

COVERED CALIFORNIA POLICY AND ACTION ITEMS May 18, 2017 Board Meeting

COVERED CALIFORNIA 2016-17 UPDATE, ENROLLMENT FORECAST, 2017-18 PROPOSED BUDGET AND 2018 ASSESSMENT RATES

Jim Lombard, Chief Financial Officer, Financial Management Division

Discussion



TOPICS

- " Covered California Guiding Principles
- " FY 2016-17 Financial Update
- " FY 2017-18 Proposal Overview
- " Enrollment Forecast
- " FY 2017-18 Proposed Expenditures
- " 2018 Assessment Rate Recommendation
- " Multi-year Forecast



COVERED CALIFORNIA: FINANCIAL GUIDING PRINCIPLES

- " Develop a budget that directly supports growth and retention of membership
- " Establish organizational priorities that enables Covered California to serve as an effective example of how marketplaces can improve the cost and quality of health care
- " Ensure the assessment fee places the lowest possible burden on consumers' premiums, has a path for decreasing over time and reflects savings to health plans compared to prior acquisition costs
- Continue to build infrastructure that can reduce future costs, support talent, succession plans, business continuity and legal compliance
- " Continue to review programs to identify opportunities for efficiencies
- " Maintain a reserve that is sufficient to cover financial obligations and allow for time to adjust revenue and expenditures in the event of an unanticipated fiscal event.
- " Remain financially nimble to assure the ability to transition should significant changes occur.



FY 2016-17 UPDATE



COVERED CALIFORNIA: FY 2016-17 UPDATE

- The reserve opening balance for 2016-17 of \$325 million was approximately \$47 million higher than projected when the budget was approved in June. As previously discussed with the Board, the reasons are a combination of higher than expected revenues and lower expenditures at the close of 2015-16, and an accounting change that impacted the timing of the recording of an assessment fee payment
- Based on current actual spending for FY 2016-17, we expect expenditures to be \$274 million, approximately \$47 million lower than the \$321 million Board approved budget
- " The revised and updated revenue forecasts anticipate that revenue will be above original estimates by \$10 million
- The result of the combination of these adjustments is that we now project to end FY 2016-17 with reserves of \$289 million, substantially higher than the \$184 million estimate that was part of the FY 2016-17 Board approved budget



FY 2016-17 PROJECTED EXPENDITURES

| | FY 2016-17 Budget | FY 2016-17 Projected | Difference | Percentage Difference |
|------------------------------|----------------------|-------------------------|-----------------|--------------------------|
| Service Center | \$ 92,188,796 | \$ 83,117,638 | \$ (9,071,158) | -10% |
| Technology | \$ 66,882,843 | \$ 48,073,704 | \$ (18,809,139) | -28% |
| Outreach & Sales, Marketing | \$ 104,109,966 | \$ 96,761,435 | \$ (7,348,532) | -7% |
| Plan Management & Evaluation | \$ 15,893,290 | \$ 12,801,238 | \$ (3,092,052) | -19% |
| Administration | \$ 41,850,098 | \$ 33,083,674 | \$ (8,766,423) | -21% |
| Total | \$ 320,924,993 | \$273,837,689 | \$ (47,087,304) | -15% |

Current projections for FY 2016-17 are well within expenditures authorized by the Board
 Key differences from the FY 2016-17 approved budget are as follows:

- Service Center Savings related to staffing and associated costs and lower contract expenses
- Technology Lower expenses associated with the CalHEERS project and the timing of IT projects
- Administration Lower expenditures across all administrative units, including the timing of the start up of the Ombudsman program



