



## **Executive Director's Report**

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

# ANNOUNCEMENT OF CLOSED SESSION ACTIONS

# REPORTS AND RESEARCH

## Cost Trends

- *Bending the Curve - Person-centered Health Care Reform: A Framework for Improving Care and Slowing Health Care Cost Growth* – Engelberg Center for Health Care Reform at Brookings, April 2013
- *California Health Care Almanac - California Employer Health Benefits Survey: Fewer Covered, More Cost* – California HealthCare Foundation, April 2013
- *The Slowdown In Health Care Spending In 2009–11 Reflected Factors Other Than The Weak Economy And Thus May Persist* – Health Affairs, May 2013

## Market Issues

- *Some Families Who Purchase Health Coverage Through The Massachusetts Connector Wound Up With High Financial Burdens* – Health Affairs, May 2013
- *The Oregon Health Insurance Experiment* – California HealthCare Foundation, May 2013

## Payment Systems & Delivery Reform

- *Hospital Payment Based On Diagnosis-Related Groups Differs In Europe And Holds Lessons for the United States* – Health Affairs, April 2013

## Special Advice

- *Advance Premium Tax Credit Brochure* – Consumers Union, May 15, 2013
- *Health Insurance Exchanges In Switzerland And The Netherlands Offer Five Key Lessons For The Operations Of US Exchanges* – Health Affairs, April 2013
- *Helping Consumers Understand the New Premium Tax Credit* – Consumers Union, May 15, 2013
- *State Insurance Exchanges Face Challenges In Offering Standardized Choices Alongside Innovative Value-Based Insurance* – Health Affairs, February 2013

# COVERED CALIFORNIA TOWN HALL MEETINGS

## PAST TOWN HALL MEETINGS:

DATE	TIME	LOCATION
April 25 <sup>th</sup>	4-6pm	Riverside
May 10 <sup>th</sup>	3-5pm	San Jose
May 17 <sup>th</sup>	2-4pm	Riverside

## UPCOMING 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
June 7 <sup>th</sup>	TBD	Los Angeles
June 14 <sup>th</sup>	TBD	Fresno
June 21 <sup>st</sup>	TBD	Orange County

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
ADAM GRIFFIN	Associate Governmental Program Analyst
ALYSSA LEASH	Associate Governmental Program Analyst
ANNE GONZALES	Information Officer I (Specialist)
BERTHA LOPEZ	Associate Personnel Analyst
CEDRIC GRANT	Personnel Supervisor II
DARLENE MURPHY	Health Program Specialist I
DOROTHY KROLL	Accounting Administrator III
DUANE FREEMAN	Associate Governmental Program Analyst
EFRAIN CORNEJO	Associate Governmental Program Analyst
ELAINE RUIZ	Project Director
ELIZABETH LOYA	Associate Governmental Program Analyst
FENG YIN	Accounting Officer (Specialist)
FUMEI LIAO	Senior Accounting Officer (Specialist)
GUILLERMINA PEREZ	Personnel Technician I
HOA LE	Accountant Trainee
JANA BUSBY	Associate Governmental Program Analyst
KELLY ALBRECHT	Staff Service Manager I
KELSEY LINDELOF	Staff Services Analyst (General)
KIMBERLY FONG	Accounting Administrator I (Supervisor)
LARRY HICKS	Information Officer I (Specialist)
LISA MCCARTNEY	Associate Governmental Program Analyst
MARY "SAM" MATTHEWS	Personnel Specialist
MICHAEL FONG	Senior Accounting Officer (Specialist)
MICHELLE HAMMAD-CROWELL	Associate Governmental Program Analyst
NOEMY ALVARADO	Associate Accounting Analyst
PAUL THOMPSON	Associate Governmental Program Analyst
REBECCA LANGHAM	Associate Governmental Program Analyst
SARA AVILA	Associate Governmental Program Analyst
STANLEY LORELY	Associate Governmental Program Analyst
SUI LIM	Staff Services Manager I
TARA ALCIONE	Personnel Specialist
TIMOTHY KNOX	Senior Information Systems Analyst (Specialist)
WANDA ABNEY	Associate Governmental Program Analyst

