EXECUTIVE DIRECTOR'S REPORT

Peter V. Lee, Executive Director | June 19, 2014 Board Meeting

ANNOUNCEMENT OF CLOSED SESSION ACTIONS

BOARD PLANNING CALENDAR: MAY – AUGUST

JUNE 19	JULY 24	AUGUST 21

OPEN SESSION
 	
Policy and Action Items
1. **Action** on enrollment assistance program change
2. **Action** on 2014-15 Budget
3. Update on 2015 plan contracting process
4. **Action** on Covered California regulations
	NO BOARD MEETING	**OPEN SESSION**
		
		Policy and Action Items
		1. 2015 Consumer Journey Map
		   • Open enrollment and renewal
		   • Marketing
		   • Outreach and ground activities
		   • Enrollment experience
		   • Plan initiatives
		2. Tentative panel on web usability
		3. **Action** on Covered California regulations

Note: Covered California plans to cancel the July 24, 2014 Board meeting

CONTINUING ANALYSIS OF OPEN ENROLLMENT

DATA CURRENTLY AVAILABLE

- By Rating Region and Statewide
  - Income Category by Service Channel
  - Health Insurance Issuer by Subsidy Status
  - Language Spoken by Subsidy Status
  - Language Written by Subsidy Status
  - Metal Level by Subsidy Status

- Statewide Only
  - Specific Ethnicity by Subsidy Status
  - Specific Race by Subsidy Status
  - Dental Enrollment

COVERED CALIFORNIA

INITIAL FINDINGS

- Blacks/African Americans were most likely to enroll through a self service channel (60.4%) and least likely to enroll through an agent (18.8%).
- Asians were most likely to get enrolled through an agent (54%), versus other channels such as self serving (33.9%).
- Certified Enrollment Counselor and Plan Based Enrollers were most likely to serve Latinos. Of the individuals that Certified Enrollment Counselors enrolled 48.2% were Latino. Of the individuals that Plan Based Enrollers enrolled, 40.6% were Latino.
- The most common income category was between 151% and 200% of the federal poverty level (FPL). More individuals in this group were served by County Eligibility Workers and Certified Enrollment Counselors.
- The most common health insurance plans that enrollees chose were Anthem (30%) and Blue Shield (27%), followed by Health Net (19%) and Kaiser (17%). Within each rating region, however, the selection of issuers was more evenly distributed.

PLAN MANAGEMENT UPDATES
Q2 2014

Leesa Tori, Interim Director, Plan Management

PLAN CHANGES FOR 2015 - DECERTIFICATION

Thank you and Goodbye

- Contra Costa Health Plan has decided not to seek recertification because due to federal regulations requiring insurers to sell the same products on and off exchange at the same price

- Contra Costa Health Plan has about 1,200 members among more than 1.3 million consumers who enrolled through Covered CA

- We appreciated Contra Costa Health Plan's partnership and passion. They offered localized high-touch health care as well as operating as a bridge for MediCal enrollees in their community.

GUIDING PRINCIPLES

The continuing guiding principles for the exchange define both <u>what</u> value we provide to consumers and <u>how</u> we select and manage carriers to deliver it.

- Promote affordability: premium and at point of care

- Value: Quality, Service and Price

- Meaningful product choice (product and network differentiation)

- Ensure statewide coverage

- Providers and delivery systems serving low income/Medi-Cal

- Effective partners for promoting delivery system reforms

- Willingness to commit to multi-year partnership

PRINCIPLES FOR 2015 CERTIFICATION / RECERTIFICATION PROGRAM

For 2015, we want stability, consistency and predictability for the exchange and defined for our carriers what that meant. We encouraged them to minimize proposed changes in four important ways.

Area	Explanation
1. NO CHANGE: COPAY VS. COINSURANCE	Carriers may not alter a product benefit design by moving from co-pay to co-insurance or co-insurance to co-pay.
2. NO CHANGE: EPO, PPO, HMO OFFERINGS	Carriers may not shift from one product type to another for Plan Year 2015. This is true for all regions in which they currently offer coverage.
3. MINIMAL CHANGE: PROVIDER NETWORK	Provider Networks can be expanded, but not significantly contracted (other than normal network churn). Philosophy is that changes that benefit the consumer by offering greater choice would be permitted.
4. MINIMAL CHANGE: REGIONAL OFFERINGS	Carriers (renewing and new entrants) are encouraged not to bid in new geographies unless underserved by current carriers. Underserved means only 2 carriers serve a geography within a region.

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CERTIFICATION/RECERTIFICATION

- Good News! All carriers in the individual market bid a 10.0 embedded dental offering

- Program operating within established timeline – no anticipated delays

- Reviewing rates and preparing for negotiation sessions in July

- Confidential process – will report outcome early August

CARRIER CONTRACTING POLICIES

- Plan year 2014
    - Minor amendments to adjust and select a set of meaningful reporting requirements as we gain experience
    - Hold in abeyance Performance Guarantees (for plans or Covered California) due to high volumes
    - Collect data and work to establish benchmarks in a steady state
    - Historic first Open Enrollment saw larger volumes than anticipated – one time event and now need to plan for "new normal" operating environment

- Plan year 2015:
    - No major changes to the 2014 model contract
    - Full review of model contract for 2016 plan year in a transparent process with input from variety of stakeholders
        - Amendments to be used to address minor issues
        - Anticipate minimal financial impact on carriers through 2015

SHOP UPDATE

Corky Goodwin, Interim Director

SHOP OPERATIONS UPDATE

Total groups enrolled 1,519
- Total employees enrolled 7,432
- Total dependents enrolled 3,272
- Grand total enrolled 10,704

