
Covered California Executive Director's Report

Peter V. Lee
Executive Director

California Health Benefit Exchange Board Meeting
March 21, 2013

Announcement of Closed Session Actions

California Health Benefit Exchange Board Meeting
March 21, 2013

Reports and Research

- ***Physician Payment Fact Sheet (Seeking Cost-Conscious Changes to Improve Patient Care by Assessing How Physicians are Paid)*** – National Commission on Physician Payment Reform, March 2013
- ***Report of the*** National Commission on Physician Payment Reform, March 2013
- ***The Relationship Between Commercial Website Ratings and Traditional Hospital Performance Measures*** – California HealthCare Foundation, March 2013
- ***Inadequate Treatment of Ovarian Cancer*** – The New York Times, March 13, 2013
- ***Customer Service Principles and Performance Standards for Exchange Call Centers*** – Consumers Union, California Pan-Ethnic Health Network, National Health Law Program, The Children's Partnership, March 11, 2013
- ***Bitter Pill: Why Medical Bills are Killing Us*** – TIME Magazine, March 4, 2013
- ***Expert Hospitals': 'Humungous Monopoly' Drives Prices High*** – Kaiser Health News, March 4, 2013
- ***Ensuring the Health Care Needs of Women: A Checklist for Health Exchanges*** – Women and Health Reform, February 2013
- ***Health-E-App Public Access: A New Online Path to Children's Health Care Coverage in California*** – California HealthCare Foundation, February 2013
- ***Limited English Proficient HMO Enrollees Remain Vulnerable to Communication Barriers Despite Language Assistance Regulation*** – UCLA Center for Health Policy Research, February 2013
- ***Pinpoint: Accountable Care Organizations in California*** – California HealthCare Foundation, February 2013
- ***Pinpoint: Innovation Center Grantees in California*** – California HealthCare Foundation, February 2013
- ***Early Experience with a New Consumer Benefit: The Summary of Benefits and Coverage*** – Consumers Union, February 27, 2013
- ***Branding Campaign Research: Final Report*** – Kentucky Health Benefit Exchange, January 2013
- ***Focus Group Impressions*** – Kentucky Health Benefit Exchange, January 2013
- ***Reshaping Health Care: Best Performers Leading the Way - 18th Annual Towers Watson/National Business Group on Health Employer Survey on Purchasing Value in Health Care*** – Towers Watson/National Business Group on Health, 2013
- ***Health, Equity, and the Bottom Line: Workplace Wellness and California Small Businesses*** – The Greenlining Institute, December 2012

Covered California Board and Advisory Group 2013 Meeting Calendar

january

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- Board Meetings
- Plan Management & Design Review - Andrea Rosen (Program Lead), Lynn Gowdy (Contact)
- SHOP - Michael Lujan (Program Lead), Kate VanderSchaaf (Contact)
- Outreach & Marketing - Oscar Hidalgo (Program Lead), Pat Macht (Contact)
- Tribal Meeting/Consultation
- Tentative

Covered California Town Hall Meetings

- Covered California will hold town hall meetings around California in 2013
- First meeting will be held in the Inland Empire on Thursday, April 25th
- Covered California will work with government and community organizations to identify locations and advertise the event
- Other potential locations include:

Location
Inland Empire
San Diego
Eureka
Fresno
Bay Area

Covered California New Hires

Name of Employee	Classification/Work Unit
Cedric (Dana) Howard	Information Officer III, C.E.A / Outreach
Rosalyn Jackson	Associate Budget Analyst / Finance
Denise Thomas	Associate Governmental Program Analyst (RA)/ Eligibility & Enrollment
Theresa Gomez	Associate Governmental Program Analyst / Eligibility & Enrollment
Leoniza Munoz	Associate Governmental Program Analyst / Eligibility & Enrollment
Rudy Sarmiento	Associate Governmental Program Analyst / Business Services
Paula McEvilly	Executive Assistant / CalHEERS
Edward Przepiorski	Systems Software Specialist III (RA) / Information Technology
William E. Cooper	Training Officer I / Service Center(Support Services)
Diane J. Koelzer	Special Consultant / Administration
Hank Jennings	Staff Services Manager I (Specialist) / Human Resources

Covered California Quality Rating System Development

Executive Director's Report
March 2013 Board Meeting

Ted von Glahn, PBGH



Decision Points: Quality Rating System (QRS)

- Quality Rating System Information Structure
- Individual Measures
- Medi-Cal Managed Care Bridge Plans
- Provider Quality

Year 1 Implementation

Decision: Introduce Year 1 Quality Ratings (Fall 2013) using historical health plan quality data; build capacity in CalHEERS to use Covered California data in future years

Apply quality ratings at product type level: HMO, PPO, MMC



Rationale

- Inform consumers about quality when selecting a plan; show that quality-cost relationships vary
- Historical quality data is available for almost all plans in California at commercial HMO, PPO and Medi-Cal MMC levels

Information Structure

Quality Rating System

Proposal: Score and report health plan performance using 3 information tiers

- Global Rating
- Four Summary Ratings
 1. Getting the Right Care (clinical effectiveness)
 2. Access to Care
 3. Staying Healthy/Prevention
 4. Plan Service
- Topic/Composite Ratings

Rationale

- Organize information in ways that best serve consumer choice
- Align with major quality accountability programs by CMS/others

Information Structure Quality Rating System

Overall Rating Summary Ratings	Global Rating			
	Access Rating	Staying Healthy Rating	Plan Service Rating	Clinical Care Rating
Domain Ratings	<ul style="list-style-type: none"> • Getting Timely Appointments & Care • Getting Care with Your Personal Doctor 	<ul style="list-style-type: none"> • Checking for Cancer • Help for Healthy Behaviors • Wellness Care for Children* 	<ul style="list-style-type: none"> • Plan Customer Service • Getting Claims Paid • Shopping Services to Find Affordable Medical Care • Getting an Interpreter When Seeing The Doctor • Member Complaints & Appeals 	<ul style="list-style-type: none"> • Getting the Right, Safe Care* • Diabetes Care • Heart Care • Mental Health Care • Respiratory Care • Maternity Care

Shop For Coverage +

1 Getting Started

2 Find a Plan

NEW GROUP

Peter

3 Enroll

Illustration of
consumer plan choice
experience

User Opens Plan
Compare to View

Global Ratings

4 Plans

1 2 >

Sort By ▾

Your Favorites (0)