# SHOP UPDATE

Dianne Koelzer, SHOP Interim Director  
David Zanze, President of Pinnacle

# SHOP DEVELOPMENT

- SHOP Administrator is on-board
- Developing Operational Policies
- Developing SHOP Operational Readiness Plan
- Developing Collateral, Messaging and Agent Kit
- Finalizing CalHEERS Requirements
- Finalizing Agent Training and Certification
- User Acceptance Testing
- SHOP Advisory Group Meeting (5/14/13)
- Organizing Stakeholder Subgroup Meetings

# SHOP KEY DATES

ACTIVITY	PROJECTED DATE
Outreach and Education Grantees Notice of Intent to Award (\$3 million)	May 14, 2013
Grantee Training	July, 2013
CalHEERS User Acceptance Testing	May - October 2013
Agent Training and Certification Begins	August 2013
SHOP Service Center Opens	August 2013
SHOP Roadshows	July 2013 – On-Going
Third Quarter Advisory Group Meeting	August 14, 2013
Open Enrollment Begins	October 1, 2013
Fourth Quarter Advisory Group Meeting	October 16, 2013
Coverage Begins	January 1, 2014



# SHOP ADMINISTRATOR

**March 26, 2013: Covered California signed the contract with the SHOP Administrator, Pinnacle Claims Management, Inc. (PCMI)**

## **Why Pinnacle?**

- Vast experience and market expertise with California small groups
- Demonstrated and scalable systems and infrastructure to support SHOP eligibility and enrollment and other operations needs
- Competitive and sustainable cost bid
- Experienced Sales Leadership to deliver SHOP membership targets
- Established financial management processes that can be leveraged by SHOP
- Professional in-house marketing; creative, print and fulfillment of collateral and coordination of events, electronic and social media to effectively recruit agents and promote
- Established Call Center operations with measured results and performance metrics to deliver best-in-class consumer experience
- Nimble and flexible to meet SHOP needs including technology and training support

# ROLES & RESPONSIBILITIES

COVERED CALIFORNIA
Governance
Policy
Health Plan Management
Corporate Brand
Corporate Legal
Agent Training & Certification

PINNACLE CLAIMS MANAGEMENT, INC. (PCMI)
Sales
Eligibility & Enrollment
Marketing Events & Fulfillment
Call Center/Customer Support
Financial Management
Program Management
IT: Use CalHEERS; PCMI IVR

# LEGISLATIVE UPDATE

David Panush, Director of External Affairs

# MAY REVISION ISSUES

- **Medi-Cal Expansion:** Proposes a state-based approach.
- **Cost-Based Funding Mechanism:** Actual county savings and costs to serve Medi-Cal and uninsured.

# 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 & Emmerson)

# OTHER LEGISLATION

- **Dental Plans**  
AB 18 (Pan)
- **Appeals Process**  
AB 617 (Nazarian)
- **California Health Benefits Review Program (CHBRP)**  
SB 18 (Hernandez)
- **Stop-Loss Insurance Coverage**  
SB 161 (Hernandez)
- **Transparency**  
SB 332 (Emmerson & DeSaulnier)
- **Exchange Eligible Parents of Medi-Cal/Healthy Families kids**  
SB 800 (Lara)

# THE NATIONAL VOTER REGISTRATION ACT

- The Secretary of State has designated Covered California as an NVRA voter registration agency.
- SB 35 (Padilla, 2012) requires Covered California to include a voter registration link by July 1, 2014.
- Will review and assess the federal NVRA requirements to develop an implementation plan.