Transition to new administrative platform
- To improve service between CoveredCA, small employers, carriers, agents and general agents
- One third of groups in original platform (749) have been transitioned
- Expected completion August 29, 2014
- Implementing catch-up commission payments to agents

Agent activities
- Focus groups – 4 regions done once per quarter
- Round of training modules (4) to be delivered via webinar and live by GA partners and CAHU around the state
- Roadshows across state in conjunction with SHOP business partners (carriers and GAs) focusing on features and benefits of SHOP

SHOP PLAN UPDATE 2015

Alternate benefit designs
- o Medical carriers only
- o Allowed to submit last year but couldn't operationalize
- o Prepared to do so this year

Family Dental Option
- o Same as individual
- o Offered in conjunction with pediatric EHB
- o Can operationalize for SHOP in 2015

SHOP PLAN UPDATE 2015 - CONTIGUOUS TIERS

Current SHOP Offering:
ER selects single metal tier for EE's to choose coverage.

Contiguous Tier offering:
ER is allowed to select two contiguous metal tiers, establish a contribution level, and EE's can select any carrier/plan offered in those two tiers.
  - If EE buys down, excess money can go to offset premium and/or family coverage.

Contiguous Tier Pairings Available

Platinum
Gold
Silver
Bronze

Pros	Cons
Increased employee choice and implementation timing allows for late 2013 renewal opportunity.	Non Identified.
Would bring SHOP in alignment with small group market exchange expectations.	
All current SHOP carriers have agreed to offering with a 10/1/2014 target launch date	
Legal has confirmed SHOP can offer Contiguous Tier.	
Covered California can operationally administer	

Request: Board approval to proceed with implementation of SHOP Contiguous Tiers beginning with 10/1/14 effective dates and after.

INSURANCE RATE PUBLIC JUSTIFICATION AND ACCOUNTABILITY ACT

PRELIMINARY OPERATIONAL QUESTIONS

CONTEXT AND PROCESS

- **Operational Impact Analysis**
  - Review beginning
  - Questions about implementation and about operational impacts
- **Timeline and Next Steps:**
  - Meeting with interested parties
  - Legislative hearings
  - Operational and budget planning
- **Comments Invited**
  - Are we looking at the right set of possible impacts?
  - Are we asking the right questions for these impacts?
  - PLEASE SEND COMMENTS by June 27, 2014 to: boardcomments@covered.ca.gov

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RATE REVIEW BALLOT INITIATIVE

Insurance Rate Public Justification and Accountability Act – Key Elements

- **All Health Filings Subject to Approval Under Prop 103 Framework**

  o Prior approval by Commissioner under Prop 103 statute:

  "No rate shall be approved or remain in effect which is excessive, inadequate, unfairly discriminatory, or otherwise in violation of this chapter." Cal. Insurance Code § 1861.05(a)

  o Applies to all rates proposed or in effect as of November 6, 2012, with transitional period for rates in effect on January 1, 2014

- **Review By Two Regulators** [for plans also under DMHC jurisdiction]

- **Definition of "Rates"**

  "[B]enefits, premiums, [...] co-payments, coinsurance, deductibles, [...] and any other out of pocket costs of the policyholder." Initiative proposed Cal. Insurance Code § 1861.17(g)(2)

- **Hearings & Public Participation by Intervenors**

  o Applies Prop 103 statutory framework for rate review hearings

  o Under Prop 103, for any rate change application over 7%, Commissioner must hold hearing upon timely request by intervenor

IMPLEMENTATION QUESTIONS

- Timeline of Review for Rates <u>Without</u> a Rate Review Hearing

- Timeline of Review for Rates <u>With</u> a Rate Review Hearing

- If a Rate is Not Approved in Time for Open Enrollment

- Implications for 2015

COVERED CALIFORNIA OPERATIONAL ISSUES AND QUESTIONS

Assess potential impacts on:

- Subsidized Consumers

- Standard Benefit Design, Networks and Quality Initiatives

- Contracting Process

- Marketing and Outreach / Eligibility and Enrollment

- Choice Structure and IT Systems

[Note: Analysis of the effects of rate regulation generally on rates and competition in the health insurance marketplace is beyond the scope of Covered California's planned analysis.]

WEB-BASED ENTITIES

Dan Frey, Policy Advisor

BACKGROUND

Web-Based Entities (WBEs) are

- Online retail insurance sales platform where consumers can directly access, shop and enroll in Covered California or Medi-Cal.
- Online quoting engine accessed by Covered California certified insurance agents to shop for and enroll clients in Covered California or Medi-Cal.

Review and Engagement

- 2013, Broad interest in potential engagement of WBEs noted as worth exploring by Covered California.
- March 2014, Web-Based Entity Request for Information (RFI) from DHCS and Covered California .
  - Covered California presented an "iFrame" Design (requiring WBEs to use CalHEERS and solicited comments on that or alternative models).
- April 2014, Covered California received 11 responses to the RFI.
- June 2014, Summary of responses and Recommended Next Steps.

