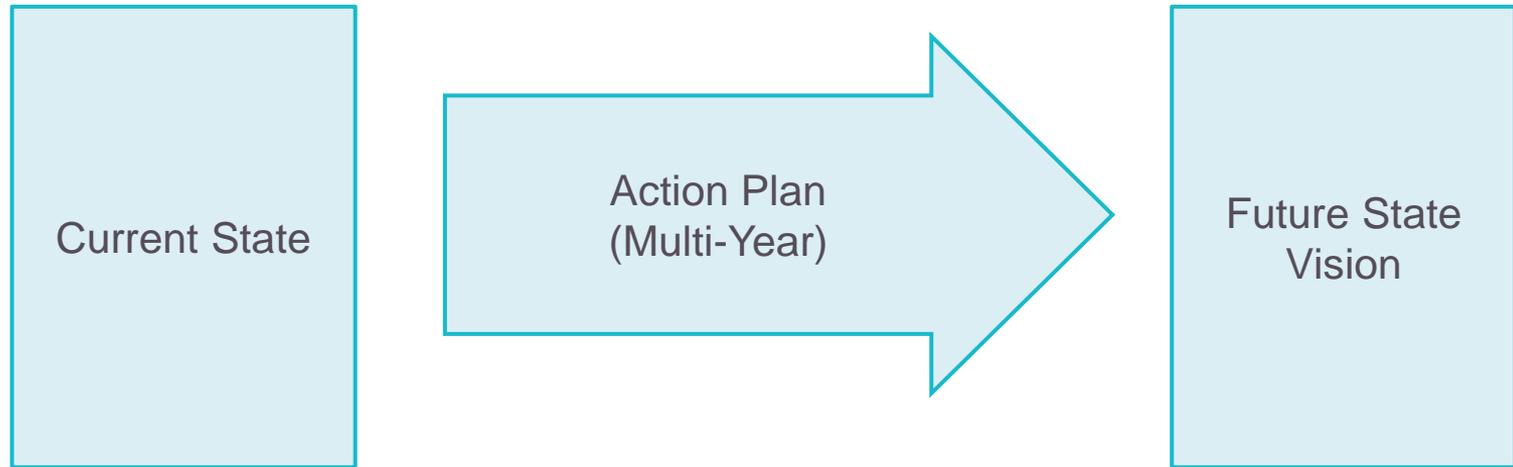


2014 & BEYOND FOLLOWING OUR POLICY COMPASS

MATURING our program

RETAINING our members

IMPLEMENT a multi-year strategic plan



UPDATE ON TIMELY ACCESS TO CARE

Jeff Rideout MD, Senior Medical Advisor

ACCESS IS AN ESSENTIAL STEP TO MEETING COVERED CALIFORNIA'S MISSION

*Our mission is to increase the number of insured Californians, **improve health care quality**, lower costs, and reduce health disparities through an innovative, competitive marketplace that empowers consumers to choose the health plan and providers that give them the best value.*

COVERED CALIFORNIA'S EFFORTS TO ENSURE TIMELY ACCESS TO CARE: AN ONGOING JOURNEY

- Established an affordable market with broad provider access when viewed across the entire portfolio
 - Choice matters and goes beyond premiums and brands, including total cost of care and provider access
 - Not all the networks are the same or necessarily as broad as they were; having “my” doctor is not the same as having “a” doctor
 - Covered California does not contract with providers or set reimbursement rates; individual plans make their own strategic choices
- Covered California implemented strong contractual expectations for quality and access
 - Regular plan engagement on operational questions
 - Systematic review of network and access expectations (Forums, site visits)
- Strong relations with the regulators and clear role definition continue
- Encouraged individual consumer issue resolution by Covered California, the plans and the regulators
- Longer term access and quality assessment methods being implemented, including Quality Rating System (QRS) ahead of Federal requirements and the building of a Covered California analytics infrastructure

CONCERNS WE ARE HEARING

- Questions about accuracy of certain plan provider directories
- Timely access to available providers, including specialists
 - “Hot spots” include rural counties and Alameda
- Some confusion about benefit design regarding what is in or out of network
 - Mismatch of physicians and hospitals
 - Different restrictions for PPO vs. EPO across plans
 - Consumer financial exposure for capped or lower co-insurance providers
- Physician confusion regarding their network status

COVERED CALIFORNIA'S CONTRACT WAS DESIGNED TO ASSURE ACCESS TO APPROPRIATE CARE

Network Specific

- 3.05 Network Adequacy Standards established by the applicable Regulator
- 3.05b Provider Directory information submission (and monitoring/reliability)
- 3.05c Provider Stability
- 3.05d Network Disruption
- 3.06 Essential Community Providers

Quality and Access

- 2.0-Accreditation expectations (e.g. Exchange specific)
- 3.01- CAHPS/QRS (including access domain)
- 3.03- Data submission
- 4.01: Encourage and monitor access to preventive services
- 5.01: Access to appropriate care – “encouraged to – get PCP within 60 days”
- 5.03 and .04: Identification and Support of At Risk enrollees

Note for Quality and Access: these provisions are expected after 1 year of enrollment; information available at this point is by request

COVERED CALIFORNIA'S EFFORTS TO OPTIMIZE TIMELY ACCESS

Consumer Support

- We have been very responsive to individual enrollees in trying to help them; plans have been good partners
 - Customer Service Escalation Team consists of 50 FTEs- access issues are one type of issue being managed
 - 40-50 access issues being actively managed daily
- We are referring issues to plans, but also supporting consumers going to the regulators, especially DMHC, to resolve individual cases; (we are in the process of reviewing DMHC complaint data)
- We refer consumers to the Health Consumer Alliance – independent legal assistance that is supported by Covered California to assist enrollees and help monitor for patterns of problems

COVERED CALIFORNIA'S EFFORTS TO OPTIMIZE TIMELY ACCESS

Plan Partnerships:

- Plans have dedicated significant resources to sort out individual issues
- We have been very proactive with plans and provider organizations in trying to communicate the changes and add physicians to networks, especially ECPs
 - Joint Covered California/Anthem, Covered California/Health Net, Covered California/Shield provider letters
 - Joint CMA, Covered California, Anthem, Blue Shield, Health Net and Kaiser Permanente communication; also sent to many provider societies such as CAFP, ACP, CAPG, CPCA
 - LACMA, Covered California, QHP joint Town Halls and meetings to increase the number African American and Latino physicians in Exchange Networks
- Some plans have been actively adding physicians
- Plan Network and Quality Forums held over the last 8 months to go through major parts of the contract; individual plan site visits began in early April with “deeper dive” on performance
- Cataloging all “Welcome Letters” for enrollee messaging accuracy and completeness

COVERED CALIFORNIA'S EFFORTS TO OPTIMIZE TIMELY ACCESS

Better Information:

- Coordinating directly and regularly with regulators on network adequacy, including proposed:
 - Use of regulator template with quarterly submission to both Covered California and regulators
 - Common analytics for time/distance assessments
 - Coordinated product and network filing reviews; cross plan comparisons
- Analytics infrastructure being built, which will include capabilities for network analysis and enrollee access to services
- CAHPS (member survey) QRS with Exchange access information collected in fall 2014 to be issued in 2015, a year ahead of Federal requirements
- Zip code based assessment of provider availability in vulnerable communities to complement existing ECP analysis is underway; cross walked to individual plan networks
- Covered CA IT changes in process to better track type of issue, resolution and plan/product attribution

POTENTIAL ADDITIONAL STEPS

- Accelerate contractually required reporting regarding PCP and/or first visit status, use of preventive services and identification of at risk enrollees to Q3 2014
- Require plan demonstration of accuracy of In-Network status or enrollee access satisfaction
- Sponsor 3rd party “secret shopper” survey
- Covered California enrollee access satisfaction survey ahead of 2015 CAHPS QRS
- Standardize benefits regarding in and out of network rules and cost sharing for PPO and EPO plans; eliminate physician/hospital mismatches or require more prominent enrollee alerts

LEGISLATIVE UPDATE

David Panush, Director of External Affairs

KEY LEGISLATION

Privacy Issues

- **Confidentiality of Personal Information**
AB 1560 (Gorell);
SB 974 (Anderson)
AB 2147 (Melendez)
- **Financial Penalty for Disclosure**
AB 1830 (Conway)

KEY LEGISLATION

New Covered California Requirements & Governance

- **Enrollment Data: Report to the Legislature**
AB 2301 (Mansoor)
- **Performance-based Budgeting: Report to DOF and LAO**
AB 2456 (Melendez)
- **Eligibility, Redetermination, & Exemption Appeals**
AB 617 (Nazarian)
- **Employees and Contractors: Criminal Records**
AB 1829 (Conway)

KEY LEGISLATION

New Requirements & Governance Issues (cont.)

- **Catastrophic Plan Eligibility**
AB 2433 (Mansoor)
- **Charge on Qualified Health Plans**
AB 2601 (Conway)
- **Board Membership Expansion**
SB 972 (Torres)
- **Formularies**
SB 1052 (Torres)

KEY LEGISLATION

Individual & Small Group Market Issues

- **Reporting and Open Enrollment**
SB 20 (Hernandez)
- **Small Employer Health Plan Renewals**
SB 1446 (DeSaulnier)
- **Renewal of Non-Grandfathered Plans**
AB 1507 (Logue)
- **Physician Contracts**
AB 2400 (Ridley-Thomas)

KEY LEGISLATION

Other Issues:

- **Vision Exchange**
AB 1877 (Cooley)
- **Coverage for Undocumented Residents**
AB 1005 (Lara)
- **CalHEERS and Statewide Automated Welfare System**
SB 1341 (Mitchell)
- **Tax Credits for Cancelled Plans**
AB 2367 (Donnelly) and SB 1376 (Gaines)

FEDERAL RULES UPDATE

Katie Ravel, Director of Program Policy

EXCHANGE AND INSURANCE MARKET STANDARDS FOR 2015 AND BEYOND

Key Exchange provisions for tracking and incorporation into program rules:

- Proposed discontinuation of federal HHS service for processing individual mandated exemptions beginning on November 15, 2014
- Additional standards regarding Navigators and non-Navigator assistance personnel including Certified Application Counselors
- Clarifications and modifications to Special Enrollment Periods
- Quality reporting and enrollee satisfaction requirements

Provision for comment:

- Request that federal HHS provide additional time for states to transition from use of federal exemption service to state-based service

