



Executive Director's Report

Peter V. Lee, Executive Director | April 23, 2013 Board Meeting

ANNOUNCEMENT OF CLOSED SESSION ACTIONS

REPORTS AND RESEARCH

Consumer Assistance

- *Consumer Assistance in Health Reform* – The Henry J. Kaiser Family Foundation, April 2013
- *Navigator and In-Person Assistance Programs-A Snapshot of State Programs* – The Henry J. Kaiser Family Foundation, April 2013

Cost Trends

- *Cross-Cutting Issues: Factors Affecting Self-Funding by Small Employers: Views from the Market* – Robert Wood Johnson Foundation / Urban Institute, April 2013
- *Cost of the Future Newly Insured under the Affordable Care Act (ACA)* – Society of Actuaries, March 2013
- *Insurers' Medical Loss Ratios and Quality Improvement Spending in 2011* – The Commonwealth Fund, March 2013
- *International Federation of Health Plans 2012 Comparative Price Report Variation in Medical and Hospital Prices by Country* – International Federation of Health Plans, March 25, 2013

Delivery Reform

- *Redesigning Primary Care: A Strategic Vision To Improve Value By Organizing Around Patients' Needs* – Health Affairs, March 2013
- *Statement of Richard J. Gilfillan, MD, Director, on Reforming the Delivery System: The Center on Medicare and Medicaid Innovation* – Department of Health and Human Services, March 20, 2013
- *CMS Innovation Center: Early Implementation Efforts Suggest Need for Additional Actions to Help Ensure Coordination with Other CMS Offices* – United States Government Accountability Office, November, 2012

Market Issues

- *Partnership for Sustainable Health Care: Strengthening Affordability and Quality in America's Health Care System* – America's Health Insurance Plans, Ascension Health, Families USA, National Coalition on Health Care and Pacific Business Group on Health, April 2013
- *Kaiser Foundation Health Plan Ranks Highest in Member Satisfaction among Health Plans in the South Atlantic Region for a Second Consecutive Year* – J.D. Power and Associates, March 17, 2013
- *As Health Plans in Various States Prepare for Increasing Health Insurance Enrollments, Many Health Plan Members Consider Using Health Insurance Exchanges* – J.D. Power and Associates, March 11, 2013

Special Advice

- *Promoting Enrollment of Low Income Health Program Participants in Covered California* – UC Berkeley Labor Center, April 2013
- *Implementing Health Reform: Proposed Regulations for Exchange "Navigators"* – Health Affairs Blog, April 4, 2013

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

SPECIAL BOARD MEETING

May 7, 2013
9:00 am – 12:00 pm

COVERED CALIFORNIA TOWN HALL MEETINGS

TOPICS WILL INCLUDE:

- An update on Covered California's progress and current plans.
- Outreach and community education strategies
- What you can do to help ensure every Californian has access to affordable health insurance
- Opportunity for stakeholders to provide feedback and ask questions

DATE	TIME	LOCATION
April 25th	4-6pm (doors open at 3:30)	UC Riverside Extension 1200 University Avenue Riverside, CA 92507
May 10th*	TBD	San Jose
May 17th*	TBD	San Diego

Seating is limited at each location. Please call 1-888-975-1141 to register for an event in your region.

**Dates and locations are subject to change.*

Additional town halls are being planned in the Bay Area, Los Angeles, and Orange County.