FY 2017-18 PROPOSAL OVERVIEW



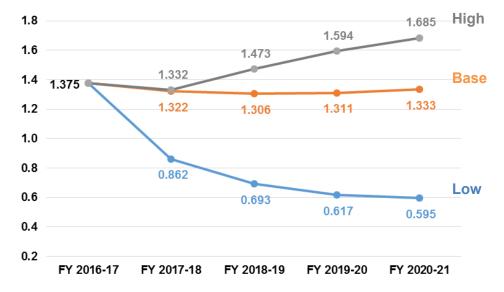
COVERED CALIFORNIA'S FY 2017-18 BUDGET

- Covered California proposes operating in FY 2017-18 with a budget of \$314 million
- It anticipates maintaining a stable market with a good risk mix with about 1.4 million actively enrolled consumers, and an additional 1.1 million in the individual market that are part of the common risk pool
- Maintaining this market, which means lower costs to those who do not receive subsidies and lower costs to the federal government by reducing the cost of subsidies, requires ongoing investments in marketing, outreach, and customer service
- Promoting enrollment and retention of consumers is a critical ingredient to assuring a good risk mix which helps keep premiums low for all consumers
- There is substantial annual turnover with most of those leaving Covered California moving on to other coverage, including employer sponsored coverage
- To maintain 1.4 million covered lives, Covered California needs to enroll about 700,000 additional Californians and renew the vast majority of current enrollees
- To accomplish this, the proposed budget includes over \$100 million for marketing and outreach, as well as \$86 million for our service center



COVERED CALIFORNIA'S FY 2017-18 BUDGET – PREPARING FOR UNCERTAINTY

- This budget is informed by updated enrollment projections and in-depth scenario assessments by PricewaterhouseCoopers (PwC) in partnership with the University of California
- "While there is substantial uncertainty, the budget considers the possibility of policy changes and maintains prudent reserves
- " Entering the fiscal year with over \$289 million in reserves gives Covered California the ability to react to any changes in health care laws or policies



Fiscal Year-End Enrollment Scenario's (millions)



COVERED CALIFORNIA'S FY 2017-18 BUDGET – DELIVERING VALUE TO CONSUMERS

- Covered California continues to operate on a business model that delivers value by lowering costs to consumers and the federal government
 - In FY 2017-18, we project that revenue will exceed expenditures as Covered California continues to be funded entirely on health plan premium assessments
 - Continued 4 percent of premium assessment on those enrolled in Covered California plans, or about 2.5 percent when you consider those enrolled in Covered California and also those enrolled in mirrored products off the exchange
 - This premium cost reflects far lower costs to health plans than they previously spent to enroll individuals and promotes a lower premium by contributing to a healthier risk mix



COVERED CALIFORNIA'S FY 2017-18 BUDGET – DRIVING FOR BETTER CARE AND LOWER COSTS

- Covered California plans to continue efforts on many fronts to address underlying health care costs and ensure consumers are getting the right care at the right time. Initiatives in this area include:
 - Building on lessons learned from all consumers in California receiving patientcentered benefits that eliminates deductible barriers from most consumers
 - Requiring our contracted health plans to change their provider payments to promote value and make primary care more readily available
 - Funding a major Health Care Evidence Initiative that provides data analytics to inform public and private policy makers about issues related to disparities of care, value-based benefit design and care delivery



ENROLLMENT FORECAST



INDIVIDUAL ENROLLMENT FORECAST

- Covered California completed its third renewal period and fourth open enrollment with total enrollment of about 1.4 million, which is within the range of forecasts used for the FY 2016-17 budget
- " To perform the current forecast, the enrollment model was revised to incorporate four years of experience and better understanding of enrollment activities
- The Base Estimate forecast is influenced in particular by projecting for the potential dampening impact of more stringent validation of special enrollment applications, which offset by the positive impact of the increase in the minimum wage discussed in an analysis prepared by PwC in 2016
- The greatest uncertainties in the enrollment outlook stem from potential major federal legislative action to change key provisions of the ACA
- The forecasting reflects additional analysis by PwC to model the impact of the elimination of the individual mandate in the Low Scenario
- The High Scenario models a change in the ACA policy of using the cost of the self-only premium to determine affordability of employer sponsored insurance, raising the number of individuals eligible for exchange subsidies, combined with a stronger minimum wage impact
 - Low, Base Estimate and High scenario enrollment forecasts are as follows:

| Effectuated Enrollment (fiscal year end) | FY 2016-17 | FY 2017-18 | FY 2018-19 | FY 2019-20 | FY 2020-21 |
|--|------------|------------|------------|------------|------------|
| Low | 1,375,073 | 862,401 | 692,555 | 617,457 | 595,338 |
| Base Estimate | 1,375,073 | 1,321,919 | 1,305,646 | 1,311,360 | 1,333,280 |
| High | 1,375,073 | 1,332,407 | 1,472,568 | 1,594,449 | 1,685,158 |