APPENDIX OUTREACH UPDATE

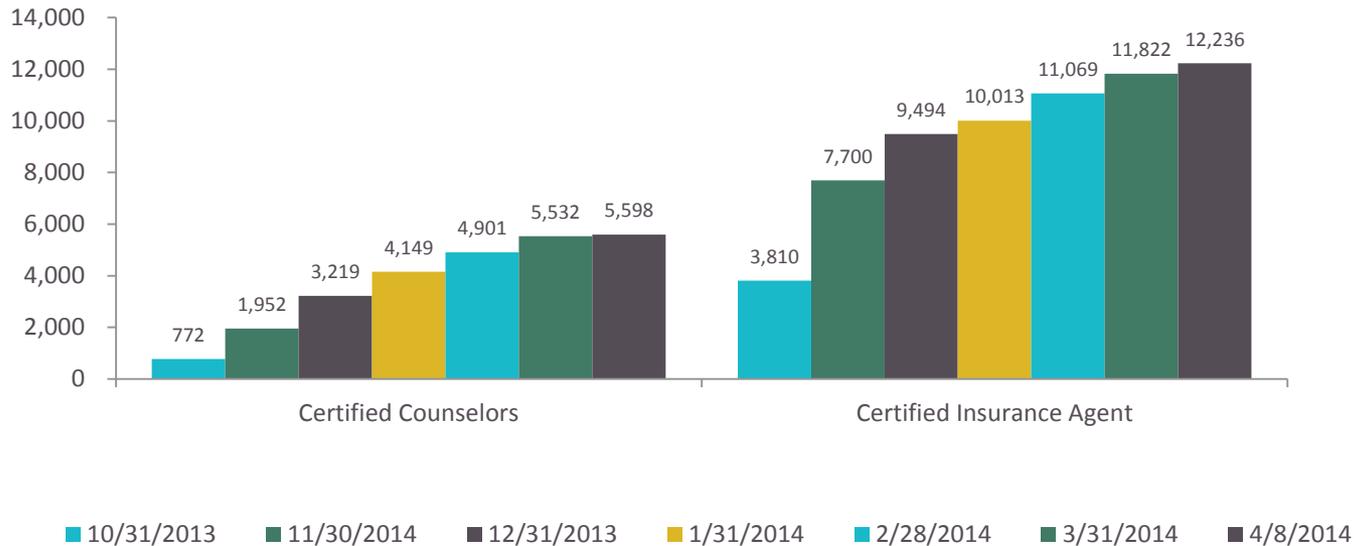
ENROLLMENT SUPPORT: KEY METRICS

5,598 Certified Enrollment Counselors (as of Apr. 8, 2014)

58% Spanish; 3% Cantonese; 3% Mandarin; 2% Vietnamese;
1% Tagalog; 1% Korean Speaking.

12,236 Certified Insurance Agents (as of Apr. 8, 2014)

15% Spanish; 5% Chinese; 5% Korean; 4% Mandarin;
3% Cantonese; 3% Vietnamese Speaking.

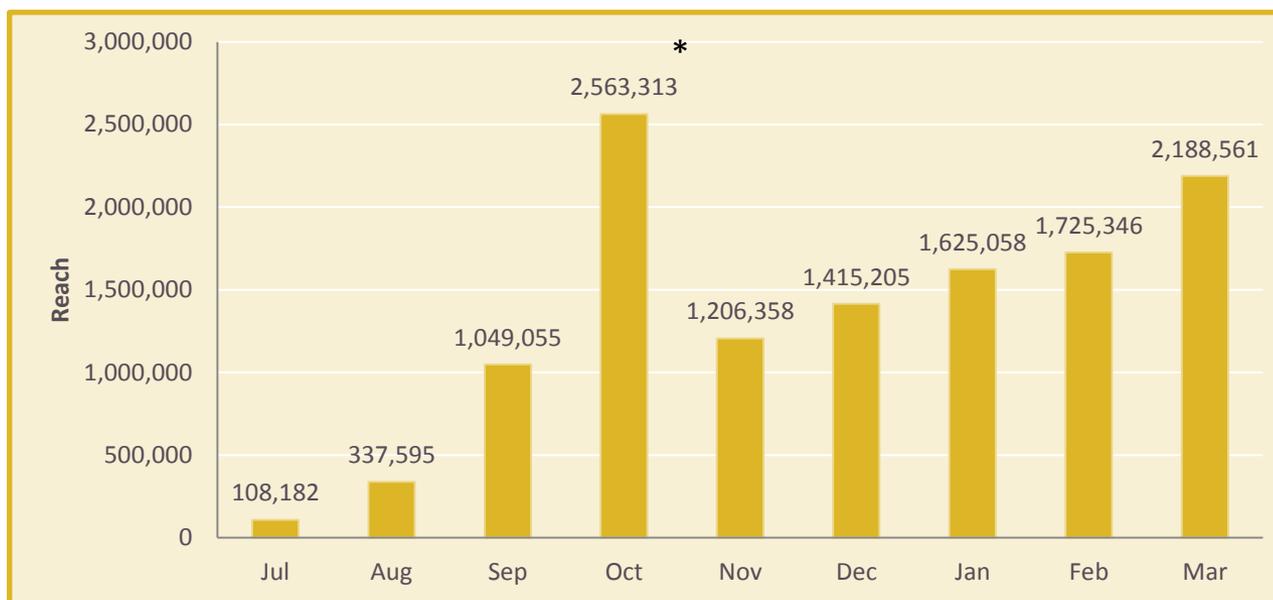


ENROLLMENT SUPPORT: \$58 PAYMENTS

- Certified Enrollment Entity payments for Covered California effectuated coverage only.
 - Medi-Cal payments are scheduled for Summer.
- 1st round of checks mailed March 14th
 - Total payments \$302,006
 - 276 Entities paid
- 2nd round of checks mailed April 16th
 - Total payments \$492,942
 - 393 Entities paid
- Next schedule approx. every 2 weeks

OUTREACH: KEY METRICS

- 2,338 Certified Educators (as of Apr. 8, 2014)
- Grantee reach:
 - **14.6 million overall reach**
 - 12.2 million individual consumers
 - 1.3 million business owners
 - 1.1 million medical professionals



Source: Consumer Activity Summary July 2013 - March 2014, GPAS as of 4/8/14.

* October includes over 1.5M reached through social media

NAVIGATOR GRANT PROGRAM

- Will award up to \$5 million in grants to qualifying entities to provide outreach, education and enrollment assistance to Covered California subsidy eligible uninsured individuals (138% - 400% FPL).
- Funded only by revenue generated by Covered California health plan fees.
- Grant period June 2014 - December 2014 (or the end of Open Enrollment).
- Navigator Grantees will report on a monthly basis on activities and number of applications assisted.
- Grantees will be paid through an invoice process in arrears for services performed.