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RESPONSES TO REQUEST FOR INFORMATION

Agent Markets to Public (5 WBEs)	Agent Markets to Existing Groups (1 WBE)	Agent Quoting Engines (3 WBEs)	Consumer Groups (2 Responses)
Consumer Facing: Website is actively marketed to and accessed by general public.	**Portfolio Management:** Available to Employees of groups managed by Agent Firm.	**Agent Support:** Provides quoting tool accessed by licensed agents. Not available for consumer access.	**Consumers Union** (representing four other groups) and **CA Assoc. of Health Underwriters** (CAHU). Representing two other groups)

From Web-Based Entities (WBEs):

- High interest, engagement and thoughtful responses from WBEs.
- Significant concerns with the iFrame design, with concerns about security, allowing for consumers to work on an application over time, assuring agent attribution is captured and other features.
- Strong support for alternative model of allowing WBEs to use their displays, while following Covered California policies – using web "APIs" as highly preferable option (note: this is option used by the federal marketplace).
- Cost/effort to Covered CA unclear – thoughtful ranges of $1M to $3M depending on support required.
- Enrollment potential – unclear (one vendor responded with potential of enrolling 50,000 lives in California for that vendor and up to 250,000 lives across all vendors – given the enrollment achieved, this estimate is difficult to validate).

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RESPONSES TO REQUEST FOR INFORMATION

From Consumer and Advocacy Organizations:

- Significant concern about using WBEs and strong support for use of the iFrame design
- Additions suggested to requirements/principles for any contracted WBEs in a range of areas (including assuring presentation of Medi-Cal along with QHPs; privacy, assuring access for non-English speakers, prohibitions on collecting information on applicants, display and sort requirements more clearly articulated).

From Agent/Underwriter Membership Organizations:

- Strong view that any model should allow/maximize the ability of independent, community-based agents to use the functionality.
- Based on their assessment, the recommendation that Covered California not use the iFrame methodology, but allow for alternate designs that would allow "all" certified agents to use a WBE technology.

COVERED CALIFORNIA ASSESSMENT AND RECOMMENDATION

- Given the important opportunities offered with WBEs, as well as complex operational and policy concerns that need additional review, Covered California staff recommend continuing active review and planning for potential WBE engagement after 2015 Open Enrollment.

- For 2015 open enrollment, the critical priority – for staff and in the IT system – of building renewal and new enrollment functionality do not allow capacity to fully assess, develop policy and operational solutions, and implement designs.

- The strengths and weaknesses of allowing an API approach, with WBEs following clear Covered California policies and protocols, need to be reviewed.

- The potential enrollment through WBE's – and the extent to which that enrollment is "net new" enrollment or enrollment that is shifted from existing self-enrollment or existing certified agent enrollment, needs to be reviewed.
  - In our first open enrollment period, 40% of enrollees self-enrolled online and 39% via Agents. Unknown if the expansion of on-line presence would result in added membership.

- More analysis needed to assess CalHEERS and SAWS implementation and maintenance costs for WBEs, including analysis needed to identify how each of the two WBE technical approaches could be implemented and supported in-line with Covered CA values:
  - The iFrame solution embeds the CoveredCA site (shopping and enrollment screens) within the WBE site. All WBE respondents could technically support this, but not all recommend it.
  - The Application Programming Interface (API, also known as "web services") provides information via data links sent from CoveredCA to the WBE site. The WBE site then accepts the data and organizes it within its current (or CoveredCA approved) display for viewing by the user. Seven respondents recommended the API (web services) solution.

2015 RENEWAL CONSUMER EXPERIENCE

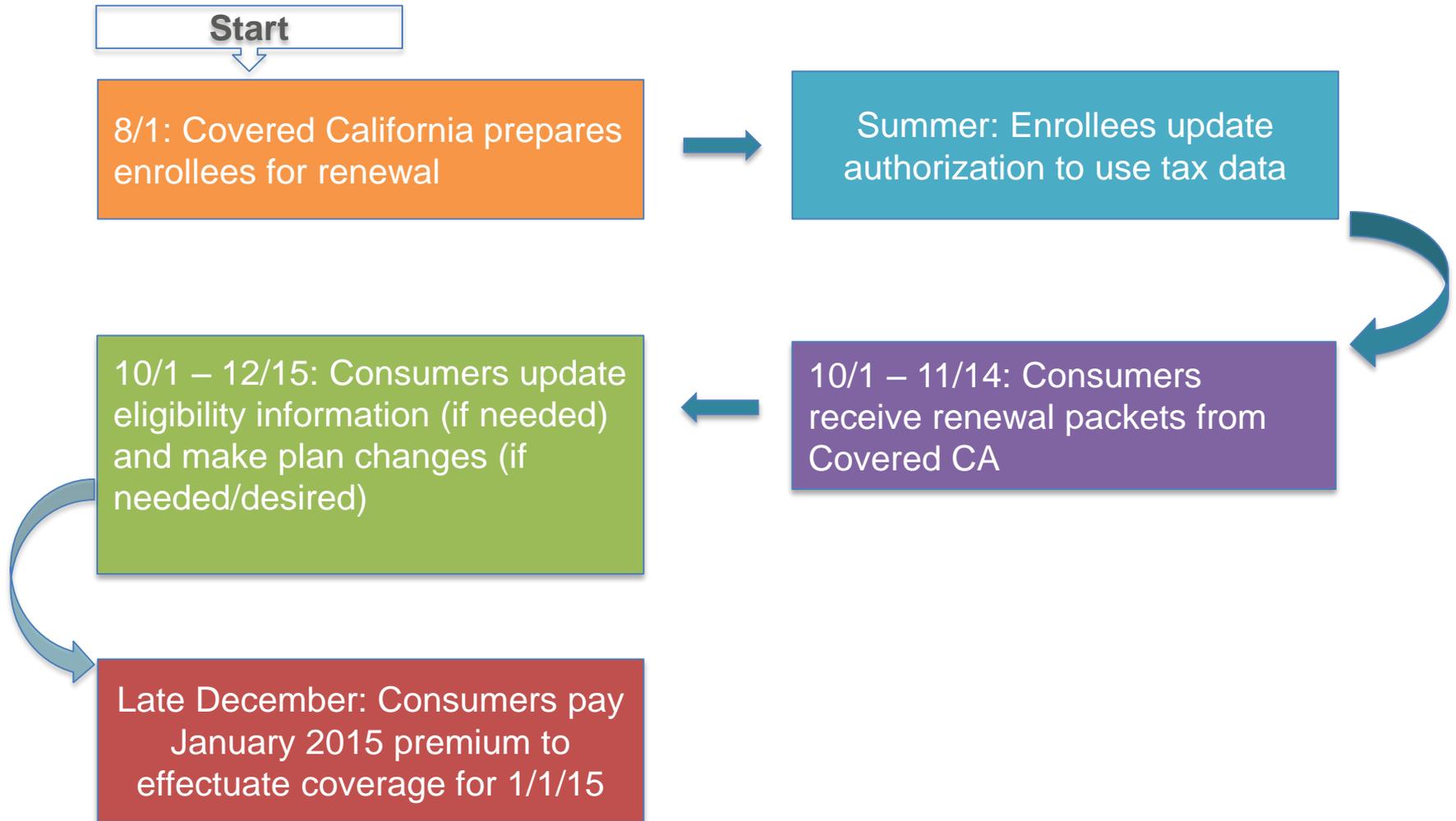# COVERED CALIFORNIA 2015 RENEWAL PRINCIPLES