Print

Enroll

CELTIC

Celtic Basic 80/20 \$5,000

BRONZE

Your Monthly Premium

\$380.00



CELTIC

CelticSaver HSA PPO 80/20
\$2,600-Single

PLATINUM

Your Monthly Premium

\$600.00



CELTIC

CelticSaver HSA PPO 100 \$5,000-
Single

BRONZE

Your Monthly Premium

\$630.00



Plan Summary Information

Your Annual
Premium **\$4560.00**

Out-of-Pocket
Estimate **\$1617.00**

Overall Plan
Quality ★★★★★

Product Type PPO

Providers

Your Annual
Premium **\$7200.00**

Out-of-Pocket
Estimate **\$1617.00**

Overall Plan
Quality ★★★★★

Product Type PPO

Providers

Your Annual
Premium **\$7560.00**

Out-of-Pocket
Estimate **\$1385.00**

Overall Plan
Quality ★★★★★

Product Type PPO

Providers

More About Your Health Care Costs

Doctor Visits

Prescription Drugs

Laboratory Services

Hospitalization and Emergency Services

Maternity and Newborn Care

Pediatric Services







Mental Health

Plan Ratings

Illustration of
consumer plan
choice experience

User Explodes Global
Rating To View
Summary Ratings

4 Plans 1 2 > Sort By ▾ Your Favorites (0) Print Enroll

CELTIC	CELTIC	CELTIC
Celtic Basic 80/20 \$5,000	CelticSaver HSA PPO 80/20 \$2,600-Single	CelticSaver HSA PPO 100 \$5,000-Single
BRONZE	PLATINUM	BRONZE
Your Monthly Premium \$380.00	Your Monthly Premium \$600.00	Your Monthly Premium \$630.00
 	 	 

▼ Plan Ratings

Staying Healthy: Screenings, Tests & Vaccines ★★★★★	Staying Healthy: Screenings, Tests & Vaccines ★★★★★	Staying Healthy: Screenings, Tests & Vaccines ★★★★★
Managing Chronic (Long-Lasting) Conditions ★★★★★	Managing Chronic (Long-Lasting) Conditions ★★★★★	Managing Chronic (Long-Lasting) Conditions ★★★★★
Ratings of Health Plan Responsiveness and Care ★★★★★	Ratings of Health Plan Responsiveness and Care ★★★★★	Ratings of Health Plan Responsiveness and Care ★★★★★
Customer Service ★★★★★	Customer Service ★★★★★	Customer Service ★★★★★
Health Plan Member Complaints, Appeals, and Choosing to Leave the Health Plan ★★★★★	Health Plan Member Complaints, Appeals, and Choosing to Leave the Health Plan ★★★★★	Health Plan Member Complaints, Appeals, and Choosing to Leave the Health Plan ★★★★★

Individual Measures

Proposal: use historical HEDIS & CAHPS health plan data available through NCQA and assess complementary measures through eValue8.

Rationale

- Covered California principle: use industry-standard performance measures.
- HEDIS and CAHPS mainstays of federal exchange info.
- Rely on NCQA/URAC quality measures audit compliance.
- Consider piloting additional new measures to fill gaps in the quality performance information set.

Medi-Cal Managed Care Bridge Plans

Proposal: Create a common quality ratings experience for prospective Medi-Cal Bridge Plan enrollees and commercial QHP enrollees

Evaluate: separate but aligned Quality Ratings Systems for QHPs sponsored by Medi-Cal Managed Care plans and commercial plans

Rationale:

- Medi-Cal and commercial quality measures overlap but differences
- Medi-Cal performance lower than commercial plans
- Prospective enrollees will compare commercial QHPs to Bridge Plan or MMC sponsored QHPs
- Align, wherever possible, QHP and Medi-Cal quality rating information to be used by all Californians

Provider Quality Potential Future Integration

Choose a Medical Plan

Compare the medical plans and pick the one that best fits your needs by clicking on the "My top plan choice" button for that plan.

✓ Once you pick a medical plan a short survey will open. You must re-enter your PIN and fully complete the survey — at the end of the survey click "Done."

Medical Plan	Your Cost	Doctor Choice	Wellness Services	Key Services What you pay for in-network services	Quality Ratings
Zenith HMO GOLD Yearly total cost \$11,667 <div>My top plan choice</div>	\$15,600 Yearly premium - \$4,248 Yearly premium tax credit \$315 Yearly cost at time of service	Your doctor not found in plan.	Quit tobacco: includes phone counseling More...	Deductible Self/ Family: \$0 Annual Out-of-Pocket Maximum Self/ Family: \$1,000/\$3,000 Doctor Office Visit: \$15 Hospital Stay: \$250 Prescription Retail generic/ brand/ non-formulary: \$5/\$20/\$35	Medical Plan ★★★★★ Doctors & Hospitals ★★★★★

Medical Group Ratings 2012 Edition

San Francisco

[Choose a different county](#)

- ★★★★★ Excellent
- ★★★★ Good
- ★★★ Fair
- ★ Poor

	Meeting National Standards of Care	Patients Rate Medical Groups
Brown & Toland Medical Group	★★★★★	★★★★★
Chinese Community Health Care Association	★★★	★★★
Hill Physicians Medical Group - San Francisco	★★★★★	★★★★★
Kaiser Permanente Medical Group - San Francisco Medical Center	★★★★★	★★★★★
Kaiser Permanente Medical Group - South San Francisco Medical Center	★★★★★	★★★★★
Physicians Integrated Medical Group	Too few patients in sample to report	Not rated

Next Steps

- Testing of scoring rules and approaches with historical HEDIS and CAHPS data
 - Alignment of Medi-Cal and commercial QRS
 - Aggregate measures to summary ratings
- Testing of eValue8 measures for potential inclusion in Quality Rating System
 - Cultural Competency/Interpreter Services
 - Member Decision Support Tools
 - Personal Health Management Services
 - Doctor, medical group, hospital quality performance ratings
- Assess use of complementary medical group-level quality information