COVERED CALIFORNIA NEW HIRES

NAME OF EMPLOYEE	CLASSIFICATION/WORK UNIT
GABRIELA VENTURA GONZALES	Attorney/Legal
WILLIAM RAMSAY	Info. System Technician II (Spec)/Information Technology
JACQUELINE HUNTINGTON	Info. System Technician II (Spec)/Information Technology
RAELYN STOFFLE	Senior Information Systems Analyst (RA)/Information Technology
ZITA HIRSCH	Accounting Administrator I (Sup)/Finance
ELIZABETH ORTEGA	Accounting Administrator II (SUP)/Finance
COLLEEN KIRTLAN	Staff Services Manger I (RA)/Human Resources
VERONICA BOLES	Staff Service Manager I/Human Resources
LIANA MATRANGA	Senior Personnel Specialist (RA)/Human Resources
DAVID FARINIAS	Senior Personnel Specialist/Human Resources
SCOTT HOWE	Staff Services Manager I/Communications & Public Relations
MARY WATANABE	Staff Services Manager II/Outreach
FRANK LEMUS	Associate Governmental Program Analyst (RA)/Gov. Relations
CHARLES BORMANN	Staff Services Manager I/Service Center
COLLEEN MCKIM	Associate Governmental Program Analyst (RA)/Service Center
SHORON VERDUN	Associate Governmental Program Analyst (RA)/Service Center
BEVERLY YOUNGBLOOD STENHOLM	Program Technician II (RA)/Service Center
DEBRA ROUGEAU	Program Technician II (RA)/Service Center
ROSA FACIO-TULLY	Program Technician III (RA)/Service Center
DIANA YOUNG	Senior Information Systems Analyst (SPEC)(RA)/CalHEERS
KATHLEEN KEESHEN	General Counsel/Legal
CARENE CAROLAN	Deputy Director/Service Center

OUTREACH AND EDUCATION GRANT PROGRAM UPDATE

OUTREACH AND EDUCATION GRANT PROGRAM:

- **Individual Market:** Received 177 applications; \$116 million total requested.
- **SHOP Market:** Received 26 applications; \$12 million total requested.

FOCUSING CHANNELS AND SEGMENTS

- Assuring Geographic Distribution
- Demographic/Ethnic Groups (i.e., Hispanic, African American, LEP, LGBT)
- Uninsured Students
- Unions with Uninsured Employed Workers
- Restaurant and Food Service Workers
- Faith-Based Outreach
- Doctors and Other Providers

OUTREACH AND EDUCATION GRANT PROGRAM MAJOR MILESTONES

April 26, 2013 Grant Award Announcement is Postponed.

	ACTIVITY	CHANNEL
Mid-May	Announcement of Grant Recipients. Protest period is five business days after Letter of Notification of Intent to Award	Press Event in Los Angeles http://www.healthexchange.ca.gov
Mid-May	Remaining Grant Applicants will be invited to participate in the Community Outreach Network	Letter
5/23/2013	Draft Cycle 2 Grant Application for Board Review	Board Meeting
7/1/2013	Start of Grant Contract and Training of Staff	In-Person Led Training