FY 2017-18 PROPOSED EXPENDITURES

COVERED CALIFORNIA'S FY 2017-18 PROPOSED BUDGET – COMPARED TO FY 2016-17 APPROVED BUDGET

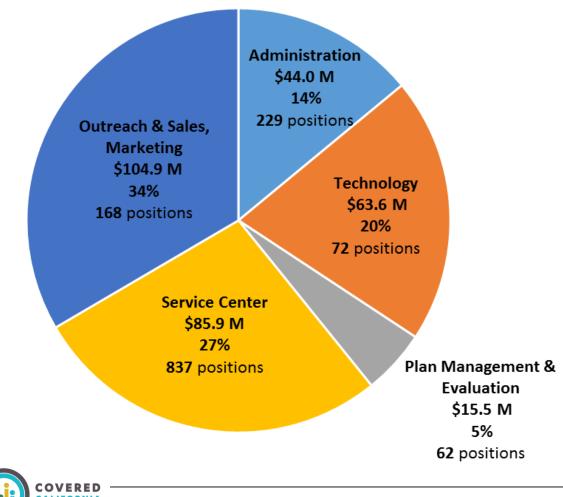
| | 2016-17 Budget | 2017-18 Proposed | Difference | | Percentage Difference |
|------------------------------|-------------------|---------------------|------------|-------------|--------------------------|
| Service Center | \$ 92,188,796 | \$ 85,943,965 | \$ | (6,244,830) | -7% |
| Technology | \$ 66,882,843 | \$ 63,554,106 | \$ | (3,328,737) | -5% |
| Outreach & Sales, Marketing | \$ 104,109,966 | \$104,908,640 | \$ | 798,673 | 1% |
| Plan Management & Evaluation | \$ 15,893,290 | \$ 15,486,338 | \$ | (406,952) | -3% |
| Administration | \$ 41,850,098 | \$ 43,982,456 | \$ | 2,132,358 | 5% |
| Total | \$ 320,924,993 | \$313,875,505 | \$ | (7,049,488) | -2% |
| Number of Positions | 1,323 | 1,368 | | 45 | 3% |

- The FY 2017-18 proposed budget provides \$314 million, including 1,368 positions, to fund program operations, 2 percent below FY 2016-17
- The proposal is 15 percent higher than FY 2016-17 estimated actual expenditures of \$274 million
- " Includes funding increases for benefits and statewide administrative costs and increases for employee compensation



COVERED CALIFORNIA'S FY 2017-18 PROPOSED BUDGET

FY 2017-18 Proposal \$313.9 million



- Substantial continued funding of \$105 million is provided to support statewide outreach and marketing efforts including a \$6.5 million Navigator program and \$41.0 million for paid media
- The Service Center is funded to continue delivering current service levels
- Continues investment in IT infrastructure to drive efficiencies throughout the organization and provide better customer service
- " Includes \$3.3 million for the Health Care Evidence initiative to improve quality and value

16

FINANCIAL OUTLOOK AND 2018 ASSESSMENT RECOMMENDATION



ASSESSMENT RATE RECOMMENDATION

- Based on Covered California's longstanding multiyear fiscal strategy to break even in FY 2017-18 and to maintain prudent levels of reserves, staff recommend that the 2018 assessment rate for the individual market be set at 4.0 percent of premiums and the rate for CCSB policies be set at 5.2 percent of premiums for the 2018 plan year
- " Analyses have indicated that reserve levels should be maintained at ~12 months
- " The 2018 assessment rate recommendation puts Covered California in a position where revenues will exceed expenditures in FY 2017-18, puts reserves at an appropriate level and provides the opportunity to reduce the assessment in coming years
- Based on current Base Estimates, what follow is the potential changes to Covered California's assessment over the next four years

| Plan Year | 2018 | 2019 | 2020 | 2021 |
|--------------------------------------|-------|-------|-------|-------|
| Plan Assessment Rate | 4.00% | 3.75% | 3.50% | 3.25% |
| Plan Assessment Rate On/Off Exchange | 2.49% | 2.33% | 2.17% | 2.03% |