Service Center Update

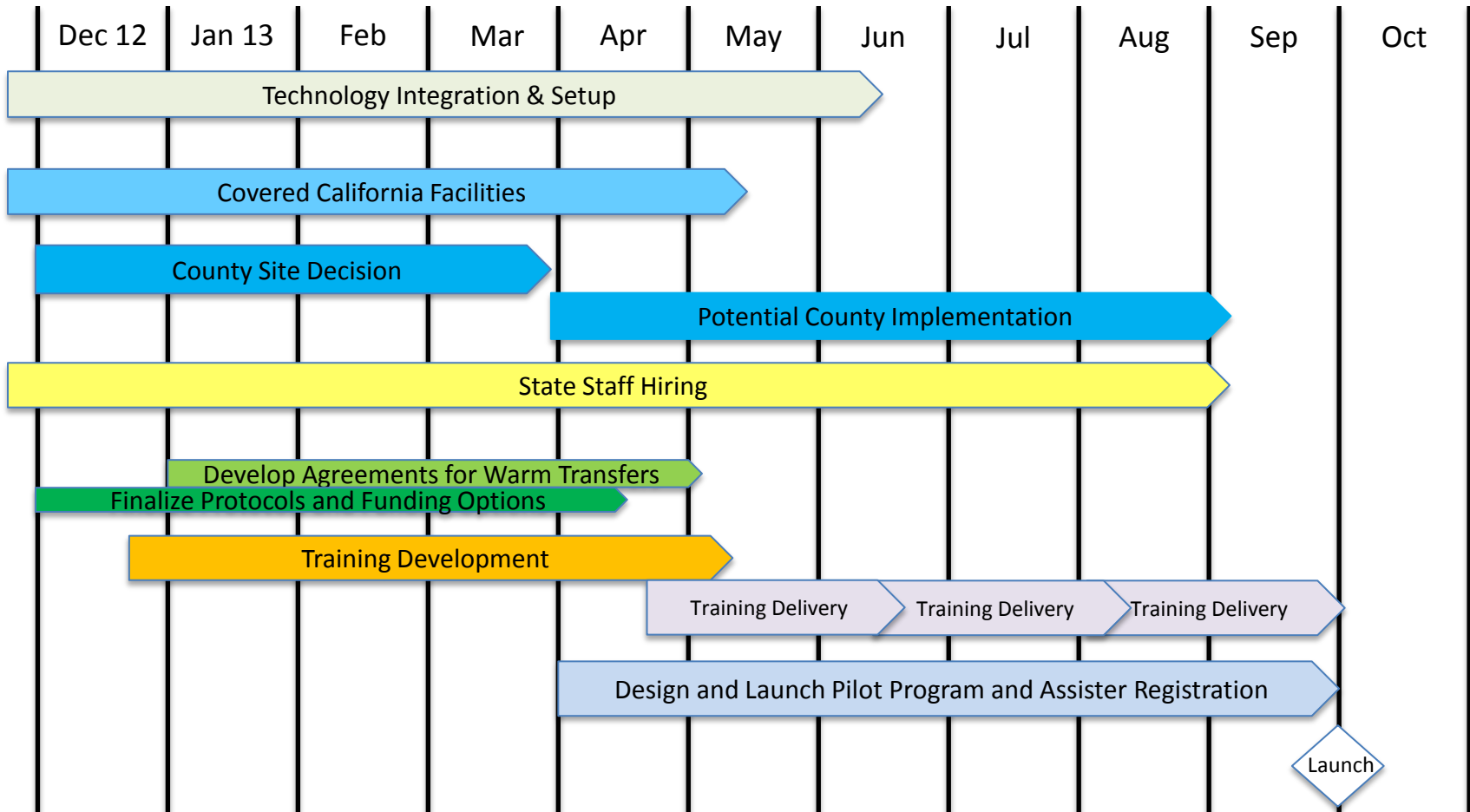
Juli Baker
Chief Technology Officer

California Health Benefit Exchange Board Meeting
March 21, 2013

Agenda

1. Timeline for Implementation
2. Hiring Outreach Efforts
3. Quick Sort Transfer: County Readiness Update
 - Memoranda of Understanding for Quick Sort Transfer and Service Requirements
 - Technology Plans
 - Staffing Plans
 - Training Plans
4. Customer Service Center Next Steps
5. Background Slides

Service Center Timeline for Implementation



County Contract for Service Center

Contract Decision

- Intent to Award contract was issued to Contra Costa County on January 18, 2013
- Contract has been negotiated and approved by Contra Costa Board of Supervisors on March 15, 2013
- Contract between Covered California and Contra Costa County signed March 21, 2013

Contract Terms

- Work to be Performed: Operate a Service Center on behalf of Covered California to enroll individuals in coverage.
- Contract Term runs through Jan. 31, 2015
- Number of Staff: 200 total staff members
- Timeline: Occupancy beginning August 2013

Site Under Review

- Concord was chosen by the Contra Costa Board of Supervisors as the site location; work is in progress to finalize this location
- Improvements to be made to assure the best possible quality of work setting for Service Center staff

Hiring Outreach Efforts

- Potential Sacramento Service Center Site
 - Hiring for Program Technician (PT)II and PT III positions
 - Three completed testing dates
 - February 16th, February 23rd, March 2nd
 - Over 2,000 people took the exams
 - Planned future testing dates (more will be added as needed)
 - March 30th, April 20th, May 4th, May 25th
 - Can accommodate approximately 600 applicants each testing day
- Potential Fresno Service Center Site
 - Hiring for PT II and PT III positions
 - Planned testing dates (more will be added as needed)
 - April 11th and 12th
 - Can accommodate approximately 300 applicants each testing day

County Readiness: Memoranda of Understanding (MOU) for Quick Sort Transfer

Given short time frame, must stay focused on key issues.

Review of service levels will include a process for stakeholder input.

