
Executive Director's Report

Peter V. Lee
Executive Director

California Health Benefit Exchange Board Meeting
December 18, 2012

Covered California Board Calendar 2013

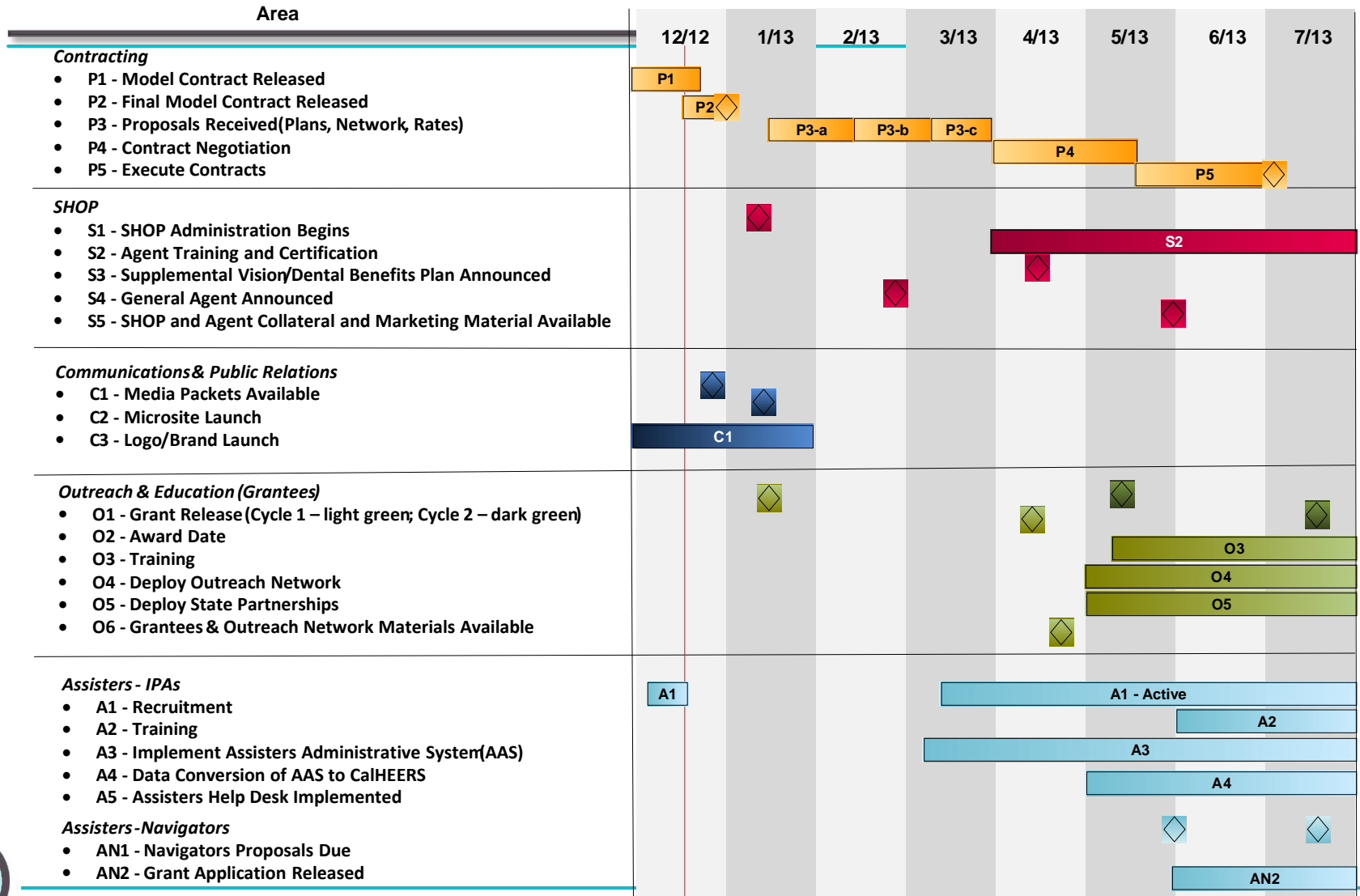
Month / Date	Location
January 17	Los Angeles
February 21	Sacramento
March 21	Sacramento
April 25	Inland Empire
May 23	Sacramento
June 20	Sacramento
July 25	Tentative
August 22	Sacramento
September 19	Sacramento
October 24	Bay Area
November 28	Sacramento
December 19	Tentative