MULTI-YEAR FINANCIAL OUTLOOK – BASED UPON BASE ESTIMATE SCENARIO

| | Dollars in Millions | | | | |
|--|---------------------|------------|------------|------------|------------|
| | FY 2016-17 | FY 2017-18 | FY 2018-19 | FY 2019-20 | FY 2020-21 |
| Effectuated Enrollment (fiscal year end) | 1,375,073 | 1,321,919 | 1,305,646 | 1,311,360 | 1,333,280 |
| Opening Balance | \$325.1 | \$288.9 | \$289.5 | \$298.2 | \$309.3 |
| Plan Assessments-Cash Basis | \$237.6 | \$314.4 | \$325.8 | \$331.0 | \$331.9 |
| Expenditures Projected | (\$273.8) | (\$313.9) | (\$317.0) | (\$320.0) | (\$323.0) |
| Year-End Operating Reserve | \$288.9 | \$289.5 | \$298.2 | \$309.3 | \$318.2 |
| Number of months of reserve | 11.0 | 11.0 | 11.2 | 11.6 | 11.8 |
| Plan Year | | 2018 | 2019 | 2020 | 2021 |
| Plan Assessment Rate | | 4.00% | 3.75% | 3.50% | 3.25% |
| Plan Assessment Rate On/Off Exchange | | 2.49% | 2.33% | 2.17% | 2.03% |
| Premium Growth Assumptions | | 9.00% | 7.00% | 7.00% | 7.00% |

Revenues from plan assessments exceed expenditures in FY 2017-18

- Maintains reserves at a prudent level of approximately 11-12 months over the term of the outlook
 The projection base estimates premium increases at medical trends and assumes growth rates in medical premiums of 7 percent, and thereafter, with 2018 having a projected 2 percent additional one-time increase due to the end of the federal health insurance tax
- Assessments are at the recommended rates of 4 percent for the individual market and 5.2 percent for the small business market in 2018, with possible reductions in the out years for the individual market



COVERED CALIFORNIA'S FY 2017-18 BUDGET – CONCLUSION

- " The budget is balanced and includes sufficient reserves throughout the multi-year view
- Service Center performance will be comparable to current year and statewide outreach and marketing efforts will be sustained
- " The forecast assumes an assessment rate of 4 percent for the individual market with the option to decrease in future years
- At the June 15 meeting the Board will be asked to:
 - Approve assessments for individual and dental markets at 4 percent of premium, and 5.2 percent of premium for CCSB, for the 2018 plan year
 - Approve the Covered California FY 2017-18 Budget at approximately \$314 million, pending any changes



PLAN-BASED ENROLLMENT PERMANENT REGULATIONS AMENDMENT

Drew Kyler, Deputy Director, Outreach and Sales Division

Action



- Program requests Board approval to amend the Plan-Based Enroller Program Regulations to:
 - Streamline the Entity Application for alignment with new Program Portal efficiencies;
 - For individuals disqualified from certification pursuant to background clearance matters, require a two-year waiting period for reapplying for certification as an Enroller;
 - Clarify that a Plan-Based Enroller can refer consumers to a Certified Enroller if the individual wishes to enroll in another affordable health insurance plan; and
 - Prohibit Plan-Based Enrollment Entities and affiliated Plan-Based Enrollers from affiliating with, receiving any compensation from, or entering into a partnership with a certified Agent, Navigator Grantee, or a Certified Application Entity or Counselor.



....

Proposed Amendments to the PBE Regulations:

§6704 (b) A Plan Based Enroller Entity (PBEE) application shall contain the following information:

(b) A PBEE application shall contain the following information

(7) Fax number;

(7)(8) Federal Employment Identification Number;

(8)(9)-State Tax Identification Number;

(10) Identification of the counties served;

(9)(11) For the primary site and each sub-site, the following information:

(H) An indication of whether the entity wants to receive referrals for individuals seeking assistance at this site;

(H)(I) An indication of Whether the entity provides in-person assistance at this site; and

(I)(J) Hours of operation;

(K) Spoken languages; and

(L) Written languages;



Proposed Amendments to the PBE Regulations, Cont.:

§6704 (b) A Plan Based Enroller Entity (PBEE) application shall contain the following information:

(10)(12) Name, e-mail address, primary and secondary phone number for the Authorized Contact;

(11)(13) A certification by the Authorized Contact, or his or her designee, that the PBEE has presented information in the application that is true and correct to the best of his or her knowledge; and

(12)(14) For each Certified PBE to be affiliated with the applicant entity, a completed application for each individual as required in subdivision (d) below must be included in the entity's application.



