Comments to the Board

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November 21, 2013 Board Meeting

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***General* Comment Received via E-mail**

Subject: General Suggestions

Specifically, I have the following suggestions:

- Representatives should be available to answer questions at the Covered CA 1-800 number on Sundays and holidays, as these are days when potential enrollees may have time to consider enrollment in a health plan. Not being able to reach someone for help seven days a week may be frustrating and/or discouraging
- The website needs to be improved to make detailed information regarding plans easier to find. A button connecting to expanded coverage information should be clearly visible below each plan option's logo. This is especially important for EPO and PPO plans where enrollees may wish to find out more about Tier 2 or out-of-network costs before signing up for a plan.
- The website should ask about family members not enrolling in a plan before giving family cost estimates. For example, one family member may have employer coverage or be enrolled in Medicare. Questions such as "Does this family member have affordable insurance through his employer?" and "Is this family member enrolled in Medicare (for anyone over age 65)?" should be added on the first page under the age of family member and size of household questions.
- The request that plan enrollees receiving APTCs contact Covered CA within 30 days whenever their income changes needs to be clarified. Small business owners, farmers, and others who have irregular income flows over the course of the year may interpret this to mean they need to contact Covered CA throughout the year as income varies from month to month, which they find burdensome and may discourage them from signing up for a plan. This was brought to my attention at a recent town hall meeting in Winters, California for community members interested in the Covered CA health plans.

A question I have concerns health care providers who sign contracts with PPOs but choose not to accept Covered CA "discount" plans, though the features of the commercial plans they do accept appear to be identical. Do these physicians receive a higher reimbursement rate on the commercial plan though the pre-subsidy/pre-tax credit premium for the enrollee is the same? If so, does that mean part of any subsidies or advance credits paid to insurers increase their profits over the amount they receive when selling an identical individual policy outside of Covered CA?

Both the NSCLC (https://www.nsclc.org/index.php/health/aca/) and the National Health Law Program's ***An Adocate's Guide to MAGI*** (http://www.healthlaw.org/images/stories/2013_10_18_AGMAGI.pdf) are great resources for anyone wanting to gain a better understanding of how all the components of the Health Insurance Marketplace fit together, especially in relation to our state's elder population. Seniors transitioning from MAGI Medi-Cal or subsidized Covered CA health plans to A&D FPL Medi-Cal/Medicare or traditional Medicare or Medicare MA-PD plans may be especially vulnerable and need assistance with this complicated transition in years after 2014 (see the NSCLC Issue Brief that addresses this problem at http://www.nsclc.org/wp-content/uploads/2013/11/1CA-Eligibility-Brief-4.pdf).

Thank you,
Sabine Nooteboom
Regional Coordinator, Yolo County
HICAP Services of Northern California


November 11, 2013

Peter Lee, Executive Director
Covered California
560 J St., Suite 290
Sacramento, CA 95814
Via email: Peter.Lee@covered.ca.gov

Toby Douglas, Director
Department of Health Care Services
1501 Capitol Mall, M.S. 0000
P.O. Box 997413
Sacramento, CA 95899-7413
Via email: Toby.Douglas@dhcs.ca.gov

Re: California Health Insurance Affordability Program Statistics

Dear Mr. Lee and Mr. Douglas:

Our organizations are deeply committed to the success of the Affordable Care Act (ACA) and its insurance programs -- Covered California and Medi-Cal. We represent outreach and enrollment grantees and organizations engaged more broadly in consumer education about the new opportunities for health coverage under the ACA. We appreciate Covered California's significant

investment in marketing, outreach and enrollment aimed at ensuring California's diverse communities enroll in coverage in 2014.

Data on enrollment trends is a vital tool to measuring how effective Covered California and DHCS are in reaching all those eligible to enroll as well as in achieving Covered California's mission of eliminating health disparities. Enrollment data provides useful information on where gaps exist and further outreach and enrollment activities are needed. Additionally this data is important in term of understanding whether the application structure we have established is optimizing enrollment. For the data to be useful and effective it must be easily accessible for stakeholders, through an online dashboard, similar to that used by the Managed Risk Medical Insurance Board. As Covered California prepares to release more robust enrollment data this week and ongoing in partnership with DHCS we have several recommendations which we hope you will consider regarding the types of data we think would be most useful to those of us in the field:

- **Demographic data:** The new application for health coverage contains questions with respect to age, gender, race, ethnicity, primary language and disability status of the consumers enrolling into coverage in Covered California and Medi-Cal. California law requires reporting on "applicant demographics including, but not limited to, gender, age, race, ethnicity and primary language" for all insurance affordability programs, including Covered California.[1] We urge you to include a break-out of enrollment and "unique visits" data by all of the categories above. This will provide useful information on the success of Covered California outreach and enrollment efforts (including media buys and availability of in-person assisters) at reaching the diverse communities eligible for coverage.

- **Income/subsidy level data:** We urge you to provide enrollment and "unique visit" data by "subsidy" versus "non-subsidy" eligible consumers, metal tiers and the three specific categories eligible for cost-sharing reduction (e.g. those below 150% FPL, those between 150-200% FPL, etc.). We also urge that you provide "unique visit" as well as the enrollment data by the following income levels, to help understand consumer behavior at relevant program income cut-offs: 138%, 213%, 266% and 317%. Finally, it would be helpful to have these data elements broken down by complete versus incomplete applications, in order to understand consumer behavior and choice.

- **Regional data:** We urge you to report a break-out of enrollment and "unique visits" data by region in order to better understand who is receiving and acting on the Covered California messages, as well as where gaps exist. Regional data should be provided for all of the demographic data categories mentioned in this letter. If a particular region or group is successful with their outreach and enrollment numbers, it would also be helpful to know what that particular region is doing so others can replicate those strategies.

[1] California Welfare & Institution Code 14102.5

- **Disability access:** The single application includes several questions regarding disability status that are meant to screen MAGI versus non-MAGI individuals for coverage. We urge you to provide data showing the numbers of consumers who checked "yes" to any of the disability questions and still went on to be enrolled in Covered California or alternatively are "handed off" to a Medi-Cal eligibility worker. This data will be extremely helpful in determining, for example, whether training and screening is sufficient to assist consumers with disabilities in being forwarded correctly to the appropriate place for coverage.

- **Performance standards by enrollment channel:** For those engaged in direct enrollment efforts, it would be especially helpful to see performance metrics on application submission and enrollment time by enrollment channel (e.g., enrollment through in-person certified enrollment counselors, telephone enrollment through the service center, direct enrollment through issuers, self-assisted etc.) in order to improve the quality of Covered California's ongoing enrollment efforts. The data should include application submission and enrollment time as well as "successful" versus "unsuccessful" applications by enrollment channel, in order to identify potential hot spots where additional training or technical assistance is needed.

- **Denial and disenrollment reporting:** The Department of Health Care Services (DHCS) and Covered California are required to report data not just on enrollment trends, but on denials and disenrollment, when applicable "for all insurance affordability programs."[2] We urge Covered California to provide a break-out of those denied or disenrolled from coverage and the various reasons why (e.g. due to the affordability test, citizenship status or other factors). It is particularly important that the denial codes used are simple and classified in a manner that will meaningfully identify the causes of denials and disenrollments.

- **Retention reporting**: Retention reports for both programs, quarterly or semi-annual, would be valuable to assess whether people are keeping their insurance, the extent to which they are successfully transferring between programs, and who and how many are having gaps in coverage, despite ongoing eligibility.

- **SHOP enrollment data:** In addition to reporting the basic SHOP enrollment data, it would be valuable to collect data on those SHOP-eligible employees with dependents who may not qualify for SHOP coverage but other insurance programs coverage and whether they are successfully enrolled.

We strongly urge that all the metrics, including performance standards and denial codes, be standardized across Covered California and DHCS. Doing so would enable advocacy

[2] California Welfare & Institution Code 14102.5

organizations and staff at each body to make apples to apples comparisons regarding outreach, enrollment, and denial trends in Covered California and Medi-Cal. Also, comparable matrices reported by both programs will be particularly valuable to assess the entire experience of families with members in multiple programs who will be navigating two program systems.

Thank you for your time. We look forward to discussing our recommendations with you. Please contact Cary Sanders at (510) 832-1160, csanders@cpehn.org should you have any questions.

Sincerely,

Doreena Wong, Asian Americans Advancing Justice-Los Angeles
Richard Konda, Asian Law Alliance
Kathy Ko Chin, Asian & Pacific Islander American Health Forum
Darcel Lee, California Black Health Network
Suzie Shupe, California Coverage & Health Initiative
Cary Sanders, California Pan-Ethnic Health Network
Ben Rubin, Children Now
Sonya Vasquez, Community Health Councils
Betsy Imholz, Consumers Union
Silvia Yee, Disability Rights Education and Defense Fund
Xavier Morales, Latino Coalition for a Healthy California
Anthony Wright, Health Access
Lynn Kersey, Maternal and Child Health Access
Kim Lewis, National Health Law Program
Kristen Golda Testa, The Children's Partnership
Elizabeth Landsberg, Western Center on Law & Poverty

Cc: Members of the Board

October 30, 2013

Mr. Peter Lee, Executive Director

Ms. Diana Dooley, Board Chair

Covered California

560 J St., Suite 290

Sacramento, CA 95814

Submitted electronically to info@hbex.ca.gov

Dear Mr. Lee and Ms. Dooley,

The Center for Democracy & Technology (CDT), California Public Interest Research Group Education Fund (CalPIRG) and Consumers Union (CU) write in support of the Board Recommendation Brief revising Covered California's identity proofing policy. The Brief was presented to the Board for consideration at its October 24, 2013 meeting.

Specifically, we support Covered California's use of the Federal Data Services Hub Remote Identity Proofing Process (RIDP) that utilizes "knowledge-based proofing." Identity proofing is important in the context of electronic applications, as it is easier for an imposter to file an application and fraudulently obtain benefits electronically than it is on paper. The original proposal that accepted an attestation under penalty of perjury would have been insufficient to prove identity in an electronic application. We support this revised proposal because knowledge-based proofing in particular makes it impractical for an attacker to authenticate successfully by repeatedly guessing answers to authentication questions.

We appreciate that Covered California recognizes that knowledge-based proofing does not work well when there is insufficient historical data from which to draw identity-proofing questions. For example, applicants who are young or who do not participate in the types of transactions that are typically the source of identity proofing questions, may not be successfully proofed using the RIDP. We are happy to see the use of alternative methods for applicants who are unable to be proofed using this method. Specifically, the multi-type verification system Covered California proposes allows applicants to provide proof of identity in-person or through the mail or electronic means, when online identify proofing is not possible.

We believe that the identity proofing policy that Covered California has proposed (and as required by Federal regulation) appropriately balances the need to provide a secure identity proofing process that complies with federal regulations and also allows applicants to easily enroll for coverage. Thank you for the opportunity to respond to this draft policy and we look forward to working with you in the future.