1. Focus on the consumer experience by offering service options and making the process easy

2. Engage and leverage our certified delegates, partners, and plans

3. Maximize retention by providing an passive renewal option where possible

4. Encourage consumer self- service through the website, IVR, and other tools including CRM

RENEWAL KEY DATES

Dates	Activity
August 1	Proposed 2015 Covered California individual market issuers, products and rates made public
October 1	Individual market rates finalized
October 1	Recertification training completed for enrollment assistance personnel
October 1 – November 15	Redetermination notice period
November 15	Open enrollment begins
November 1	QHPs send renewal notice to members (meeting 60 day requirement)
December 15	Last day for plan change for coverage effective January 1, 2015*

*Individuals who are eligible for renewal but who cannot be passively reenrolled will face a gap in coverage if they do not select a plan by December 15, 2014

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2015 RENEWAL: CONSUMER JOURNEY

Start

8/1: Covered California prepares enrollees for renewal

→

Summer: Enrollees update authorization to use tax data

10/1 – 11/14: Consumers receive renewal packets from Covered CA

10/1 – 12/15: Consumers update eligibility information (if needed) and make plan changes (if needed/desired)

Late December: Consumers pay January 2015 premium to effectuate coverage for 1/1/15

LEGISLATIVE UPDATE

David Panush, Director of External Affairs

KEY LEGISLATION

- **Individual Health Care Coverage: Enrollment Periods**
	SB 20 (Hernandez)
	Location: Chaptered

KEY LEGISLATION

- **California Health Benefit Exchange: Appeals**
  AB 617 (Nazarian)
  Location: Senate Appropriations

- **California Vision Care Access Council**
  AB 1877 (Cooley)
  Location: Senate Health – 6/25

- **Schools: Health Care Coverage Enrollment Assistance**
  AB 2706 (Hernandez)
  Location: Senate Education – 6/25

- **Health Benefit Exchange: Board Membership**
  SB 972 (Torres)
  Location: Enrolled

KEY LEGISLATION

- **Privacy: Personal Information**
  SB 974 (Anderson)
  Location: Assembly Health – 6/24

- **Health Care Coverage: Formularies**
  SB 1052 (Torres)
  Location: Assembly Health – 6/24

- **Medi-Cal: Statewide Automated Welfare System**
  SB 1341 (Mitchell)
  Location: Assembly Health - TBD

- **Health Care Coverage: Small Employer Market**
  SB 1446 (DeSaulnier)
  Location: Assembly Floor

KEY LEGISLATION

Health Budget Trailer Bill Issues (SB 857):

Pregnancy Wrap

- Establishes a "wrap program" for women between 139 and 213 percent FPL in which they can choose to have both Covered California coverage and Medi-Cal as a wrap to pay their premiums and co-pays and to cover services not covered by their Covered California plan.

- Increases Medi-Cal eligibility to 138 percent of the federal poverty level (FPL) for pregnant women.

    ($16.5 million General Fund savings)