All meetings scheduled for Thursdays

“Tentative” meetings identify potential dates that the Board may determine are unnecessary

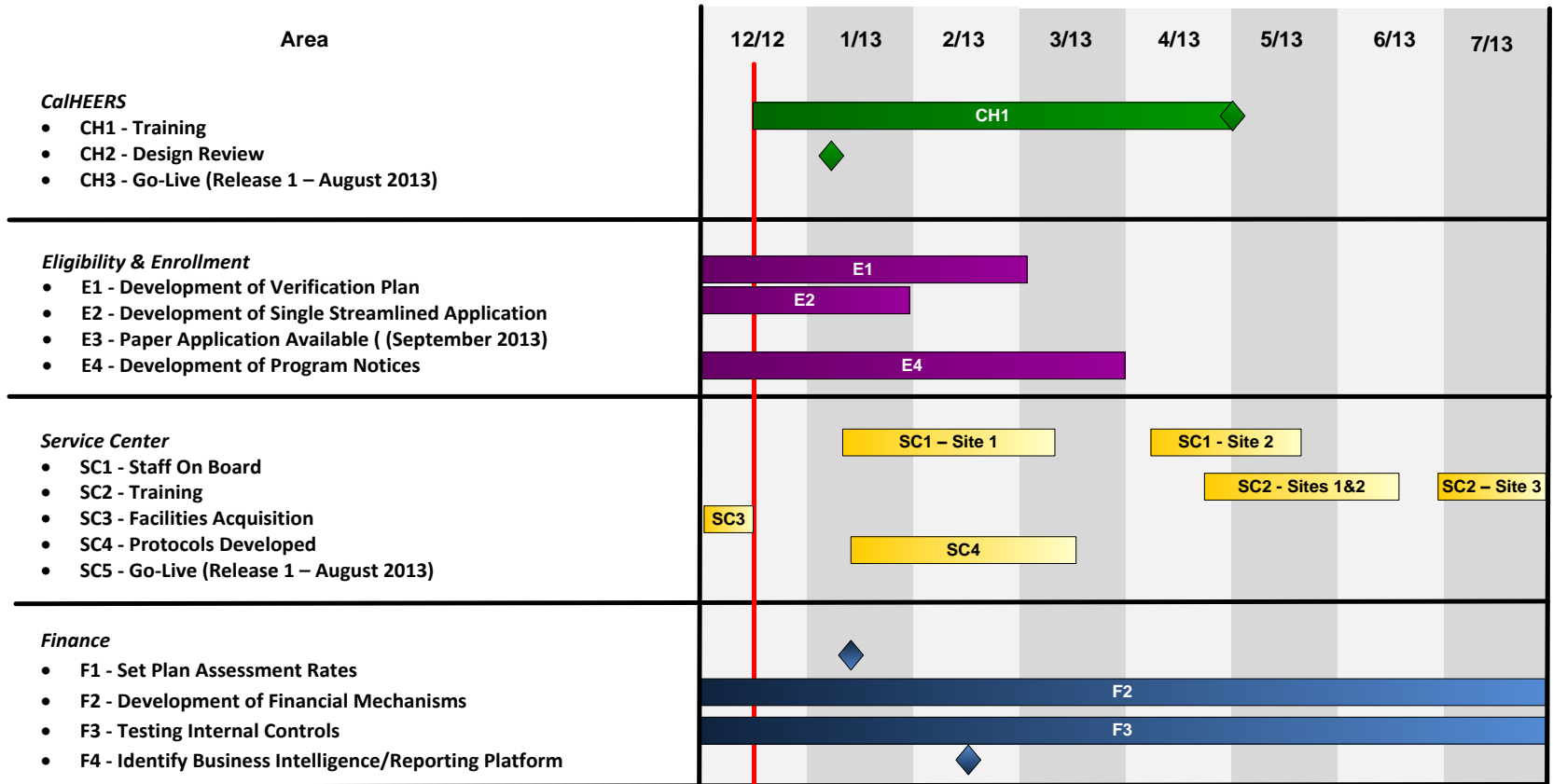
Standing Up Covered California Key Activities

The following diagram depicts key enterprise wide activities for December 2012 through July 2013



Standing Up Covered California Key Activities

The following diagram depicts key enterprise wide activities for December 2012 through July 2013