Entities for the MOU include: Covered California, Department of Health Care Services, Consortia

- Key elements
 - Service level agreements (i.e., call transfer time, call prioritization, language skills, no busy signals, etc.)
 - Contingencies
 - Call volume estimates
 - Identify and address resource needs
- Discussions occurring now between parties
 - Agreements dependent on timely decision-making
 - Continued review by Federal government

County Readiness: Technology Plans

- Consortia Service Center network readiness
 - Consortia working with participating counties to develop technology to support calls from Covered California
 - Work started a year ago as possible way of accepting and handling all calls to Covered California
 - Developed into network to receive Quick Sort transfers
 - Building on technology already in place and compatible with technology being used by Covered California
 - Analysis of technical options to be completed by March 29, 2013
- Other pathways: Eligibility rules programming
 - Given CalHEERS/SAWS interface delay, workarounds and contingencies jointly under development

County Readiness: Staffing Plans

- Quick Sort Transfer: County network staffing needs
 - Staffing estimate has been developed
 - Industry standard taking into account call volume and time to complete average call
 - Using same volume estimates as Exchange staff
- Other pathways: County office staffing for assisting consumers eligible for the federal tax credit to use in Covered California.
 - Based on \$58 per enrollment methodology
 - Conceptual agreement with Exchange staff to work together to estimate volumes and determine potential advance payment and reconciliation process
 - Will enable counties to staff up and be ready to go

County Readiness: Training Plans

- Multiple efforts underway
 - Implementation Guide for County Directors
 - Best Practice and Culture Change Project
- Partnering with Labor, Covered California, State, Foundations
 - Develop and disseminate curricula
 - Develop training plans and deliver trainings statewide
- Key topics include:
 - Health Reform 101
 - Utilization of MAGI income and household rules
 - Medi-Cal program simplifications
 - Enrollment into APTC and Exchange plans
 - Use of CalHEERS
 - Understanding SAWS changes
 - Horizontal integration and related business flows
 - Call center customer service and related business flows

Customer Service Center Next Steps

Task	Date Due
Pilot Design Begins	April 1, 2013
Service Center Operational Protocols developed as inputs for Training	April 15, 2013
Interagency Agreements for Warm-Handoffs	April 30, 2013
Training Courses developed for Pilot	May 15, 2013
Technology Integration : CRM tool design and set up	June 15, 2013
State Staff Hiring: continuous	August 30, 2013
Contingency Planning and Volume Estimate Refinements	Continuous

Service Center: Background Slides

1. Customer Service Center Principles
2. Assessment and Transfer Principles
3. General Operating Parameters
4. Federal Rules
5. Consortia-Base County Customer Service Center Network
6. Centralized Multi-Site Service Center Model
7. Consortia-Based Network

Customer Service Center Principles for the Consumer Experience

1. Provide a first-class consumer experience
2. Accessible, user-friendly web-site and forms that are easy to use/navigate
3. Culturally and linguistically appropriate communication channels
4. Protect customer privacy and security of their data
5. Demonstrate public services at their best
6. One touch and done
7. Provide clear, accurate, responsive information tailored to the consumers needs

Service Center Assessment and Transfer Principles

1. Conduct assessment, eligibility review and enrollment in a seamless manner for all consumers
2. Transfer consumers who are potentially MAGI Medi-Cal and non-MAGI Medi-Cal eligible to their County/Consortium as quickly and seamlessly as possible, after the minimal amount of inquiry and/or data collection
3. Maximize the accuracy of each call and enrollment handled by the Service Center in order to have the fewest possible Exchange eligible individuals referred to Counties, and the fewest possible MAGI Medi-Cal individuals served by Service Center
4. Minimize the duplication of work and effort
5. Continuous improvement of protocols based on metrics to determine timeliness, accuracy and precision of referrals and service
6. The Exchange, the Department of Health Care Services (DHCS), and other State partners will meet the obligations for which they are responsible under the Affordable Care Act, other federal and state eligibility requirements and state law.

General Operating 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)

Federal Rules

45 CFR 155.405

Single streamlined application for enrollment in a QHP, advance payments of the premium tax credit, cost-sharing reductions, Medicaid, and CHIP.

45 CFR 155.110

The Exchange may enter into an agreement with an eligible entity to carry out one or more responsibilities of the Exchange. ... The Exchange remains responsible that all federal requirements related to contracted functions are met.

45 CFR 155.345

The Agreement must clearly delineate each program's responsibilities to:

Follow a streamlined process for eligibility determinations;

Minimize the burden on individuals;

Ensure prompt determinations of eligibility and enrollment in the appropriate program without undue delay;

Not require submission of another application;

Not duplicate any eligibility and verification findings; and

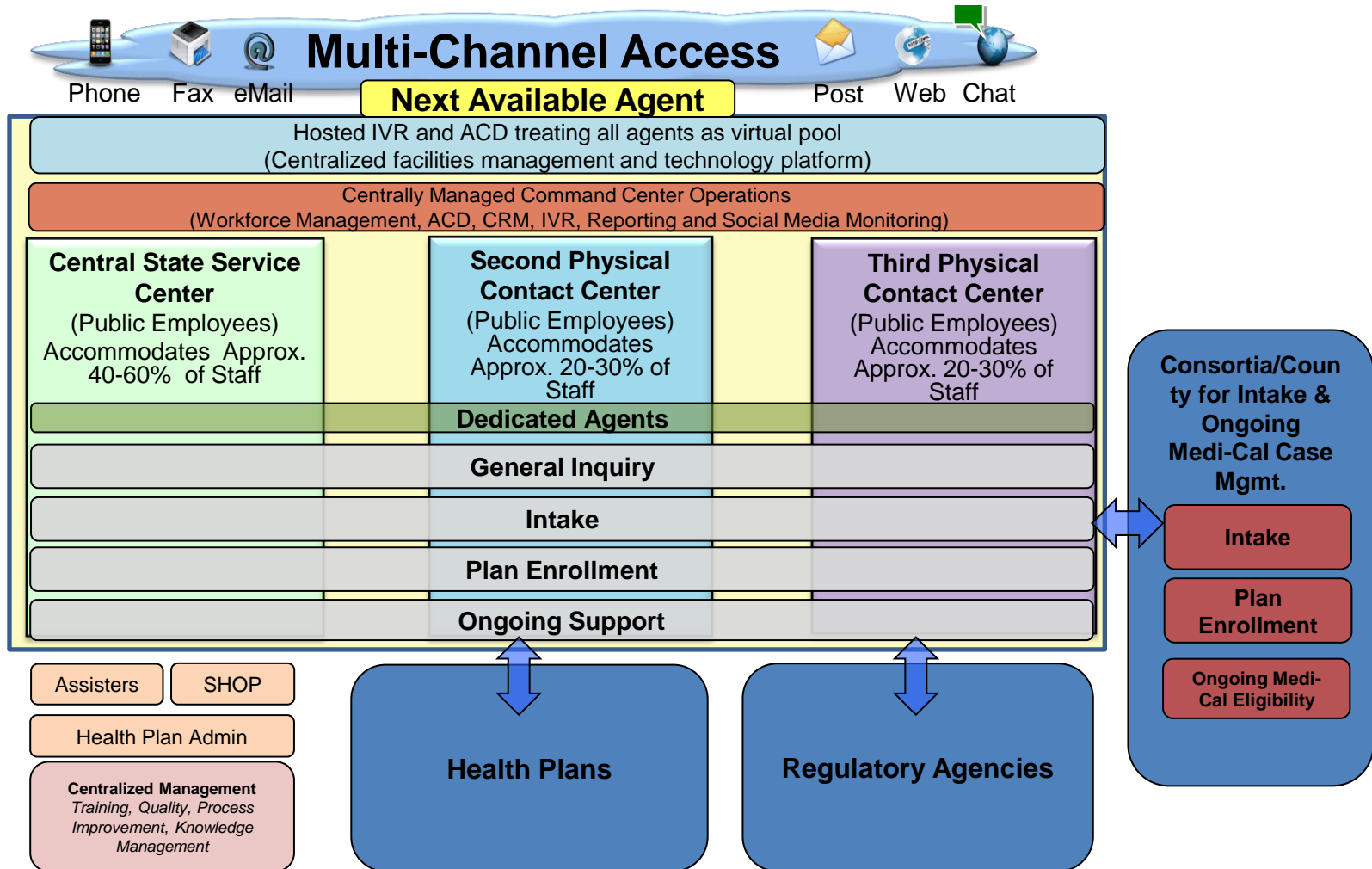
Not request information or documentation from the individual already provided.