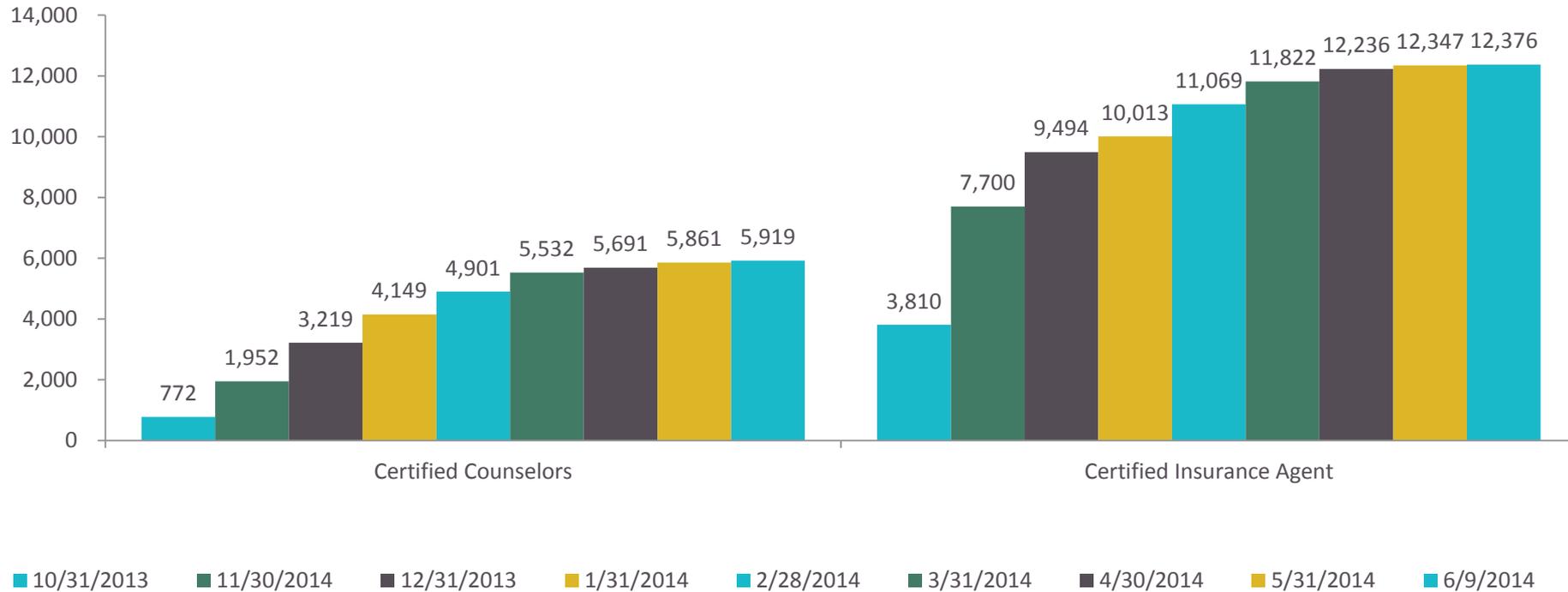**Covered California Emergency Regulation Authority: Temporary Extension**

- Authorizes the Office of Administrative law to approve an additional re-adoption of the Exchange's emergency regulations for one additional year beyond the two re-adoptions currently authorized under law.

APPENDIX
OUTREACH UPDATE

ENROLLMENT SUPPORT: KEY METRICS

5,919 Certified Enrollment Counselors (as of June 9, 2014)
    57% Spanish; 3% Other; 3% Cantonese; 3% Mandarin;
    2% Vietnamese; 1% Tagalog Speaking.
12,376 Certified Insurance Agents (as of June 9, 2014)
    15% Spanish; 5% Chinese; 5% Korean; 4% Mandarin;
    3% Cantonese; 3% Vietnamese Speaking.

Legend: 10/31/2013 | 11/30/2014 | 12/31/2013 | 1/31/2014 | 2/28/2014 | 3/31/2014 | 4/30/2014 | 5/31/2014 | 6/9/2014

Certified Counselors: 772; 1,952; 3,219; 4,149; 4,901; 5,532; 5,691; 5,861; 5,919

Certified Insurance Agent: 3,810; 7,700; 9,494; 10,013; 11,069; 11,822; 12,236; 12,347; 12,376

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ENROLLMENT SUPPORT: COMPENSATION PAID COVERED CA PLANS ONLY

Payment Date	# Certified Enrollment Entities Paid	Total Paid
March 14, 2014	276	$308,154
April 10, 2014	373	$469,742
May 12, 2014	417	$474,092
~June 19, 2014	494	$704,410
Total Paid To-Date **Does Not Include Medi-Cal Payments**		$1,956,398

OUTREACH: KEY METRICS

- 2,477 Certified Educators (as of June 9, 2014)
- Grantee reach:
  - **20.6 million overall reach**
  - 17.6 million individual consumers
  - 1.4 million business owners
  - 1.5 medical professionals

Source: Consumer Activity Summary July 2013 - April 2014, GPAS as of 6/9/14.
- *Note – grantees are still updating all months. Differences in totals of months that have passed may drop or increase due to changes in events.

APPENDIX
CONSUMER WEBSITE UPDATE

KEY WEBSITE INITIATIVES – UPDATE FROM MAY

- Providing System Support to Aid in Medi-Cal Processing
  - CalHEERS Project working with DHCS and Counties to prioritize enhancements, defect remediation and special batch processing / reports to assist in efforts to accelerate processing of new Medi-Cal applications
  - UPDATE: This work continues. While progress has been made, this remains one of the top priorities for the project. Daily communications are occurring between CalHEERS, DHCS, CWDA, and SAWS.

- Performance Improvements
  - Project is analyzing recommendations for infrastructure expansion in anticipation of increasing volumes for Medi-Cal and to prepare for 2015 Open Enrollment
  - UPDATE: CalHEERS, DHCS, and Covered California agreed on an recommended expansion for production, testing, and disaster recovery. Work is underway and targeted for early to mid-October to complete prior to Open Enrollment.
  - In the meantime, hardware has been added to CalHEERS / SAWS interface to increase throughput for Medi-cal processing

- Functional Improvements
  - Continued work with sponsors and stakeholders to ensure the most critical enhancements are completed for the Medi-Cal and Covered California programs
  - UPDATE: CalHEERS has completed re-prioritization of changes with Covered California for open enrollment and renewals, and is also tracking top initiatives for DHCS / Medi-cal processing.