[signature]

Christopher Rasmussen, Policy Analyst

Center for Democracy & Technology

[signature]

Julie Silas, Senior Attorney

Consumers Union

[signature]

Jon Fox, Consumer Advocate

California Public Interest Research Group Education Fund [CalPIRG]

From: argagricul@aol.com [mailto:argagricul@aol.com]
Sent: Monday, October 28, 2013 1:25 PM
Subject: Navigator Agent Eligibility

I am currently a licensed insurance agent. I am going through the requirements to become a certified agent under covered California. I have asked this question of many but have not received a clear answer. I would like to know if a certified agent or non certified licensed agent can work as a staff member of a navigator entity? In other words they would be paid a salary or compensation by the navigator entity and **would not be receiving commission from the carriers?**
The agent would work in outreach and education or enrollment on a non commission basis. I am currently a benefits counselor in the private sector and get paid compensation on a per diem basis. I am well versed in medical plans since I do open enrollments for private companies and I am bilingual. I do not have a book of business or work for any one enrollment company. There are many of us independent agents that currently serve in this capacity. I think that we would serve the Navigator entity community very well. We are also versed in education and outreach doing group meetings. I understand under the current regulations that Navigators cannot be licensed under the Dept of Insurance but are they referring to the Navigator entities and does this include staff members within the entity whether they are certified or non certified life insurance agents? I appreciate a response.

Sincerely,

Allan Gonzalez

(619) 249-9457

From: Anna James [mailto:ehunterfoundation@gmail.com]
Sent: Friday, November 08, 2013 2:54 PM
Cc: drsamebc@aol.com; ehpresents; kennethgla@aol.com; WOL Ministry; Jennifer Hamilton
Subject: Covered California - Stakeholder Input

Good afternoon,

On behalf of a collaborative which includes faith-based and nonprofit organizations, we would like to recommend the following:

Allowance of initial disbursement to purchase mobile unit, in order to drop off canvas workers in rural areas, enabling enrollment of individuals at their homes who would otherwise be unable to enroll.

Thank you for strongly considering this request.

Respectfully submitted,

Anna "AJ" James
Executive Director
Everett Hunter Foundation
O: (209) 627-0842 M: (510) 472-9723
E: ehunterfoundation@gmail.com W: www.everetthunter.com

From: Anthony Ly [mailto:Anthony.Ly@longbeach.gov]
Sent: Tuesday, October 29, 2013 5:04 PM
Subject: clarification

Hello,

Thanks you for providing webinar for the stakeholders and allowing comment and stakeholder feedback, I am looking for clarification regarding eligible entities for the navigator grant. On page 16 of the slides it indicates city governments and local human services agencies are eligible. The Long Beach Department of Health and Human Services is both human services and public health. Would my agency be eligible to apply of the Navigator grant? Under the slide 17 it indicates city health departments are ineligible.

Please provide clarification as well as a justiciation with the repsonse. Your consideration is greatly appreciated, thank you.

Anthony Ly
Program Coordinator

Long Beach Department of Health and Human Services
Medi-Cal Outreach Program
2525 Grand Avenue
Long Beach, CA 90815
Direct: 562-570-7975 / Fax: 562-570-8122

email: anthony.ly@longbeach.gov / website: www.longbeach.gov/health/fss/medical.asp

November 8, 2013

Peter Lee, Executive Director
Covered California
560 J Street, Suite 290
Sacramento, CA 95814

Dear Mr. Lee

On behalf of the undersigned organizations listed below, we offer comments on the proposed Navigator Grant program as laid out in Covered California's October 28th webinar.

First and foremost we commend the Covered California staff on a thorough plan that clearly includes much of what has been recommended in the past by these groups and the broader stakeholder community. However, understanding that the Navigator grant program may be the only new funding available to assist with enrollment, we feel that it is imperative to ensure it is well designed and truly meets the needs of the community. In that spirit, we offer comments and recommendations both generally and on specific sections of the proposal.

General Comments

Overall Allocation

It is not clear how the proposed $5 million level of funding was determined and whether or not it is expected to be an ongoing allocation. With the potential of only funding up to 13 organizations statewide, there is concern that this program will not be able to adequately meet expectations. We understand that funding is dependent on revenues not yet received, however, given the slow ramp up of the Certified Enrollment Entity (CEE) program we are concerned that there may be more gaps than anticipated. Furthermore, we find it troubling that there was little public discussion about factors that led to the funding allocation. Therefore, we recommend that staff provide an analysis of the overall funding, a timeline of when an accurate assessment of revenues will be available, and a backup plan should more enrollment support be needed.

Purpose and Intent of the Navigator Program

As noted earlier we commend staff on incorporating previous recommendations offered by stakeholders. Of note are:

- The identification of geographic/specific populations,
- The requirement to demonstrate existing relationships,
- Coordination with other outreach programs, and
- The goal of reaching populations "not successfully penetrated by other" efforts.

However, we do have a concern with regard to how the program will successfully focus on populations not reached by other efforts. Without real data as to where current efforts are focused and what populations are being left out, the Navigator program may not successfully fill those gaps. We recommend that as part of the Request For Proposal process, Covered California provide an assessment of the enrollment picture including enrollments to date, number of unsuccessful applications, number of Certified Enrollment Entities (CEEs) and Certified Enrollment Counselors (CECs) by geography, demographics of the enrolling populations, and barriers to enrollment (as reported by CEEs and CECs). Furthermore we recommend that Covered California create a page on the website to provide this and other data similar to that provided by the Managed Risk Medical Insurance Board for the programs under its direction.

Application Process

Unfortunately real life experiences organizations faced during the Outreach & Education grant process and the Certified Enrollment Entity registration were not always positive. Given the short time line allotted for the submission of the Navigator application it will be imperative that Covered California assess what worked and what did not from the previous processes. From the combined experience of the undersigned agencies and our partners, we recommend that the application process be simplified and streamlined. To that end we suggest that:

- To the extent possible cross reference existing information on file for agencies that have already submitted documentation through the Outreach and Education Grant process or CEE registration.
- Ensure that staff is available to help organizations especially those that may have language barriers.
- Simplify and streamline the CEE registration process, reducing required documentation and improving the website application process.

Funding Priorities

Target Populations Funding Pool

We acknowledge and appreciate Covered California's developing funding streams to reach out and support enrollment of the very hardest to reach populations. Again, if potential grantees are to develop proposals targeting these populations, they will need access to clear and accurate data indicating where

gaps currently exist in Covered California's Enrollment Assistance Program (EAP) to reach these populations. Thus, we recommend that Covered California provide solid data that points potential grantees toward gaps in the current EAP to support their proposal development.

Regional Funding Pool

Dividing the state into three Regional Funding Pools and requiring one entity to serve the entire or virtually the entire region is an ineffective way to utilize scarce resources. The three regions established on slide 22 of the webinar are geographically and demographically enormous. We believe that the funding amounts proposed would be overly diluted and possibly wasted by trying to spread the funds across such large geographic areas. Instead, we propose that Covered California design a geographic based approach that prioritizes smaller geographical regions and addresses known gaps in the current EAP efforts.

Under this approach, rather than proscribing specific large regions, grantee organizations would be free to focus on a gap in in a specific geographic area (defined as appropriate by the gap in services). For example, a grantee could focus on an identified gap in the EAP in a one or two county region, a portion of a county, a city, or any other geographic specific area that is experiencing a gap. The benefit to this approach is that it would concentrate Covered California Navigator resources in the areas where they are most needed and not dilute the resources by trying to spread them over a vast area. In addition, it would make the geographic based grants more attractive to smaller community based organizations and safety-net clinics with strong ties in the local communities. If Covered California rejects this suggestion and proceeds with the large geographic region approach, we recommend that some portion of funding be set aside to address gaps in the EAP program in smaller geographic regions.

Grant Award Size & Enrollment Targets

It is the experience of the undersigned organizations that the guidelines for enrollment targets on slide 27 are overly optimistic and not achievable with the associated funding amounts given and the timeline of open enrollment. In our experience the funding associated with the enrollment target is roughly half what would be needed to achieve the proposed enrollment targets. In addition, it is not feasible for an organization to mobilize the type of enrollment effort necessary to reach these enrollment targets on a short term/temporary basis. While some people will get enrolled during the special enrollment period, the bulk of enrollments will have to occur in under a three month window between October 1, 2014 and December 7, 2014. Organizations have to hire and train a work force to engage in this work. We simply do not believe it is possible for organizations to develop programs that can deploy a sufficient work force for a few months a year to achieve the enrollment targets sought by Covered California with the funding proposed.

Finally, Covered California is asking Navigator grantees, with the lean funding proposed, to do much more than enrollment. The Navigator activities include conducting community outreach events, working on retention, and assisting with reenrollments. In our experience, a $90 payment per application ($5,000,000/55,175 applications) is insufficient to provide adequate funding to support all of these activities. Again we believe that this level of funding is only sufficient to accomplish half of the project enrollment targets.

Navigator Activities

We generally support the proposed activities outlined in the webinar slides for Navigators. However, we make the following suggestions based upon our experience with Covered California's Outreach and Education grant program.

Covered California should provide maximum flexibility to Navigator grantees in how they conduct their outreach and enrollment activity while still establishing appropriate oversight and reporting. Current efforts under the Outreach and Education grant program have resulted in less than optimal results because the program has overly managed grantee activities and required approvals for already approved grant activities. These facts coupled with problems in technical systems haves drastically slowed the outreach effort and eaten up valuable grantee time that could be spent in the field, engaging in outreach and developing leads. In implementing a new grant program, we strongly encourage Covered California to give grantees guidelines about what type of outreach and enrollment activities are appropriate and allow them to develop approved work plans. While reporting and oversight is very important, the bulk of grantee time should be spent in the field enrolling Californians rather than engaging in administrative tasks. Thus, we encourage Covered California to work hard to reduce grantee time spent on reporting, and minimize bureaucratic hassles and administrative requirements of the Navigator grant program.

We also note that it is unclear whether Covered California will include in the credited enrollments applications that result in a Medi-Cal enrollment. With the "No-Wrong-Door" approach to enrollment, navigators should be encouraged to talk to all persons seeking coverage regardless of whether they are finally eligible for coverage in a Qualified Health Plan (QHP) or Medi-Cal. However, we strongly suggest that Medi-Cal enrollments be credited to grantees in meeting their enrollment targets under the grant program.

Desired Qualifications

We generally support the desired qualifications presented in the Navigator program webinar. In particular, we are excited to see the breath of eligible entities ranging from non-profit community organizations to safety-net clinics. We also agree that existing relationships with target populations as well as collaborative applicants will make for the strongest navigator programs and maximize enrollment success. Lastly, like Covered California, we see the desired qualifications of the target populations funding pool and regional funding pool as being different.