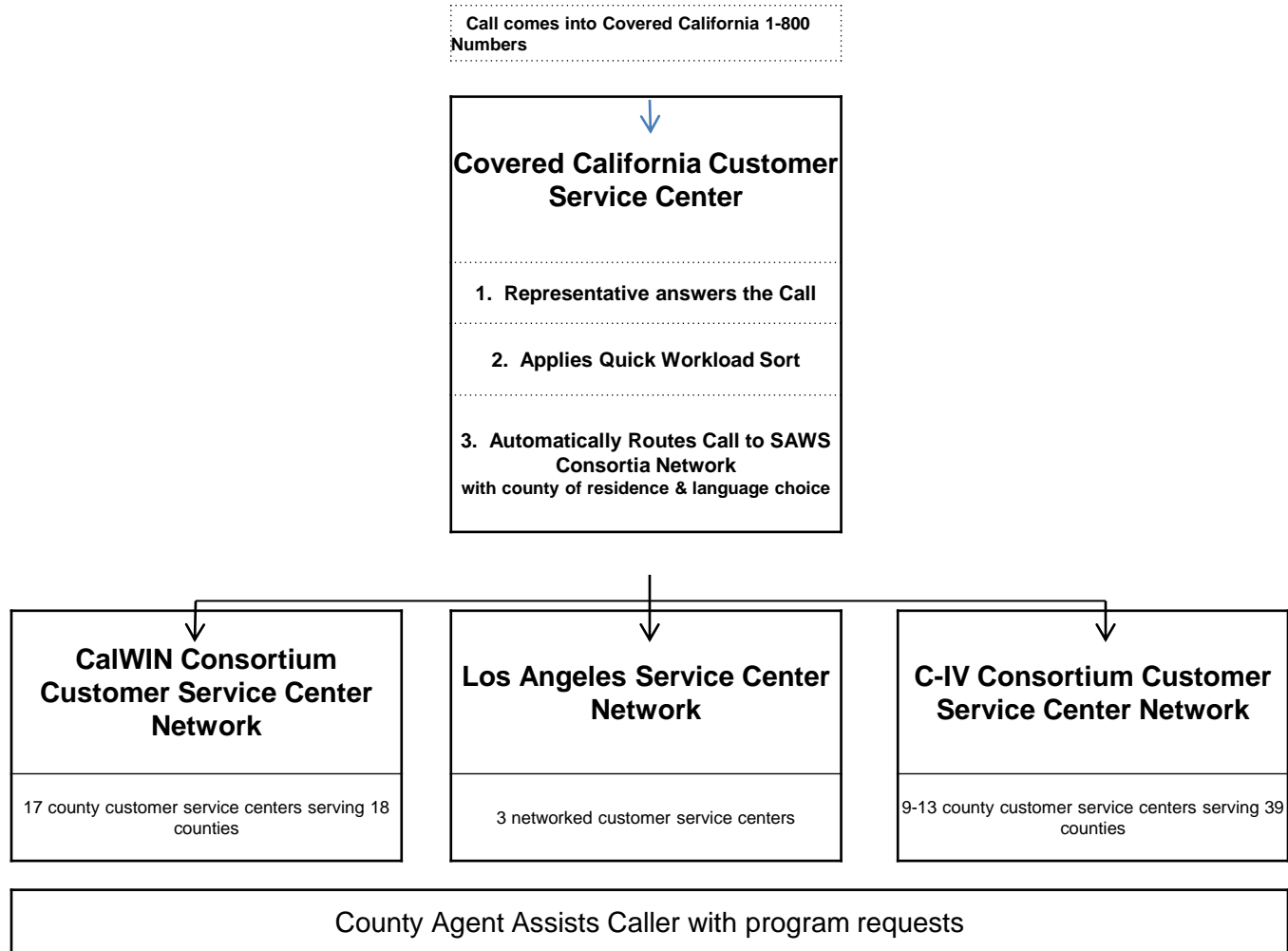
Consortia-Based County Customer Service Center Network

- Each SAWS Consortium ties county customer service centers into a network
- Covered California Customer Service Center routes callers to Consortia network based on the caller's county of residence
- Consortia routes calls automatically, invisibly, and instantaneously to participating county customer service centers for a warm hand-off
- Calls go to county of residence, if agent is available, or to an available agent in that network
- Counties answer calls in 30 seconds or less, 80% of the time and completes eligibility determination and plan enrollment
- Consortia provide performance metrics to Covered California and the Department of Health Care Services

