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
- **The Relationship Between Commercial Website Ratings and Traditional Hospital Performance Measures** – California HealthCare Foundation, March 2013
- **Bitter Pill: Why Medical Bills are Killing Us** – TIME Magazine, 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
- **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

February

March

April

May

June

July

August

September

October

November

December

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:

<table>
<thead>
<tr>
<th>Location</th>
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<tbody>
<tr>
<td>Inland Empire</td>
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<tr>
<td>San Diego</td>
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<tr>
<td>Eureka</td>
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<tr>
<td>Fresno</td>
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<tr>
<td>Bay Area</td>
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## Covered California New Hires

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

<table>
<thead>
<tr>
<th>Overall Rating Summary Ratings</th>
<th>Global Rating</th>
<th>Domain Ratings</th>
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<tr>
<td>Access Rating</td>
<td>Staying Healthy Rating</td>
<td>Getting Timely Appointments &amp; Care</td>
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<td>Plan Service Rating</td>
<td>Clinical Care Rating</td>
<td>Getting Care with Your Personal Doctor</td>
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<tr>
<td>Getting the Right, Safe Care*</td>
<td>Getting the Right, Safe Care*</td>
<td>Getting Care with Your Personal Doctor</td>
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<tr>
<td>Diabetes Care</td>
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<tr>
<td>Mental Health Care</td>
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<tr>
<td>Respiratory Care</td>
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<tr>
<td>Maternity Care</td>
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<td>Getting the Right, Safe Care*</td>
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- Getting Timely Appointments & Care
- Help for Healthy Behaviors
- Wellness Care for Children*
Illustration of consumer plan choice experience

User Opens Plan
Compare to View

Global Ratings

Plan Summary Information

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<tr>
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<th>Your Annual Premium</th>
<th>Your Annual Premium</th>
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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
### User Explodes Global Rating To View

#### Summary Ratings

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<tr>
<th>Category</th>
<th>Celtic Basic 80/20 $5,000</th>
<th>CelticSaver HSA PPO 80/20 $2,600-Single</th>
<th>CelticSaver HSA PPO 100 $5,000-Single</th>
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<tr>
<td>Staying Healthy: Screenings, Tests &amp; Vaccines</td>
<td>★★★★★</td>
<td>★★★★</td>
<td>★★★★★</td>
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<td>Managing Chronic (Long-Lasting) Conditions</td>
<td>★★★</td>
<td>★★★★</td>
<td>★★★★</td>
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<td>Ratings of Health Plan Responsiveness and Care</td>
<td>★★★★</td>
<td>★★★★</td>
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<td>Customer Service</td>
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<td>Health Plan Member Complaints, Appeals, and Choosing to Leave the Health Plan</td>
<td>★★★★</td>
<td>★★★★</td>
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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."

<table>
<thead>
<tr>
<th>Medical Plan</th>
<th>Your Cost</th>
<th>Doctor Choice</th>
<th>Wellness Services</th>
<th>Key Services</th>
<th>Quality Ratings</th>
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<tr>
<td>Zenith HMO GOLD</td>
<td>$15,600 Yearly premium</td>
<td>Your doctor not found in plan.</td>
<td>Quit tobacco: includes phone counseling</td>
<td>Deductible Self/ Family: $0  Annual Out-of-Pocket Maximum Self/ Family: $1,000/$3,000  Doctor Office Visit: $15  Hospital Stay: $25  Prescription Retail generic/brand/non-formulary: $5/$20/$35</td>
<td>Medical Plan: ★★★  Doctors &amp; Hospitals: ★★★★</td>
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<td>Yearly total cost</td>
<td>-$4,248 Yearly premium tax credit</td>
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<td>$11,667</td>
<td>$315 Yearly cost at time of service</td>
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### Medical Group Ratings 2012 Edition

#### San Francisco

Choose a different county

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
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<tr>
<td>★★★★</td>
<td>Excellent</td>
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<tr>
<td>★★★</td>
<td>Good</td>
</tr>
<tr>
<td>★★★</td>
<td>Fair</td>
</tr>
<tr>
<td>★★</td>
<td>Poor</td>
</tr>
</tbody>
</table>

#### 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
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

- **Dec 12**: Technology Integration & Setup
- **Jan 13**: Covered California Facilities
- **Feb**: County Site Decision
- **Mar**: Potential County Implementation
- **Apr**: State Staff Hiring
- **May**: Develop Agreements for Warm Transfers
- **Jun**: Finalize Protocols and Funding Options
- **Jul**: Training Development
- **Aug**: Training Delivery
- **Sep**: Training Delivery
- **Oct**: Training Delivery
- **Launch**: Design and Launch Pilot Program and Assister Registration
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
  o Hiring for Program Technician (PT)II and PT III positions
  o Three completed testing dates
    • February 16th, February 23rd, March 2nd
    • Over 2,000 people took the exams
  o 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
  o Hiring for PT II and PT III positions
  o 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
  o Consortia working with participating counties to develop technology to support calls from Covered California
  o Work started a year ago as possible way of accepting and handling all calls to Covered California
  o Developed into network to receive Quick Sort transfers
  o Building on technology already in place and compatible with technology being used by Covered California
  o Analysis of technical options to be completed by March 29, 2013

• Other pathways: Eligibility rules programming
  o Given CalHEERS/SAWS interface delay, workarounds and contingencies jointly under development
County Readiness: Staffing Plans

• Quick Sort Transfer: County network staffing needs
  o Staffing estimate has been developed
  o Industry standard taking into account call volume and time to complete average call
  o 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.
  o Based on $58 per enrollment methodology
  o 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
  o Implementation Guide for County Directors
  o Best Practice and Culture Change Project