NAVIGATOR PROGRAM FUNDING PRIORITIES

	Targeted Funding Pool	Regional Funding Pool
Purpose	Engage entities or collaboratives with access to targeted segments of eligible consumers that share common characteristics such as language, ethnicity or employment sector.	Engage collaboratives or entities to reach eligible consumers in each of the six established regions of the state.
Target Populations	Targeted populations with high levels of uninsured, such as hard-to-reach, young invincibles, Limited English Proficient, etc.	Six regions: North, Bay Area, Central, Los Angeles/Orange County, Inland, and San Diego
Funding Allocation	\$1 - 2 million	Total of \$3 - 4 million
Grant Award Sizes	\$250,000 - \$500,000	\$250,000 - \$2,000,000
Expected # of Awards	2 - 8	6 (one per region)

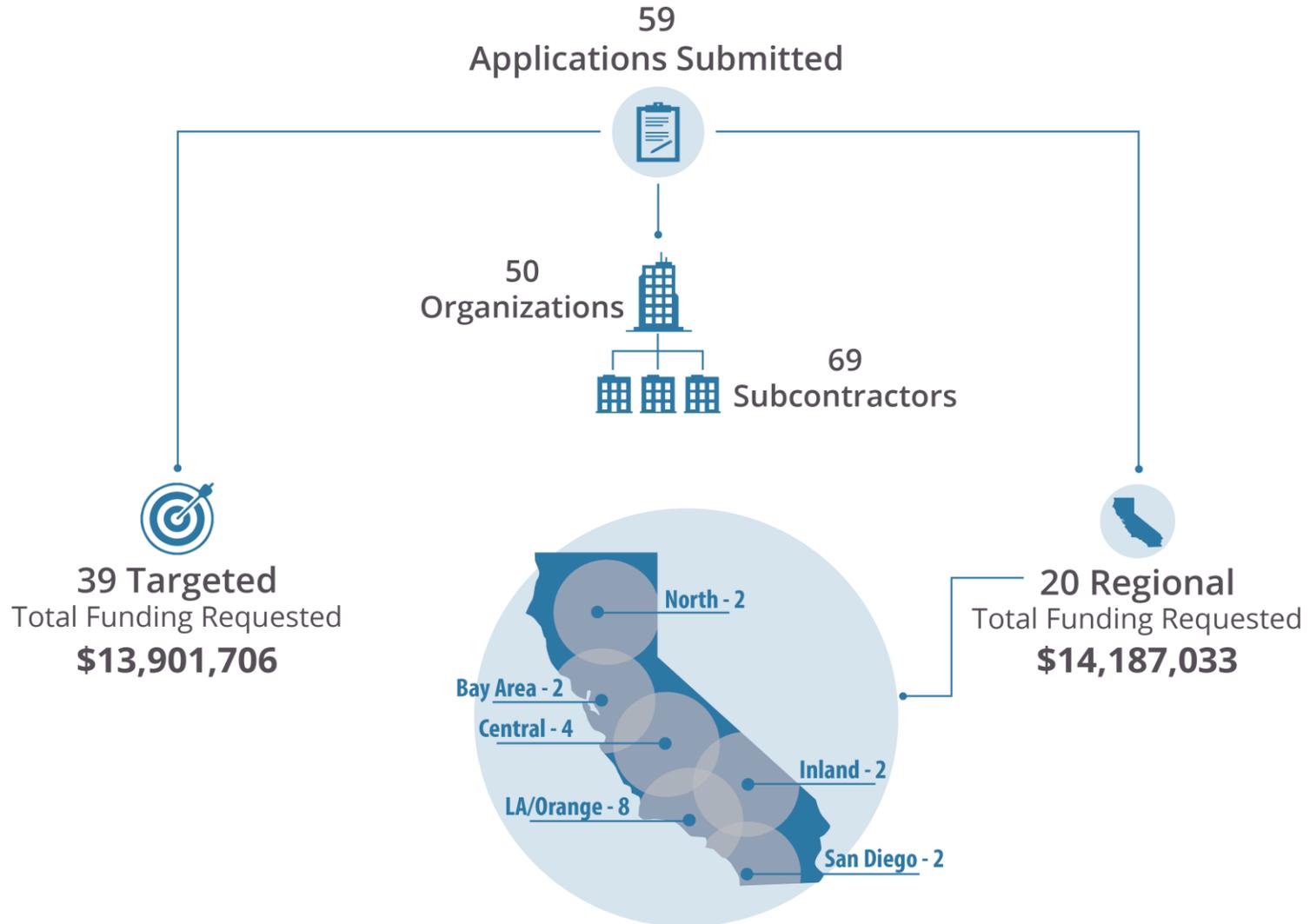
REGIONAL FUNDING POOL



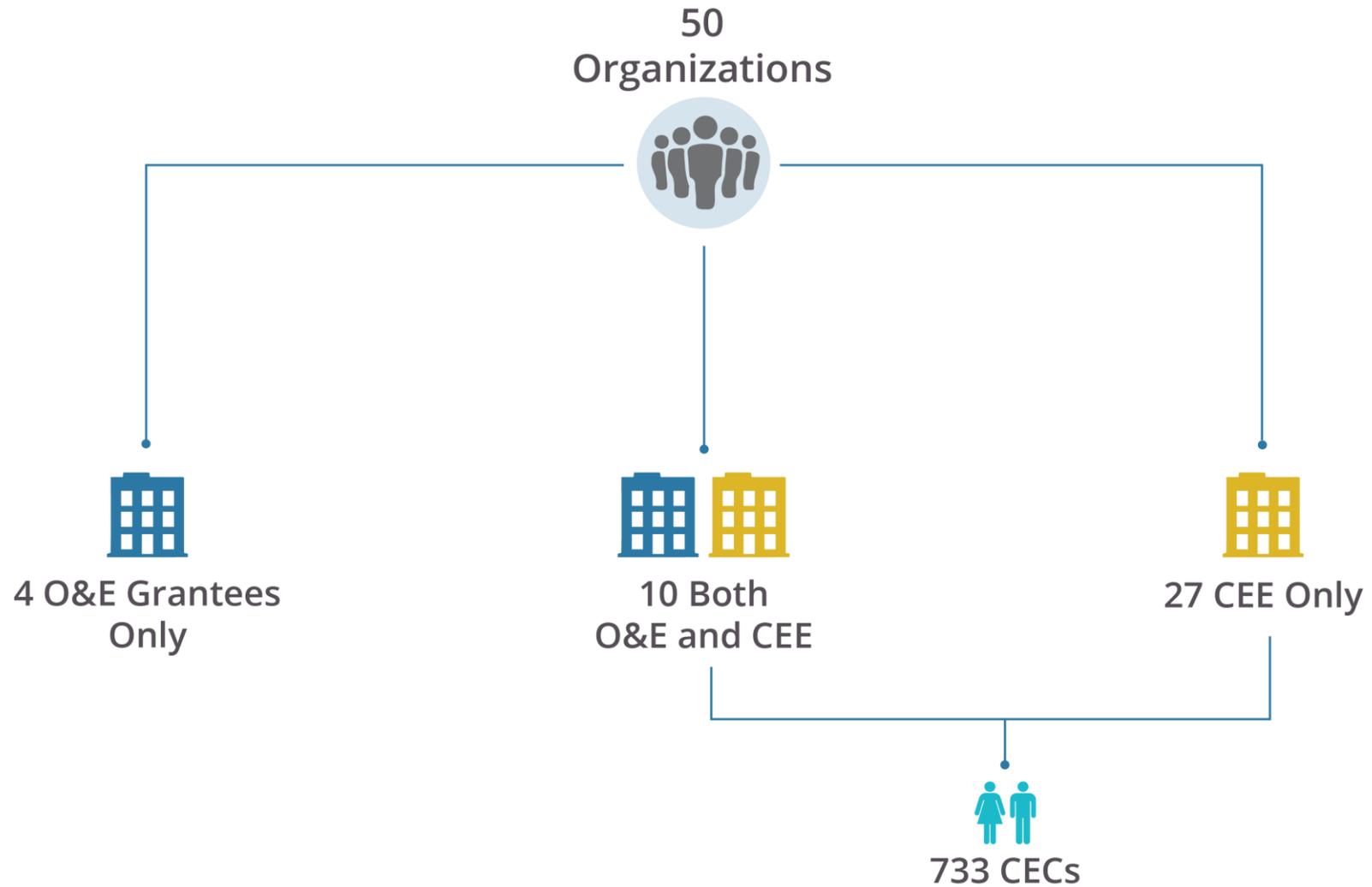
Rating Region	Subsidy-Eligible Individuals	% of State	Potential Grant Range
North	195,000	7.5%	\$250,000 - \$360,000
Bay Area	257,400	10%	\$316,000 - \$474,000
Central CA	434,200	17%	\$534,000 - \$801,000
Los Angeles/Orange County	1,279,200	49%	\$1,573,000 - \$2,360,000
Inland	262,600	10%	\$324,000 - \$486,000
San Diego	171,600	7%	\$250,000 - \$319,000
6 Regions	2.6 million subsidy-eligible Californians		\$5 million Grant Funding

NAVIGATOR GRANT APPLICATIONS SUBMITTED

DEADLINE MARCH 24, 2014



NAVIGATOR GRANT APPLICATIONS SUBMITTED



NAVIGATOR GRANT APPLICANTS – ORGANIZATION TYPES



APPENDIX

CONSUMER WEBSITE UPDATE

CONTINUING WEBSITE IMPROVEMENTS

- Performance improvements underway
 - On-line application performance has been stable with exception of extremely high traffic on Monday, March 31.
 - Performance of Integration with SAWS still requires enhancements and improvement
 - Continuing to work with hardware and software partners to implement needed fixes for performance improvement
