



COVERED
CALIFORNIA

COVERED CALIFORNIA POLICY AND ACTION ITEMS

June 19, 2014

ENROLLMENT ASSISTANCE PROGRAMS

Sarah Soto-Taylor, Deputy Director of Community Relations

ADVISORY PANEL AND STAKEHOLDER FEEDBACK

1. General Agreement on the direction of an integrated Navigator outreach, education and enrollment model.
2. Comments and suggestions about:
 - Impact to current outreach efforts
 - Continuation of Certified Enrollment Entity Payments
 - Integration with Medi-Cal
 - Addressing needs of rural and hard to reach populations
 - Payment schedule

KEY ATTRIBUTES OF NAVIGATOR PROGRAM

1. Performance measured against Covered California effectuation of coverage.
2. \$16.9 M in expanded resources to an integrated Outreach, Education and Enrollment Navigator Grant Program.
 - Award about 135 lead organizations
 - Target to enroll 130,700 Covered CA subsidy eligible consumers and assist 50,000 consumers in renewals
 - Anticipate additional Navigator Grant funding in 2015
3. Outreach and Education Grantees unspent dollars will be converted. Navigator award is not in addition to unspent Outreach grant dollars.
4. Require Navigators to participate in the coordinated ground campaign.
5. Allow grant funds to be used for post enrollment and retention activities.

KEY ATTRIBUTES OF NAVIGATOR PROGRAM

CONTINUED

6. Administer in parallel with the Outreach and Education Grant and Certified Enrollment Entities programs through 2nd Open Enrollment. After 2nd Open Enrollment Entities must participate in the Navigator Program to receive compensation.
7. Flexibility in choosing subcontractors.
8. Allow for grant proposals starting at \$50,000.
9. Allow for media spending (with pre-approval from Covered CA) up to a maximum of 10% of grant award.
10. Establish a bonus pool for high enrollment performance.
11. Allow and encourage grant funds to be spent on store fronts.
12. Allow for target county/city strategies within Regional Funding Pool.

COMPENSATION MODEL

Total Costs: \$16.9 M – Grant Awards

\$14,650,000 in grants; expecting to reach 100,700 new Covered CA subsidy eligible consumers.

\$2,250,000 bonus pool; expecting to reach 30,000 new Covered CA subsidy eligible consumers. (For each additional 100 effectuated consumers an organization will receive a \$7,500 bonus payment.)

Navigator Grant Recipients goal is to enroll 130,700 consumers.

Benchmark Number of Applications and Enrollments by Grant Size:

Grant Size	Effectuated Enrollments	Potential # of Consumers Enrolled
	# of Applications	2 People/App
\$50,000	150 - 200	350
\$100,000	300 - 400	700
\$200,000	500 - 800	1,400
\$300,000	900 – 1,200	2,100
\$400,000	1,300 - 1,500	2,800
\$500,000	1,600 – 2,000	3,500
\$750,000	2,100 – 3,000	5,250
\$1,000,000	3,100 – 4,000	7,000

Flexibility in budget allocation for activities will be allowed. Caps include 15% Admin., 10% Equipment, and at least 10% on Outreach Activities. Example of Suggested Funding Allocation by Grant Size:

Grant Size	Admin Allowance	Equipment Allowance	Outreach, Education and Media Activities	Enrollment Activities	Post Enrollment & Retention Activities
	15%	10%	25%	30%	20%
\$50,000	\$7,500	\$5,000	\$12,500	\$15,000	\$10,000
\$100,000	\$15,000	\$10,000	\$25,000	\$30,000	\$20,000
\$200,000	\$30,000	\$20,000	\$50,000	\$60,000	\$40,000
\$300,000	\$45,000	\$30,000	\$75,000	\$90,000	\$60,000
\$400,000	\$60,000	\$40,000	\$100,000	\$120,000	\$80,000
\$500,000	\$75,000	\$50,000	\$125,000	\$150,000	\$100,000
\$750,000	\$112,500	\$75,000	\$187,500	\$225,000	\$150,000
\$1,000,000	\$150,000	\$100,000	\$250,000	\$300,000	\$200,000

PERFORMANCE MONITORING AND PAYMENT

Covered CA will adhere to performance measurements tied to enrollment and effectuation of coverage in a Covered CA plan.