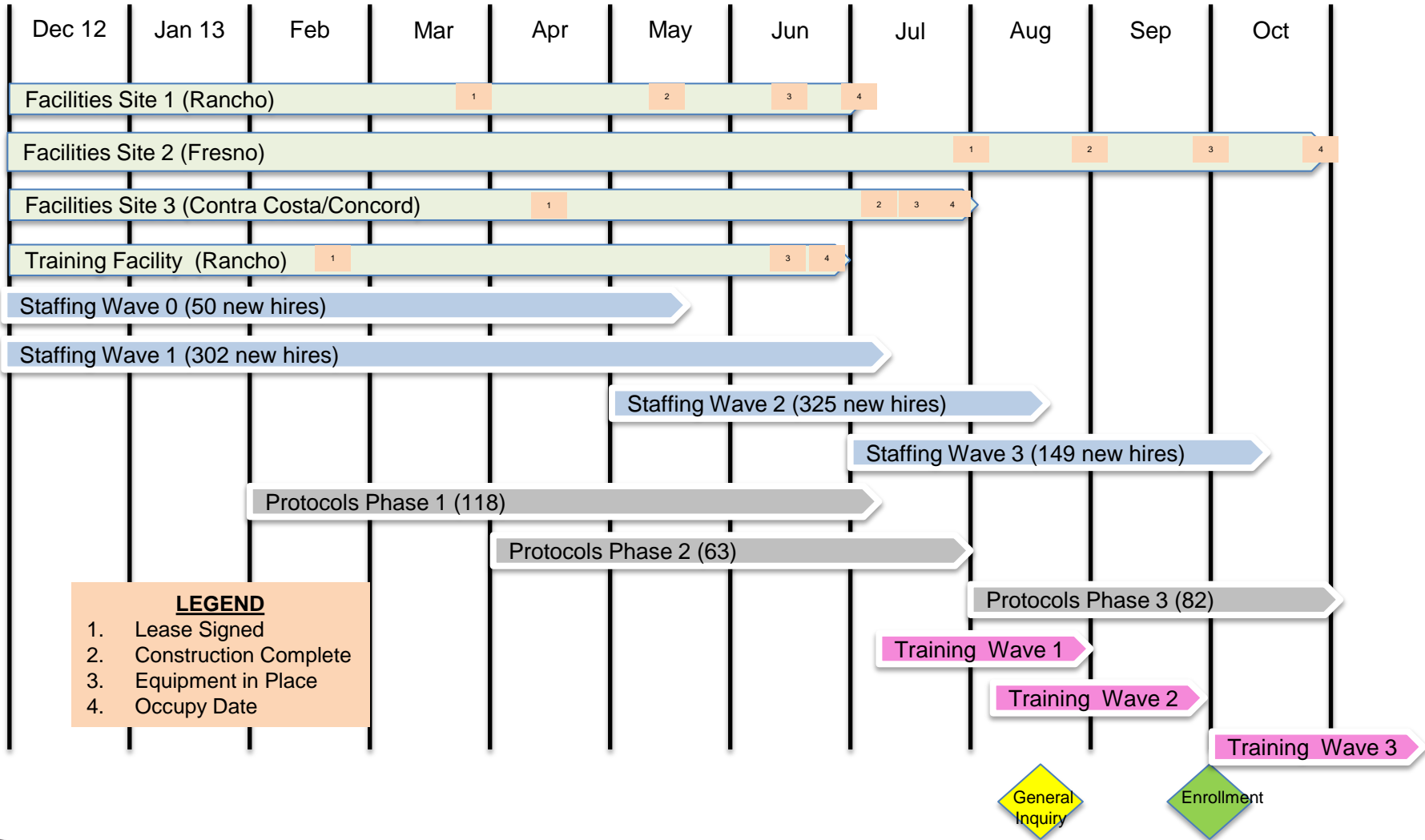
SERVICE CENTER UPDATE

Juli Baker, Chief Technology Officer

AGENDA

1. Service Center Timeline for Implementation
2. Staffing & Training Update
3. County Readiness Update
4. County Implementation Timelines
5. Background Slides

SERVICE CENTER TIMELINE FOR IMPLEMENTATION



- LEGEND**
1. Lease Signed
 2. Construction Complete
 3. Equipment in Place
 4. Occupy Date

STAFFING & TRAINING UPDATE

- The Service Center team is estimating that 677 people will be needed to support the August 19th & October 1st launches
- To balance facility/technology/training capacity constraints, we are hiring people in “waves”
- Advertised for 152 position categories, and have taken 4290 potential candidates through the exam phase to date; applications continuing to be received
- “Waves” need to enter training roughly 4-6 weeks prior to expected “productive date
- Implementing a streamlined “pipeline” tracking for recruiting/hiring/onboarding process

COUNTY READINESS UPDATE

1. Memoranda of Understanding (MOU) for Quick Sort Transfer

- Continued progress being made among the parties: Covered California, Department of Health Care Services, Consortia with ongoing review by CMS

Key elements include:

- Service level agreements (i.e., call transfer time, call prioritization, language skills, no busy signals, etc.)
- Contingency plans
- Call volume estimates

2. Staffing Plans

- Estimate to Administration for staffing for Quick Sort Transfer
- Expecting funding decisions/levels in May budget revision