 - Prioritizing application changes within CalHEERS for additional performance improvements
- Release Planning
 - Working with sponsors and stakeholders to develop priority changes in CalHEERS through remainder of calendar year 2014
 - Planning has included all Covered California programs, DHCS, SAWS, CWDA, Carriers, CDSS, CHHSA, DOF, AB1296 workgroup
 - Summary release plan (on next slide) has been shared for feedback with above groups

CalHEERS Updated Release Plan

(Subject to Revision)

March – May 2014

Theme: Medi-Cal and eHIT Improvements, Special Enrollment, Medi-Cal pre-ACA Renewals and Redeterminations

Completed Work:

- Medi-Cal Effective Dating/Discontinuances/Notices
- Medi-Cal Pre-ACA Conversion Renewals - Report A Change Reporting - Add a person to Pre-ACA Medi-Cal or Non-MAGI case
- Federal Poverty Level – Table Update
- eHIT Defect Resolution

Pending Work:

- eHIT Defect Resolution (ongoing)
- Changes to Special Enrollment
- MAGI Medi-Cal Negative Action
- MEDS Transactions Defect Resolution
- Federal Poverty Level/COLA Processing
- Remote Identity Proofing
- Residency Verification (MEDS & Franchise Tax Board)
- MAGI-Based Medi-Cal Aid Code Hierarchy (Former Foster Care)
- Eliminate Deprivation
- Changes for Processing Lump Sum Income

CalHEERS Updated Release Plan

(Subject to Revision)

June 2014

Theme: Medi-Cal and eHIT Improvements

- Include Unborn Child in Family Household for MAGI determinations
- Additional Lump Sum Income updates
- eHIT Schema Changes
- Updates for Verify Lawful Presence
- PRUCOL
- Add Servicing County if different from county of residence
- Continuous Eligibility for Children (CEC)
- Continuous Eligibility for Pregnant Women
- Enhancements for Reporting Changes for QHP enrollments
- IRS Reporting for APTC Consumers

