



EXECUTIVE DIRECTOR'S REPORT
Peter V. Lee, Executive Director | January 26, 2017 Board Meeting

ANNOUNCEMENT OF CLOSED SESSION

OVERVIEW

- Executive Director's Report
- Covered California Policy and Action Items
 - Acknowledgment of Contra Costa County for Partnering in Offering Service Center
 - Proposed Standard Benefit Design
 - 2018 Qualified Health Plan Certification Policy
 - Individual Eligibility and Enrollment Regulations Emergency Readoption
 - Plan Based Enrollment Permanent Regulations Amendment
 - SHOP Eligibility and Enrollment Emergency Regulations Readoption

MAJOR PERSONNEL ANNOUNCEMENTS

- **Karen Johnson**, Chief Deputy Executive Director, Operations
- **Doug McKeever**, Chief Deputy Executive Director, Program
- **Darryl Lewis**, Director, Office of the Ombudsman
- **Katie Ravel**, Director, Policy, Evaluation & Research Division (happily back from maternity leave)

SUMMARY OF OPEN ENROLLMENT

2017 OPEN ENROLLMENT: PROGRESS FOR NEW SIGN UPS

327,000

Individuals have selected health care plans as of January 24, 2017.

2017 RENEWALS

1.3 million

Individuals went through renewal. Approximately 32% actively renewed. As of December 19 consumers were: (1) renewed in an existing plan; (2) selected a new plan; (3) found eligible for Medi-Cal due to income change; or (4) chose not to renew. Due to data reconciliation associated with the 90-day grace period and Medi-Cal transitions, final data on renewal outcomes will not be available for several weeks.

DECEMBER/JANUARY 2016 QUALITATIVE & QUANTITATIVE RESEARCH — KEY FINDINGS

- Conducted by Greenberg Strategy
- Dec. 14, 2016 to Jan. 3, 2017
- Report released on Jan. 24, 2017 titled [“An Integrated Quantitative and Qualitative Study on Post-Election Attitudes Toward Enrolling in and Renewing Health Insurance Coverage”](#)

RESEARCH OBJECTIVES

Primary

- Understand whether evolving sentiment is affecting intent to enroll in and renew coverage for 2017
- Determine current consumer barriers

Secondary

- Evaluate whether to adjust Covered California's marketing and outreach messaging

RESEARCH & RESPONDENT DETAILS

Quantitative Online Survey

- English and Spanish
- 500 Californians (75 were Spanish-dominant)
 - 225 Uninsured (Sub, Non-Sub, Medi-Cal Eligible)
 - 275 Insured (Covered California, Off-Exchange, Medi-Cal)

Qualitative In-Person Focus Groups

- English and Spanish
- Uninsured (Sub and Medi-Cal Eligible)
- 6 groups of 6 respondents
 - 3 English
 - 2 Spanish-dominant Hispanics
 - 1 Bilingual Hispanics

CURRENT ATTITUDES TOWARD HEALTH INSURANCE

Key Findings

- Concerns about affordability and costs rising far outweigh concerns about the future of the ACA.
- Consumers say if they could afford coverage, they would sign up for it.
- Ninety percent of consumers think subsidies will continue to be available in 2017.
- The belief that the ACA will be cancelled is not associated with hesitation to enroll or renew.
- The main enrollment barriers remain cost, product issues, and process complexity.
- Uncertainty among uninsured focus group participants adds to existing concerns. For some, this enhances motivation to enroll; for others, it seems to cause a “wait and see” attitude.
- Despite uncertainty, trust in the “California brand” seems to be greater, reinforcing opportunities to overcome existing barriers.

RESPONDENT QUOTES

“I hope premiums do not increase and [that] there is an option to obtain affordable health care in the upcoming years.”

~Insured Survey Respondent

“Why should I be paying \$300 a month if I am healthy?”

~Uninsured Focus Group Participant

“I’m a little concerned what kind of national health care we will get under the new president. I hope it’s affordable and the coverage is inclusive.”

~Survey Respondent, Insured

“Right now I feel California is looking out for us and we can’t trust what’s going on in DC.”