Proposed Amendments to the PBE Regulations, Cont.:

§6704 (d) An individual's application to become a PBE shall contain the following information:

(4) Identification of the PBEE with which the applicant is affiliated;

(5) Affiliated PBEE's primary site location address;

(6) Site(s) to be served by the applicant;

(7) Mailing Address of the primary site of the PBEE for which the applicant will serve;

(4) (8) Languages that the applicant can speak. An indication of the languages that the applicant can speak;

(5) (9) Languages that the applicant can write. An indication of the languages that the applicant can speak;

(6) (10) For Issuer Application Assisters, as defined in 45 CFR § 155.20: Disclosure of all criminal convictions and administrative actions taken against the applicant, and any arrests for which the applicant is currently out on bail or his or her own recognizance;



Proposed Amendments to the PBE Regulations, Cont.:

§6704 (d) An individual's application to become a PBE shall contain the following information:

(7)(11) A certification by the applicant that:

(A) The applicant shall comply with the PBE Program requirements of this Article and Section 6500(f) of Article 5 of this chapter;

(B) The applicant is a natural person of not less than 18 years of age;

(C) The statements made in the application are true, correct and complete to the best of his or her knowledge and belief; and

(D) The applicant will adhere to any applicable State and federal laws and regulations;



Proposed Amendments to the PBE Regulations, Cont.:

§6704 (d) An individual's application to become a PBE shall contain the following information:

(8)(12) The signature of the applicant applying to become a PBE and date signed;

(9)(13) The name and signature of the Authorized Contact, or that of his or her designee, and date signed;

(10)(14) An indication of whether the applicant is licensed in good standing as an agent with the California Department of Insurance, and if so, the applicant's license number; and

(11)(15) An indication of whether the applicant is certified by the Exchange as a Certified Insurance Agent, Certified Enrollment Counselor, Certified Application Counselor, or serves in any other enrollment function of the Exchange including Service Center Representative and County Eligibility Worker, and, if applicable, the certification number.



Proposed Amendment to the PBE Regulations, Cont.:

§6708 Certified Plan-Based Enroller Fingerprinting and Criminal Record Checks.

(c) Appeal and Final Determination:

(5) Following the receipt of a final determination pursuant to this section that an individual is disqualified from certification, the individual shall not reapply for certification for two years.



Proposed Amendment to the PBE Regulations, Cont.:

§6710 (a) A PBE shall perform the following functions:

(7) Inform all applicants of the availability of other QHP products or stand-alone dental plans offered through the Exchange through an HHS-approved universal disclaimer and display the Web link to access the Exchange Web Site on the PBEE's Web Site, and describe how to access the Exchange Web Site or the Service Center of the Exchange. <u>The PBE can refer an applicant to any individual or entity certified through Articles 8, 11, 12 of this chapter, or to any Agents certified by the Exchange</u>.



Proposed Amendment to the PBE Regulations, Cont.:

§6710 (i) Prohibited Activities for PBEEs and PBEs.

(1) All PBEEs and their Contractors and Employees that are PBEs may not:

(R) Employ, be employed by, be in partnership with, or receive any remuneration arising out of the functions performed under this Article, from any individual or entity certified through Article 8 or Article 11 of this chapter.



CERTIFIED APPLICATION COUNSELOR PROGRAM EMERGENCY REGULATIONS READOPTION

Drew Kyler, Deputy Director, Outreach and Sales Division

Action



- Program requests Board approval to amend the Certified Application Counselor Program Regulations to:
 - Streamline the Entity Application for alignment with new Program Portal efficiencies
 - To define the value of gifts provided to applicants and potential enrollees for purposes other than as an inducement for enrollment so that they do not exceed nominal value, either individually or in the aggregate, when provided to that individual during a single encounter
 - Modify length of time for Counselors to maintain consumer authorization forms in order to ensure compliance with Federal and State auditing requirements



....