Anticipated payment schedule:

9 month agreement (10/1/2014 – 6/30/2015)

Month	Payment	% Paid of Award	Deliverable
October 2014	25% of award	25%	Work plan including strategy development
January - February 2015	25% of award	50%	At the point of reaching 25% of enrollment goal
March - April 2015	25% of award	75%	At the point of reaching 75% of enrollment goal
May - June 2015	25% of award + any Bonus Payment	100% + option to extend agreement for 1 year	At the point of reaching 100% of enrollment goal

RECOMMENDED TIMELINE

Activity	Date
Outreach and Education Grant Program Term	July 1, 2013 – February 15, 2015 (extended from December 2014)
Board Authorizes 2014-15 Navigator funding	June 19, 2014
Request for Application Release	Week of June 23, 2014
Applications Due	July 25, 2014
Evaluation and Selection Process	July 28, 2014 – August 22, 2014
2014-15 Navigator Grant Award Period	October 1, 2014 – June 30, 2015
2 nd Open Enrollment	November 15, 2014 – February 15, 2015
Certified Enrollment Entity Compensation and Outreach and Education Grant Period Ends	February 2015
Board Authorizes 2015-16 Navigator funding	June 2015
2015-16 Navigator Grant Period	July 2015 – June 2016 (Navigator Grantees that meet enrollment goals may be offered 1 year extensions)

KEY CONSIDERATIONS INFORMING THE RECOMMENDATION

1. Coordination with Medi-Cal in the following ways:
 - Comprehensive training of counselors; including Medi-Cal curriculum.
 - Collateral material will continue to promote the availability of no-cost Medi-Cal coverage.
 - Continue to provide fingerprinting and other infrastructure support to counselors.
 - Continue to coordinate with DHCS when appropriate (i.e., \$58 payment, grant programs to the extent funding is available).
 - Recognition that some Outreach and Education activities may reach Medi-Cal eligible population due in part to mixed family situations.
2. A review of Outreach and Education Grant funding levels indicate many will have unspent funds to use through the end of 2nd Open Enrollment.
3. Applicants targeting rural communities or special populations will be asked to describe in their proposal the target population, demonstrate barriers the group faces and why the cost to perform the services is different from the benchmarks.

KEY CONSIDERATIONS INFORMING THE RECOMMENDATION

CONTINUED

4. Applications will be evaluated and organizations selected for funding based on:
 - The organizations ability to carry out the duties of the Navigator Program;
 - Experience with the target population and ability to establish effective relationships with the consumers likely eligible for coverage through Covered California; and
 - Cost effectiveness of the proposal and ability to reach the enrollment goals for the requested funding amount.

5. Post enrollment support is focused specifically on ensuring successful enrollment and retention for consumers that may require additional support. Examples include:
 - Increasing health insurance literacy;
 - Information on where to obtain assistance (i.e., Office of Patient Advocate, DMHC, Health Insurance Company);
 - How to avoid disenrollment for non-payment;
 - Assistance with renewals; and
 - Clinical follow-up such as making appointments for consumers and calling providers on behalf of the consumer would not be compensated under the Navigator model.

BACKGROUND MATERIALS

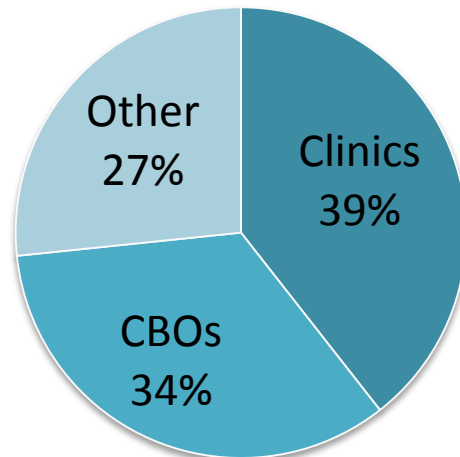
ENROLLMENT SUPPORT

CERTIFIED ENROLLMENT ENTITY PRODUCTION OCT. 1, 2013 – APRIL 15, 2014

338,897 individuals enrolled in either Medi-Cal or Covered CA plans with the assistance of a Certified Enrollment Counselor.