~Uninsured Focus Group Participant

“Despite whether things will get worse or not, affordability is not something you have to think a lot about. The cost is high, and that is exactly why [health] insurance is something that’s difficult for us.”

~Uninsured Focus Group Participant

SUMMARY & CONCLUSION

Summary

- The primary barriers continue to be affordability, lack of understanding their eligibility and enrollment difficulties, including not only the enrollment process but also understanding their health insurance options.

Conclusion

- Concerns about the future of the Affordable Care Act and Covered California did not present themselves as enrollment barriers in qualitative and quantitative research.
- The barriers to enrollment we identified in December 2016 are consistent with learnings from consumer research conducted prior to OE4, which was used to tailor our existing Marketing campaign that is currently in market.
- No changes recommended to marketing.

SPECIAL ENROLLMENT

2017 SPECIAL ENROLLMENT EFFORTS

Special Enrollment Campaign Phase 1: 2/7/17 – 6/30/17

Target Audience: California residents who have had a Qualifying Life Event

Message priority based on prior SEP enrollment reasons:

Primary: Loss of health coverage

Secondary: Other qualifying life events (moving, baby, marriage, legal resident)

Channel strategy: leverage media channel(s) that allow for reach against niche segments who are eligible for special enrollment to maximize effectiveness and efficiency

Segments

- Multi-Segment (African Americans, English-Dominant Hispanics and Asians)
- Hispanic (in language)
- Asian (in language)- Korean, Chinese (Mandarin & Cantonese), Vietnamese
- African American

Channels:

- Radio/Streaming Audio
- Digital Display
- Paid Search
- Paid Social

Markets:

Multi-Segment: Statewide

Hispanic: Statewide

Asian: LA, SF

African American: Riverside/SB, Sac, Bay Area (Hyper-local radio)

MEMBER COMMUNICATIONS

SEP - Prospects	Retention - Members
<p>Nurture all consumers who have previously contacted Covered California by sending specific messages explaining what SEP is and how they may enroll with a qualifying life event</p>	<p>Support retention of existing members by sending relevant messages related to how they can use their healthcare, keeping their account information current, and healthy living driving loyalty and advocacy</p>

FEDERAL UPDATE

COVERED CALIFORNIA INFORMING NATIONAL POLICY

- [Covered California Report to the Governor and the Legislature, Fiscal Year 2015–2016](#) – *Covered California*
- [An Integrated Quantitative and Qualitative Study on Post-Election Attitudes Toward Enrolling in and Renewing Health Insurance Coverage](#)
[Topline Report](#) – *Greenberg Strategy*
- [Consumer and Market Implications of Affordable Care Act Repeal without a Viable Replacement](#) – *Covered California*
- [Review and Analysis of Potential Policy Changes to the Affordable Care Act](#) – *Covered California (will be published on 1/30/17)*
- [Evaluating the Potential Consequences of Terminating Direct Federal Cost-Sharing Reduction \(CSR\) Funding](#) – *Wesley Yin, Ph.D., Richard Domurat, and Covered California*

PRINCIPLES FOR EVALUATING ACA REFORM PROPOSALS

The following principles serve as guideposts to assess current or proposed changes to policy. These principles should guide reforms:

- Patients/consumers should be empowered to drive change through market forces.
- Competition must be based on value rather than risk selection.
- States should have tools and flexibility to use incentives and market structures to ensure a good risk mix and the fiscal solvency of health care insurers.
- Federal financial support mechanisms (e.g., tax credits, employer sponsored coverage exclusion, public funding) must ensure affordability of health coverage.
- Individual patient/consumers' differing experiences and capacities (e.g., income, health status, age and other factors) must be incorporated into policy choices.
- Disruption of state capacity to deliver Medicaid services and individual and employer commercial insurance markets should be avoided at all costs.