# SERVICE CENTER UPDATE

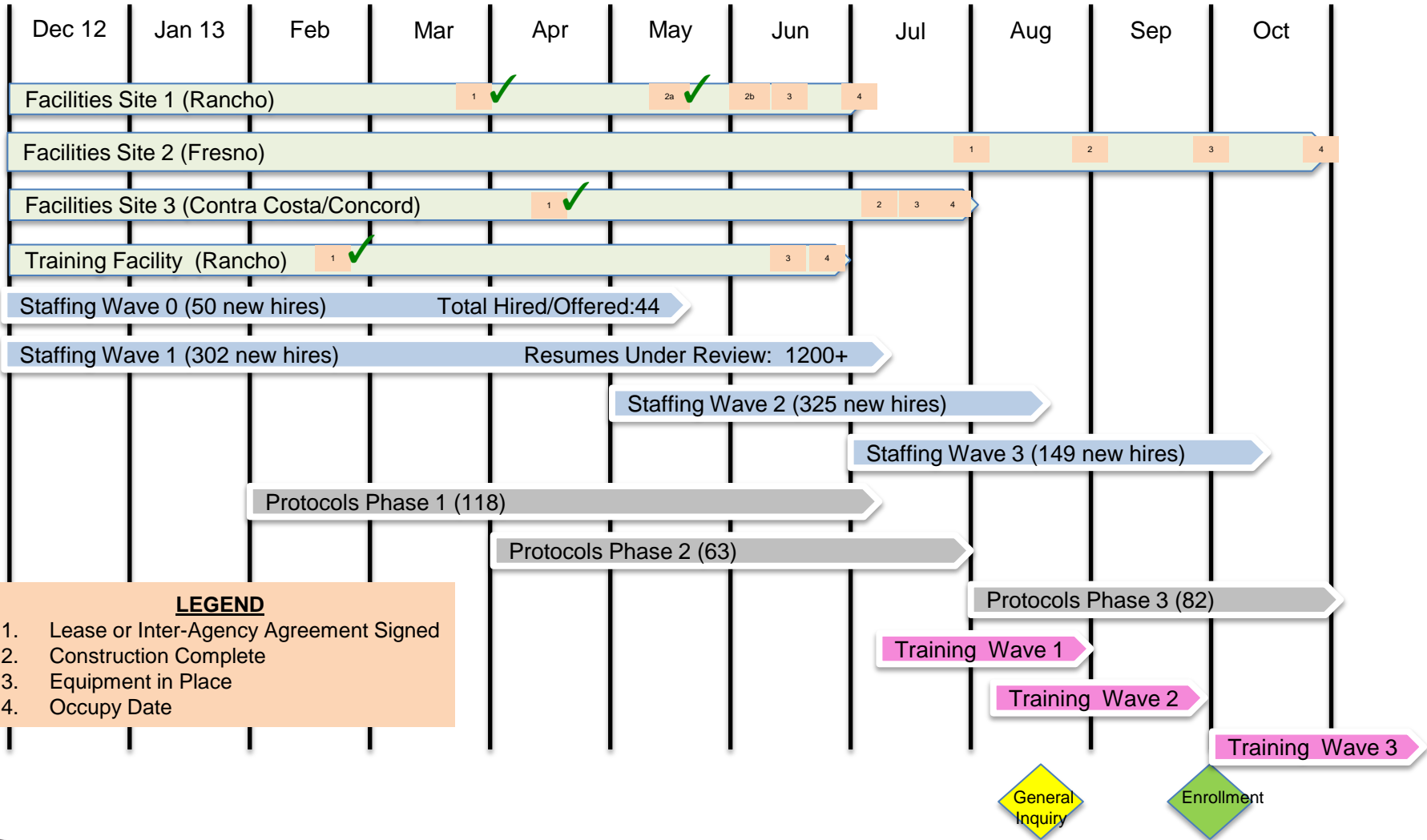
Juli Baker, Chief Technology Officer



# 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 or Inter-Agency Agreement Signed
  2. Construction Complete
  3. Equipment in Place
  4. Occupy Date

# STAFFING & TRAINING UPDATE

- Service Center plan had planned to launch on August 19<sup>th</sup> for General Inquiries, and October 1 for Open Enrollment.
- Required 300 people to be on board and trained for August 19<sup>th</sup>, and a total of 677 by October 1<sup>st</sup>.
  - To balance facility/technology/training capacity constraints, we planned to hire people in “waves”
  - Waves need to enter training approximately 6 weeks prior to expected productive date
  - 4290 potential candidates have taken employment exams; 1200+ applications received and under review for Rancho Cordova and Contra Costa centers
  - We have been prepared to make a total of 300 offers by June 7<sup>th</sup>, and subsequent offers to reach 677 by July 7<sup>th</sup>

# CRITICAL RISKS

Delay of hiring and training due to need for statutory authority to conduct fingerprinting and background checks.