Centralized Multi-Site Service Center Model Medi-Cal Determination Hybrid



Consortia-Based Network



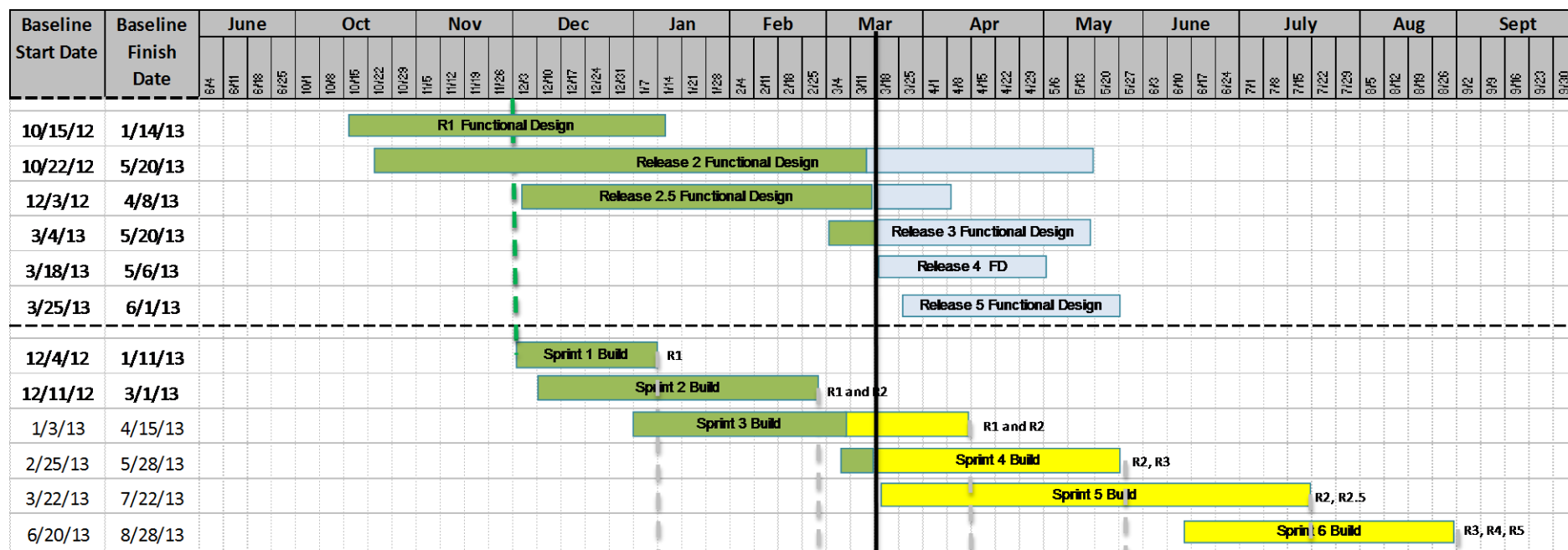
CalHEERS Project Status Update

Juli Baker, Chief Technology Officer
Keith Ketcher, Accenture Project Manager

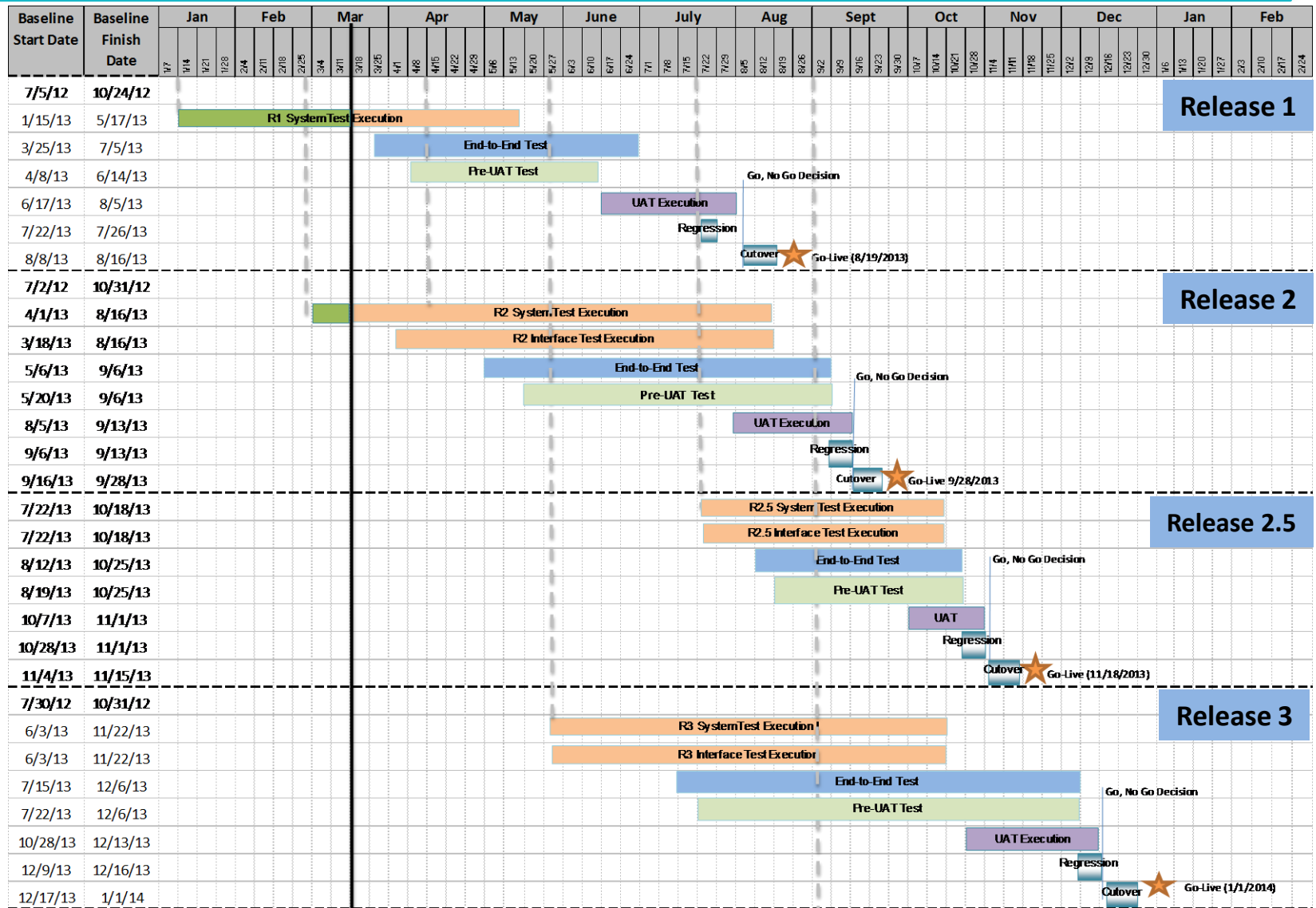
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CalHEERS General Update

