



## **EXECUTIVE DIRECTOR'S REPORT**

Peter V. Lee, Executive Director | August 21, 2014 Board Meeting

# ANNOUNCEMENT OF CLOSED SESSION ACTIONS

# AGENDA OVERVIEW

- Executive Director's Update
  - QHP and SHOP Contracting and Planning Update
  - Potential Operational Implications of the Insurance Rate Public Justification and Accountability Act
  - Legislative Update
- Review of Lessons Learned and Plans for 2015 Open Enrollment and Renewal
  - Kaiser Family Foundation Presentation on Survey of Uninsured Californians
  - 2015 Open Enrollment and Renewal Consumer Journey
- Covered California Regulations
  - Certified Insurance Agents Re-Adoption
  - Enrollment Assistance (DELAYED)
  - Remote Identity Proofing Regulations
  - QHP and Dental Recertification and New Entrant Re-Adoptions
  - SHOP Appeals Re-Adoption
  - Voter Registration Regulations Discussion
  - Eligibility and Enrollment Regulations (DELAYED)

# RESOLVING ELIGIBILITY INCONSISTENCIES: COVERED CALIFORNIA UPDATE

## Background

- Eligibility inconsistencies occur when an exchange cannot electronically verify an eligibility factor – particularly citizenship/immigration status or income – for an applicant for subsidized coverage. Inconsistencies require individuals to submit proof of their eligibility to an exchange for manual verification.
- On August 12 the federally facilitated marketplace announced plans to notice about 300,000 individuals who still need to submit proof of citizenship or satisfactory immigration status. If these individual do not provide proper proof, their coverage will be terminated.
- Covered California has been working to clear inconsistencies. To date, over 600,000 documents have been verified and processed.

# RESOLVING ELIGIBILITY INCONSISTENCIES: COVERED CALIFORNIA UPDATE

## **Covered California Approach – Citizenship and Immigration Status and Income**

- Clear citizenship/immigration status and income inconsistencies with a priority on clearing citizenship and immigration status verifications.
- Clear inconsistencies prior to renewal notification process if possible to minimize consumer confusion.
- Implement multi-touch, multi-channel outreach approach to notify individuals who risk losing coverage.
- Mail notices to individuals with citizenship / immigration status inconsistencies in the first week of September to (1) request proof and (2) notify that coverage will be terminated if citizenship / immigration status cannot be verified.
- Individuals who cannot prove citizenship / immigration status will have coverage terminated.
- Covered California will release details of citizenship / immigration status notice – including size impacted population – in the first week of September.
- Strategy for resolving income inconsistencies is under development.

# MARKETING, OUTREACH & ENROLLMENT ASSISTANCE ADVISORY COMMITTEE: PROPOSED RESTRUCTURE & CONSOLIDATION

David Panush, Director of External Affairs

# ADVISORY COMMITTEE PURPOSE

- To collect California-specific perspectives from key media experts and community stakeholders;
- Provide advice and recommendations on effective outreach and marketing strategies;
- Serve as a sounding board to the Covered California Board and staff; and
- Assist in the continual refinement of policies and strategies.

# PROPOSED RESTRUCTURE & CONSOLIDATION

1. **Structure** – Consolidate and integrate the ethnic/community-specific advisory groups under the Marketing, Outreach, and Enrollment Assistance issue-specific advisory group.
  - Establish community-specific advisory groups as “subgroups”
    - Size of subgroups?
    - Should there be subgroups for Latino, African American and API?
  - Allow for the creation of ad-hoc subgroups.
2. **Membership Size and Composition** – Include individuals with media and outreach expertise, as well as those that represent unique and diverse communities.
  - Size of advisory committee? (20, 30, 40?)
  - Balance to reflect California's geographic, cultural, and ethnic communities
  - Should there be 1 or 2-year terms?
  - What role for organizations that receive funding from Covered California?
3. **Meetings** – Hold meetings *before, during, and after* each Open Enrollment Period (at a minimum).
4. **Chair** – Select a chair to facilitate discussion, coordinate agenda, and liaise with staff.