Proposed Amendments to the CAC Regulations:

§6854 (b) A Certified Application Entity application shall contain:

- (6) Fax number;
- (7) Whether the entity prefers to communicate via e-mail, phone, fax, or mail;
- (6)(8)-Website address;
- (7)(9) Applicant's status as a non-profit, for profit, or governmental organization, and a copy of supporting documentation;
- (8)(10) The type of organization and, if applicable, a copy of the license or other certification; (11) The counties served;
- (9)(12) A certification that the applicant complies with section 6866;
- (10)(13)Whether the entity An attestation that the entity will serve families of mixed immigration status;
- (11)(14) Whether the entity An attestation that the entity will serve individuals with disabilities and, if so, the disability(ies) served;
- (15) The year the entity was established;
- (12)(16) Whether applicant receives any federal or state grant funding;

Proposed Amendments to the CAC Regulations, Cont.:

§6854 (b) A Certified Application Entity application shall contain:

- (13)(17) For the primary site and each sub-site, the following information:
- Whether the entity wants to receive referrals for individuals seeking assistance at this site;
 - (<u>H</u>)(I) Hours providing enrollment assistance.;
 - (J) Languages spoken by staff to provide enrollment assistance under this Article;
 - (K) Written languages;
 - (L) Whether the entity offers services in sign language;
 - (M) Ethnicities served;
 - (N) Estimated number of individuals served by age; and
 - (O) Types of industries served;
- (14)(18) Name, e-mail address, primary and secondary phone numbers, and the preferred method of communication for the Authorized Contact;



Proposed Amendments to the CAC Regulations, Cont.:

§6854 (b) A Certified Application Entity application shall contain:

(15)(19) A certification by the Authorized Contact that the information presented is true and correct to the best of the signer's knowledge;

(16)(20) For each individual to be affiliated with the applicant as a Certified Application Counselor:

(A) All information required by section 6856 that is not already included

elsewhere in the application; and

(B) Languages that the individual can speak; and Whether he or she is certified by

the Exchange and, if applicable, the certification number.

(C) Languages that the individual can write.



CERTIFIED APPLICATION COUNSELOR PROGRAM

Proposed Amendments to the CAC Regulations, Cont.:

§6856 (b) An individual's application to become a Certified Enrollment Counselor shall contain the following information:

(1) Name, e-mail address, <u>and</u> primary phone number, and preferred method of communication;

(9) A certification by the individual that:

(A) The individual complies with <u>the Certified Application Counselor Agreement as well</u> <u>as all requirements as set forth in this Article, including but not limited to Section 6866</u>.

(B) The individual is a natural person of not less than 18 years of age; and

(C) The statements made in the application are true, correct, and complete to the best of his or her knowledge and belief;

(D) The individual will abide by all applicable privacy and security standards, including but not limited to those set forth in the agreement between the Certified Application Entity and the Exchange; and

(E) The individual will adhere to all applicable State and Federal laws and regulations



CERTIFIED APPLICATION COUNSELOR PROGRAM

Proposed Amendments to the CAC Regulations, Cont.:

§6856 (c) A Certified Application Entity shall notify the Exchange of every individual to be added or removed as an affiliated Certified Application Counselor. Such notification shall include:

(5) An indication of whether the individual is certified as an Certified Enrollment Counselor, and if so, the following information:

(A) Certification number; and

(5)(B) When adding an individual, s Site(s) that the individual will serve. to be served by the individual.



CERTIFIED APPLICATION COUNSELOR PROGRAM

Proposed Amendments to the CAC Regulations, Cont.:

§6864. Roles and Responsibilities.

(b) Prior to receiving access to any consumer's personally identifiable information, as defined in section 6650 of Article 8, the Certified Application Counselor shall: 11. Maintain a record of such authorizations for a minimum of six (6) ten (10) years. (k)(5) Provide gifts, including gift cards or cash or provide promotional items that market or promote the products or services of a third party, to any applicant or potential enrollee as an inducement for enrollment. The value of gifts provided to applicants and potential enrollees for purposes other than as an inducement for enrollment must not exceed nominal value, either individually or in the aggregate, when provided to that individual during a single encounter. The nominal value is equal to or less than \$15. Gifts of nominal value may not include beer, wine, liquor, cigarettes, tobacco, or lottery tickets. Gifts, gift cards, or cash may be provided for the purpose of providing reimbursement for legitimate expenses incurred by a consumer in effort to receive Exchange application assistance, such as, but not limited to, travel or postage expenses;