- 229,223 (68%) Medi-Cal
- 109,674 (32%) Covered California Plan (does not reflect effectuation of coverage)

Covered CA Enrollment by CEE Type



ENROLLMENT SUPPORT

CERTIFIED ENROLLMENT ENTITY PRODUCTION OCT. 1, 2013 – APRIL 15, 2014

Covered CA Plan Enrollment (109,674) was concentrated among 150 of the 831 Certified Enrollment Entities:

- Top 50 Entities = 50% (56,908 individuals)
- Top 100 Entities = 70% (77,495 individuals)
- Top 150 Entities = 80% (88,131 individuals)

- 617 Entities enrolled less than 100 individuals and 390 entities enrolled less than 20 individuals into Covered CA Plans.

ENROLLMENT SUPPORT

CERTIFIED ENROLLMENT COUNSELOR PRODUCTION OCT. 1, 2013 – APRIL 15, 2014

Covered CA Plan Enrollment was concentrated among 1,137 (top 20%) of the 5,686 Certified Enrollment Counselors:

- Top 5% of Counselors (284 Counselors) enrolled over 40% of the consumers (n = 45,709) in Covered CA plans. Collectively these counselors work at 103 different Certified Enrollment Entities.
- Top 10% of Counselors (568 Counselors) enrolled over 60% of the consumers (n = 67,660) in Covered CA plans. Collectively these counselors work at 194 different Certified Enrollment Entities.
- Top 20% of Counselors (1,137 Counselors) enrolled over 80% of the consumers (n = 91,027) in Covered CA plans. Collectively these counselors work at 337 different Certified Enrollment Entities.

2014-15 COVERED CALIFORNIA BUDGET

Sue Johnsrud, Chief Deputy Executive Director of Operations

BUDGET PLANNING FOR 2014-15: THE ROAD TO SUSTAINABILITY

- Covered California's focus in 2014-15, will be to complete the establishment process for the marketplace, stabilize the program and prepare for the first renewal and second open enrollment cycle.
- By the end of 2014-15 Covered California will move into its 'sustainability' phase, transitioning from being exclusively funded by federal grants to being funded with assessment revenue. In anticipation of this transition, Covered California will continue to review and evaluate the organization to ensure the most efficient, effective and lowest cost structure possible.
- The 2014-15 recommended budget was developed based on Covered California's experience to date, projections for future enrollment and anticipated work in the coming year. It is designed to:
 - Retain current enrollees
 - Continue to build enrollment – estimated to be 1.7 million by the end of open enrollment
 - Provide a better consumer experience to applicants and enrollees
 - Continue to provide the foundation for Covered California's work as an active health purchaser
- The recommended budget reflects the following:
 - Phase-in of changes to cost allocation to more appropriately reflect costs across programs.
 - Proposed restructure of community based enrollment efforts to reduce administrative costs, increase efficiency and maximize direct contact with consumers.
 - Funding to strengthen the organization's analytic and evaluation capacity to support near term work to maximize enrollment and long-term goals relating to health care quality, access and costs.

THE 2014-15 BUDGET – RECOMMENDED VS. PRELIMINARY

	FY 2013-14 Recommended Budget	FY 2014-15 Preliminary Budget	FY 2014-15 Recommended Budget	Difference
Service Center	\$ 64,732,239	\$ 89,300,509	\$ 97,022,224	\$ 7,721,715
CalHEERS	\$ 181,042,718	\$ 65,788,077	\$ 88,177,616	\$ 22,389,539
Enrollment Activities	\$ 134,218,916	\$ 132,629,444	\$ 168,646,841	\$ 36,017,397
SHOP	\$ 9,504,885	\$ 14,308,612	\$ 14,355,583	\$ 46,971
Plan Management & Evaluation	\$ 22,788,018	\$ 24,671,039	\$ 25,127,957	\$ 456,918
Administrative	\$ 36,556,839	\$ 34,466,095	\$ 39,421,405	\$ 4,955,310
Expense Reserve	\$ -	\$ 20,000,000	\$ 10,000,000	\$ (10,000,000)
Total Expenses	\$ 448,843,615	\$ 381,163,776	\$ 442,751,626	\$ 61,587,850
Cost Sharing/Reimbursements	\$ (5,000,000)	\$ (2,708,077)	\$ (31,058,183)	\$ (28,350,106)
Total Operating Costs	\$ 443,843,615	\$ 378,455,699	\$ 411,693,443	\$ 33,237,744

Key Changes:

- Service Center is funded to support the 80/30 service level standard.
- CalHEERS costs reflect a delay from July 1 to September 1, 2014 in the implementation of proposed cost allocation changes, as well as higher costs for postage and additional support to the Office of Systems Integration for quality assurance activities.
- Increased funding for the Navigator program and updated cost estimate to extend outreach and enrollment grants until the end of open enrollment using awarded funds.
- Additional limited term staffing in Financial Management, Business Services and HR to support temporary work and increased funding to pay for statewide costs.