California Health Benefit Exchange 2012 Working Discussion and Decision Calendar

January 17	February 21	March 21
<p>Discussion:</p> <ul style="list-style-type: none"> • Marketing and Branding • Community Mobilization • Eligibility and Enrollment Policy Options <p>Action:</p> <ul style="list-style-type: none"> • Outreach & Education Grant Program • QHP Model Contract • Health Plan Assessments • Update on Definition of Paid versus Unpaid Assistors 	<p>Discussion:</p> <ul style="list-style-type: none"> • SHOP Administrative Overview • Eligibility & Enrollment Regulations • Single Streamlined Application Development <p>Action:</p> <ul style="list-style-type: none"> • TBD 	<p>Discussion:</p> <ul style="list-style-type: none"> • Eligibility and Enrollment Verification Plan Update • Assistors Program Design • Service Center Protocols <p>Action:</p> <ul style="list-style-type: none"> • Eligibility & Enrollment Regulations

Working Timeline: Meeting schedules and content may be adjusted.

Covered California

Working Discussion and Decision Calendar

April 25	May 23	June 20
<p>Discussion:</p> <ul style="list-style-type: none"> • Outreach & Education Grant Program Update • Marketing Update • Stakeholder Advisory Group Update <p>Action:</p> <ul style="list-style-type: none"> • Single Streamline Application Paper Prototype • Assistors Program Design 	<p>Discussion:</p> <ul style="list-style-type: none"> • QHP Contracting Update <p>Action:</p> <ul style="list-style-type: none"> • TBD 	<p>Discussion:</p> <ul style="list-style-type: none"> • Organization Overview • QHP Contract Announcement • Supplemental Benefit Announcement <p>Action:</p> <ul style="list-style-type: none"> • QHP Contract Approval

Working Timeline: Meeting schedules and content may be adjusted.

Establishment Support and Blueprint Update

Establishment Support & Blueprint Update

Level 2 Grant

- Submitted November 15th, 2012
- Decision expected Mid-January, 2013

Blueprint Application

- Submitted December 14th, 2012
- Certification decision expected by January, 1st 2013

Legislative Update

David Panush
Director, Government Relations

California Health Benefit Exchange Board Meeting
December 18, 2012

CALHEERS Project Status Update

Jim Brown
CALHEERS Project Director

California Health Benefit Exchange Board Meeting
December 18, 2012

Recent CalHEERS Accomplishments

- Completed Joint Application Design Sessions (JADs) and Requirements Analysis
- Completed all required artifacts for December Federal IT Review
- Completed scope prioritization assessment
- Initiated Release 1 and 2 Development

CalHEERS Scope Prioritization

- CCIO recommended CalHEERS team assess scope and determine a pragmatic development approach
- Assessment included analyzing results of JAD sessions
- Prioritized functionality based on Federal and State ACA requirements
- Performed a bottoms up estimate of work effort
- Gauged capacity of team to perform work
- Result of the analysis is an updated Release Approach that reduces overall schedule risk

CalHEERS Scope Prioritization

- Original Release Approach

Release	Release Date	Key Functionality
Release 1	7/1/13	<ul style="list-style-type: none">• Employer and Assister Account Creation / Registration• Anonymous Screening and Shopping• Individual Account Creation
Release 2	10/1/13	<ul style="list-style-type: none">• Full Eligibility and Enrollment Capabilities
Release 3	12/31/13	<ul style="list-style-type: none">• Financial Management• Plan Management• Reporting• Surveys

CalHEERS Scope Prioritization

- Revised Release Approach

Release	Release Date	Key Functionality	
Release 1	8/19/13	<ul style="list-style-type: none"> Assister Account Creation and Registration 	
Release 2	10/1/13	<ul style="list-style-type: none"> Individual Account Creation Exchange Program Eligibility & Enrollment and Plan Selection 	<ul style="list-style-type: none"> Employer Account Creation and Registration Anonymous Screening and Shopping
Release 2.5	11/18/13	<ul style="list-style-type: none"> Initial Financial Management & Select Reports 	<ul style="list-style-type: none"> SHOP Premium Processing
Release 3	12/31/13	<ul style="list-style-type: none"> Eligibility & Enrollment Functionality for MAGI Medi-Cal and AIM Additional Reports and Interfaces 	<ul style="list-style-type: none"> MAGI Medi-Cal and AIM Plan Selection Remaining Financial Management Plan Management
Release 4	3/2014	<ul style="list-style-type: none"> Additional Reports and Notices 	
Release 5	6/2014	<ul style="list-style-type: none"> Eligibility and Enrollment Renewal 	<ul style="list-style-type: none"> Remaining Reports and Surveys