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CalHEERS UPDATED RELEASE PLAN
(*Subject to Revision*)

June 2014 (moved from May 26)
Theme: Medi-Cal and eHIT Improvements, Special Enrollment, Medi-Cal pre-ACA Renewals and Redeterminations
• eHIT Defect Resolution (ongoing) • Changes to Special Enrollment • MAGI Medi-Cal Negative Action • MAGI-Based Medi-Cal Aid Code Hierarchy • Eliminate Deprivation • First set of changes for Processing Lump Sum Income

CalHEERS UPDATED RELEASE PLAN
(*Subject to Revision*)

Summer / Fall
• Continued improvements for Medi-Cal enrollments • Single Streamlined Application – Priority updates for next Open Enrollment • Updates and changes required for first year renewals of MAGI and QHP Renewals • Carrier and Enrollment Improvement Priorities

APPENDIX
SERVICE CENTER UPDATE

SERVICE CENTER UPDATE

- **Improving Customer Service**
  - o Improved staffing coupled with a decrease in volume during Special Enrollment has reduced Average Handle Time and has improved the Service Levels for both voice and chat

- **Enhance Technology Solutions**
  - o Continued development to identify key areas of opportunity to leverage the IVR and enhance self-service utilization based on lessons learned from open enrollment

- **Clarifying channels and improved communications**
  - o Dedicated assistance lines for CEC, SHOP and individual support to minimize volumes into the Service Center while improving the number of consumers handled

  - o Multiple Service Center resources remain focused on data entry and paper application processing to complete the enrollment of outstanding consumers who completed applications before the end of the open enrollment period

  - o Continued active planning and real-time efforts in balancing efficiencies in the Service Centers and allocating available resources towards back office follow up initiatives

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	6/1/2014 Target	6/1/2014 To Date	7/1/2014 Target	7/1/2014 To Date
Service Center Representatives	438	657	406	657
Other staff (Management, Back Office, Quality Assurance, etc…)	280	174	280	174
Total	718	831	686	831

- All three Covered California Service Centers are handling statewide calls using the "first available Service Center Representative model."

  o Fresno – 322 SCRs, 58 leads
    - Multiple SCRs dedicated to off-phone application activities
  o Rancho Cordova –257 SCRs, 21 leads
    - 25 SCRs dedicated to Hotline queue
  o Contra Costa- 78 CSAs, 25 leads

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SERVICE CENTER PERFORMANCE UPDATE*

Service Center Metric	Goal	May 2014 Stats	June 1st Through June 8th
Total Calls Offered		205,912	47,727
Service Level	80% of calls answered within 30 seconds	85.2% of calls answered within 30 seconds	94% of calls answered within 30 seconds
Abandoned Calls	3% or less of calls abandoned	2.5% of calls abandoned	1.7% of calls abandoned
Total Dialed Attempts		335,507	68,471
Busy Message Presented to Callers	0% or less of calls receive busy message	0% or less of calls receive busy message	0% or less of calls receive busy message

Top Inquiries
1. Application or account information change
2. Medi-Cal Inquiries
3. Difference in Information between QHP & Covered California
4. Healthcare general inquiry
5. Billing/Payment questions

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

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MAY INDICATORS

- Continue to trend downward in voice and chat volumes during special enrollment likely attributed to consumers directing their inquiries to the plan providers

- Average Handle Time in May has decreased by nearly 2 minutes from April due to the special enrollment change in call types and reduction of application processing

- Average Speed of Answer has decreased by 11 minutes in May from the April Average Speed of Answer as a result of the reduced Average Handle Time and resources enabling more calls to be answered more quickly

- Abandonment Percentage has decreased from 29% in April to 3% in May

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

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# SERVICE CENTER PERFORMANCE UPDATE*