Target Populations Funding Pool

Desired qualification of targeted funding pool applicants should include a strong emphasize on existing relationship with targeted populations. We see this requirement as more critical than requirements of cost effectiveness and robust infrastructure. Hard to reach populations, by definition, are more costly – in terms of both time and resources – to enroll. Outreach and enrollment of these communities will likely require more contact or "touches" than other populations and should not be held to the same cost effectiveness standards that other enrollment programs will be subject to.

Additionally, it should not be expected that these organizations have a robust enrollment infrastructure at time of application submission. It is more important that these organizations, if chosen, have the ability to create a robust enrollment infrastructure internally or work in partnership with other organizations in their community that have an enrollment infrastructure. Finally, space should be given for Navigator organizations working with "target populations" to choose between creating new enrollment events or partnering with other organizations that already have enrollment events scheduled.

Regional Funding Pool

As noted, we are not in support of the three mega-regions model as it will not lead to the greatest use of the limited Navigator funds. Should Covered California continue to pursue funding in this manner, we believe there are a number of key desired qualifications for these applicants. Regional funding pool applicants should include a strong emphasis on existing relationships that are operating at the county and local level within these regions. While the lead entity application should highlight key current collaborations, lead entities should also be able to speak to where collaboration gaps exist, and their plan to remedy these gaps through new partnerships in particular geographies within their region. Similar to target funding pool applications, space should be given for lead entities to choose between creating new enrollment events or partnering with other organizations that already have enrollment events scheduled in their region.

Lastly, for both targeted funding pool and regional funding pool applicants, we encourage Covered California to incorporate retention into the application. Covered California could do this in several ways but at a minimum, asking applicants to address retention in their work plan and budget.

Proposed Timeline

As referenced in the General Comments, we hope that Covered California will incorporate lessons learned from the Outreach and Education grant and Certified Enrollment Entity application process in the proposed application timeline. In particular, we recommend that the application be released prior to Feb 3, 2014 to allow Navigator applicants to have a longer period of time to prepare thoughtful applications and build key partnerships before submitting their application. Similarly, we ask Covered California to shorten the application review period (currently March 3, 2014-April 23, 2014), so that contract negotiations and other training and background check components can be moved up. While we are hopeful that many of the current delays CECs are experiencing around training and background checks will be resolved before the launch of the Navigator program, we do not believe just one month is sufficient for training and certification.

As for the proposed grant term for the Navigator program, based on comments and discussions about the Navigator program in the past, we were under the impression that Covered California would be conducting an assessment comparing the success of the In Person Assistance program with that of the Navigator program. We understood that this assessment would be used to determine which model best served the community and whether the Navigator program would indeed continue as a grant program

or as a fee per application program. If Covered California intends to do such an analysis, the six month duration of the Navigator program would seem insufficiently long to make that determination. In order to have an accurate comparison, we recommend leaving open an option to extend the term of the Navigator program based on the programs' success and revenue expectations.

Additional Issues

Training & Resources

While there have been definite improvements in the CEC training curriculum as it relates to Medi-Cal, we still find that it is lacking crucial detail. The hard to reach populations may need assistance on the Medi-Cal side or transitioning between a QHP and Medi-Cal at critical times. Navigator Counselors and certainly all Certified Enrollment Counselors need to be well equipped with information on navigating the Medi-Cal program and the resources available to consumers whose situations are complex. Therefore, we urge Covered California to work with the Department of Health Care Services and the County Welfare Directors Association of California to provide all Certified Enrollment Counselors with comprehensive Medi-Cal training, periodic updates, and resources for troubleshooting difficult cases.

Finally, the lack of training in multiple languages makes it difficult for staff with limited English proficiency to provide adequate support to consumers. According to Covered California staff, 42% of those eligible for premium assistance will have limited English proficiency. In order to ensure that counselors are offering culturally and linguistically appropriate support, we urge Covered California to offer trainings in multiple languages or work with local and statewide agencies that have the capacity to do so.

We appreciate the opportunity to state our views regarding the proposed Navigator program discussed on the webinar. If you would like to discuss these matters further, please contact Suzie Shupe, Executive Director, California Coverage & Health Initiatives at sshupe@cchi4families.org or 707-527-8867, Sonya Vasquez, Policy Director, Community Health Councils at sonya@chc-inc.org or (323)295-9372x235, or Beth Malinowski, Associate Director of Policy, California Primary Care Association at bmalinowski@cpca.org or (916) 440-8170 x1112.

Sincerely,

California Coverage & Health Initiatives
California Primary Care Association
Community Health Councils
California Pan-Ethnic Health Network
Children's Defense Fund - California
Children Now
The Children's Partnership
The Greenlining Institute
United Ways of California

CPEHN
California Pan-Ethnic Health Network

November 8, 2013

Sarah Soto-Taylor, Deputy Director, Stakeholder Engagement
Covered California
560 J St., Suite 290
Sacramento, CA 95814
Submitted electronically to grantinfo@ccgrantsandassisters.org

Re: Covered California Navigator Program Stakeholder Webinar

Dear Ms. Soto-Taylor:

On behalf of the California Pan-Ethnic Health Network (CPEHN), we thank you for the opportunity to comment on the **Covered California Navigator Program Stakeholder Webinar.**

General comments:
CPEHN applauds Covered California's commitment to ensuring outreach, education and enrollment to markets that represent the cultural and linguistic diversity of the state. This is especially important as at least 66% (roughly 1.8 million) of adults eligible to receive tax credits to purchase health coverage in Covered California will be people of color, and 40% (roughly 1.06 million) will speak English less than very well.[1] We were pleased to see the thoughtful approach the Exchange has taken in developing the Navigator program with the goal of reaching those populations who remain outside the reach of the Enrollment Assistance Program. In particular, we applaud the Exchange's decision to have a Targeted Funding approach which will help the Exchange to fill in gaps in enrollment in 2015.

Additional comments and recommendations:

Funding Priorities

- ***Targeted Population:*** We support a separate funding pool for targeted hard-to-reach populations that are not being successfully penetrated by other Covered California efforts like In-Person Assistance Program, Outreach and Education Program, marketing efforts, etc. We understand that this funding

[1] Gans D, Kinane CM, Watson G, Roby DH, Graham-Squire D, Needleman J, Jacobs K, Kominski GF, Dexter D, and Wu E. Achieving Equity by Building a Bridge from Eligible to Enrolled. Los Angeles, CA: UCLA Center for Health Policy Research and California Pan-Ethnic Health Network, 2012.

will be "based on review of enrollment data." CPEHN respectfully reiterates our request to Covered California for data on the race, ethnicity and primary language of those newly enrolled into coverage in Covered California. This data should be provided in advance of the February 3rd Navigator Grant Application Release and updated regularly throughout the year as this information is critical both for Covered California and for potential grantees in order to determine which populations need to be targeted as well as to make informed decisions about the types of strategies grantees might employ. Additionally, this same demographic break-out of data should be provided for those newly enrolled in Medi-Cal.

- ***Regional Population:*** CPEHN respectfully urges Covered California to require that regional collaboratives applying for the Navigator program also demonstrate their ability to reach California's diverse communities. While we appreciate the availability of a separate Targeted Population Funding Pool to focus on enrollment gaps, the success of the "Regional Funding Pools" must also take into account the diverse populations in each region. Funding should be tied to the ability of each collaborative to maximize enrollment of those newly eligible for coverage *including* hard to reach populations such as young invincibles, Limited English Proficient, college students, LGBTQ etc.

Grant Award Size and Enrollment Targets:
The overall preliminary recommendations for funding priorities indicates the grant award sizes for the "Regional Funding Pool" would range from a minimum of $650,000 to a maximum of $2.5 million. However the "Central/West Region" identifies only $545,459 in grant money available. CPEHN respectfully requests clarification on the minimum funding level for this region.

Navigator Activities:
CPEHN respectfully urges Covered California to include in the range of Navigator activities ongoing support and health navigation for new enrollees. This is especially important for consumers new to health insurance as well as those moving back and forth between Medi-Cal and Covered California. A significant portion of populations eligible for coverage under health reform may never have had access to coverage or had limited access to health insurance. Cultural and linguistic barriers can act as additional barriers to consumers in accessing care. Covered California should reward Navigators not only for outreach and enrollment but for retention and utilization counseling on how best to use the new benefits and services available to those they are helping to enroll. Upon completion of initial application assistance, Navigators should follow-up with clients at prescribed intervals to ensure successful enrollment, determine utilization status, identify barriers, and work with clients to resolve issues.[2]

Desired Qualifications of Grantees
With regards to desired qualifications of targeted funding pool applicants, this should include a strong emphasis on existing relationship with targeted populations. We see this requirement as more critical than requirements of cost effectiveness and robust infrastructure. Hard to reach

[2] Morales, F. Vasquez, S, Galloway-Gilliam, L. "Bridging the Health Divide: Designing the Navigator System in California." Community Health Councils, Inc. May 2012

populations, by definition, are more costly – in terms of both time and resources – to enroll. Outreach and enrollment of these communities will likely require more contact or "touches" than other populations and should not be held to the same cost effectiveness standards that other enrollment programs will be subject to.

CPEHN also respectfully urges Covered California to allow entities to affiliate with grant proposals in both the targeted and regional funding pools. This is necessary as the number of nonprofit entities with established ties to California's culturally and linguistically diverse populations is small and often times concentrated in specific geographic regions. While we appreciate the Exchange's desire to limit duplicative outreach and enrollment efforts, we believe by allowing entities to affiliate with more than one proposal the Exchange will 1) improve regional efforts to target hard-to-reach populations while 2) encouraging more targeted outreach to communities experiencing gaps in coverage. Additionally given the small number of Navigator grants you will be making, it may be helpful for applicants to know ahead of the application deadline, what other organizations are also interested in seeking funding so as to encourage stronger collaboration amongst groups applying for funding in the targeted and regional funding pools.

Other Issues: In-Language Trainings:
CPEHN respectfully urges Covered California to provide trainings to Navigators in several different languages. Given that an estimated 40% of individuals eligible for tax credits will speak English less than very well, and that those that remain outside the reach of current outreach and enrollment strategies will most likely have language barriers, Navigators that are able to reach those populations may also have language barriers. Providing them with trainings in their language will help to ensure that there is a clear understanding of the material, enhancing the Navigators ability to accurately convey this critical information to the consumer.

Thank you again for the opportunity to provide input on Covered California's ***Navigator Program Stakeholder Webinar***. We look forward to continuing to work with Covered California's Board and staff to realize its vision of improving the health of all Californians.

Sincerely,

Tahira Cunningham, MBA
Senior Policy Analyst

Cc: Peter Lee, Executive Director
Covered California Board Members

From: Charlaine Mazzei [mailto:cmazzei@delnorteseniorcenter.org]
Sent: Monday, October 28, 2013 1:23 PM
Subject: Comments on Covered California Navigator Grant Program

I am writing on behalf of a small non-profit organization in Del Norte County, a far northwestern rural county on the coastal Oregon border. My primary comments have to do with the geographic distribution plans of the Navigator program.