MAJOR CHANGES – 2013-14 TO 2014-15

- Service Center funding reflects full staffing, as well as resources to meet the 80/30 service level standard (+\$32 million).
- CalHEERS' budget reflects an anticipated reduction in total project spending of approximately 10 percent and a change in cost allocation to more appropriately reflect costs across Medi-Cal and Covered California (- \$93 million).
- Enrollment Activities funding reflects a modest reduction in support for marketing efforts, an increase in funding for community-based enrollment efforts, reduced administrative costs and increased reimbursements for Covered California to make payments to Certified Enrollment Entities on behalf of DHCS (+ \$34 million).
- Enrollment Activities funding also reflects the reorganization of existing resources to better coordinate field activities for enrollment and retention.
- SHOP budget increase due to the shift of program responsibilities to a contractor (+ \$4.9 million).

SUSTAINABLE OUT-YEAR BUDGETS

	FY 2013/14	FY 2014/15	FY 2015/16
Enrollment	1,200,000	1,800,000	2,000,000
Beginning Balance	\$ 802,134,713	\$ 425,008,431	\$ 254,993,149
Projected Revenue	\$ 66,717,333	\$ 241,678,161	\$ 320,847,987
Expenditures	\$ 443,843,615	\$ 411,693,443	\$ 324,883,234
Year-End Balance	\$ 425,008,431	\$ 254,993,149	\$ 250,957,902

- Assumes approximately \$360 million in remaining federal grant funding can be used to support establishment activities in 2014-2015 and through 2015.
- Enrollment forecast reflects projected caseload at the end of the fiscal year as approved by the Board in May 2014.
- Revenue projections reflect maintaining assessments at \$13.95 per member per month in 2016. Depending on enrollment and expenditure plans, the assessment for 2016 could be lowered to maintain a reserve level of 6 months.
- The budget for fiscal year 2015-16 would be adjusted based on experience next year.

MAJOR ASSUMPTIONS AND RISKS

Assumptions:

- Federal approval will be obtained to change the current cost allocation formula for CalHEERS to better reflect the true costs to Medi-Cal and Covered California
- Beginning in 2015-16, Service Center expenditures will be cost allocated across Medi-Cal and Covered California and the federal government will approve use of assessment revenues.
- Federal approval will be obtained to spend current grants on establishment costs well into 2015 to reflect support of the second round of open enrollment and to complete the establishment of Covered California.
- Spending for enrollment activities and for CalHEERS will decrease between 2014-15 and 2015-16 by approximately 20 percent and 15 percent, respectively.

Risks:

- Enrollment could be lower than projected. If enrollment is closer to the low projection of 1.3 million in 2015 and 1.4 million 2016, revenues would be \$21 million lower in 2014-15 and \$75 million lower in 2015-16.
- If there are delays in the federal approval of the proposed cost allocation changes, costs could be higher by millions of dollars.
- If the aforementioned assumptions do not materialize costs could be higher by tens of millions of dollars or Covered California could be required to spend more assessment revenues sooner than anticipated.

NEXT STEPS

- By no later than July 15, 2014, submit draft revised cost allocation plan to the federal government for review and approval.
- By August 1, 2014, to the extent needed, seek federal approval to extend authority to spend current federal grant into 2015.
- By September 1, 2014, review 2013-14 spending and make necessary budget adjustments to ensure appropriate, timely spending on federal grant funds, to reduce spending authority if no longer needed, and to capture spending in the correct fiscal year.
- Continue to monitor enrollment and effectuation trends. If enrollment projections are not being met, assess alternatives to continue to align projected spending with available revenues.
- Regularly monitor spending and begin taking necessary steps to ensure spending in 2015-16 will align with projected spending levels.

RECOMMENDATION FOR APPROVAL BOARD RESOLUTION NO. 2014-XX

In the matter of the 2014-15 Budget.

The Board hereby resolves, in accordance with Sections 100503(o) of the Government Code, to adopt the California Health Benefit Exchange 2014-15 Budget, as presented by staff and dated June 19, 2014, as follows:

1. Approve the Budget for Fiscal Year 2014-15, providing expenditure authority of \$ 442,751,626.
2. To address priorities and needs, authority is granted to the Executive Director to make adjustments provided 2014-15 expenditures remain at or below the level of expenditure authority approved by the Board.
3. Adjustment to program budgets and positions shall be reported to the Board as necessary.