Voice & Chat Offered Volumes
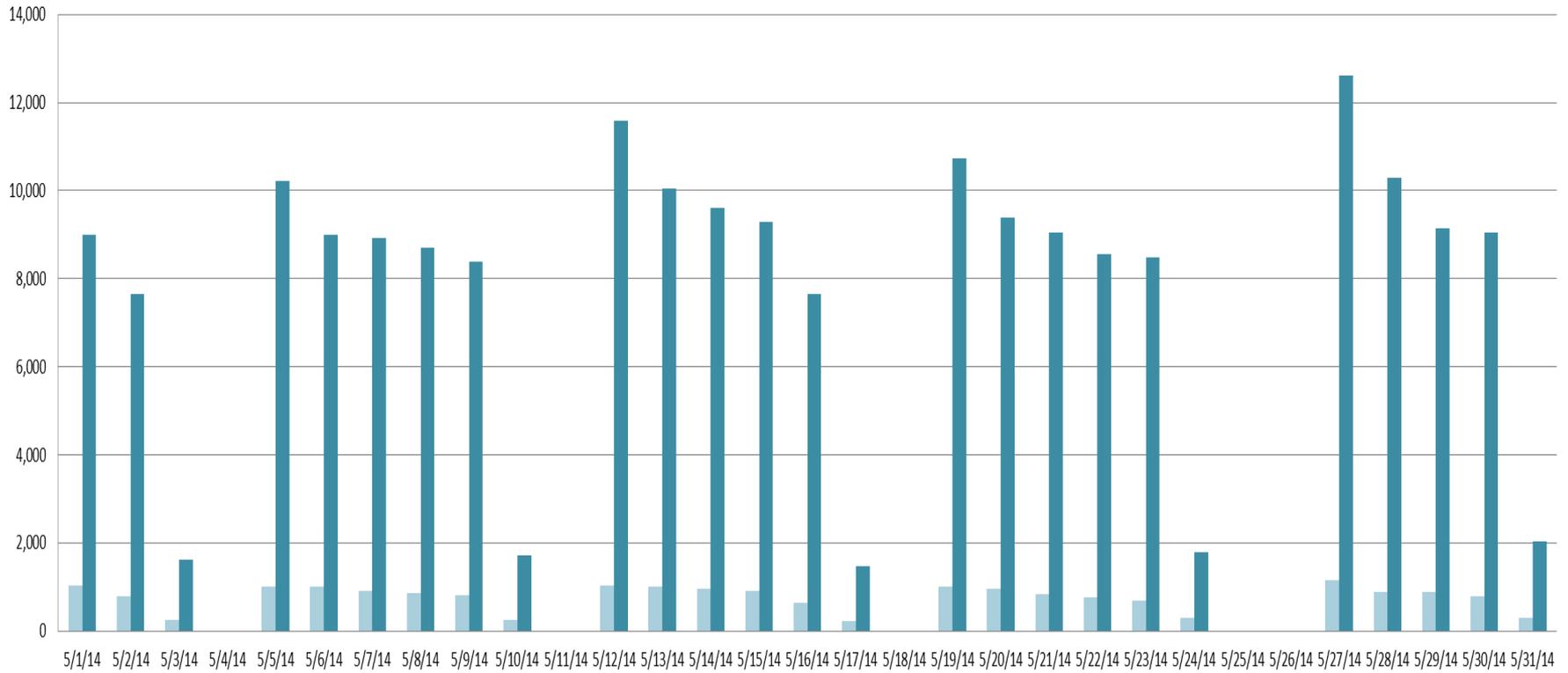
|	5/1/14	5/2/14	5/3/14	5/4/14	5/5/14	5/6/14	5/7/14	5/8/14	5/9/14	5/10/14	5/11/14	5/12/14	5/13/14	5/14/14	5/15/14	5/16/14	5/17/14	5/18/14	5/19/14	5/20/14	5/21/14	5/22/14	5/23/14	5/24/14	5/25/14	5/26/14	5/27/14	5/28/14	5/29/14	5/30/14	5/31/14
Chat Offered	1,031	784	255	0	1,016	1,001	914	854	801	244	0	1,030	995	965	912	642	224	0	993	960	826	764	681	288	0	0	1,142	887	871	796	296
Voice Offered	8,993	7,648	1,609	0	10,212	8,991	8,911	8,707	8,374	1,705	0	11,592	10,046	9,602	9,278	7,654	1,475	0	10,742	9,395	9,041	8,564	8,478	1,778	0	0	12,608	10,290	9,152	9,034	2,033

 Note: Performance metrics are measured monthly. Voice queues open for consumers Monday through Saturday. May 26th Serviced Centers closed for the observed holiday

LANGUAGE DISTRIBUTION OF CALLS HANDLED

Calls by Language
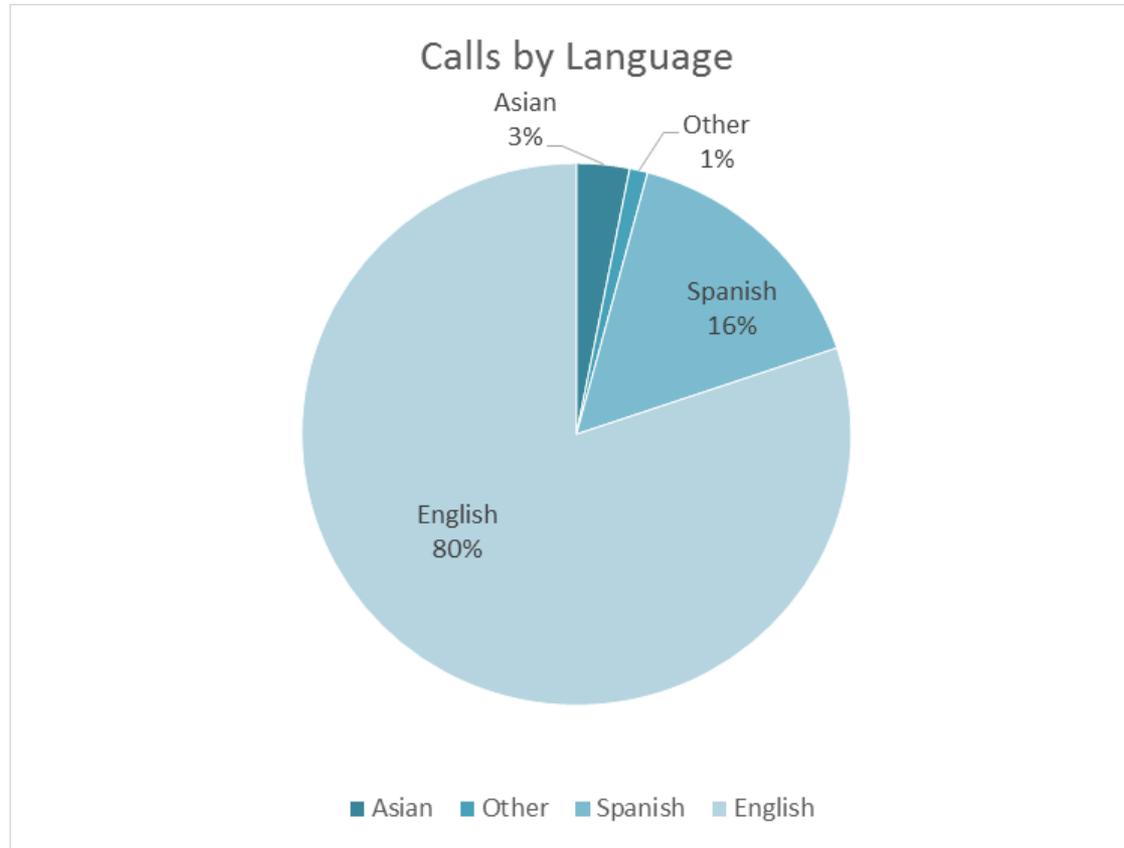
- Service Centers are supporting calls in all 13 languages and using an interpreter service when an in-language Service Center Representative is not available
  - Service Center Representatives are handling 57.63% of non-English calls
  - Contracted language line representatives are handling 42.37% of non-English calls
- 79 Covered California Service Center Representatives answering multi-lingual calls and 5 multi-lingual SCRs in chat