On behalf of my community, I strongly object to the nearly total population-based focus of the program. While it may seem logical to get the "most bang for the buck" by focusing on large concentrations of uninsured, it borders on discriminatory to those living in rural areas. There should be an effort to insure that outreach and education resources are available equally to every uninsured consumer in the state, not just those living in close proximity to each other.

The regions proposed for regional grants are much too large. Contrary to popular belief, Sacramento and San Francisco are not really true Northern California. Organizations based in those areas cannot possibly be expected to adequately serve the entire region as currently represented. There are mountain ranges between coastal and inland communities, as well as simple distance separating the southern part of the region and the northern part of the region.

Effort should be made to divide the regional funding among existing inter-regional collaboratives already serving more logically organized areas, such as the North Coast, I-5 corridor and eastern areas of the "Northern" California region. Otherwise, the resources will be spread entirely too thinly, and no one will be served adequately.

With respect to entities appearing on more than one application, an entity submitting a targeted population application should be able to appear as a partner in a regional application as well.

Thank you for the opportunity to comment on this program. I look forward to additional opportunities to help our community's uninsured access quality health care.

Charlaine Mazzei
Executive Director
Del Norte Senior Center
Redwood Cove Community Center
(707) 464-3812

From: Charlaine Mazzei [mailto:cmazzei@delnorteseniorcenter.org]
Sent: Thursday, October 31, 2013 11:21 AM
Subject: Additional Comments on Covered California Navigator Grant Program

Good Morning,

I have already submitted comments on the Covered California Navigator Grant Program; however, I remembered an additional comment I wanted to make.

In the presentation, much reference was made to the Covered California "sales force" and "selling" Covered California to potential enrollees. I would like to see such references omitted from the program. In looking at the list of eligible entities for the Navigator grants, and indeed for Certified Enrollment Entity status, most of us are not in the game to be insurance salespeople. It is not our goal to meet sales targets or "sell" people on an insurance product. The ultimate goal for many of us is NOT to get people health insurance. It is to provide people with greater access to health care - insurance is simply a very effective vehicle to achieve that end goal. Availability of providers who will accept the new insurance products is just as, if not more, important, but nothing has been said about that.

I understand the political motivation to make enrollment through Covered California a success, but I hope it won't blind everyone to the fact that insurance is a means to an end, and not an end in and of itself.

Thank you again for the opportunity to provide feedback and to participate in this effort.

Charlaine Mazzei

Executive Director

Del Norte Senior Center

Redwood Cove Community Center

(707) 464-3812

From: DeAnne Blankenship [mailto:DBlankenship@healthcollaborative.org]
Sent: Friday, November 01, 2013 11:52 AM
Subject: Stakeholder input
Importance: High

Greetings Colleagues-

Re: the Covered California Navigator Program RFP process. Please consider breaking down the Northern Region into at least two regions. In our experience serving most of California with other outreach and navigation programming, the Bay Area is vastly different from the rural areas of Region 1 and 3 in terms of infrastructure, existing organizations and groups that work in these areas, and community demographics.

We look forward to seeing the final Navigator grant RFPs and thank you for your thoughtful consideration of our suggestion.

DeAnne Blankenship
Director of Program Services
California Health Collaborative
25 Jan Court, Suite 130
Chico, CA 95928
(530) 345-2483 x 213
FAX: (530) 345-3214

From: Diyana Dobberteen [mailto:diyana.dobberteen@ppsbvslo.org]
Sent: Wednesday, October 30, 2013 3:20 PM
Subject: Two Questions for the Navigator Program

Hello CCA Navigator Program contact,

I have looked at the webinar PPT presentation slides and not been able to determine the definitive answer to these questions:

Q1. Who is an ideal grant candidate for a regional funding pool award? Please provide a sense of the kinds of partners and general structure you envisioned for these grantees.

Q2. Will there be any form of compensation for enrolling uninsured Californians in MediCal? Please clarify that insurance enrollment is basis for each of the grant deliverables as outlined in the PPT presentation shared on 10.28.13.

Thank you,

From: Diyana Dobberteen [mailto:diyana.dobberteen@ppsbvslo.org]
Sent: Thursday, November 07, 2013 6:11 PM
Subject: Navigator Grant Program Questions

Two more questions about the new grant program, please

1. What is Covered California's expectation regarding what a private, confidential CEC and client space would look like?

2. What are the total enrollment targets for our three counties in the Southern Region (SB, V and SLO are labeled # 12)? That is the area we serve.

Thank you!

Diyana Dobberteen | Foundation Relations and Grants Manager
Planned Parenthood of Santa Barbara, Ventura & San Luis Obispo Counties, Inc.
518 Garden Street | Santa Barbara, CA 93101
Phone: 805.722.1523 | Fax: 805.965.2292
E-mail: diyana.dobberteen@ppsbvslo.org | Web: www.ppsbvslo.org

Every day we provide cancer screenings, well-woman exams, family planning services, and more.

From: Everardo Alvizo [mailto:ealvizo@ssgmain.org]
Sent: Thursday, November 07, 2013 4:49 PM
Cc: 'Dianna Malak Lopez'
Subject: Covered CA Navigator Webinar Input

Hello,

I participated in the Covered California Navigator Program Stakeholder Webinar on 10/28/13. I would like to submit the following for consideration in response to your request for input:

1. During the webinar, 'innovative' strategies were encouraged, will traditional avenues of outreach and engagement to target enrollment be considered?
2. Will enrolling potential consumers into Medi-Cal be a successful enrollment option in addition to a Covered CA insurance provider?

Thank you for your consideration.

-Everardo

Everardo Alvizo, MSW
Program Analyst II
Special Service for Groups (SSG)
605 W. Olympic Blvd., Suite 600
Los Angeles, CA 90015
Main: 213-553-1800
Direct: 213-553-1879
Fax: 213-553-1822
www.ssg.org

From: Jacqueline Cardenas [mailto:JCardenas@memorialcare.org]
Sent: Wednesday, October 30, 2013 10:11 AM
Subject: Question: Is Non-Profit HMO eligible for Navigator Grant program?
Importance: High

Hello,

Is Seaside Health Plan, a part of MemorialCare Health System (both not-for-profit), eligible for the Navigator Grant program?

Seaside Health Plan launched on 9/1/13 and is a licensed Knox-Keene Healthcare Service Plan (HMO). MemorialCare created Seaside Health Plan to enhance its mission of ensuring local communities access to a network of exceptional integrated providers.

Seaside Health Plan would like to participate in the Navigator program in helping reach out to the underserved community as well as help those who do not have health care coverage. A recent CEE application was submitted beginning of October and are awaiting review.

If you have any questions please feel free to contact me at any time. I look forward to your email.

Thank you!

Sincerely,
Jacqueline Cardenas

Executive Secretary to
Jay B. Davis, Senior Vice President
Barry C. Smith, MD, CMO
Sandie Taylor, VP of Operations

Seaside Health Plan
2840 Long Beach Blvd.
Suite 120
Long Beach, CA 90806

Main: (855) 367-SSHP
Direct: (562) 933-9721
Fax: (562) 424-1486
Email: JCardenas@memorialcare.org
www.SeasideHealthPlan.org

NAMI California
National Alliance on Mental Illness

November 8, 2013

RE: **Stakeholder Response to Proposed Covered California Navigator Program**

To Whom It May Concern:

NAMI California, part of the country's largest mental health grassroots advocacy organization, National Alliance on Mental Illness is pleased to respond to the proposed Navigator program. We sincerely appreciate the emphasis placed on effectively reaching, educating, and enrolling people who, for various reasons, would be unlikely to enroll on their own.

This does raise two issues:

(1) Different types of expertise are listed as needed by applicants. However, individuals with mental health or substance use service needs are not listed. It has been noted that this population has been the most difficult to get enrolled and to keep enrolled in Massachusetts. Noting that experience, NAMI California recommends that applicants with expertise in working with people with behavioral health issues be called out as targets.

(2) It is not clear if an organization is able to apply only once to the Navigator program or is able to apply only once per Navigator program pool. If it is only once for the program, NAMI California notes that this has the potential to break up effective current networks of entities that have complementary expertise. Many organizations that have developed Promotora or other Community Health Worker programs could be lost to this cause if they have to choose between applying via the targeted pool or as part of a collaborative via the regional pool.

Again, thank you for the webinar and for soliciting stakeholder input.

Sincerely,

Jessica Cruz, MPA/HS

Executive Director, NAMI California

1851 Heritage Lane, Suite 150,
Sacramento, CA 95815

YOUNG INVINCIBLES

TOGETHER, INVINCIBLE.

November 6, 2013

Covered California
560 J St., Ste. 200
Sacramento, CA 95814

Re: Proposed Navigator Program

To Whom It May Concern:

We write in response to your request for comments on Covered California's proposed Navigator program. Young Invincibles represents the interests of young adults aged 18-34 and we believe that the Navigator program has the potential to be extremely beneficial to our constituency. To that end, we offer comments that we feel would make the program more effective in helping young adults navigate the health care system.

1. Thank you for highlighting young adults (Millenials).

Young Invincibles appreciates Covered California staff's specific mention of young adults as one of the target populations for the Navigator program. In California, 31% of young adults aged 18-34 are uninsured, and stand to benefit immensely from the new coverage options available through Covered California.

2. Non-Traditional Outreach Strategies

Young Invincibles staff work as Navigators in New York, Virginia, Arkansas and Washington, D.C., conducting outreach, education, and enrollment activities specifically targeted toward young adults. Through this work and our work prior to the start of open enrollment, we have developed some best practices for outreach that we recommend for your consideration:

A. Recognize that young adults are diverse. Insurers characterize young adults as risk-taking daredevils with little regard for our own health and well-being. The reality is that young adults are as different from each other as we are from our parents and grandparents. We encourage Covered California to consider the diversity of our needs when funding Navigator services to ensure that all segments of this age group are appropriately served through a diversity of outreach strategies.

B. Non-traditional Outreach Strategies Our Navigator work in other states has been successful because of our commitment to reaching young adults where they are. Traditional outreach strategies such as tabling and health fairs can be extremely successful if implemented thoughtfully in high traffic areas for young adults. We also have a digital strategy team that actively engages young adults online, because many of us spend a great deal of time online and rely on the

internet as a primary source of information. We ask that you not limit your funding for navigator work to in-person strategies.

3. Training

Young adults live and work with the rest of the population. While we hope that some Navigators will be specifically focused on facilitating enrollment for young adults, we also recognize that all Navigators are likely to come across 18-34 year olds in their work. We would recommend that Covered California include strategies and messaging that is effective for young adults in the training of all Navigators and that trainees are afforded the opportunity to ask questions and increase their knowledge about young adults on an ongoing basis.