CalHEERS Updated Release Plan

(Subject to Revision)

Summer

Theme: Updates to Single Streamlined Application

- Updates for CMS Requirements
- Updates to align paper and on-line application
- Updates based on advocate feedback
- Updates based on consumer / usability feedback
- Medi-cal Plan Selection

Theme: MAGI Medi-Cal and QHP Renewals

- Updates and changes required for first year renewals of MAGI and QHP Renewals

Other Items

- Integrate AIM and CHIM Programs
- Updates for Financial Management
- Full implementation of Voter Registration Requirements

CalHEERS Updated Release Plan

(Subject to Revision)

Fall

Theme: Second Year Open Enrollment for QHP

- Updates and changes required for second Exchange Open Enrollment

Theme: Carrier and Enrollment Improvements

- On-line payments for QHP enrollments
- Enhancements for Plan-based enrollers
- Enhancements for Issuers on-line
- Enrollment transaction enhancements

APPENDIX

SERVICE CENTER UPDATE

SERVICE CENTER UPDATE

- Improving Customer Service Staffing
 - Staff hiring increased by 240 in early March in anticipation of March volumes assisting with the Service Centers improving staffing at the busiest intervals while helping to maintain and reduce Average Speed of Answer.
 - Service Centers remained open 7 days a week during the month of March to accommodate open enrollment.
- Enhance Technology Solutions
 - Self-Service options in the IVR were introduced in early March and assisted with consumers successfully receiving answers to their questions 51% of the time when interacting with the IVR.
 - FAQs were introduced to the hold messaging when waiting for an SCR to help provide consumers information relating to the most common questions.
- Clarifying channels and improved communications
 - Dedicated assistance lines for CEC, SHOP and Individual support to minimize volumes into the Service Center while improving the number of consumers handled.
 - Service Center Resources were focused on data entry and paper application processing to improve number of enrollees before the end of open enrollment period.

STAFFING UPDATE

- Rancho Cordova, Contra Costa and Fresno Service Centers are receiving general inquiry, application & enrollment and now ongoing support contact volumes in support of the Covered California marketing efforts statewide.

Staff Group	4/1/2014 Target	4/1/2014 To Date	5/1/2014 Target	5/1/2014 To Date
Service Center Representatives	675	709	758	709
Other staff (Management, Back Office, Quality Assurance, etc...)	280	236	280	236
Total	955	945	1038	945

- All three Covered California Service Centers are handling statewide calls using the “first available Service Center Representative model.”
 - Fresno – 329 SCRs, 37 leads
 - 42 SCRs dedicated to off-phone application activities
 - Rancho Cordova – 267 SCRs, 23 leads
 - 22 SCRs dedicated to Hotline queue
 - Contra Costa- 74 CSAs, 25 leads

SERVICE CENTER PERFORMANCE UPDATE*

Service Center Metric	Goal	March 14 Stats	March 24 th Through March 31 st	April 1 st Through April 9 th
Total Calls Offered		399,926	106,332	120,877
Service Level	80% of calls answered within 30 seconds	3% of calls answered within 30 seconds	.46% of calls answered within 30 seconds	.7% of calls answered within 30 seconds
Abandoned Calls**	3% or less of calls abandoned	49% of calls abandoned	48% of calls abandoned	40% of calls abandoned
Total Dialed Attempts		1,702,966	881,167	231,344
Busy Message Presented to Callers	0% or less of calls receive busy message	54% or less of calls receive busy message	68% or less of calls receive busy message	13% or less of calls receive busy message
Top Inquiries				
1. Medi-Cal application status				
2. Application or account information change				
3. Inquiries on manual verification processing				
4. Notices are confusing				
5. Healthcare general inquiry				

* Performance metrics are measured monthly.

** Abandoned Calls: includes callers who may listen to FAQ messaging while on hold and release the call prior to speaking with an SCR.