Stakeholder Engagement: Usability

- Research Activities
 - Interviews in the field with Assisters and consumers [December – January]
- Research and Design Progress Updates
 - Research findings Webinar [February]
 - Emerging Design Concepts Webinar [March]
 - Design Outputs Webinar [April]

Stakeholder Engagement

- Public Comment Process Update
 - Requirements Process and Requirements Document posted on website November 16, 2012
 - 481 comments from 32 stakeholder groups were received and have been posted on our web site
 - Over 200 have been addressed in our JAD sessions and are being incorporated in design
 - Additional feedback on comments will be posted on the web site in early January

Federal IT Review

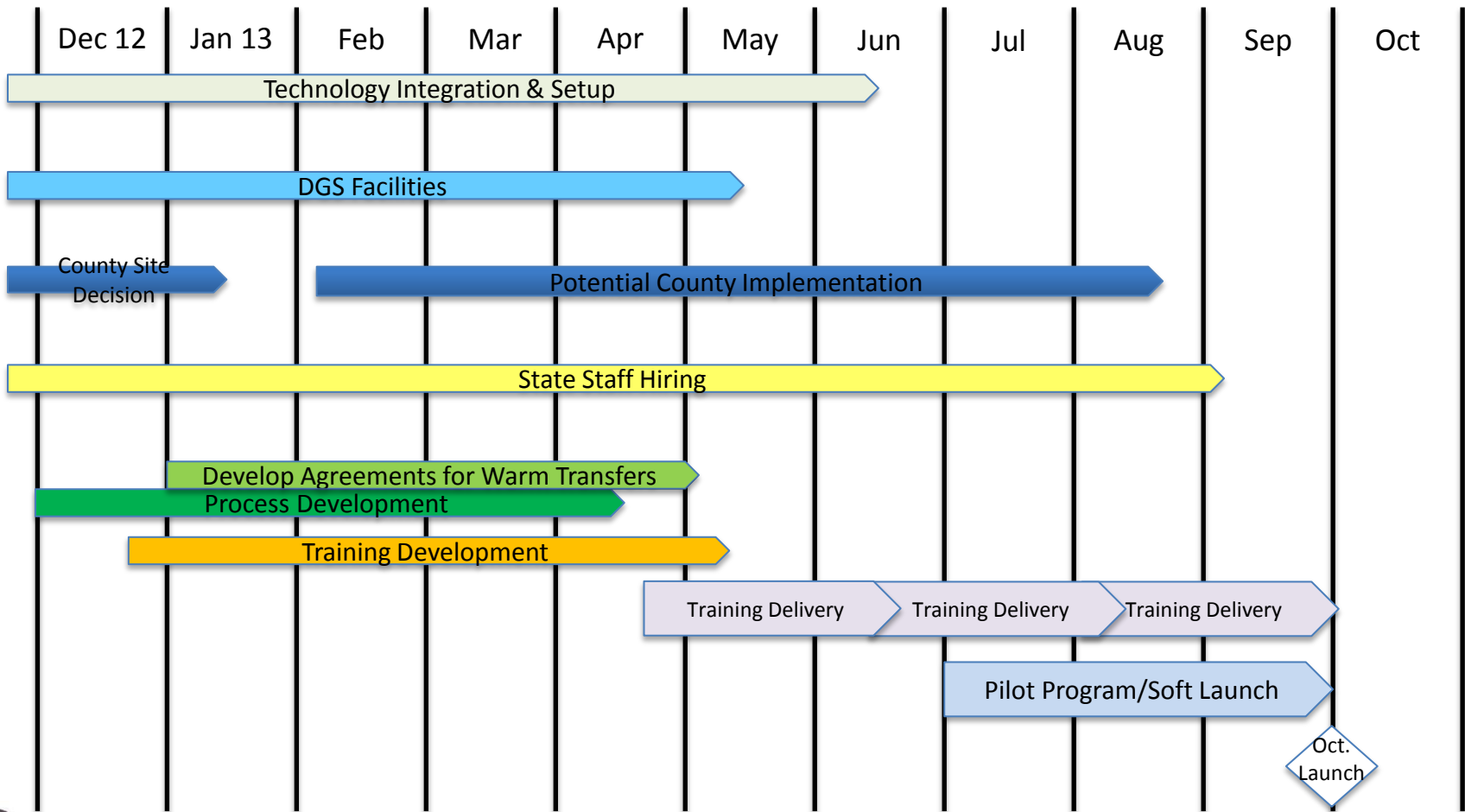
- Completed an IT Review with federal partners on December 12-13, 2012
- Reviewed a variety of subjects including Project Status and the Revised Release Strategy
- Feedback on CalHEERS progress to date was positive
- Next review January 2013