COMMON METRICS TO ASSESS POLICIES

Assessing whether proposed “replace” policies are viable and have the impacts desired, requires a set of common metrics to measure their likely impact. What follow are metrics around which there should be national infrastructure to measure, collect and share regarding the extent to which policies:

- Maintain, expand or reduce coverage.
- Maintain, expand or reduce affordability for patients/consumers (both to premium and out-of-pocket costs for covered and non-covered benefits).
- Maintain, expand or reduce patients/consumers’ access to plans and providers.
- Address the realities of patients/consumers with different health statuses (e.g., those with chronic conditions, high cost cancers, or who are relatively healthy) and address health disparities.
- Positively or negatively impact quality and efficiency of the delivery system.
- Have a financial impact on states’ budgets, employers, providers and the overall economic health of the nation and local communities.

APPENDIX

COVERED CALIFORNIA FOR SMALL BUSINESS UPDATE

COVERED CALIFORNIA FOR SMALL BUSINESS

Current Group & Membership Update (12/31/16)

- Groups: 4,045
- Members: 30,623
- Net Growth Over 2015 of 26%
- Average Group Size: 7.6 Members

Information Technology Update:

- Renewal Portal Launch: February 2017
- Employer Portal Launch: Q1 2017

Operations Update (12/31/16)

- 99% of New Groups set up in 3 days or less
- 100% of New Groups sent initial invoice in 3 days or less
- 93% of Account Maintenance issues resolved in 3 days or less



APPENDIX

SERVICE CHANNEL UPDATE

ENROLLMENT ASSISTANCE PROGRAMS

Uncompensated partners supporting enrollment assistance efforts

ENROLLMENT ASSISTANCE PROGRAM	ENTITIES	COUNSELORS
Certified Application Counselor	389	2,307 Certified
Plan-Based Enroller	12 Plans	1,739 Certified
Medi-Cal Managed Care Plan	2 Plans	37 Certified

OUTREACH & SALES ENROLLMENT SUPPORT: KEY METRICS

Data as of January 3, 2017

14,963 Certified Insurance Agents

- 17% Spanish
- 7% Cantonese
- 7% Mandarin
- 4% Korean
- 4% Vietnamese

1,562 Navigator: Certified Enrollment Counselors

- 63% Spanish
- 4% Cantonese
- 3% Mandarin
- 3% Vietnamese
- 2% Korean

2,307 Certified Application Counselors

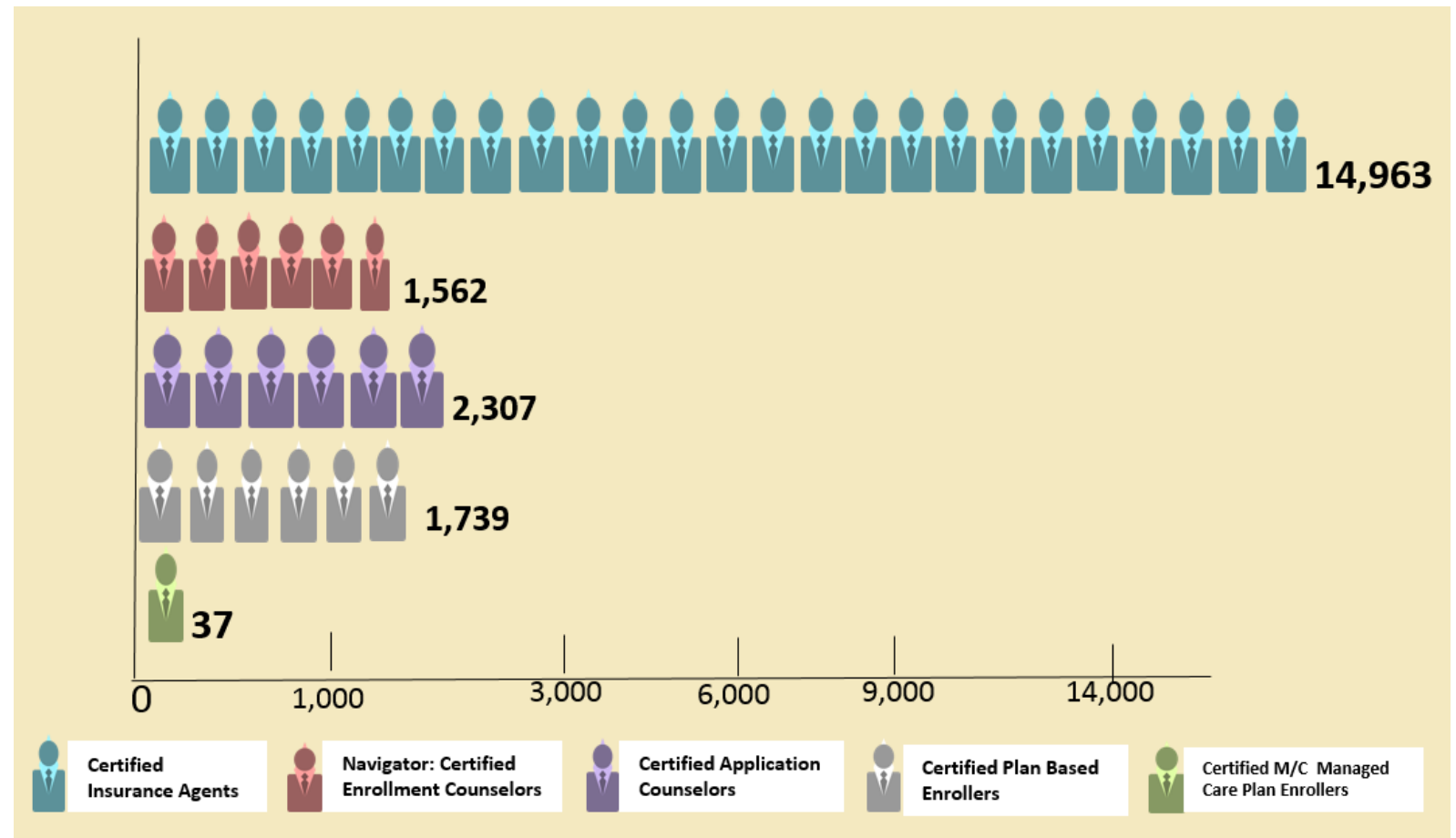
- 59% Spanish
- 5% Cantonese
- 4% Mandarin
- 1% Vietnamese
- 1% Korean