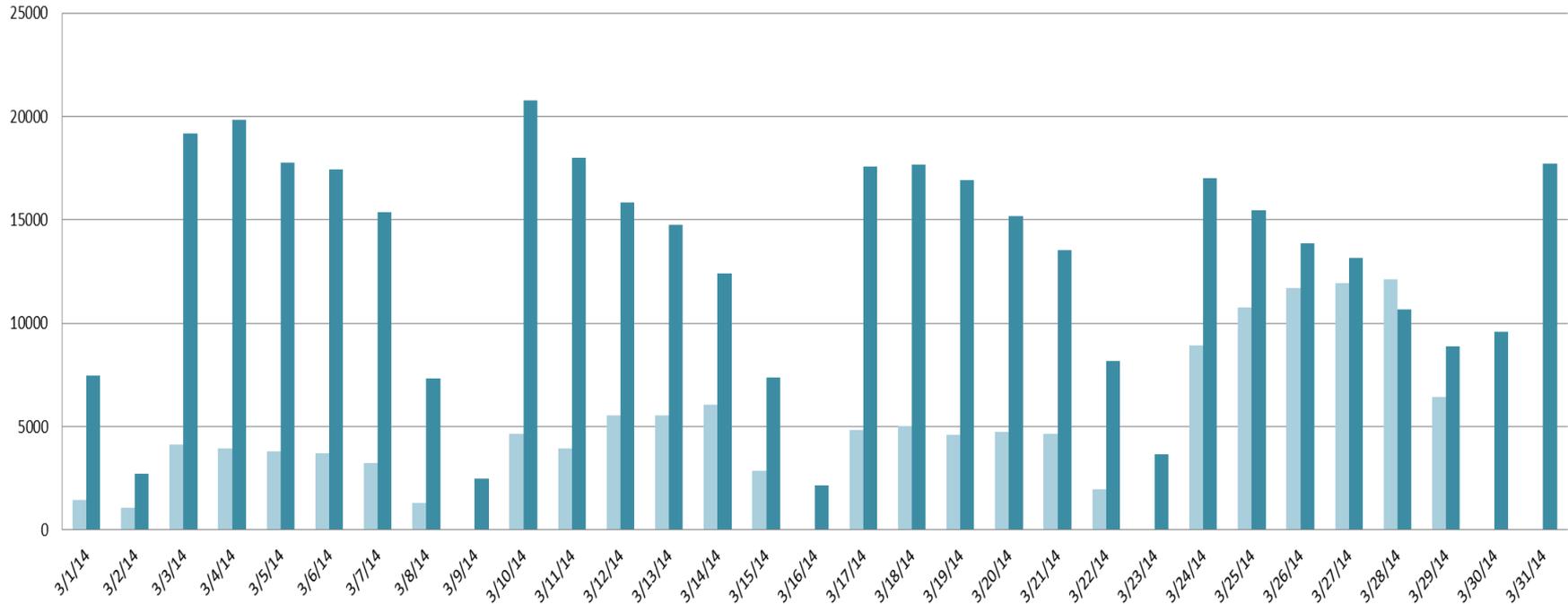
APRIL INDICATORS

- Self-Service continues to positively trend in early April enabling customers to successfully receive answers to their questions when interacting with the IVR.
- Average Handle Time in April has decreased by 2 minutes from March, while volumes have remained at the same levels, due to the reduction of application calls as we approach the closing of the open-enrollment period.
- Average Speed of Answer has decreased from 33 minutes in March to 17 minutes in April (reflecting a 51% reduction), as a result of the reduced Average Handle Time and additional resources enabling more calls to be answered quicker.
- Abandonment Percentage* has decreased from 48% in March to 40% in April (a difference of 8%) because of the lower Average Handle Time and improved Average Speed of Answer.

**Abandonment Percentage: includes callers who may listen to FAQ messaging while on hold and release the call prior to speaking with an SCR.*

SERVICE CENTER PERFORMANCE UPDATE*

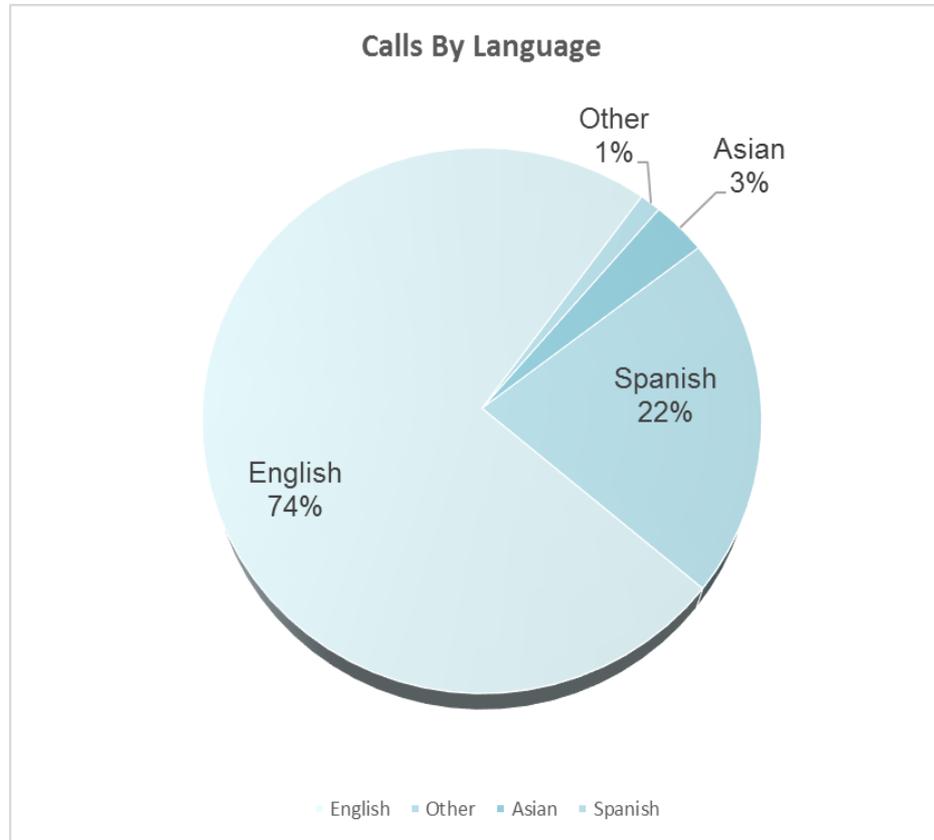
Voice & Chat Offered Volumes



	3/1/14	3/2/14	3/3/14	3/4/14	3/5/14	3/6/14	3/7/14	3/8/14	3/9/14	3/10/14	3/11/14	3/12/14	3/13/14	3/14/14	3/15/14	3/16/14	3/17/14	3/18/14	3/19/14	3/20/14	3/21/14	3/22/14	3/23/14	3/24/14	3/25/14	3/26/14	3/27/14	3/28/14	3/29/14	3/30/14	3/31/14
Chat Offered	1472	1090	4126	3937	3788	3715	3236	1317	0	4639	3933	5526	5522	6042	2856	0	4838	5037	4591	4741	4670	1969	0	8940	10742	11695	11921	12106	6436	0	0
Voice Offered	7476	2712	19177	19857	17753	17431	15368	7346	2463	20772	18005	15822	14737	12386	7393	2179	17567	17692	16943	15162	13543	8171	3639	16999	15483	13847	13170	10679	8877	9577	17700

Note: Performance metrics are measured monthly. Voice queues open for consumers every Sunday in March along with March 31st Holiday.