- Precludes option of August 19<sup>th</sup> General Inquiry launch.
- October 1 launch is compromised
- Hiring/Training schedule at risk
- Additional training & facility costs

# TARGET SCHEDULE FOR IMPLEMENTATION

–Target Enactment Date for Urgency Legislation

- June 14<sup>th</sup>

–Approval for Regulations (Office of Administrative Law)

- July 2<sup>th</sup> (Emergency Regulations require minimum 15 days)

–Make Offers to Fill 677 staff positions

- July 9<sup>th</sup>

–Start Training (Six weeks)

August 12<sup>th</sup>

–Launch

October 1

# 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
- Collaborative County and Covered California Webinar held on May 1<sup>st</sup> with approximately 500 attendees and valuable stakeholder input

## 2. Staffing Plans

- Funding was provided in the May Revision for Quick Sort Transfer

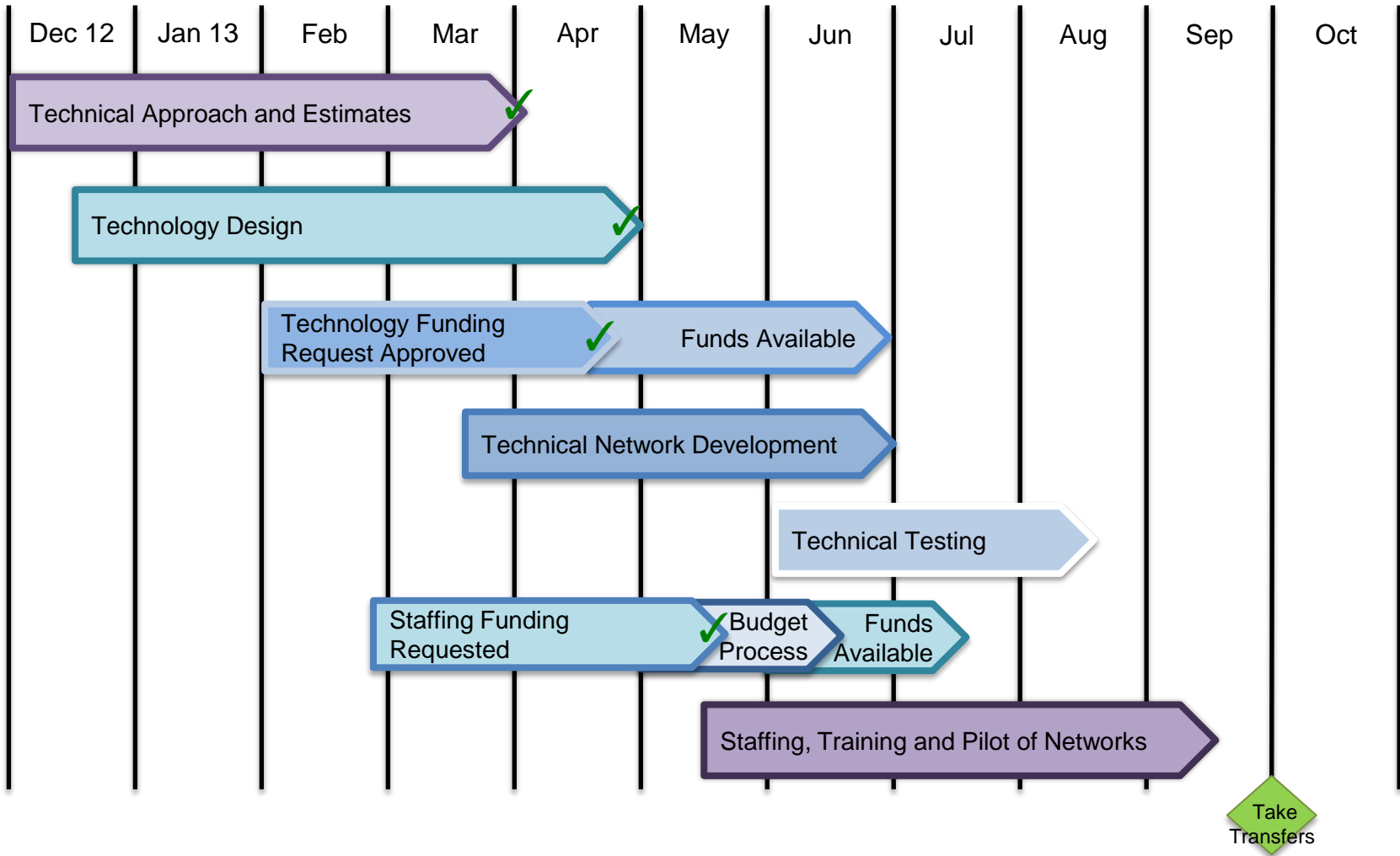
## 3. Training Plans

- Coordination among CWDA/counties, Covered California and DHCS
- Working now to develop inventory of all training efforts so that we do not duplicate efforts
- Developing any needed training through California Social Work Education Center
- 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