SUMMARY OF BUDGET DETAIL

SERVICE CENTER BUDGET RECOMMENDATION

	FY 2014-15 Preliminary Budget	FY 2014-15 Recommended Budget	Difference
Service Center	\$ 89,300,509	\$ 97,022,224	\$ 7,721,715

Budget Summary

The 2014-15 recommended service center budget:

- Provides sufficient resources to support the 80/30 service level. However, similar to the 2013-14 experience, spending could be lower given challenges in recruiting and retaining service center staff.
- Retains existing trained staff to stabilize operations and to improve services.
- Assumes the conversion from permanent intermittent to permanent positions over the course of the year. This conversion will allow Covered California to continue to provide improved levels of customer service. *
- The cost for FY 2015/16 will be adjusted to reflect cost allocation based on planned evaluation of Service Center workload related to Medi-Cal.

* Actual number of staff converted will depend on workload and number of trained staff.

CALHEERS BUDGET RECOMMENDATION

	FY 2014-15 Preliminary Budget	FY 2014-15 Recommended Budget	Difference
Covered CA CalHEERS Costs	\$ 65,788,077	\$ 88,177,616	\$ 22,389,539
CalHEERS Costs Funded by Other Depts	\$ 124,211,923	\$ 112,309,834	\$ (11,902,089)
Total CalHEERS Project Costs	\$ 190,000,000	\$ 200,487,450	\$ 10,487,450

Budget Summary

The 2014-15 recommended CalHEERS budget:

- Reflects a decrease in total project costs of approximately 10 percent between 2013-14 as costs related to equipment purchases and development will not occur in 2014-15.
- Modifies cost allocation to more appropriately reflect costs across programs beginning Sept. 1, 2014.
- Increased funding for OSI for quality assurance, project management and an evaluation of the status of the project in meeting business requirements and program needs.
- Provides for the transition of functions including help desk, customer relations management, IVR, and possibly testing, if doing so will increase efficiency, avoid increased costs or generate savings.
- Updated costs for postage and implementing various system improvements.

ENROLLMENT ACTIVITIES BUDGET RECOMMENDATION

Includes Marketing, Outreach and Enrollment, Agent Support, Eligibility Administration, and Communications and Public Relations

	FY 2014-15 Preliminary Budget	FY 2014-15 Recommended Budget	Difference
Enrollment Activities	\$ 132,629,444	\$ 168,646,841	\$ 36,017,397

Budget Summary

The 2014-15 recommended enrollment activities budget:

- Transitions from bifurcated outreach and enrollment expenditures to increased use of Navigators to maximize funding for direct education and enrollment services, reduce administrative costs and meet federal requirements.
- Continues support for Certified Enrollment Entities through open enrollment. After open enrollment, continues to support uncompensated enrollment entities to meet federally required CAC program.
- Extends existing Outreach & Education Grants through open enrollment providing grantees additional time to spend previously awarded funds.
- Maintains a robust paid marketing and social media campaign to achieve an estimated 600,000 new enrollments to reach 1.8 million enrollees by June 2015.
- Maintain strong support and referral for certified agents.
- Provides for the reorganization of existing resources to support a single sales unit to better coordinate field activities and have more focused enrollment and retention efforts.

PLAN MANAGEMENT AND EVALUATION BUDGET RECOMMENDATION

Includes Plan Management, Policy and External Affairs

	FY 2014-15 Preliminary Budget	FY 2014-15 Recommended Budget	Difference
Plan Management & Evaluation	\$ 24,671,039	\$ 25,127,957	\$ 456,918

Budget Summary

The 2014-15 recommended plan management and evaluation budget:

- Supports recertification and selection process for 2015 Plan Year.
- Provides for initial analysis of care provided by contracted health plans and active monitoring of insurance market trends.
- Invests to strengthen the organization’s analytic and evaluation capacity to support Covered California’s near term work to maximize enrollment and long term goals related to health care quality, cost and access. Specifically:
 - Supports coordinated evaluation across Covered California elements (care delivery, outreach, enrollment).
 - Builds platform for Covered California to partner and support care that addresses disparities and delivery system improvements.