4. Reporting

We encourage Covered California to develop reporting mechanisms that hold grantees accountable to clear predetermined metrics of success without imposing a cumbersome or time-consuming system. We want to ensure that reporting systems are not so difficult that they dissuade potential navigators from engaging in this important work.

5. Using Insurance

Many young adults buying insurance at Covered California will be shopping for insurance for the first time. While we appreciate all of the features of CoveredCA.com that make shopping and comparing easy, Young Invincibles would like to see the Navigator program take one step further, and teach young adults or other first time consumers how to effectively use health insurance. “Navigating” the health care system extends beyond the point of purchase and requires a true understanding of preventive and primary care and how to use health benefits to stay healthy and save money. Providing this kind of post purchase navigation assistance serves two goals:

1. Creating a culture of coverage, which will improve retention
2. Improving, over time, the health of the population and
3. Bending the cost curve of the health care system.

Young Invincibles appreciates the diligence of Covered California and the great attention that has been paid to young adults. And we further appreciate your consideration of these recommendations for making the Navigator program one that best serves our common goal of enrolling California’s young adults into coverage. Thank you for your time and consideration.

Sincerely,

Linda Leu
California Policy and Research Director
Young Invincibles

November 19, 2013

Peter Lee, Executive Director
Covered California
560 J Street, Suite 290
Sacramento, CA 95814

RE: Wakely Consulting Draft Report on Options for Covered California to Offer Pediatric Dental Coverage in 2015

Dear Mr. Lee,

The Bay Area Council, a non-profit public policy organization representing hundreds of the largest employers in the Bay Area, submits this letter in response to the draft Wakely Consulting Group Report entitled "Options for Covered California to Offer Pediatric Dental Coverage in 2015," released on November 13, 2013. While the Council applauds your efforts in taking a research-driven approach on this important issue, we would caution against taking actions now that could potentially disrupt the marketplace in 2015 and beyond before coverage has started for Exchange plans and before many potential consumers have even had the opportunity to enroll in these new products.

As federal reform rolls out, it is clear that we need to balance market reforms with providing choice to consumers. As you know, the learning curve is steep for consumers now enrolling in new ACA-compliant coverage. Another jolt to the market next year, such as the elimination of standalone pediatric dental options on the Exchange, has the potential to confuse consumers and disrupt continuity of care. The majority of Californians insured on the commercial market currently buy standalone dental insurance, and enjoy the broad provider networks and high quality customer service that come with standalone plans. We urge you to consider the great importance of consumer choice, access, and simplicity during this period of transition. Additionally, federal regulations may be released in the coming months that could have major impacts on this decision, such as the possibility of allowing standalone dental plans to be included in the APTC calculation.

While the Council shares the Exchange's vision of maximizing enrollment in pediatric dental and allowing consumers to take full advantage of Advanced Premium Tax Credits, we would urge you to only make these important decisions until after we have taken care to ensure the critical pieces of the Exchange are working over the next several months.

Sincerely,

Micah Weinberg
Senior Policy Advisor
Bay Area Council

P 415.946.8777
F 415.981.6408

353 Sacramento Street, 10th Floor
San Francisco, California 94111

1215 K Street, Suite 2220
Sacramento, California 95814

CADP

CALIFORNIA ASSOCIATION OF DENTAL PLANS
One Capitol Mall, Suite 320, Sacramento, CA 95814
v: 916.446.3122; f: 916.444.7462; www.caldentalplans.org

November 20, 2013

TO: Peter Lee, Executive Director, Covered California

FR: Jackie Miller, Executive Director, CADP
Pam Loomis, Policy Advisor for CADP
Mary Antoine, Regulatory Attorney for CADP

CC: Covered California Board Members
CADP Members
Covered California staff: Casey Morrigan, Leesa Tori, Kate Ross, and Tim VonHerman

RE: Alternative Structural Options for Pediatric Dental Coverage in Covered California

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Thank you for meeting with representatives of CADP and its members Monday regarding the Wakely Report and proposed policy recommendations for the pediatric dental benefit. We wish to again express our fundamental disappointment with staff's proposed recommendation of Option 2 in the Wakely Consulting Group's report on Options for Covered California to Offer Pediatric Dental Coverage in 2015. This report, revised November 14, recommends that Covered California offer only embedded plans plus supplemental stand-alone dental plans (or SADPs) starting in 2015.

This recommendation would effectively exclude SADPs from Covered California's individual market. Federal guidance does not allow any coverage to be sold in the Exchange that does not include EHB (see CMS FAQs dated 3/29/13 regarding ancillary products and 5/31/13 regarding SADPs). So adult-only supplemental dental coverage could not be offered in Covered California and there is no practical purpose for a duplicative stand-alone pediatric dental EHB product to be offered.

This memo is in response to your request that we offer an alternative structural option that we believe is better than Option 2. While we outline an alternative below, we still believe that the cleanest legal solution to the APTC issue is a federal regulatory change allowing SADPs to be included in the APTC calculation, and we urge Covered California to join our efforts at the IRS and CMS to get this change.

<u>Best Structural Option</u>

- Allow all policy types (10.0, 9.5, .5, and bundled) in every precious metal level, including silver, but limit the second lowest cost silver level plans to an embedded-only product for the express purpose of setting the APTC amount; require purchase of pediatric dental EHB for children; and ensure that a minimally sufficient number of 9.5 plans are offered.

- The benefits of this option are as follows:

    - Avoids problem of a lower cost 9.5 plan shrinking the available premium tax credit (APTC).

    - Notably, meets the legal requirements of PPACA and federal guidance:
        - ✓ The Exchange must allow a 9.5 QHP when a .5 pediatric dental EHB product is offered. (42 U.S.C. sec. 18022(b)(4)(F).)
        - ✓ The Exchange must allow SADPs to offer pediatric dental EHB products either independently from a QHP or as a subcontractor of a QHP issuer, but cannot limit participation of SADPs to only one of those options. (77 Fed. Reg. 18411 (Mar. 27, 2012).)

    - Expands choices so consumers can select the coverage that best fits their needs:
        - ✓ Because APTC is based on an embedded plan, consumers have the maximum subsidy dollars to shop with;
        - ✓ Consumers both with and without a subsidy have the ability to select the policy type that best meets their personal needs; and
        - ✓ If a childless adult (around 4.6 million people), can select either a 10.0 or 9.5 plan.

    - Promotes competition among plans, which serves as a check on premiums and quality considerations.

    - Potentially avoids the need for CMS to waive regulatory requirements since 9.5 plans and .5 SADPs will be available in every metal level within Covered California.

    - Avoids major disruption of the Covered California market in 2015 and beyond for consumers who like their coverage in 2014 and want to keep it.

    - Preserves Covered California's control over the total number of plans participating and number of products offered in the Exchange.

    - Provides a structural solution that will work in both Covered California's individual market and SHOP.

    - Allows flexibility for any future change in guidance from the Treasury Department that allows the allocation of APTC to standalone dental plans.

    - Mandating child-only purchase is technologically feasible since other states, like Washington and Nevada, are doing it.

<u>Timing</u>

We encourage Covered California to make its decision on pediatric dental policy in tandem with its decision on the standard benefit redesign during the first quarter of 2014, so it may weigh the full premium impact of the pediatric dental options on all purchasers in Covered California against the projected APTC amounts available to subsidized purchasers. Rushing to decide the pediatric dental policy a couple of months before deciding the standard benefit redesign is unnecessary.

Thank you for your consideration of what believe to be the best structural option for offerings in Covered California's individual market. Please do not hesitate to contact us to discuss the contents of this memo further.

November 19, 2013

SENT VIA EMAIL: info@hbex.ca.gov

Mr. Peter Lee, Executive Director
Covered California
560 J Street, Suite 290
Sacramento, CA 95814

RE: Wakely Consulting Draft Report on Options for Covered California to Offer Pediatric Dental Coverage in 2015

Dear Mr. Lee:

On behalf of Delta Dental, I am writing to address the revised November 12 Wakely Consulting Report entitled, "Options for Covered California to Offer Pediatric Dental Coverage in 2015." This draft report reflects Covered California's desire for a more thorough policy analysis of the structure for offering essential pediatric dental coverage, which in 2014 is being offered exclusively on a separate, stand-alone basis. Our review of the report and subsequent discussion with Covered California staff has elicited the following major concerns:

Serious legal issues regarding the viability of option #2

The report highlights nine potential options, narrows that list to four options, and eventually settles on option #2 as the report's preferred recommendation; this is an option that would force each and every Covered California enrollee who selects pediatric dental coverage in 2014 to terminate his/her child's enrollment with his/her standalone dental plan the family selected and instead require the family to accept a different dental administrator embedded with one of the Qualified Health Plans offered on the exchange in 2015. Wakely specifically states that this recommendation does not address any legal compliance issues with this approach, which makes for an incomplete analysis. A recommendation based on incomplete analysis should not be adopted. Delta Dental contends there are serious legal concerns with option #2 that must be more thoroughly researched by Covered California prior to adoption.

Section 1311(d)(2)(B)(ii) of the Affordable Care Act ("ACA") states quite clearly that "…each Exchange within a State ***shall*** allow an issuer of a plan that provides only limited scope dental benefits… to offer the plan through the Exchange (either ***separately*** or in conjunction with a qualified health plan) if the plan provides pediatric dental benefits…

(emphasis added)." Federal guidance issued in March 2012 sets forth the federal interpretation of the phrase "either separately or in conjunction with a QHP" to mean that 'the Exchange must allow standalone dental plans to be offered either independently from a QHP or as a subcontractor of a QHP issuer, but cannot limit participation of standalone dental products in the Exchange to only one of these options.' (see 77 Fed. Reg. 18411 (March 27, 2012).

Correspondingly, the ACA also requires, pursuant to section 1302(b)(4)(F), if a stand-alone dental plan is available through an Exchange, a medical plan cannot be denied classification as a Qualified Health Plan solely because the medical plan fails to offer pediatric dental coverage offered through an available stand-alone dental plan.

Read together, sections 1311(d)(2)(B)(ii), 1302(b)(4)(F) and related federal guidance make clear that Covered California must both allow standalone dental issuers to offer pediatric dental plans on the Exchange, and not limit QHPs by requiring them to embed pediatric dental. Your own June 8, 2013 letter to CDI in fact stakes out such a position, but the bottom line is this: The Wakely recommendation should not put Covered California in a position that is contrary to the federal law it implements.

We therefore assert that if Covered California is determined to pursue option #2, it should — and perhaps must — exercise its due diligence to fully vet such an option with CMS prior to considering it as a required structure for dental in 2015. Otherwise, the Exchange runs the risk of expending time and resources on a dental solution that is ultimately prohibited by federal law.