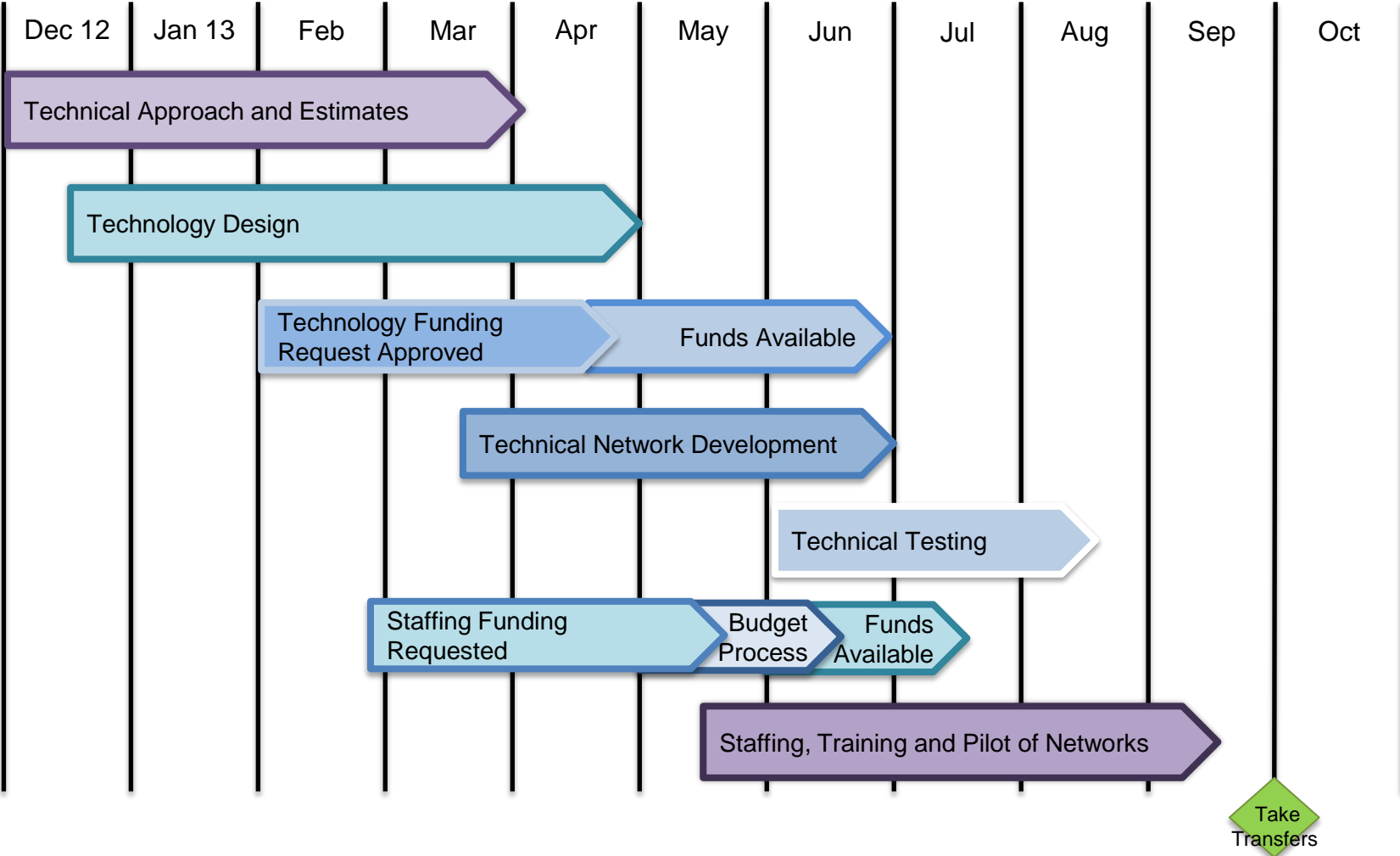
3. Training Plans

- Contracting with CalSWEC for training curricula development
- Specialized/additional training for staff to take Quick Sort calls

4. County Planning Support

- Readiness Guide, Customer Service/Best Practice Report Issued
- Regional Seminars underway for County Implementation Teams

COUNTY TIMELINE FOR IMPLEMENTATION



STAKEHOLDER INPUT

- We are seeking stakeholder input on protocols and standards for the Quick Sort Transfer Memorandum of Understanding (MOU).
- Webinar to be scheduled within the next week.