SHOP BUDGET RECOMMENDATION

	FY 2014-15 Preliminary Budget	FY 2014-15 Recommended Budget	Difference
SHOP	\$ 14,308,612	\$ 14,355,583	\$ 46,971

Budget Summary

The 2014-15 recommended SHOP budget:

- Completes transition of operations to new administrative platform.
- Improves Insurance Agent tools, support and educational outreach.
- Supports enhancement of product offering to meet evolving market.
- SHOP budget increase due to a shift of SHOP responsibilities to a contractor to fully administer the SHOP program that should have been reflected in the preliminary budget.

ADMINISTRATION BUDGET RECOMMENDATION

Includes Operations, Finance, Executive and Human Relations

	FY 2014-15 Preliminary Budget	FY 2014-15 Recommended Budget	Difference
Administrative	\$ 34,466,095	\$ 39,421,405	\$ 4,955,310

Budget Summary

The 2014-15 recommended Administration budget:

- Supports management of operation to promote efficiency, effective delivery of services and to continue to work towards operational excellence in all areas.
- Accounts for potential uncertainty (\$10 million expense reserve).
- Provides increased limited term staffing in Financial Management, Business Services and HR to continue making manual payments and meet other temporary workload.
- Support staff development and a good work environment.
- May support consolidated training if a reorganization would increase efficiency, improve outcomes and generate savings.

COVERED CALIFORNIA REGULATIONS

Katie Ravel, Director of Program Policy

REGULATION READOPTIONS: ACTION

- Today staff requests a readoption of the following emergency regulations:
 - Enrollment Assistance
 - Eligibility and Enrollment

REGULATION READOPTIONS: ENROLLMENT ASSISTANCE

Substance

- Inclusion of new federal requirements that Certified Enrollment Counselors and Navigators inform consumers of their enrollment assistance responsibilities and obtain an authorization to access personally identifiable information
- Other technical changes

Process

- Action today is to readopt these regulations as emergency regulations
- Covered California has an additional year to make these regulations permanent

REGULATION READOPTIONS: ELIGIBILITY AND ENROLLMENT

Substance

- Alignment with new final federal regulations
- Incorporation of stakeholder and regulator feedback
- Changes for clarity and formatting

Process

- Action today is to readopt these regulations as emergency regulations
- Covered California has an additional year to make these regulations permanent

SPECIAL ENROLLMENT PERIOD VERIFICATION

- Regulations in force today provide for self-attestation for qualifying life events that trigger special enrollment
- Covered California staff propose to operationalize a verification policy for special enrollment beginning in 2015 for the following life events:
 1. Marriage or entry into domestic partnership;
 2. Loss of MEC due to death of the employee or the primary subscriber;
 3. Loss of MEC due to divorce or dissolution of domestic partnership;
 4. Loss of MEC due to termination of employment or reduction in the number of hours of employment; or
 5. Permanent move into or within the State that results in gaining access to new QHPs.
- Covered California will work with stakeholder partners in the coming months to develop operational procedures for special enrollment verification
- Special enrollment verification procedures will be included in Covered California Eligibility and Enrollment regulations this fall

APPENDIX

ENROLLMENT ASSISTANCE PROGRAM REGULATIONS

Regulation Section	Summary of Changes
§ 6650. Definitions	<ul style="list-style-type: none">• Moves the definition of Certified Enrollment Counselor to be in alphabetical order.• Adds definition of Personally Identifiable Information.
§ 6656. Navigator Program Request for Application and Selection Criteria	<ul style="list-style-type: none">• Removes the Navigator Program Request for Application by reference.• Adds a description of the Navigator program application, selection and notification process.• Adds the information that is required in the Navigator Program application.
§ 6664. Roles & Responsibilities	<ul style="list-style-type: none">• To comply with new Federal rules, adds a requirement that Certified Enrollment Counselors (CECs) must inform consumers of the functions and responsibilities of the CEC and obtain an authorization to access personally identifiable information from the consumer prior to performing any consumer assistance functions. This authorization may be revoked at any time.

ELIGIBILITY AND ENROLLMENT PROGRAM REGULATIONS

Regulation Section	Summary of Changes
§ 6410. Definitions	<ul style="list-style-type: none">• Includes revisions, additions, and removals of definitions to terms based on State and federal regulations, stakeholder feedback, and the DMHC's comments.