Option 2 would disrupt patients, dentists and stand-alone dental plans

While we appreciate your comments during our November 18 meeting that the Wakely report is intended to serve as a launching point for the Board, Delta Dental is quite concerned that this report does little to illuminate the numerous transitional issues that would be involved with option #2, which is tantamount to requiring termination of existing stand-alone policies sold through Covered California in 2014 and the enrollment of individuals in new embedded medical and dental policies available in 2015. As we all have witnessed recently, consumers do not react well to being forced off their chosen plan.

Eliminating stand-alone dental plans from the Covered California menu of options – apart from the potential legal issues that might prevent this – is by far the most disruptive option offered in the report. Such disruption is hardly justified by the objective to optimize the APTC, at a value of just $12 per individual or less, for just 140,000 of Covered California's projected enrollment of 3.5 million enrollees.

Covered California dental enrollees will have just learned during their 2014 plan year how to use their dental plan, whom to see for care, how to optimize their benefits and how to utilize plan web sites and other features designed to improve oral health and promote obtaining needed dental care. QHPs with embedded dental will not offer networks as large as many standalone dental plans, meaning enrollees forced to switch plans may need to terminate their just-established patient-dentist relationships and find another dentist (if they can) as well as learn an entirely new way to use their dental benefits. Continuity of care

may get disrupted as well from one plan year to the next, which is clearly not in the interest of the enrollees.

The disruption to stand-alone dental issuers, though less important than the disruption to enrollees, is significant nonetheless. The stand-alone issuers that applied and were accepted by Covered California for 2014 did so in good faith. They offered competitive rates, agreed to a rigorous and demanding stand-alone plan contract, and invested significant time and capital into operationalizing their Covered California-dictated plan designs. These companies assumed they were making a long-term investment that would result in some degree of sustained enrollment.

In fact, for most initial coverage to the public, plans will experience losses in the first year or two, due to pent-up, unmet needs, which is generally made up in future years. To eliminate the participation of standalone dental plans in 2015 means Covered California enrollees will have fulfilled their most immediate and expensive dental care needs on the backs of these issuers, only to be handed off after a year's time to a different dental plan embedded with a QHP. This seems patently unfair, and it is doubtful that any standalone issuers would have participated in Covered California and taken the first year losses for this new population had they known they then lose their enrollment after just one year.

Overweighting of the APTC as a criteria to recommend option #2

The objective to maximize the APTC by forcing the inclusion of dental in the calculation amounts to little more than $12 per member per month or less, based on the second lowest pediatric dental plan 2014 premium. This is a negligible amount in comparison with an average QHP premium of around $380 per month. Furthermore, according to the Wakely report, the additional subsidy will flow to just 4 percent of all children eligible for the APTC. For Californians with household incomes towards the higher end of 400 percent FPL, the subsidy could amount to even fewer dollars per month.

The Wakely report offers no complete assessment of how many in the APTC-eligible population would receive a full subsidy for dental under its recommendation to embed all pediatric dental, yet it recommends the option that disrupts every single dental enrollee regardless of APTC eligibility, and moves all enrollees to a new embedded dental plan in 2015. Option #2 therefore dramatically pares down the choice of dental insurance for hundreds of thousands of children and eliminates a great many dental providers that would otherwise be available to those children, all to help just 4 percent of Covered California APTC eligible children receive an extra $2 to $12 to help cover their dental premiums. To say the least, this seems like an overreaction.

In lieu of moving to option #2 in 2015 based primarily on the APTC objective, the Exchange should join the advocacy work underway to press the IRS to change its current methodology to include any stand-alone dental premium in the APTC calculation, regardless of the structure of the dental and medical options. This is a change that Delta Dental, the California Association of Dental Plans and the National Association of Dental Plans (NADP) have strongly encouraged in order to simplify the offering of dental. We were joined in this effort by senators Boxer and Feinstein, as well as 11 other U.S. senators. A recent follow-up phone call on November 14 by NADP staff to IRS on the proposed change confirmed that the recommendation remains on the table. Pressure from

the country's largest state with the most successful state-based exchange could go a long way toward achieving the change that both consumer groups and the dental industry want to see occur.

Competitive issues and why Covered California enrollees deserve an alternative option

Stand-alone dental plans enjoy by far the greatest popularity and uptake among the 60 percent or so of all Californians currently insured in the commercial marketplace. This is because few California health plans have dental networks as large as those developed by stand-alone plans, and limited scope dental plans are widely recognized for bringing a much stronger focus to quality assurance, fraud and abuse prevention, and high-quality customer service. Eliminating stand-alone dental plans as a viable choice in Covered California, as option #2 would do, effectively eliminates competition for the dental portion of essential health benefits made available in Covered California; the selection of a QHP for its medical benefits will always drive the enrollee selection process when dental is embedded in such policies.

Only through a separate election process for dental benefits will Covered California see a race to the top among issuers based on the distinct and different challenges affecting dental cost, quality and service. This is precisely why consultants and brokers in the commercial marketplace today most often recommend a stand-alone dental plan to group purchasers.

Alternate option proposed by the California Association of Dental Plans is the better choice for Covered California

The California Association of Dental Plans (CADP) will today submit an alternative option for Covered California's consideration. Delta Dental fully supports further exploration of the concepts set forth in that letter. This alternative option envisions a competitive landscape among all types of dental plan structured offerings, including embedded, bundled and standalone, at all metal levels and requires the purchase of pediatric dental for all children under age 19. CAPD's recommendation encourages Covered California to utilize its active purchaser status to achieve embedded plans as the lowest cost and second lowest cost silver plans.

We believe this option fully meets the criteria of optimizing the APTC for those individuals who are eligible for such subsidies and still promotes competition for dental among issuers, yet threatens none of the major disruptions identified earlier in this letter. An added advantage of this option is that it can be consistently applied across both the Individual and the SHOP Exchanges, except that in the SHOP, it would not be necessary to designate the first and second lowest silver option, as there are no subsidy considerations in the SHOP. Consistency across the two Exchanges also means simplicity for Covered California staff, and for CALHEERS.

Furthermore, this option allows those stand-alone plans that have already gone to considerable expense to serve the Covered California population to maintain their long-term investment at competitive rates, with contractual provisions that specifically address dental quality reporting for both consumers and for Covered California.

We encourage the Board and Exchange staff to fully and transparently vet all options recommended by stakeholders and include in their analysis feasibility and timing considerations for industry partners. We also ask that Covered California include in their analysis of the structuring options consideration of the final standard benefits designs for both QHPs and dental plans for 2015.

We welcome any opportunity to meet or speak with you and your staff to discuss these matters. Please know that we stand ready to help when it comes to implementing the dental benefit provisions of the health care reform law.

If you have any questions, please do not hesitate to call me at (415) 972-8418.

Sincerely,

Jeff Album

Jeff Album
Vice-President, Public and Government Affairs

cc: The Honorable Members, Covered California Board of Directors
Jon Kingsdale, Wakely Consulting
Jackie Miller, CADP

Richard C. Jones
Vice President
Government Relations

November 18, 2013

Sent Via Email: Peter.Lee@covered.ca.gov
Peter Lee
Executive Director
Covered California
560 J Street, Suite 920
Sacramento, CA 95814

RE: Covered California Evaluation of Options to Offer Pediatric Dental Coverage in 2015

Dear Mr. Lee,

I am writing on behalf of The Guardian Life Insurance Company of America (Guardian) to address Covered California's current evaluation of options for pediatric dental coverage beginning in 2015. Guardian is a 153 year-old, policyholder-owned company that offers individual life and disability insurance, investment products, retirement programs, and group employee benefits. Additionally, we operate one of the largest dental networks with plans that provide coverage for more than six million employees and their families at 115,000 U.S. companies. This includes approximately 750,000 employees and dependents at 7,100 businesses in California to whom we provide group dental coverage.

When the Covered California SHOP exchange launches this month, employees at these 7,100 companies will again continue to renew their Guardian dental coverage for themselves and their families for 2014. These companies, a majority of which are small businesses, have had Guardian dental plans for an average of five years and we want them to have the ability to continue their coverage with us through the SHOP exchange.

As your partner in SHOP, Guardian has been actively engaged in the ongoing deliberations related to the dental policy options for 2015. The recent Wakely report analysis and recommendations reveal that Covered California may be heading down the path of eliminating standalone pediatric dental in 2015.

The Guardian Life Insurance Company of America 7 Hanover Square, H-23-A, New York, NY 10004-4025
tel: 212 598-8338, richard_jones@glic.com

Before the Board wades into the nuance and controversy of the respective dental policy options being presented, we encourage the Board to first consider and address two *broad* issues that will place this discussion in the proper context. *First,* we request the Board to confirm for stakeholders that the Wakely report and dental policy options being considered apply only to the individual market and not SHOP. *Second*, in the event the Board is considering changing pediatric dental options in SHOP, we offer our input as to why that may be inappropriate.

Application of the Wakely Report and Pediatric Dental Policy Recommendations

After some initial confusion, we now believe that the Wakely report will be used to evaluate pediatric dental options for the *individual marketplace only*. A reading of the Wakely paper from the small group market perspective reveals that it has absolutely no relevance to the group sector. This is not surprising given that Covered California's pediatric dental policy discussion to date has been driven by issues that are entirely unique to the individual market (e.g., premium subsidies and affordable access for low income Californians). However, the Board has not yet confirmed whether SHOP will be affected by the dental policy options being considered.

We encourage the Board to confirm for stakeholders that the Wakely report and the related pediatric dental policy deliberations and decisions will not apply to SHOP. The application of such a significant change to SHOP should only follow the same deliberative process and stakeholder feedback that the individual market is being afforded. The individual and small group markets are distinctly different and it would be misguided to apply any of Wakely's recommendations to SHOP.

Pediatric Dental Options in the SHOP Exchange

Covered California staff has further advised that it will consider pediatric dental vis-a-vis SHOP after completing work on the individual exchange. This intent was communicated without reference to a specific timeframe for rendering a decision on SHOP. We strongly recommend that Covered California do two things when it turns its attention to SHOP.

First, Covered California should be very judicious in evaluating the small group market, approaching it with the same due diligence it has given to the individual sector. And this should begin a thorough analysis of what if any problems exists that need to be solved.

We cannot think of any.

The Guardian Life Insurance Company of America 7 Hanover Square, H-23-A, New York, NY 10004-4025
tel: 212 598-8338, richard_jones@glic.com

The employer market works well as is and is the main source of Americans' dental coverage. Consider the following facts:

- Two-thirds of Americans who have dental coverage obtain it through an employer plan. And about one-third of these Americans work for a company with fewer than 100 employees.
- 82% of children whose parent(s) have dental benefits also receive dental coverage. So, clearly, when an entire family has dental coverage, children are more likely to receive dental treatment.
- 70% of Americans who have dental coverage report being "satisfied" with their existing plan.