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

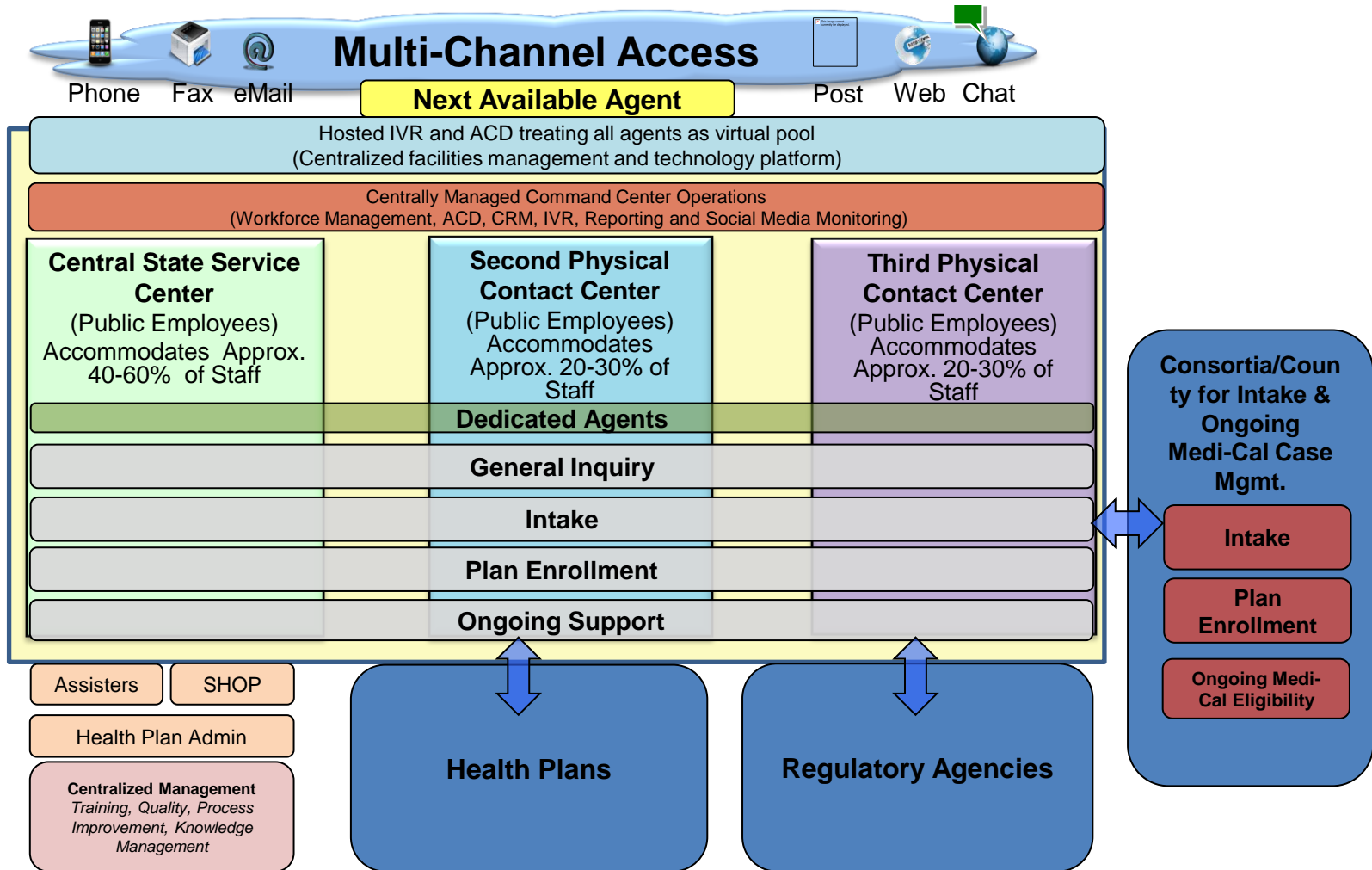
The Agreement must clearly delineate each program's responsibilities to:

- 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

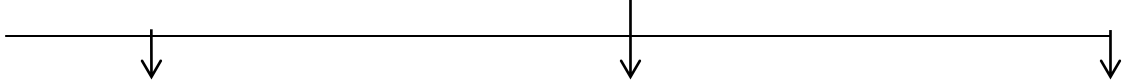


CONSORTIA-BASED NETWORK

Call comes into Covered California 1-800 Numbers

Covered California Customer Service Center

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

CALHEERS GENERAL UPDATE

- Continuing design, development, system test, implementation activities
 - Design: Currently one week behind schedule
 - Development: On schedule
 - System Test: One week behind schedule
 - Implementation: On schedule
- Completed development of Sprint 3
- Began Wave 1 testing with Federal Services Data Hub (SSA, Homeland Services, IRS)
- Change Agent kickoff meetings are underway, preparing Covered California, DHCS, and county users for the CalHEERS system rollout

CALHEERS FEDERAL REVIEW STATUS

- Detailed Design Consult scheduled for April 29-30
 - Review will verify preliminary design satisfies federal requirements and is in conformance with the Exchange Business Architecture and standards
 - Final agenda being developed with the Centers for Medicare and Medicaid Services (CMS) and the Center for Consumer Information and Insurance Oversight (CCIIO)

CALHEERS USABILITY STATUS

- Research Activities Completed thru March
 - Look, tone and feel design study
 - Iterative testing - Anonymous screening and plan shopping flow
 - Iterative testing – Plan Level Selection (metal tiers)
- Research and Design Progress Update
 - Review of plan shopping cost calculator design [April]
 - Iterative testing & design - individual application flow and eligibility results [April/May]
 - Keyword and concept testing research [April/May]
 - Readability review [April/May]

CALHEERS STAKEHOLDER ENGAGEMENT STATUS

- Legislative briefing regarding CalHEERS project and status conducted March 28
- Public Webinar on CalHEERS project conducted April 8 – 659 people joined the review
- Additional briefings planned in coming months

FEDERAL PROPOSED RULES UPDATE

Katie Ravel, Director of Program Policy

REGULATION HIGHLIGHTS

PROPOSED RULES

- Small Business Health Options Program
- Standards for Navigators and Non-Navigator Assistance Personnel

OVERVIEW OF PROPOSED SMALL BUSINESS HEALTH OPTIONS PROGRAM RULE

PROPOSED RULE

- Employer choice requirements: the proposed rule would give state-based Exchanges until 2015 to implement employee choice.
- Premium aggregation: the proposed rule would give state-based Exchanges until 2015 to implement premium aggregation.

COVERED CALIFORNIA IMPACTS

- Covered California will continue with employee choice and premium aggregation as planned in 2014.

OVERVIEW OF PROPOSED NAVIGATOR AND NON-NAVIGATOR ASSISTANCE PERSONNEL RULE

PROPOSED RULE

- Sets standards for Navigators in the Federally-Facilitated Exchange (FFE) and federally-funded Assisters in state-based Exchanges including conflict-of-interest standards; training, certification and recertification standards; language and accessibility standards; and monitoring.