- Continuing design, development, system test, implementation activities
- Completed development of Sprint 2
- Completed Release 1 and 2 Training Design
- Completed 2 technical design workshops with DHCS and SAWS Consortia staff on key topics
- Approved for Wave 1 testing with Federal Hub
- Request for Change Agents
- Deliverables Status
 - Planned to Date: 39
 - Actuals to Date: 37

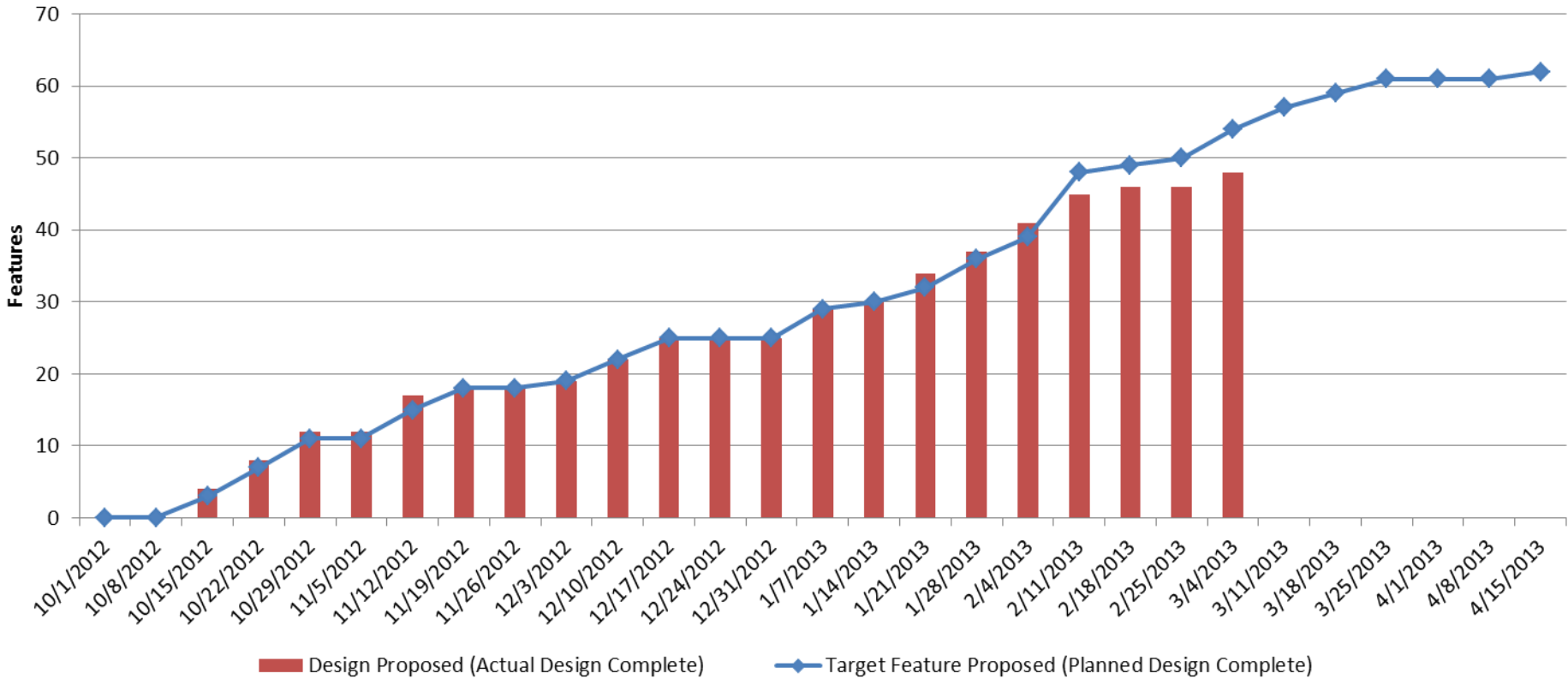


CalHEERS Test Timeline



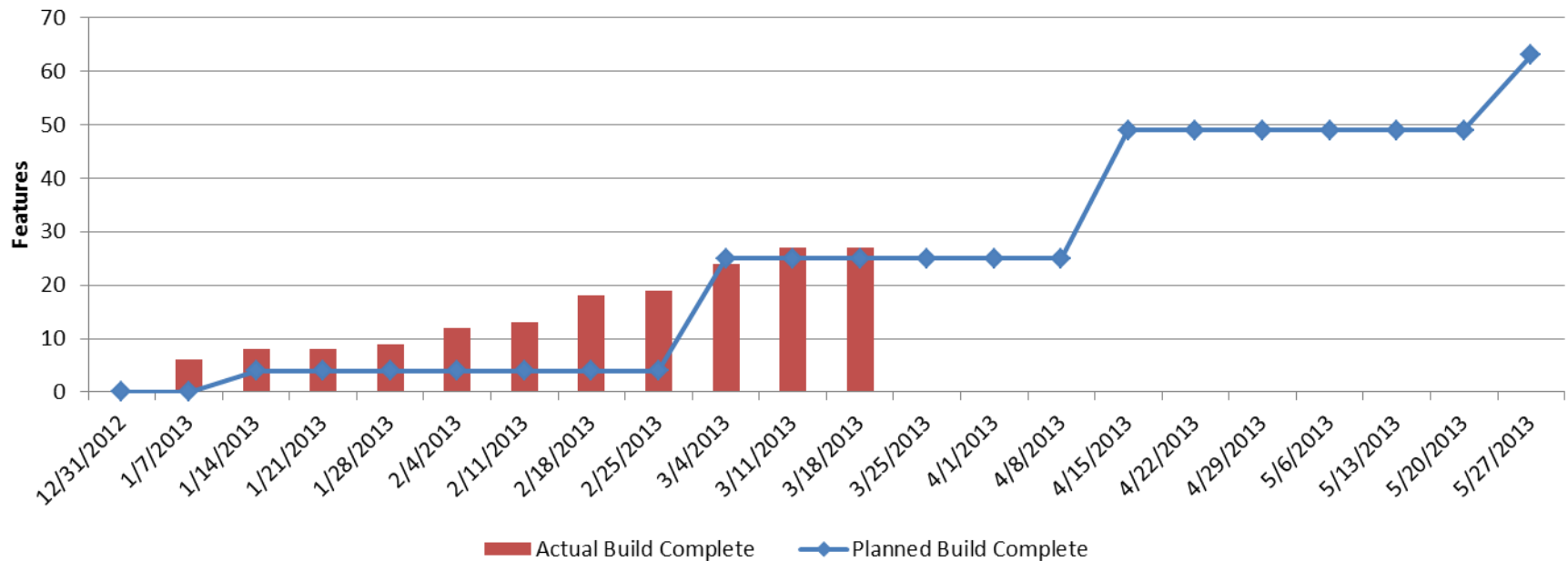
CalHEERS Design Status

Release 1 and 2 Design Complete - Planned vs Actual



CalHEERS Development Status

Release 1 & 2 Build Complete - Planned vs Actual



CalHEERS Usability Status

- Research Activities Completed thru February
 - Personas developed based on Ethnography results
 - Look, tone and feel desirability research study
 - Plan shopping decision support research
 - CMS single streamlined application
- Research and Design Progress Update
 - Added plan shopping decision support research [March / April]
 - Iterative testing & design - plan level selection (metal tiers) and individual plan comparison [March]
 - Iterative testing & design - landing pages and individual application flow [April/May]
 - Readability – language / wording [April / May]

CalHEERS Federal Review Status

- Conducted Webinar with CCIIO and CMCS on March 5th
- Purpose was to walkthrough and respond to questions on CalHEERS technical architecture and data conversion documentation
- Detailed Design Review in April

CalHEERS Stakeholder Engagement Status

- Public Comment Process Update
 - CalHEERS-SAWS-MEDS Business Service Definition
 - CalHEERS response posted to website on March 18, 2013
 - Webinar on Usability Plan Choice in April
- Upcoming Activities
 - Request for Lessons Learned / Critical Defects of other similar websites
 - Webinar on CalHEERS functional flow
 - Assistance for Role Playing

Federal Proposed Rules Update

Katie Ravel
Director, Program Policy

California Health Benefit Exchange Board Meeting
March 21, 2013

Exchange Functions: Eligibility for Exemptions and Miscellaneous Minimum Essential Coverage Provisions

Summary:

- Lists exemptions from individual mandate
- Proposes that the Exchange administer 5 of the 9 categories of exemptions from shared payment responsibility