ELIGIBILITY AND ENROLLMENT PROGRAM REGULATIONS

Regulation Section	Summary of Changes
§6452. Accessibility and Readability Standards	<ul style="list-style-type: none"> • Technical changes to ensure compliance with State regulation requirements.
§6470. Application	<ul style="list-style-type: none"> • Adds clause to specify that non-applicants will not be asked questions about immigration or citizenship status.
§6474. Eligibility Requirements for APTC and CSR	<ul style="list-style-type: none"> • Adds exceptions for those applying for / enrolled in catastrophic plans (clarifies that applicants for catastrophic coverage will not receive subsidies).
§6482. Verification of Family Size and Household Income Related to Eligibility Determination for APTC and CSR	<ul style="list-style-type: none"> • Adds citation to USCR §6492(a)(1) to align with Federal regulations, which specify how Exchanges must deal with inconsistencies between an applicant's attestations and his/her tax records.
§6492. Inconsistencies	<ul style="list-style-type: none"> • Removes clause about effectuation timelines if inconsistencies exist to align with the Federal regulations.

ELIGIBILITY AND ENROLLMENT PROGRAM REGULATIONS

Regulation Section	Summary of Changes
§6496. Eligibility Redetermination during a Benefit Year	<ul style="list-style-type: none">• In compliance with Federal regulations, Covered California has added a clause that clarifies that the Exchange will review eligibility determinations for those deemed eligible for APTC, CSR, Medicare, Medi-Cal, or CHIP on a semiannual basis.
§6498. Annual Eligibility Redetermination	<ul style="list-style-type: none">• Adds, in compliance with Federal regulations, that Covered California will use an individual's active authorization on file to obtain updated tax return information only for those individuals who have requested an eligibility determination for IAPs / have used the subsidized application.• If the Exchange does not have an active authorization for an individual who applied for IAPs at the time of redetermination, the Exchange will redetermine the individual's eligibility only for enrollment in a QHP, not for IAPs until the individual gives his/her authorization to use his/her tax records for the purpose of receiving IAPs.

ELIGIBILITY AND ENROLLMENT PROGRAM REGULATIONS

Regulation Section	Summary of Changes
§6502. Initial and Annual Open Enrollment Periods	<ul style="list-style-type: none"> • Changed dates of open enrollment for plan year 2015 to comply with State and Federal regulations. • Modified clauses regarding noticing requirements and coverage effective dates for the next open enrollment to comply with State and Federal regulations.
§6504. Special Enrollment Periods (SEPs)	<ul style="list-style-type: none"> • In compliance with Federal regulations, adds loss of certain non-MEC coverage as triggering events for SEPs. These events include: <ul style="list-style-type: none"> ○ Enrolled in any non-calendar year plan that will expire in 2014 ○ Loses Medi-Cal coverage for pregnancy-related services ○ Loses Medi-Cal coverage for medically needy • Adds any other triggering events specified in State Health and Safety Code and Insurance Code • Revises definition of exhaustion of COBRA based on Federal regulations

ELIGIBILITY AND ENROLLMENT PROGRAM REGULATIONS

Regulation Section	Summary of Changes
§6504. Special Enrollment Periods (SEPs) (cont'd)	<ul style="list-style-type: none">• Adds an individual shall attest to a qualifying life event for a SEP under the penalty of perjury and that the Exchange will inform the individual of civil money penalties that HHS may impose if he or she fails to provide the correct information or intentionally provides false information.• In alignment with Federal regulations, a qualified individual or enrollee who loses coverage will have 60 days before and after the loss of coverage to select a QHP.• Details special effective dates (when effectuation may be applied retrospectively or prospectively) for certain triggering life events.• Clarifies that in limited cases, coverage, as well as any APTC/CSR, will begin the first day of the month following plan selection.• The Exchange may determine an appropriate effectuation date (including a retroactive date) in certain circumstances, in compliance with Federal rules.

ELIGIBILITY AND ENROLLMENT PROGRAM REGULATIONS

Regulation Section	Summary of Changes
§6504. Termination of Coverage in a QHP	<ul style="list-style-type: none">• Adds language, in compliance with federal regulations, to clarify that the last day of coverage in an enrollee's prior QHP (or termination date) can be retroactive. In this case, the Exchange will ensure the correct actions are taken to make adjustments to any APTC, CSR, premiums and claims.• Adds that a QHP issuer will provide an enrollee with a written notice that includes his/her termination effective date.
§6610. Dismissals	<ul style="list-style-type: none">• Aligns with Federal regulations to include acceptance of the telephonic withdrawal of appeals.