# 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

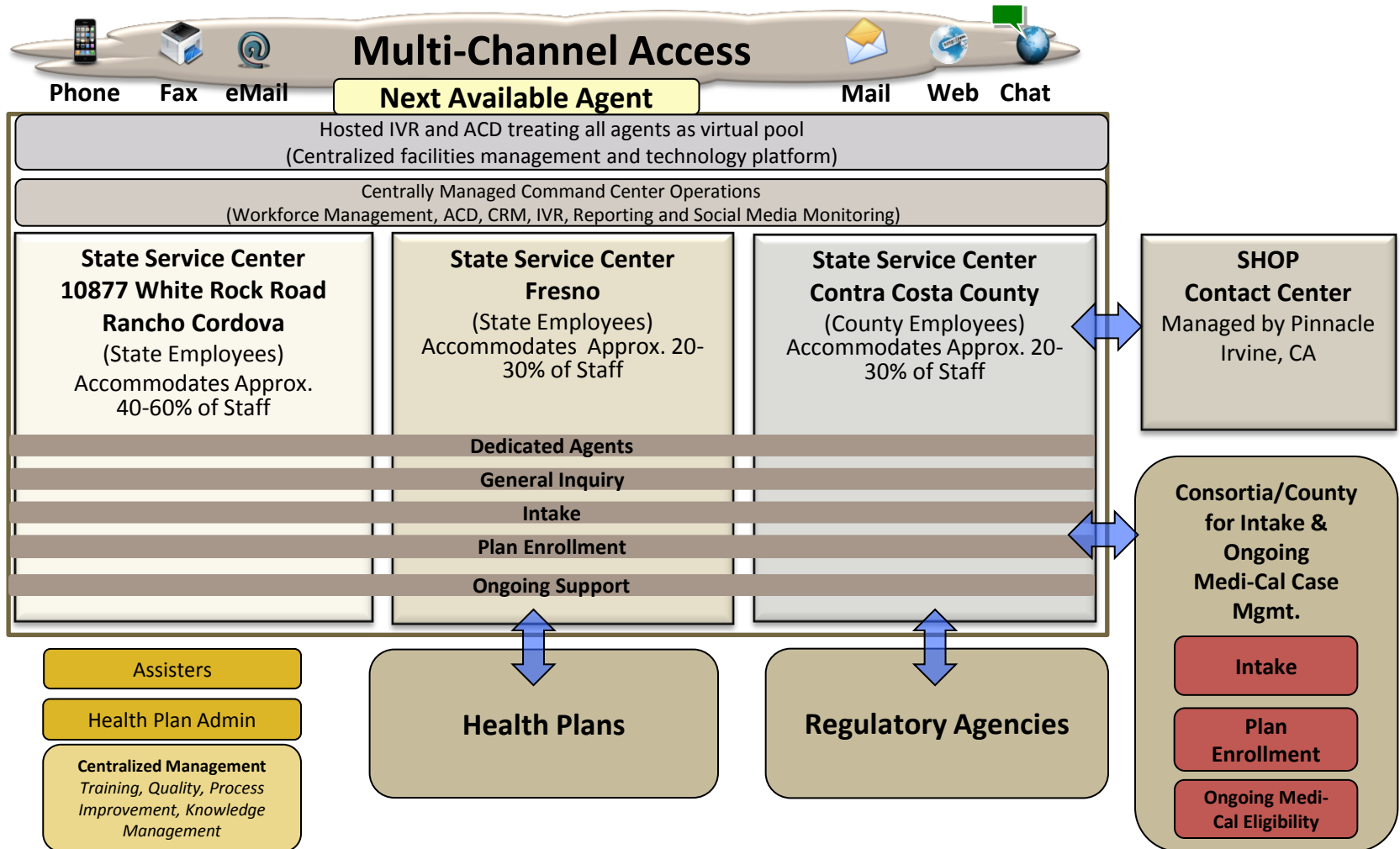
The Agreement must clearly delineate each program's responsibilities to:

- 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

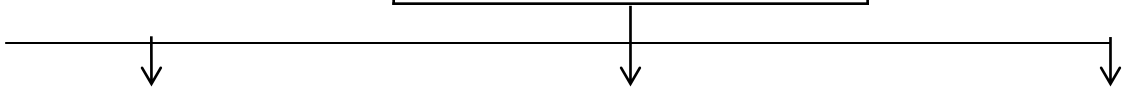


# CONSORTIA-BASED NETWORK

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

18 county customer service centers serving 18 counties

### Los Angeles Service Center Network

3 networked customer service centers

### C-IV Consortium Customer Service Center Network

13 county customer service centers serving 39 counties

County Agent Assists Caller with program requests

# CALHEERS PROJECT STATUS UPDATE

Karen Ruiz, CalHEERS Project Director  
Keith Ketcher, Accenture Project Manager



# CALHEERS GENERAL UPDATE

- Continuing design, development, system test, implementation activities
  - Design: On schedule
  - Development: Two weeks behind schedule
  - System Test: One week behind schedule
  - Implementation Planning: On schedule
- Completed Wave 1 testing with Federal Services Data Hub (SSA, Homeland Services, IRS)
- Began readiness assessment process for first release in August 2013

# CALHEERS FEDERAL REVIEW STATUS

- Detailed Design Consult conducted on April 29 and April 30
  - Review was well-received by federal partners, the Centers for Medicare and Medicaid Services (CMS) and the Center for Consumer Information and Insurance Oversight (CCIIO)
  - Team is addressing follow-up requests
- Next federal review targeted for mid June

# CALHEERS PROJECT STATUS UPDATE: USABILITY

- Research Activities Completed thru April
  - Readability review – subsidized application flow, eligibility results and enrollment
  - Task flows – end to end subsidized and unsubsidized application, eligibility and enrollment flows
  - Completed review of cost calculator design
- Research and Design Progress Update
  - Readability review – unsubsidized application flow, plan shopping and landing pages [May]
  - Usability testing – plan shopping cost calculator [May]
  - Usability testing – individual subsidized application flow, eligibility results and enrollment [May]
  - Keyword testing research [May]

# CHOOSING WISELY PARTNERSHIP

Jeff Rideout MD, Senior Medical Advisor

# CHOOSING WISELY- BRIEF DESCRIPTION

- A Collaboration between Consumer Reports, the American Board of Internal Medicine (ABIM) Foundation and **25** Medical Specialty Societies to educate consumers and physicians regarding the overuse and misuse of clinical testing, diagnostics and procedures
  - Includes AAFP, ACC, ACR, AGA, ACOG, AAP
  - New specialties being added regularly along with new material
- Now partnered with 17 leading purchasing and consumer organizations including PBGH, SEIU, AARP and the NBGH
- Unique approach in that the educational materials are developed and endorsed by the appropriate medical society
  - Each item is within the specialty's purview and control;
  - Procedures are used frequently and/or carry a significant cost; and
  - There is evidence to support each recommendation.



# ROLE OF COVERED CALIFORNIA AS A CONSUMER PARTNER

1. Publicly support the principles of the Choosing Wisely campaign.
2. Amplify the communications being done by ABIMF and Consumer Reports.
3. Deliver campaign messages to the communities we serve through the QHPs.
4. Disseminate campaign materials to the communities they serve through the QHPs.
5. Collaborate with Consumer Reports and other communication partners.
6. Coordinate with Consumer Reports to communicate materials on a regular basis, with knowledge of Consumer Reports' monthly editorial schedule.
7. Share relevant lessons learned.
8. Collect and share metrics.
9. Participate in campaign partnership meetings (e.g. May and September).

# COVERED CALIFORNIA ROLE AS A CONSUMER PARTNER

1. Commitment to goals and mission of the Choosing Wisely campaign regarding appropriate use and the need for wise stewardship of health care resources.
2. Ability to collaborate as part of a coalition with other partners.
3. Agreement to be named publicly as a consumer communication partner.
4. Willingness to disseminate the materials produced by Consumer Reports “as-is” unless otherwise agreed.
5. Willingness to use the Consumer Reports and Choosing Wisely brands in communications and credit the ABIM Foundation and Specialty Societies where appropriate.
6. Access to powerful communications channels to consumers (through digital, print, broadcast, mobile, social, local, face-to-face, and other innovative channels).
7. Ability to reach at least one million consumers with content or messages.
8. No conflict of interest that would adversely impact the campaign.
9. Approval by ABIMF leadership as an appropriate communication partner.
10. Ability to report on metrics (for reach/awareness).
11. Availability to participate in campaign events (e.g. monthly calls, quarterly events or meetings).
12. Ability to commit support to the principles of the campaign and communications activities for a minimum of twelve months with interest in providing longer-term and ongoing support