ENROLLMENT ASSISTANCE PERMANENT REGULATIONS AMENDMENT

Drew Kyler, Deputy Director, Outreach and Sales Division

Action



- Program requests Board approval to amend the Enrollment Assistance Program Regulations to:
 - Streamline the Entity Application for alignment with new Program Portal efficiencies
 - Remove requirement that Navigators be trained to sell Covered California for Small Business coverage
 - Modify length of time for Counselors to maintain consumer authorization forms in order to ensure compliance with Federal and State auditing requirements



.....

Proposed Amendment to the EAP Regulations:

§6656 (b) The Navigator Program Grant Application shall contain the following information:

(1) (G) Fax number;

(G)(H) E-mail address; and

- (H)(I) Website address.
- (2) Primary contact information:

(A) Primary contact name person;

Fax number; and

(C) Phone number; and

(D)(E)-E-mail address.

(4) Previous experience involving performing the Navigator Program activities.



Proposed Amendment to the EAP Regulations:

§6656 (b) The Navigator Program Grant Application shall contain the following information:

(7) Subcontractor('s) information:

(G) Fax number;

(G)(H) E-mail address; and

(H)(I) Website address.

(8) Subcontractor('s) primary contact information:

(C) Phone number; and

(D) Fax number; and

 $(\blacksquare D)$ E-mail address.

(14) Letter(s) of reference from organizations that have previously collaborated with the applicant with.



Proposed Amendment to the EAP Regulations, Cont.:

§6657 (b) An individual's application to become a Certified Enrollment Counselor shall contain the following information:

(1) Name, e-mail address, primary and secondary phone number, and preferred method of communication;

(3) Identification of the Certified Enrollment Entity that the individual will affiliate with;

(4) Affiliated Certified Enrollment Entity's primary site location address;

(5) Site(s) served by the individual;

(6) Mailing address of the primary site for the Certified Enrollment Entity;

(3)(7) Languages that the applicant can speak. An indication of the languages that the Certified Enrollment Counselor can speak;

(4)(8) Languages that the applicant can write. An indication of the languages that the Certified Enrollment Counselor can write;



Proposed Amendment to the EAP Regulations, Cont.:

§6657 (b) An individual's application to become a Certified Enrollment Counselor shall contain the following information:

(5)(9) Disclosure of all criminal convictions and administrative actions taken against the individual;

(6)(10) A certification by the individual that:

(A) The individual complies with <u>the Certified Enrollment Counselor Agreement as</u> well as all requirements as set forth in this Article, including but not limited to <u>Section 6666;</u>

(B) The individual is a natural person of not less than 18 years of age; and

(D) The individual will abide by all applicable privacy and security standards,

including but not limited to those set forth in the agreement between the Certified Enrollment Entity and the Exchange; and

(E) The individual will adhere to all applicable State and Federal laws and regulations.



Proposed Amendment to the EAP Regulations, Cont.:

§6657 (c) A Certified Enrollment Entity shall notify the Exchange of every individual to be added or removed as an affiliated Certified Enrollment Counselor. Such notification shall include:

(5) An indication of whether the individual is certified as an Certified Enrollment Counselor, and if so, the following information:

(A) Certification number; and

(5) (B) When adding an individual, s Site(s) that the individual will serve. to be served by the individual.



Proposed Amendment to the EAP Regulations, Cont.:

§6660 (b) To ensure that all Certified Enrollment Counselors are prepared to serve both the individual Exchange and the Small Business Health Options Program, all individuals or entities who carry out Consumer Assistance functions shall complete training in the following subjects prior to carrying out any Consumer Assistance functions:



Proposed Amendment to the EAP Regulations, Cont.:

§6664 (a)(6): Prior to receiving access to any consumer's personally identifiable information, as defined in section 6650 of Article 8, the Certified Enrollment Counselor shall:
k. Maintain a record of such authorizations for a minimum of six (6) ten (10) years.