• Partnering with Labor, Covered California, State, Foundations
  o Develop and disseminate curricula
  o Develop training plans and deliver trainings statewide

• Key topics include:
  o Health Reform 101
  o Utilization of MAGI income and household rules
  o Medi-Cal program simplifications
  o Enrollment into APTC and Exchange plans
  o Use of CalHEERS
  o Understanding SAWS changes
  o Horizontal integration and related business flows
  o Call center customer service and related business flows
## Customer Service Center Next Steps

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

Multi-Channel Access

Phone  Fax  eMail  Post  Web  Chat

Hosted IVR and ACD treating all agents as virtual pool
(Centralized facilities management and technology platform)

Centrally Managed Command Center Operations
(Workforce Management, ACD, CRM, IVR, Reporting and Social Media Monitoring)

Central State Service Center
(Public Employees)
Accommodates Approx. 40-60% of Staff

Second Physical Contact Center
(Public Employees)
Accommodates Approx. 20-30% of Staff

Third Physical Contact Center
(Public Employees)
Accommodates Approx. 20-30% of Staff

Dedicated Agents

General Inquiry

Intake

Plan Enrollment

Ongoing Support

Consortia/County for Intake & Ongoing Medi-Cal Case Mgmt.

Intake

Plan Enrollment

Ongoing Medi-Cal Eligibility

Centralized Management
Training, Quality, Process Improvement, Knowledge Management

Assisters  SHOP

Health Plan Admin

Health Plans

Regulatory Agencies
Call comes into Covered California 1-800 Numbers

1. Representative answers the Call
2. Applies Quick Workload Sort
3. Automatically Routes Call to SAWS Consortia Network
   with county of residence & language choice

CalWIN Consortium Customer Service Center Network
17 county customer service centers serving 18 counties

Los Angeles Service Center Network
3 networked customer service centers

C-IV Consortium Customer Service Center Network
9-13 county customer service centers serving 39 counties

County Agent Assists Caller with program requests
CalHEERS Project Status Update

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

California Health Benefit Exchange Board Meeting
March 21, 2013
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
  o Planned to Date: 39
  o Actuals to Date: 37
CalHEERS Design & Development Timeline

|---------------------|----------------------|------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|------- |
# CalHEERS Test Timeline

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**Release 1**
- 7/5/12 - 10/24/12

**Release 2**
- 1/15/13 - 5/17/13
- 3/25/13 - 7/5/13
- 4/8/13 - 6/14/13
- 6/17/13 - 8/5/13
- 7/22/13 - 7/26/13
- 8/8/13 - 8/16/13
- 7/2/12 - 10/31/12
- 4/1/13 - 8/16/13
- 3/18/13 - 8/16/13

**Release 2.5**
- 5/6/13 - 9/6/13
- 5/20/13 - 9/6/13
- 8/5/13 - 9/3/13
- 9/6/13 - 9/3/13
- 9/16/13 - 9/28/13
- 7/22/13 - 10/18/13
- 7/22/13 - 10/18/13
- 8/12/13 - 10/25/13
- 8/19/13 - 10/25/13
- 10/7/13 - 11/1/13
- 10/28/13 - 11/1/13
- 11/4/13 - 11/15/13
- 7/3/12 - 10/31/12

**Release 3**
- 6/3/13 - 11/22/13
- 6/3/13 - 11/22/13
- 7/15/13 - 12/6/13
- 7/22/13 - 12/6/13
- 10/28/13 - 12/13/13
- 12/9/13 - 12/16/13
- 12/17/13 - 3/1/14

**Go, No Go Decision**
- 4/1/13 - End-to-End Test
- 3/18/13 - End-to-End Test
- 5/6/13 - Pre-UAT Test
- 5/20/13 - Pre-UAT Test
- 8/5/13 - UAT Execution
- 9/6/13 - UAT Execution
- 9/16/13 - UAT Execution
- 10/7/13 - UAT Execution
- 10/28/13 - UAT Execution
- 11/4/13 - UAT Execution

**Go Live**
- 6/14/13 - Go Live (6/14/2013)
- 9/28/13 - Go Live (9/28/2013)
- 11/15/13 - Go Live (11/15/2013)
- 12/1/14 - Go Live (12/1/2014)
CalHEERS Design Status

Release 1 and 2 Design Complete - Planned vs Actual

- Design Proposed (Actual Design Complete)
- Target Feature Proposed (Planned Design Complete)
Release 1 & 2 Build Complete - Planned vs Actual
CalHEERS Usability Status

• Research Activities Completed thru February
  o Personas developed based on Ethnography results
  o Look, tone and feel desirability research study
  o Plan shopping decision support research
  o CMS single streamlined application

• Research and Design Progress Update
  o Added plan shopping decision support research [March / April]
  o Iterative testing & design - plan level selection (metal tiers) and individual plan comparison [March]
  o Iterative testing & design - landing pages and individual application flow [April/May]
  o 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
  o CalHEERS-SAWS-MEDS Business Service Definition
    • CalHEERS response posted to website on March 18, 2013
  o Webinar on Usability Plan Choice in April

• Upcoming Activities
  o Request for Lessons Learned / Critical Defects of other similar websites
  o Webinar on CalHEERS functional flow
  o Assistance for Role Playing
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**

- Plan A: $400
- Plan B: $425
- Plan C: $450

**Value of Subsidy**: $368

- Plan A Monthly Premium: $32
- Plan B Monthly Premium: $57

**Scenario II: With Bridge**

- Plan A: $400
- Plan B: $425
- Plan C: $450
- Bridge: $360

**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