- Gives states the option to use federal services to determine eligibility for exemptions

Covered California comments

- Actively considering using federal services

Legislative Update

David Panush
Director, External Relations

California Health Benefit Exchange Board Meeting
March 21, 2013

Key Bills

- Medi-Cal Expansion
ABx1 1 (Perez) & SBx1 1 (Hernandez-Steinberg)
- Individual & Small Group Market Reform
ABx1 2 (Pan) & SB x1 2 (Hernandez)
- Bridge Plan
SB x1 -3 (Hernandez)
- Stop-Loss Insurance Coverage
SB 161 (Hernandez)
- Background Check/Fingerprinting

Bridge Program Update

- Covered California Board Approved – February 26th
- Covered California Submitted Proposal to Center for Consumer Information & Insurance Oversight (CCIIO) for Approval – March 11th
- Authorizing Legislation - SBx1 3 (Hernandez) – Sponsored by Administration. Passes Senate Health Committee on March 20th (Vote: 8-0)

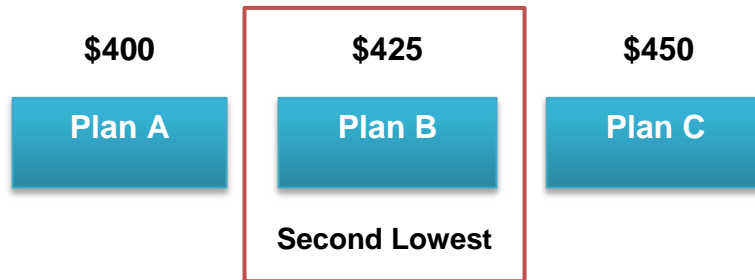
Major Issues for Federal Approval

- **Determining Limited Network Capacity:** Covered California proposes that Department of Managed Health Care determine capacity based on Bridge plan product – not on the capacity of the plan.
- **Ensuring that Bridge Consumers are Not Disadvantaged:** Covered California proposal encourages – but does not require – Medi-Cal Managed Care plan enrollees to stay in their prior plan (“the Bridge”). They are advantaged by having the choice of maintaining their provider network and having a more affordable premium. The tradeoff is a lower subsidy and reduced net purchasing power for that network.

Tradeoff:

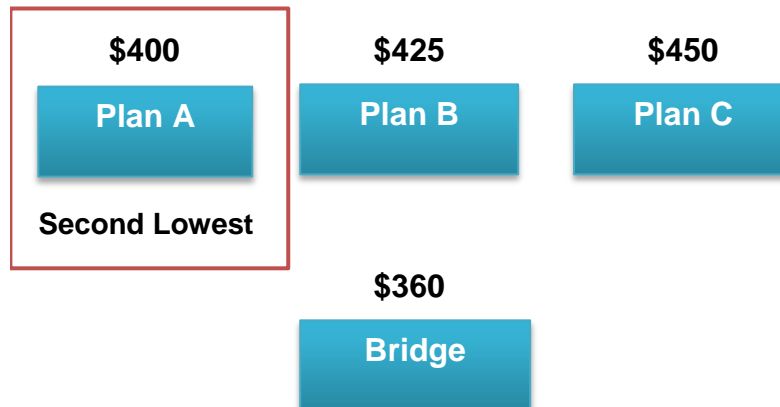
How the Bridge Federal Subsidies Work*

Scenario I: No Bridge



Value of Subsidy - \$368
Plan A Monthly Premium - \$32
Plan B Monthly Premium - \$57

Scenario II: With Bridge



Value of Subsidy - \$343
Bridge Plan Monthly Premium - \$17
Plan A Monthly Premium - \$57
Plan B Monthly Premium - \$82

Policy Trade-Offs

Advantage: Lower premium for Bridge eligible individuals who choose the Bridge Plan option.

Disadvantage: Lower net subsidy and reduced purchasing power for Bridge plan eligible individuals who choose an alternative plan.

* Assumes an individual at 150% of FPL with Income of \$17,235