1,739 Certified Plan Based Enrollers

- 45% Spanish
- 10% Cantonese
- 2% Mandarin
- 7.5% Vietnamese
- 7.3% Korean

37 Certified Medi-Cal Managed Care Plan Enrollers

- 44% Spanish
- 36% Cantonese
- 31% Mandarin
- 1% Russian



APPENDIX WEBSITE UPDATE

24 MONTH COVEREDCA.COM ROADMAP UPDATES

- For the first half of Open Enrollment:
 - Annual renewals were completed in CalHEERS
 - A new “Help on Demand” tool link was added to CoveredCA.com
- The last major release for CalHEERS was deployed
- December 21, 2016 and included:
 - Enhancement to user password policy, making it easier for users to manage password changes
 - Implemented Federally-required changes to 1095s
- Annual 1095’s were processed by January 15, 2017 (mailing will continue through January 31, 2017)

24 MONTH COVEREDCA.COM ROADMAP UPDATES

The next CalHEERS release is planned for February 13, 2017 and is planned to include:

- Translations of eligibility notices into additional threshold languages
- Enhancements to information shared with the SAWS
 - MAGI income information passed to the SAWS (“Business Rules Exposure”)
- A revamp of the income section of the online application to be more understandable and consumer friendly
- A change to delegations to allow all assisters to continue to assist consumers after plan selections are complete
- Enhancements for the Service Center to allow improved assistance to consumers (deferred from the September 2016 release)
 - Automated workflow
 - Ability to correct consumer or other errors independently (without reliance on submitting “tickets” and waiting in queue)
 - Ability to upload and re-print documents and verifications at any point in the application process

24 MONTH COVEREDCA.COM ROADMAP UPDATES

CalHEERS has a release planned for March 27, 2017 to include:

- Enhancements to improve the Consumer Experience
 - Reduce duplicate entries for consumers by pre-populating application (if consent is provided)
 - Allow consumers to update their consent for verification via self-service IVR

CalHEERS has a release planned for April 24, 2017 to include:

- Enhancements to improve the Consumer Experience:
 - Modify the online single streamline application to meet regulatory and statutory requirements
 - Allow county administrators to unblock and reset their own user accounts and passwords