QUICK SORT VOLUMES

May '14 Quick Sort
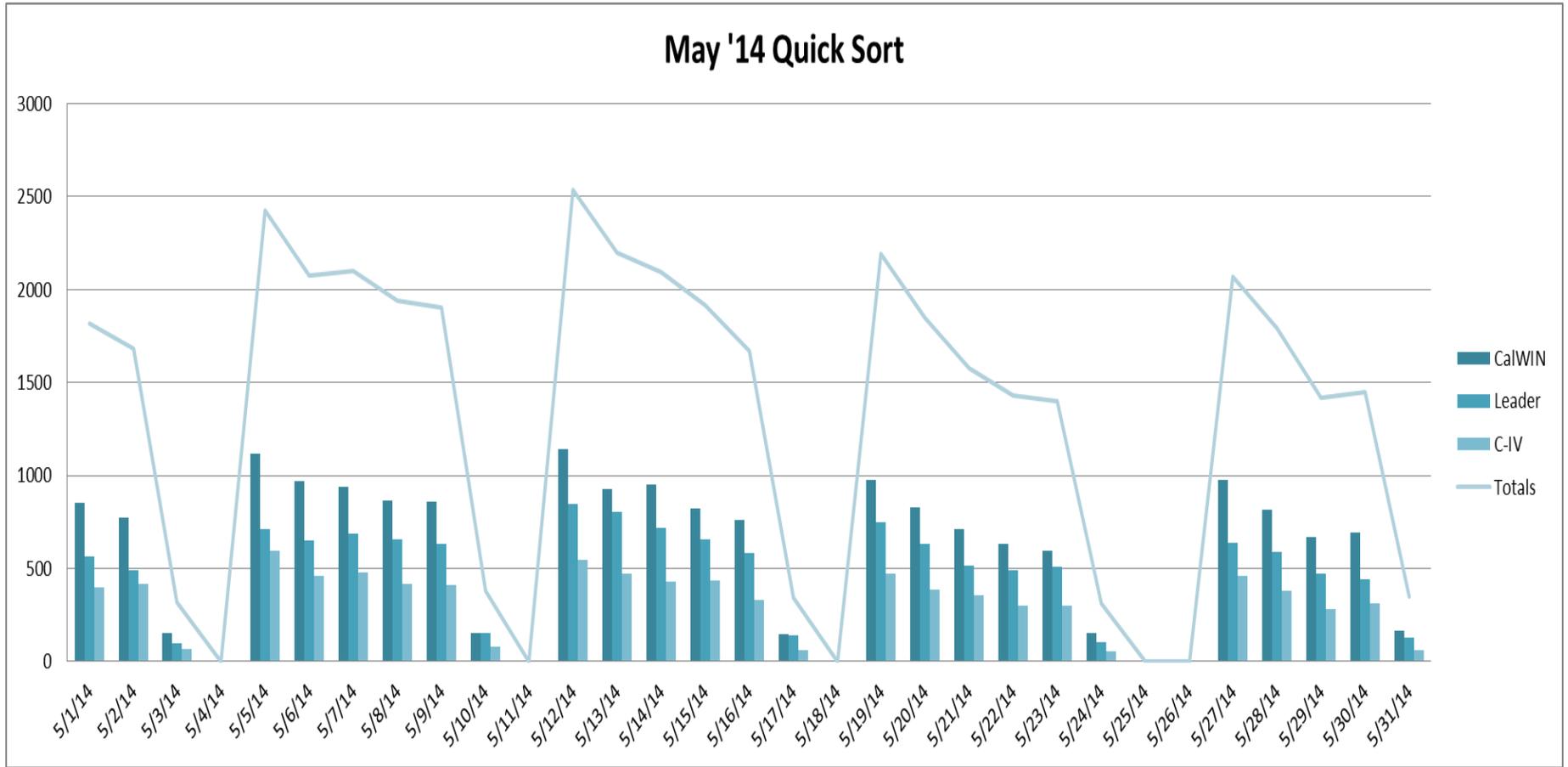
Weekly Quick Sort Transfers to County/Consortia

| Weekly Transfers 3,815 Partial Week | Weekly Transfers 10,826 | Weekly Transfers 10,762 | Weekly Transfers 8,767 | Weekly Transfers 7,078 Partial Week |

Note: Voice queues open for consumers Monday through Saturday except for Monday, May 26 due to observed holiday.

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COVERED CALIFORNIA/COUNTY WORKFLOW COORDINATION QUICK SORT PERFORMANCE

Quick Sort Metrics	Service Level Standards	C-IV	CalWIN	Leader
Average Speed of Answer		3 Seconds	14 Seconds	16 Seconds
Service Level	80% of calls answered within 30 seconds	98.5% of calls answered within 30 seconds	97.9% of calls answered within 30 seconds	96.3% of calls answered within 30 seconds
Abandoned Calls	3% or less of calls abandoned	.1% of calls abandoned	.57% of calls abandoned	.6% 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

AVERAGE PERCENT OF QUICK SORT TRANSFERS MAY '14

C-IV 23%
CalWIN 46%
Leader 31%