MEDI-CAL MANAGED CARE ENROLLMENT ASSISTANCE PROGRAM EMERGENCY REGULATIONS READOPTION

Drew Kyler, Deputy Director, Outreach and Sales Division

Action



- Program requests Board approval to amend the Medi-Cal Managed Care Plan Program Regulations to:
 - Streamline the Entity Application for alignment with new Program Portal efficiencies; and
 - For individuals disqualified from certification pursuant to background clearance matters, require a two-year waiting period for reapplying for certification as an enroller



Proposed Amendments to Regulations:

§6902 (b) A Certified Medi-Cal Managed Care Plan application shall contain the following information:

(6) Fax number;

(7) An indication of whether the entity prefers to communicate via e-mail, phone, fax, or mail;

(8) Website address;

(6)(9) Federal Employment Identification Number;

(7)(10) State Tax Identification Number;

(8)(11) Identification of applicant's status as a Medi-Cal Managed Care Plan and a copy of supporting documentation;

(9)(12) Identification of the type of organization and, if applicable, a copy of the license or other certification;

(13) Identification of the counties served;



Proposed Amendments to Regulations:

§6902 (b) A Certified Medi-Cal Managed Care Plan application shall contain the following information:

(10)(14) A certification that the applicant and all of its employees who will be acting pursuant to this Article comply with section 6907;

(11)(15) <u>An attestation that the entity will serve families of mixed immigration status</u>. An indication whether the entity serves families of mixed immigration status;
(12)(16) <u>An attestation that the entity will serve individuals with disabilities</u>. An indication of whether the entity serves individuals with disabilities and, if so, the disability(ies) served:



Proposed Amendments to Regulations, Cont.:

§6902 (b) A Certified Medi-Cal Managed Care Plan application shall contain the following information:

(13)(17) For the primary site and each sub-site, the following information:

(I) Estimated number of individuals served annually;

(J) Spoken languages;

(K) Written languages;

(L) An indication of whether the entity or individual offers services in sign language;

(M) Ethnicities served;

(N) Estimated number of individuals served by age

(14)(18) A certification by the Authorized Contact that the information presented is true and correct to the best of the signer's knowledge;

(15)(19) For each Enroller to be affiliated with the applicant,



Proposed Amendments to the MMCP Regulations, Cont.:

§6903 (b) An individual's application to become a Certified Medi-Cal Managed Care Plan Enroller shall contain:

- (1) Name, e-mail address, primary and secondary phone number, and preferred method of communication;
- (3) Identification of the Certified Medi-Cal Managed Care Plan that the individual will affiliate with;
- (4) Affiliated Certified Medi-Cal Managed Care Plan's primary site location address;
- (5) Site(s) to be served by the individual;
- (6) Mailing Address of the primary site for the Certified Medi-Cal Managed Care Plan; (3)(7) An indication of the I Languages that the Certified Medi-Cal Managed Care Plan Enroller can speak;
- (4)(8) An indication of the I Languages that the Certified Medi-Cal Managed Care Plan Enroller can write;



Proposed Amendments to the MMCP Regulations, Cont.:

§6903 (b) An individual's application to become a Certified Medi-Cal Managed Care Plan Enroller shall contain:

(5)(9) Disclosure of all criminal convictions and administrative actions taken against the individual;

(6)(10) A certification by the individual that:

A) The individual complies with the <u>Certified Medi-Cal Managed Care Plan Enroller</u> <u>Agreement as well as all requirements as set forth in this Article, including but not</u> <u>limited to Section 6907;</u>

(D) <u>The individual will abide by all applicable privacy and security standards,</u> including but not limited to those set forth in the agreement between the Medi-Cal

Managed Care Plan and the Exchange; and

(E) The individual will adhere to all applicable State and Federal laws and regulations.



Proposed Amendments to the MMCP Regulations, Cont.:

§6903 (b) An individual's application to become a Certified Medi-Cal Managed Care Plan Enroller shall contain:

- (7)(11) For the individual applying to become a Certified Medi-Cal Managed Care Plan Enroller, signature and date signed; and
- (8)(12) For the Authorized Contact from the Certified Medi-Cal Managed Care Plan that the individual will be affiliated with, name, signature, and date signed.



Proposed Amendments to the MMCP Regulations, Cont.: §6904. Fingerprinting and Criminal Record Checks (c) Following the receipt of a final determination pursuant to this section that an individual is disqualified from certification, the individual shall not reapply for certification for two years.