The second consideration that Covered California should embrace as it evaluates SHOP is timeliness. Covered California should assess pediatric dental dynamics in the small business market carefully, but it should also do so quickly.

Business owners don't like uncertainty. We're all aware that tremendous anxiety currently exists among many business owners who are uncertain about what the ACA may or may not mean to them. It is critical that Covered California avoid creating any additional anxiety among business owners by unnecessarily disrupting the small group sector.

California's small group market is one of the largest in the nation. Covered California should take steps to preserve the choice and quality of dental options these companies offer to their employees, as well as employees' existing relationships with their dental providers. Related to this, there are two additional data points that are worth noting:

- Nationally, 99% of dental policies are purchased on a stand-alone basis, separate from medical policies.
- Almost 60% of Americans have had the same dentist for more than six years. So significant changes to available dental networks most likely will disrupt existing patient / dentist relationships.

The Guardian Life Insurance Company of America 7 Hanover Square, H-23-A, New York, NY 10004-4025
tel: 212 598-8338, richard_jones@glic.com

Guardian would welcome the opportunity to share our insights about the small group dental market with you and your staff. We have decades of experience and look forward to contributing to discussions as you commence work on the Covered California SHOP exchange for 2015.

Thank you for considering our comments. Should you have any questions, or require additional information, please contact me at (212) 598-8338, or Richard_jones@glic.com.

Sincerely,

cc: The Honorable Members, Covered California Board of Directors

The Guardian Life Insurance Company of America 7 Hanover Square, H-23-A, New York, NY 10004-4025
tel: 212 598-8338, richard_jones@glic.com

***Qualified Health Plan* Comment Received via E-mail**

Subject: Health Care

Dear Mr. Jones and Mr. Lee,

I am writing to request your immediate attention and intervention to assure the promise of the Affordable Care Act does not become a nightmare of deeply angry and horrified Californians cut off from the doctors who have cared for them for many years.

Many Californians are about to find themselves locked out of the anticipated benefits of health reform's new individual guaranteed acceptance health plans. Insurers are developing new restrictive provider networks—the list of doctors and medical facilities where policyholders can receive medical care. New buyers, which will include all individual buyers who purchased coverage after the passage of the Patient Protection and Affordable Care Act in March 2010, will find that their policies drastically restrict their choice of doctors.

The full extent of the network limitations is not yet public. Your organizations are likely to be the only agencies with complete information. I am listing here the network limitations that have come to my attention. While these concern Blue Shield, I am certain that other carriers are engaging in similar practices. **All** carriers need to be investigated.

Blue Shield will offer only limited network Preferred Provider Organization (PPO) and Exclusive Provider Organization (EPO) plans to all new individual buyers. All new customers who have been anticipating purchasing guaranteed issue individual insurance for themselves and their families, will have access to a network that *excludes* 65% of current Blue Shield doctors and all the University of California Medical Centers.

Network access will be determined by county of residence. In Marin and Alameda counties, for example, Blue Shield plans to use an Exclusive Provider Organization (EPO). Buyers will find their access to medical services restricted to the doctors and medical facilities within the EPO in their county or an EPO doctor in another county. If the policyholder crosses the Golden Gate Bridge or Bay Bridge to consult with a San Francisco PPO doctor, s/he will have no insurance. If a San Francisco resident moves to Alameda, s/he will not be able to keep her San Francisco doctors.

It appears that carriers are also able to exclude residents of specific zip codes from access to their insurance plans. If one carrier can exclude residents in certain zip codes, what is the rationale to require other carriers to cover residents in that same zip code? The ACA requires insurers to accept all applicants regardless of health conditions. But California is allowing exclusion by residence location.

At this time there is one unsatisfactory option that will enable some policyholders to retain the complete Blue Shield provider network. Grandfathered policyholders, people who purchased their coverage before March, 2010, will be able to keep their current insurance with their current wide choice of health care providers. However, they will continue to be locked into their current plans with escalating premiums. Before reform, they were forced to remain in unsatisfactory plans because they could no longer pass stringent medical underwriting requirements. Now they will be locked into these plans if they want to continue to see doctors and use medical facilities that will be excluded from the new limited PPO and EPO networks.

Mr. Lee and Mr. Jones, I urge you to take action immediately to guarantee that Californians have a choice of plans with access to different networks of physicians and medical facilities.

1. Every major insurer should be required to offer current and future buyers a choice of provider network options.

2. Non-exchange buyers should be guaranteed a choice of full network and limited network plans, priced accordingly.

3. Price sensitive Covered Ca buyers must at least have a choice of a limited network PPO plan as well as an EPO plan, regardless of their county of residence.

4. All Californians must be able to purchase insurance from companies insuring other residents of their county.

You can assure that the promise of health reform becomes a reality.

Ruth Pleaner

A R C H I T E C T U R E & L I G H T

Zenia Leyva Chou
333 Laws Ave.
Ukiah CA 95482

11/11/13

Mr. Peter Lee, Executive Director
California Health Benefit Exchange
560 J Street, Suite 290
Sacramento, CA 95814

Mr. Lee:

As a member of the California Primary Care Association and on behalf of **Mendocino Community Health Clinic, Inc.** serving women, men and families, we are very distressed to hear that health centers will not be included in the provider directory in the foreseeable future.

We became aware of this information during the Plan Management and Delivery System Reform Advisory Group webinar, when it was announced that the upcoming re-launch of the facility-side of the provider directory will **NOT** include community clinics and health centers. Additionally, your representatives shared that "they did not have that [health center] information," and there were "no plans to offer community clinics or health centers as an option, or even list them at all in the directory."

To exclude us not only fails to acknowledge our role in serving the Covered California population, it impedes consumer choice, and will serve as a barrier to enrollment of consumers into community clinics and health centers. Additionally, for many future Covered California enrollees who are current health center patients, this limited directory, could mean the difference between their choosing a plan that provides them with continuity of care that they need and deserve, or a plan that forces them to start from scratch with a new and unfamiliar provider. Without immediate action to incorporate health centers into the directory, enrollees will not have the information they need to make the health plan choices that are right for them.

This oversight needs to be addressed immediately, and prompt resolution of this issue must be a top priority of Covered California. We look forward to a speedy response to this communication and an announcement by Covered California that you have a plan to resolve this distressing omission as soon as is possible. Thank you.

Zenia Leyva Chou
Mendocino Community Health Clinics, Inc.
zleyvachou@mchcinc.org
707-472-4654

cc: Senate Pro Temp Darrell Steinberg
Speaker John Perez
Senator Dr. Ed Hernandez, Chair, Senate Health Committee
Assemblymember Dr. Richard Pan, Chair, Assembly Health Committee
Senator Bill Monning, Chair, Senate Budget Sub-Committee #3
Assemblymember Nancy Skinner, Chair, Assembly Budget Committee

Talking Points – Covered California – 10.24.13
Los Angeles Area Chamber of Commerce

- Good afternoon staff and Board, my name is Tina Hossain. I am speaking on behalf of the Los Angeles Area Chamber of Commerce and our 1,600 member organizations employing 700,000 people in the region.

- We congratulate the Board, staff, and stakeholders of Covered CA on the recent launch of enrolment in the individual market.

- If executed well, the SHOP will provide similar options for affordable, quality coverage for small business owners, allowing them to compete more effectively with large companies and maintain a talented, healthy workforce.

- To that end, the L.A. Chamber has been deeply involved over the last year in educating our business owners about new options for health care coverage for employees under SHOP and providing an overview of the changing landscape of health care benefits as a result of the ACA.

- We were happy to be joined at some of our Los Angeles educational meetings by Covered California leadership, such as David Panush. We know that the launch of Covered CA marks an exciting new era of health care delivery and choice for consumers and small businesses.

- The business groups present on the phone and in person today are your allies and supporters with boots on the ground. We continually receive questions and dispel misinformation from our members about SHOP and the ACA at large.

- We strongly encourage sustained and more meaningful inclusion of the business community in the decision-making process for SHOP decisions and regulations, in addition to the quarterly SHOP Advisory Workgroup meetings.

- The business community stands ready to lend our expertise and relationships to help Covered CA make smart decisions and spread the word. To better leverage our support, we recommend: more consistent communication between Covered CA and its business community partners and a more structured and transparent process for vetting policy recommendations and decisions impacting the SHOP.

- We commend this Board and Covered California staff for the robust launch of online enrollment for the individual market and look forward to the same for the SHOP program.

- The Los Angeles Area of Commerce looks forward to working with you to ensure that small business owners and individuals who would benefit from enrolling in Qualified Health Plans through Covered California will have the knowledge and access to do so.

- Thank you.

Tina Hossain | Senior Policy Manager
LOS ANGELES AREA CHAMBER OF COMMERCE

November 14, 2013

Peter Lee
Executive Director
Covered California
560 J Street, Suite 290
Sacramento, CA 95814

Via email

Dear Mr. Lee:

We write to express our concern regarding Covered California's failure to take steps to meet its obligations under the National Voter Registration Act (NVRA), 42 United States Code section 1973gg et seq., and California Elections Code section 2400 et seq. The Secretary of State designated Covered California, providing notice of its NVRA obligations, nearly six months ago. Yet more than six weeks since the launch of open enrollment, Covered California is still not providing voter registration services to applicants nor does it appear to have any plan for doing so. With each passing week, thousands of applicants are deprived of this required opportunity to register to vote as guaranteed by federal and state law.

While we understand Covered California is still working to implement some core functions, it has been nationally lauded for the success of its roll-out and there is clearly no excuse of its dismissal of its NVRA obligations. Although it was the first state-run exchange to be designated, California is now one of only three state-run exchanges with NVRA obligations that have failed to offer any form of voter registration services to applicants.

When the Secretary of State designated the Health Benefit Exchange as a voter registration agency on May 15, 2013, her declaration stated that the designation was effective immediately. Thus, Covered California was required, as soon as it began offering services, to meet its full obligations to provide voter registration services to all applicants as outlined in Section 7 of the NVRA and California Elections Code section 2400 et seq. Yet, on October 24th, David Panush, Director of External Affairs for Covered California, informed the ACLU of California that implementing the NVRA would force Covered California to give up completion of another of its core services. He represented that voter registration would have to wait until all other priorities were completed.

We believe this is a false choice. First, courts have rejected arguments from voter registration agencies that separate and distinct client services are somehow mutually exclusive.[1] Second, although courts understand that NVRA implementation cannot be accomplished overnight,

[1] See *ACORN v. Miller,* 912 F.Supp. 989, 991 (E.D.Mich.1996). ("To allege that these two totally separate functions are somehow mutually exclusive is ridiculous and insulting to potential... registrants.")