Customer Service Center Updates

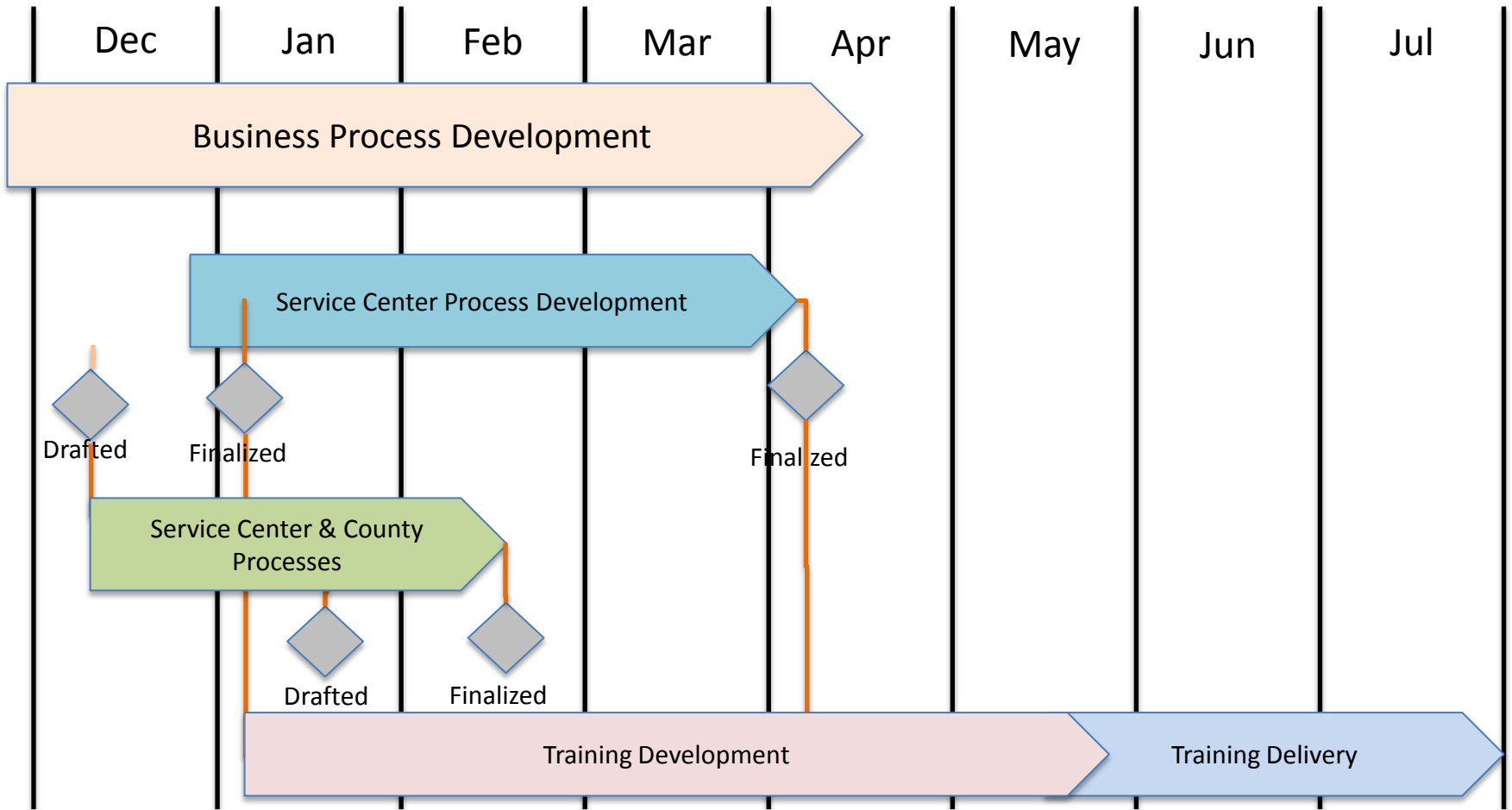
Juli Baker
Chief Technology Officer

California Health Benefit Exchange Board Meeting
December 18, 2012

Service Center Timeline



Protocol and Training Timeline



Protocol Workflow

- Multiple Protocol Workflows in development
 - CalHEERS & CRM Protocols
 - Service Center Protocols
- Processes that impact CalHEERS development timelines due January 15th
- Service Center Protocol finalization due February 15th to meet training development timelines

General Parameters

- CalHEERS will determine eligibility and facilitate plan enrollment for consumers (Medi-Cal and Exchange)
- Counties handle walk-in customers, including Exchange and County programs
- Drive to completion of enrollment from any point of entry into the system
- Minimize “bouncing” the customer back and forth – use one warm handoff at most
- Ongoing cases handled at the “agency of record” (e.g., Medi-Cal handled by counties; Exchange by Central Service Center)
- Sort calls seeking eligibility for workload management between Service Center and Counties, with warm hand-off requirement to assure consistent service regardless of sort

Quick Sort Process for Workload Management

Quick Sort of Service Center phone calls for eligibility:

- Minimal sample questions to sort: (pending CMS review)

1. Number of people in your family
2. Anyone seeking coverage under age 19 or pregnant?
3. Anyone seeking coverage elderly or disabled?
4. Annual income?

The questions will be refined during design and ongoing based on experience

- Initial cut off points for sort to County:

- Single, childless adult 138% Federal Poverty Level (FPL) (final level to be set based on Medi-Cal eligibility with potential for small “margin” to best reflect MAGI)
- Pregnant women 200% FPL
- Child of a adult not applying for coverage 250% FPL

- Continuous review of referral metrics to determine the need for adjustments

- All processes for first year then review and revise as appropriate

- Pending CMS Review

Multiple Program Families

1. Standard CalHEERS Process (self-service)

CalHEERS automatically determines eligibility for all individuals and families, facilitating plan selection.

2. Family that is potentially eligible for multiple programs calls and requests phone enrollment:

A. Initial Open Enrollment Period: Exchange Service Center conducts “quick sort” based on parent’s eligibility.

1. Parent or all members of family appear to be Medi-Cal eligible

- Family is work is handled by County (warm handoff)

2. Parent appears to be Exchange eligible

- Service center collects single application material; eligibility determined and plan enrollment completed in CalHEERS
- Case information for family members who are MAGI Medi-Cal or Medi-Cal is collected and transferred to Counties

B. Special Enrollment (April-September): Exchange Service Center conducts “quick sort” based on children’s eligibility.

1. Parent or all members of family appear to be Medi-Cal eligible

- Family is work is handled by County (warm handoff)

2. Parent appears to be Exchange eligible

- Family is handled by County (warm handoff); County collects single application material; eligibility determined and plan enrollment completed in CalHEERS for parents (Exchange) and children (Medi-Cal)

- Process for first year then assess and revise as necessary.

Paper Application and Verification Issues

Paper Applications that come to County are handled by County.

Paper Applications that come into the Service Center:

1. Optical scan and eligibility run through CalHEERS (treat as on-line application)

To the extent paper applications need more information:

2. Incomplete data – Customer Service Representative collects the data by any channel (paper, phone, email, fax) as needed to complete
3. Verification problems (against Hub or other) – follow the current Single Point of Entry approach to completion

Note: to extent work is needed for entry of applications, need to review if “quick sort” is relevant or appropriate.

Forthcoming Magi Medi-Cal Pre-Enrollment Rules

October – December 2013, MAGI Medi-Cal Rules are not yet available to be programmed CalHEERS.

Federal Guidance is imminent.

Service Center Protocol Next Steps

Task	Date Due
CalHEERS & CRM Protocol Finalization	January 15, 2013
Exchange & County Protocol Finalization	February 15, 2013
Develop Interagency Agreements for Warm-Handoffs <ul style="list-style-type: none"> a) Covered California with DHCS b) Covered California with Counties participating in Quick Sort Warm-Handoff 	January – April 2013
Service Center Protocol Finalization	April 15, 2013

Stakeholder Advisory Group Update