COVERED CALIFORNIA AREAS FOR COMMENT

- Written plan to remain free of conflicts.
- Federal approval of training material.
- Requirements to serve Small Business Health Options Program.
- Requirements for training Outreach and Education grantees.
- Requirements for providing Culturally and Linguistically Appropriate Services (CLAS) and ensuring access by persons with disabilities.

OVERVIEW OF PROPOSED NAVIGATOR AND NON-NAVIGATOR ASSISTANCE PERSONNEL RULE

INPUT REQUESTED

- Comments due on proposed rule by **Monday, May 6th**
- Input should be sent to info@hbex.ca.gov by **Tuesday, April 30th**

COVERED CALIFORNIA POLICY REVISION: SUPPLEMENTAL BENEFITS

David Panush, Director of External Affairs

OVERVIEW

The Board previously adopted the following policies on ***stand-alone pediatric EHBs***, which are part of the essential health benefit package but would be offered through separate plans, and ***supplemental benefits***, which are benefits beyond EHBs such as adult dental or vision:

1. Allow bids for stand-alone plans offering EHB pediatric dental benefits in both the individual Exchange and Small Business Health Options Program (SHOP). (Adopted policy in support of stand-alone EHB vision benefits contingent on federal approval.)
2. Allow sale of supplemental dental and vision benefits in both the individual Exchange and SHOP, provided through either stand-alone plans or through embedded comprehensive QHP.

FEDERAL GUIDANCE

On March 29, 2013, the Center for Consumer Information and Insurance Oversight (CCIIO), the federal Health Benefit Exchange oversight agency, released a guidance stating that an Exchange only may offer Qualified Health Plans (“QHPs”), including stand-alone dental plans, to qualified individuals and qualified employers. However, ancillary insurance products, which are not QHPs, may be offered by separate state programs that share resources and infrastructure with a State-based Exchange provided the following conditions are met:

- The Exchange neither provides services nor makes non-QHPs available in a manner that is prohibited or inconsistent with the Affordable Care Act;
- The agency or program facilitating the coverage must be legally and publicly distinct from the Exchange;
- Federal funds must not be used to support these “non-Exchange activities” and Exchange user fees and assessments may not be used to support these non-Exchange activities, and
- To the extent that an Exchange resource is used for non-Exchange purposes, the cost of using the resource must be paid by the other, non-Exchange state program.

RECOMMENDATIONS TO CONFORM WITH FEDERAL GUIDANCE

Vision Benefits

- Offer pediatric EHB vision benefits through Qualified Health Plans in 2014.
- Work with CCIO and stakeholder partners to assess other federally-permissible options for offering stand-alone and/or supplemental vision benefits beginning in 2015 or as soon thereafter as possible.

Dental Benefits

- Federal guidance clarifies that supplemental adult dental benefits can be offered through Exchanges as long as coverage includes at least EHB-required pediatric dental benefits. Adult-only dental plans cannot be sold through Covered California.
- Staff is evaluating whether adjustments are needed for the supplemental benefits solicitation.

COMMENTS

Send comments by Friday, May 10th to
info@hbex.ca.gov

LEGISLATIVE UPDATE

David Panush, Director of External Affairs

KEY LEGISLATION

- **Medi-Cal Expansion**

ABx1 1 (Perez) & SBx1 1 (Hernandez-Steinberg)

- **Individual Market Reform**

ABx1-2 (Pan) & SBx1-2 (Hernandez)

- **Bridge Plan**

SB x1 -3 (Hernandez)

- **Background Check/Fingerprinting**

SB 509 (Desaulnier), SBx1-4 (Emmerson) & ABx1-3 (Conway)

OTHER LEGISLATION

- **Dental Plans**
AB 18 (Pan)
- **Stop-Loss Insurance Coverage**
SB 161 (Hernandez)
- **Anti-Cancer Treatment – Cap on cost sharing**
AB 219 (Perea)
- **Performance Based Budgeting**
AB 390 (Logue)
- **Appeals Process**
AB 617 (Nazarian)