Covered California was the first state-run exchange to be designated an NVRA agency and has had six months to implement voter registration as opposed to the 30 to 45 days courts have given agencies to comply.[2]

The ACLU and its partners relied upon assurances in good faith and offered to work with Covered California on various aspects of NVRA compliance, such as voter preference forms and enrollment counselor training. In September, the ACLU of California was informed by Covered California staff and counsel that, although full NVRA compliance would not be achieved by the October 1st launch, Covered California would be asking every online applicant if he or she would like to register to vote and offering a link to online voter registration. On October 24th, however, Mr. Panush dismissed the possibility of designating an NVRA coordinator to oversee implementation and compliance as required by Elections Code section 2406, subdivision (a)(2). More significantly, since the launch, Covered California informed the ACLU that it *has no timeline* for implementation.

It is estimated that at least one million consumers will apply for healthcare coverage during the open enrollment period. As of now, none of those consumers have or will be offered a meaningful opportunity to register to vote and receive voter registration assistance at the time they enroll for health care. The NVRA gives a private right of action to persons aggrieved by a violation and any of these consumers might elect to bring a lawsuit for Covered California's failure to provide mandated services.[3] When an aggrieved party notifies the Secretary of State of a violation of the NVRA, the agency in question has 90 days to correct the violation or face a civil action. The prevailing party in an NVRA suit is entitled to reasonable attorney fees and costs, including litigation expenses.[4]

As we have consistently stated to Covered California staff and in our correspondence to the board, we hope to work cooperatively with Covered California to implement its NVRA obligations. To that end, we have provided the board, staff and the Secretary of State with a step-by-step outline of what Covered California must do to satisfy its responsibilities under the NVRA, as well as sample training materials for enrollment counselors and call center staff. However, to our knowledge, none of these materials have been utilized or incorporated into existing trainings.

We remain willing to assist you. Please inform us no later than November 21, 2013, of the name of your NVRA coordinator and the steps you are taking to achieve NVRA compliance. Though we hope to resolve the problem without litigation, any failure by Covered California to implement voter registration services in accordance with federal and state law by December 16, 2013, may result in legal action. Please do not hesitate to contact us with any questions.

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[2] *Id;* see also *Wilson v. United States of America,* No. C 95–20042 JW (N.D.Cal. May 4, 1995).

[3] 42 U.S.C. §1973gg-9 (b)).

[4] 42 U.S.C. §1973gg-9 (c)).

Sincerely,

Lori Shellenberger
Director, California Voting Rights Project
ACLU of California

Dale Ho
Director, Voting Rights Project
American Civil Liberties Union

Lisa Danetz
Senior Counsel
Demos

Sarah Brannon
Director, Public Agency Voter Registration Program
Project Vote

Cc:

The Honorable Edmund G. Brown, Jr., Governor of California

The Honorable Debra Bowen, California Secretary of State

California Health Benefit Exchange Board Members

November 14, 2013

Peter Lee, Executive Director
Covered California
560 J Street, Suite 290
Sacramento, CA 95814

Via email

To Mr. Lee:

Congratulations on the historic launch of Covered California. Your leadership has helped make affordable health care coverage a reality for thousands of Californians. We recognize that the launch of Covered California was a major undertaking, and understandably some unmet goals and responsibilities remain. We are writing to urge you to address one of those remaining obligations: the legal requirement to provide every applicant with the opportunity to register to vote.

We were very encouraged by your announcement on September 19th that voter registration would be integrated into the Covered California online application in time for the October 1st launch. However, after the launch we learned that Covered California was unable to comply with any of its voter registration responsibilities as required by state and federal law. We were disappointed when, at the October 24th Health Benefit Exchange Board meeting, you did not address the delay or provide an update on the status of voter registration implementation.

The goal of the National Voter Registration Act (NVRA) is to provide voter registration opportunities whenever citizens apply for public services. By failing to comply with this obligation under the NVRA, Covered California is missing an historic opportunity to offer thousands of Californians the chance to register to vote.

The signatories to this letter are committed to seeing Covered California succeed at simultaneously providing affordable health care coverage and the opportunity to register to vote. As we all know, maximizing voter registration and participation not only builds a healthy democracy but is also a contributing factor to overall personal health. We urge Covered California to meet its responsibility to provide voter registration before thousands more Californians miss this important opportunity.

We look forward to hearing an update on voter registration at your November 21st meeting, and urge you to seek input from stakeholders going forward to ensure successful compliance. Thank you once again for your important leadership and your prompt attention to this matter.

Sincerely,

Christina Livingston
Executive Director
Alliance of Californians for Community Empowerment (ACCE)

Andrea Guerrero
Executive Director
Alliance San Diego

Doreena Wong
Project Director, Health Access Project
Asian Americans Advancing Justice - Los Angeles (AAAJ-LA)

Anthony Thigpenn
Chairman
California Calls

Kathay Feng
Executive Director
California Common Cause

Teresa Favuzzi
Executive Director
California Foundation for Independent Living Centers (CFILC)

Jim Mayer
President and CEO
California Forward (CA FWD)

Ron Coleman
Government Affairs Manager
California Immigrant Policy Center (CIPC)

Marisol Franco
Director of Policy and Advocacy
California Latinas for Reproductive Justice (CLRJ)

Cary Sanders
Director of Policy Analysis and the Having Our Say Coalition
California Pan-Ethnic Health Network (CPEHN)

Emily Rusch
Executive Director
CALPIRG

Carmela Castellano-Garcia
President and CEO
California Primary Care Association (CPCA)

Serena Clayton, Ph.D.
Executive Director
California School Health Centers Association

Kim Alexander
President and Founder
California Voter Foundation

Marcos Vargas
Executive Director
Central Coast Alliance United for a Sustainable Economy (CAUSE)

Joseph Villela
Director of Policy and Advocacy
Coalition for Humane Immigrants Rights of Los Angeles (CHIRLA)

Pablo Rodriguez
Executive Director
Communities for a New California Education Fund 501c3 and CNC 501c4

Alberto Retana
Executive Vice-President
Community Coalition

Pastor Benjamin Briggs
Congregations Organized for Prophetic Engagement (COPE)

Anabella Bautista
Executive Director
Consejo de Federaciones Mexicanas en Norteamérica (COFEM)

Dr. Paul Song
Executive Chairman
CourageCampaign.org

Fred Nisen
Staff Attorney
Disability Rights California

Dolores Huerta
Executive Director
Dolores Huerta Foundation

Carla Saporta
Health Policy Director
Greenlining Institute

Anthony Wright
Executive Director
Health Access

Maria Brenes
Executive Director
Inner City Struggle

Edward McField, Ph. D.
Executive Director
Knotts Family Agency

Jennifer A. Waggoner
President
League of Women Voters of CA

Mi Familia Vota

Jeannette Zanipatin
Legislative Staff Attorney
Mexican American Legal Defense and Educational Fund (MALDEF)

Arturo Vargas
Executive Director
National Association of Latino Elected and Appointed Officials (NALEO) Educational Fund

Delia De La Vera
Vice President, California Region
National Council of La Raza (NCLR)

Esperanza Tervalon-Daumont
Executive Director
Oakland Rising

Darrah Johnson
CEO & President
Planned Parenthood of the Pacific Southwest

Corey Timpson
Executive Director
PICO California

Heather Smith
President
Rock the Vote

Mario Yedidia
Political Coordinator
San Francisco Rising

Gloria Walton
Executive Director
Strategic Concepts in Organizing Policy and Education (SCOPE)

David Garcias
President
SEIU Local 221

Neal Sweeney, Ph. D.
President
UAW Local 5810

Maria Teresa Kumar
President and CEO
Voto Latino

Derecka Mehrens
Executive Director
Working Partnerships USA

Linda Leu
California Research and Policy Director
Young Invincibles

cc:
The Honorable Jerry Brown, California Governor
The Honorable Debra Bowen, California Secretary of State
Chairwoman Diana S. Dooley
Board Member Kimberly Belshé
Board Member Paul Fearer
Board Member Susan Kennedy
Board Member Dr. Robert Ross

Knotts Family Agency

Empowering families, Transforming Communities

November 12, 2013

Peter V. Lee
Executive Director, Covered California
560 J Street, Suite 290
Sacramento, CA 95814
Peter.lee@covered.ca.gov

Re: Voter Registration for ACA

Receive our cordial greetings and congratulations on the historic launch of Covered California. Through your leadership, thousands of Californians will now have access to affordable health care coverage. We recognize that the launch of Covered California was a major undertaking, and understandably some unmet goals and responsibilities remain. Today, *we are writing especially to urge you to address one of those remaining obligations: the legal requirement to provide every applicant with the opportunity to register to vote.*

We were very encouraged by your announcement on September 19th that voter registration would be integrated into the Covered California online application in time for the October 1st launch. However, after the launch we learned that Covered California was unable to comply with any of its voter registration responsibilities as required by state and federal law. We were disappointed when, at the October 24th Health Benefit Exchange Board meeting, you did not address the delay or provide an update on the status of voter registration implementation.

The goal of the National Voter Registration Act (NVRA) is to provide voter registration opportunities whenever citizens apply for public services. By failing to comply with this obligation under the NVRA, Covered California is missing an historic opportunity to offer thousands of Californians the chance register to vote.

The signatories to this letter are committed to seeing Covered California succeed at simultaneously providing affordable health care coverage and the opportunity to register to vote. As we all know, maximizing voter registration and participation not only builds a healthy democracy but is also a contributing factor to overall personal health. We urge Covered California to meet its responsibility to provide voter registration before thousands more Californians miss this important opportunity.

Center for Foster Care and Adoptions

Center for Youth Empowerment and Independent Living

Center for Family and Parenting Education

Center for Community Health, Policy, and Advocacy

Services:

Foster care and adoption services

Independent Living Skills Resource Center

Family and Parenting Institute education

Individual and family counseling

Social support groups

Care coordination

Case management

Civic engagement and mobilization

Financial literacy

Environmental literacy

Youth mentoring

Student tutoring services

Training and community research

Program development and evaluation

Phone bank

1505 West Highland Avenue, San Bernardino, CA 92411
Phone: (909) 880-0600 | Fax: (909) 473-1918
Foster Care License: 366408258| Adoption License: 366424290

We look forward to hearing an update on voter registration at your November 21st meeting, and urge you to seek input from stakeholders going forward to ensure successful compliance. Thank you once again for your important leadership and your prompt attention to this matter.

The Knotts Family Agency serves children, youth, and families in Southern California and we are very interested in contributing to improving the health of the communities served. Please do let us know what you are doing to ensure that voter registration of Affordable Care Act enrollees is happening. You can reach us at gknotts@kfpinstitute.com.

Sincerely,

Gwen Knotts
Founder and CEO

cc: The Honorable Jerry Brown, California Governor
The Honorable Debra Bowen, California Secretary of State
Chairwoman Diana S. Dooley
Board Member Kimberly Belshé
Board Member Paul Fearer
Board Member Susan Kennedy
Board Member Dr. Robert Ross