APPENDIX

SERVICE CENTER UPDATE

SERVICE CENTER UPDATE

- Improving Customer Service
 - Holiday season events
 - Implemented electronic signature for appeals withdrawal allowing consumers to withdrawal appeals verbally
 - Implemented an appeals warm transfer process with the Department of Managed Health Care (DMHC)
 - Appeals team received formal training by California Department of Social Services (CDSS)
- Enhancing Technology Solutions
 - Improved the Interactive Voice Response (IVR) messaging for non English consumers – Added a message to inform consumers to wait/not disconnect the call and an interpreter will be contacted for them (in their language) – 12/15 implementation
 - PQ – Priority Queueing by specialty teams and Pinnacle for dual skilling to be able to receive different types of calls
 - Completed the implementation of Disclaimer Recording Boxes at Rancho Cordova and Fresno Service Centers
- Staffing Updates
 - Continued to recruit and fill open positions
 - SSM III positions filled
 - Shellaine Cart – Branch Chief, Service Center Operations
 - Tamara Spears – Branch Chief, Resource Planning & Management
 - SSM II positions filled
 - Patricia Dillon-Howard – Consumer Relations and Resolutions
 - Ron Sliger – Service Center Operations
 - Rebecca Langham – Quality Assurance
 - Surge vendor fully staffed including bilingual
 - Contra Costa site successfully closed

SERVICE CENTER PERFORMANCE UPDATE DURING OPEN ENROLLMENT*

December 2016 Call Statistics

	Calls to IVR	Calls Offered to SCR	Abandoned %	Calls Handled	ASA	AHT	Service Level %
Totals	988,371	421,437	11.31%	360,458	0:08:46	0:17:24	28.38%

Does not include outbound, SHOP, or internal consults

Top 5 Call Dispositions

1. Individual · Current Customer · Application/Case Status · Inquiry/Assistance
2. Individual · Current Customer · Renewal · Renewal - Inquiry/Assistance
3. Individual · Current Customer · Consumers Online Account · Password Reset/Unlock
4. Individual · New Enrollment · Inquiry/Assistance – New Enrollment
5. Individual · Current Customer · Disenrollment/Termination · Requesting to be Terminated

**Performance metrics are measured monthly.*

DECEMBER 2016 SERVICE VOLUMES DURING OPEN ENROLLMENT

- Total calls offered to the IVR: 988,371 (compared to 699,250 for December 2015; an increase of 29.25%)
- Callers handled by automated system responding to specific inquiries with recorded messages: 556,934 (compared to 264,686 for December 2015; an increase of 52.47%)
- Calls handled by Covered California Service Center staff: 360,458 (compared to 397,345 for December 2015, a 10.23% decrease)
- Service level decreased in December to 28.38% of calls answered within 30 seconds (compared to 54.38% for December 2015)
- The percentage of abandoned calls was 11.31% (compared to 7.60% of December 2015)
- Average handle time for December was 17 minutes and 24 seconds (compared to 16 minutes and 12 seconds for December 2015; a 6.89% increase)

QUICK SORT VOLUMES

Quick Sort refers to the calculator tool used to determine if a consumer is eligible for CoveredCA or should be referred to Medi-Cal. The tool also determines which consortia the consumer should be referred. This volume represents the total of those transfers.

December Weekly Quick Sort Transfers

Week 1*	Week 2	Week 3	Week 4	Week 5*	Total
394	1,087	1,197	645	573	3,896

* Partial Week

December Consortia Statistics

SAWS Consortia	Calls Offered	Service Level	Calls Abandoned %	ASA
C-IV	768	95.97%	1.04%	0:00:06
CalWIN	1,487	90.32%	1.95%	0:00:23
LRS	1,120	97.90%	0.90%	0:00:09

SAWS = Statewide Automated Welfare System (consortia). California has three SAWS consortia's to provide service to the counties.

C-IV = SAWS Consortium C-IV (pronounced C 4)

CalWIN = California Welfare Information Network

LRS = formally LEADER = Los Angeles Eligibility Automated Determination, Evaluation and Reporting Systems

QuickSort Transfer
December 2016