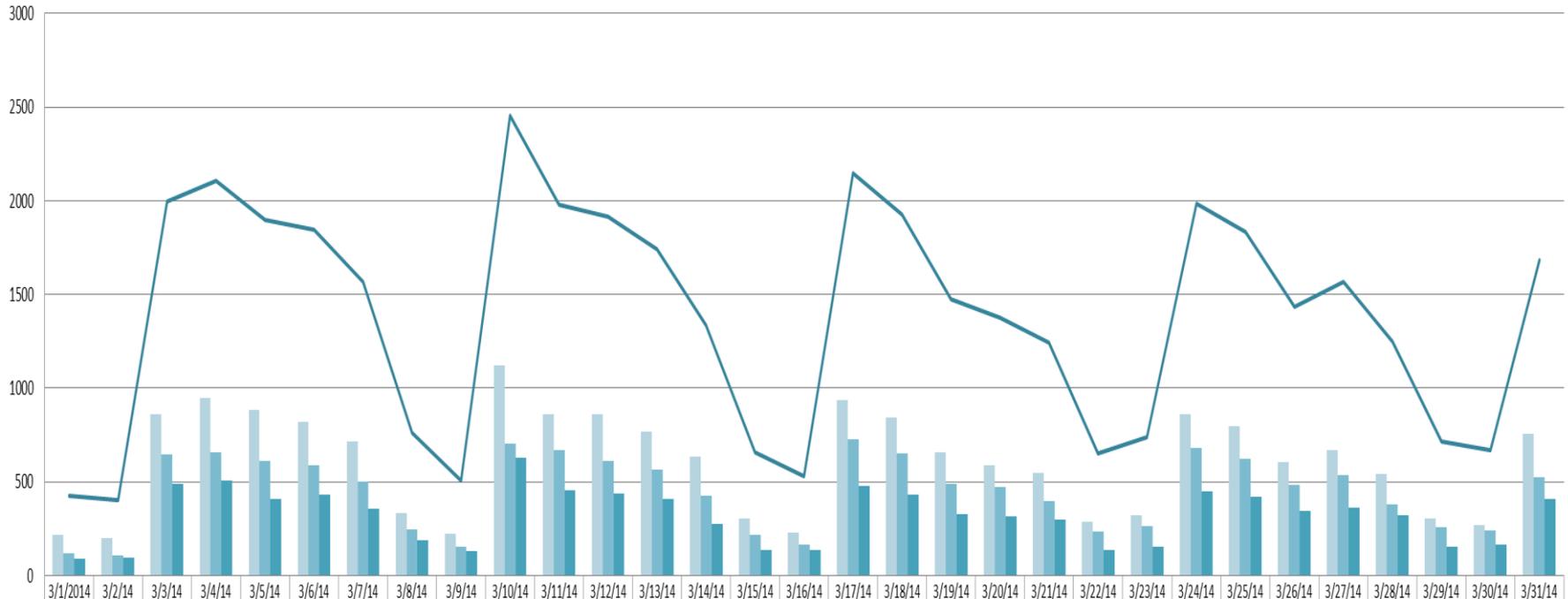
LANGUAGE DISTRIBUTION OF CALLS HANDLED



- Service Centers are supporting calls in all 13 languages and using an interpreter service when an in-language Service Center Representative is not available
 - Service Center Representatives are handling 57.8% of non-English calls
 - Contracted language line representatives are handling 42.2% of non-English calls
- 103 Covered California Service Center Representatives answering multi-lingual calls

QUICK SORT VOLUMES

March '14 Quick Sort



	3/1/2014	3/2/14	3/3/14	3/4/14	3/5/14	3/6/14	3/7/14	3/8/14	3/9/14	3/10/14	3/11/14	3/12/14	3/13/14	3/14/14	3/15/14	3/16/14	3/17/14	3/18/14	3/19/14	3/20/14	3/21/14	3/22/14	3/23/14	3/24/14	3/25/14	3/26/14	3/27/14	3/28/14	3/29/14	3/30/14	3/31/14
CalWIN	215	200	860	947	884	822	715	330	221	1119	861	861	766	637	304	230	937	842	658	587	549	287	321	863	794	607	668	542	302	267	755
Leader	120	109	648	655	610	590	499	244	155	706	668	613	566	427	219	164	729	654	491	474	394	232	261	678	622	486	536	381	260	237	522
C-IV	89	96	490	506	406	432	355	186	128	628	452	439	409	272	137	133	480	429	327	314	298	134	155	446	419	344	361	323	151	164	406
Totals	424	405	1998	2108	1900	1844	1569	760	504	2453	1981	1913	1741	1336	660	527	2146	1925	1476	1375	1241	653	737	1987	1835	1437	1565	1246	713	668	1683

Weekly Quick Sort Transfers to County/Consortia

Weekly Transfers
829
Partial Week

Weekly Transfers
10,683

Weekly Transfers
10,611

Weekly Transfers
9,553

Weekly Transfers
9,451

Weekly Transfers
1,683
Partial Week

Note: Voice queues open for consumers every Sunday in March along with March 31st Holiday.



COVERED CALIFORNIA/COUNTY WORKFLOW COORDINATION QUICK SORT PERFORMANCE

Quick Sort Metrics	Service Level Standards	C-IV	CalWIN	Leader
Average Speed of Answer		6 Seconds	13 Seconds	8 Seconds
Service Level	80% of calls answered within 30 seconds	97.4% of calls answered within 30 seconds	99.2% of calls answered within 30 seconds	96% of calls answered within 30 seconds
Abandoned Calls	3% or less of calls abandoned	.26% of calls abandoned	.89% of calls abandoned	1.2% of calls abandoned
Busy Signals Presented to Callers	0% or less of calls receive busy signal	0% of calls received busy signal	0% of calls received busy signal	0% of calls received busy signal

- Continued refinement of Quick Sort processes with the Consortia and Service Center have shown continued improvement in process accuracy and delivering a seamless customer experience
- County/Consortia, DHCS and Covered California weekly operational meetings implemented to maintain operational focus