Submit comments to Patrick Le at [Patrick.Le@covered.ca.gov](mailto:Patrick.Le@covered.ca.gov) by August 29, 2014



# 2015 INDIVIDUAL PRELIMINARY PLAN RATES



# 2015 Health Insurance Companies

- **Anthem Blue Cross**
- **Blue Shield**
- **Chinese Community Health Plan**
- **Health Net**
- **Kaiser Permanente**
- **L.A. Care Health Plan**
- **Molina Healthcare**
- **Sharp Health Plan**
- **Valley Health Plan**
- **Western Health Advantage**

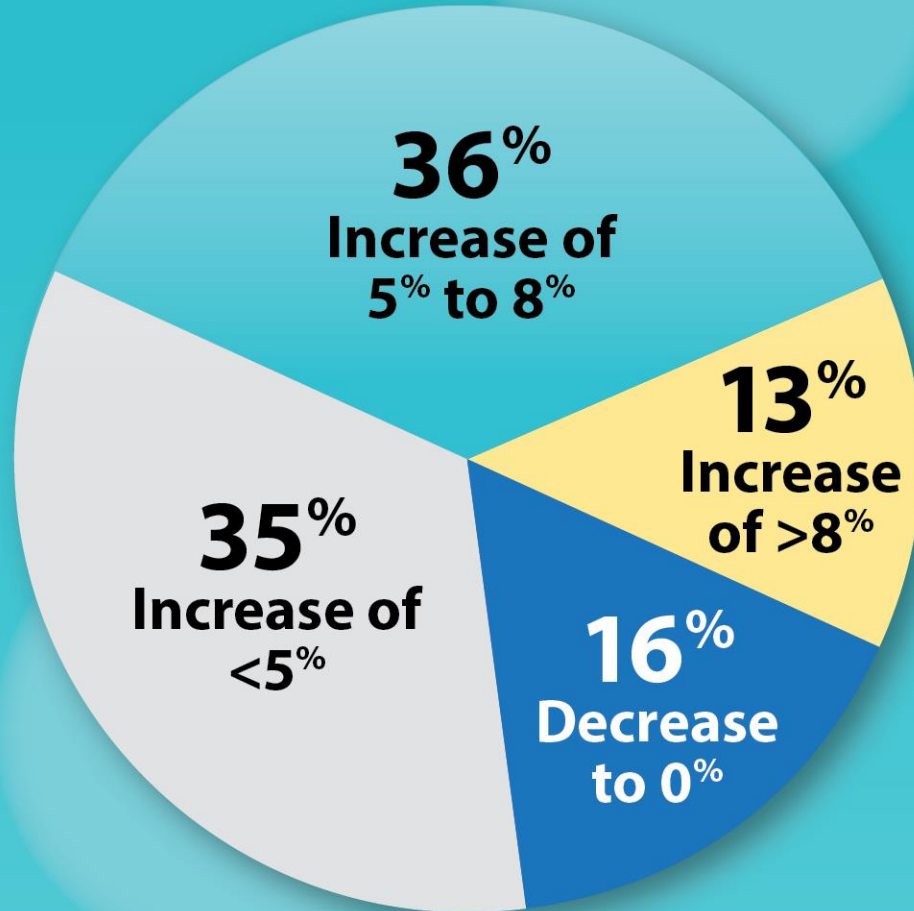


# Weighted Average Rate Increase

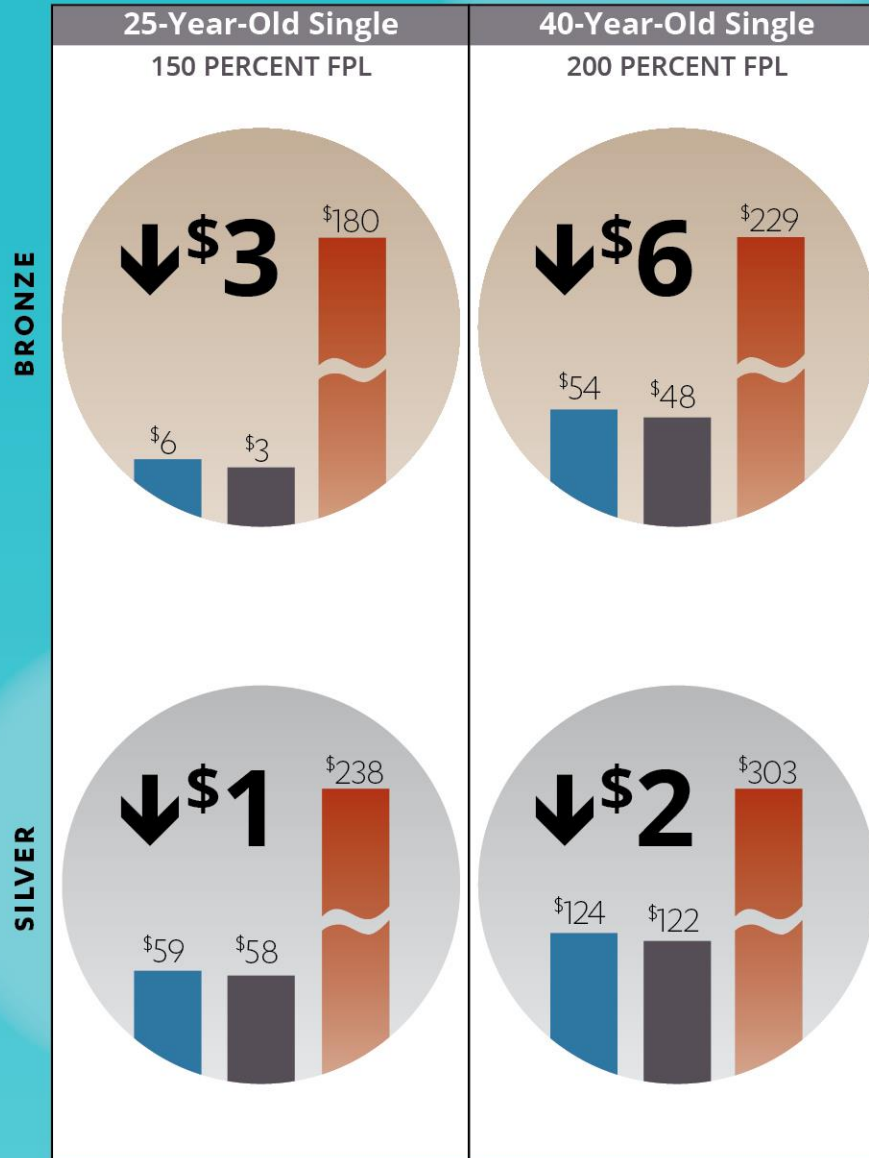
4.2%



# Rate change for consumers



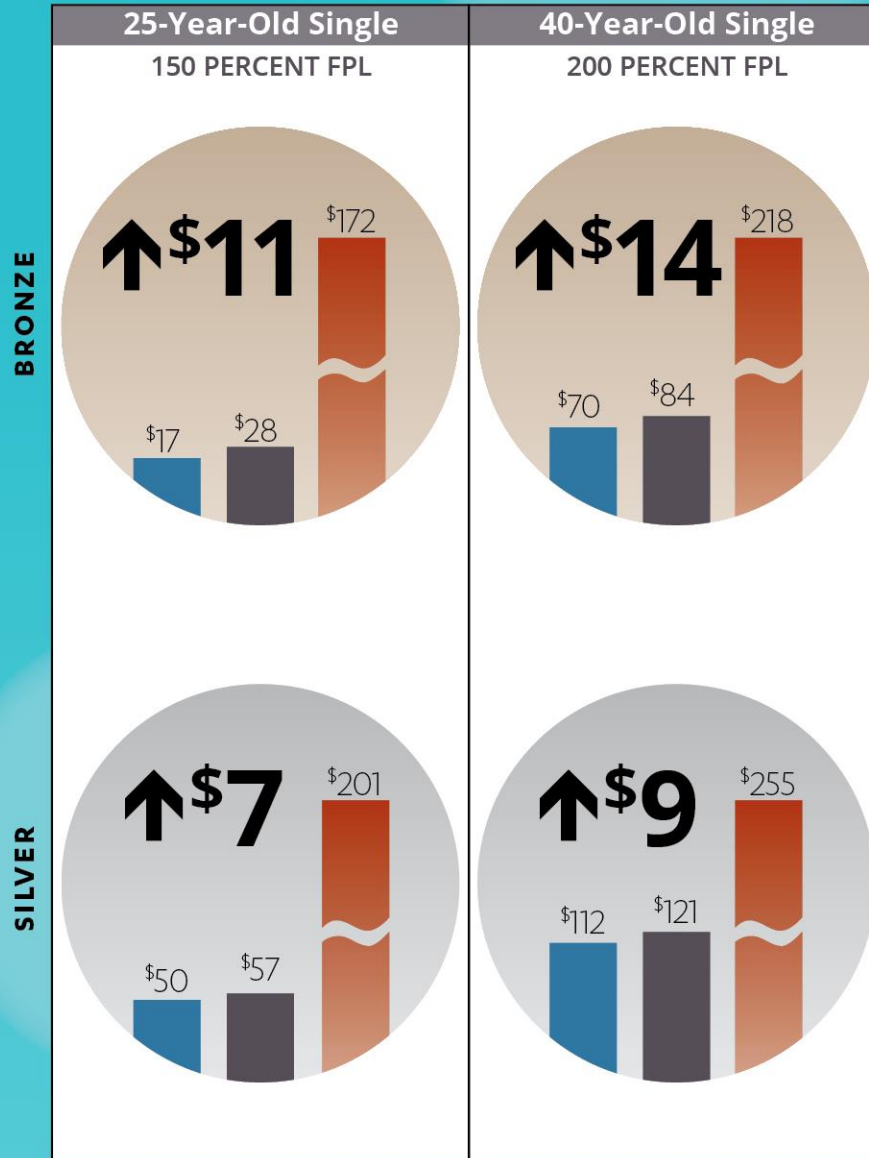
# Region 11 – Central Valley



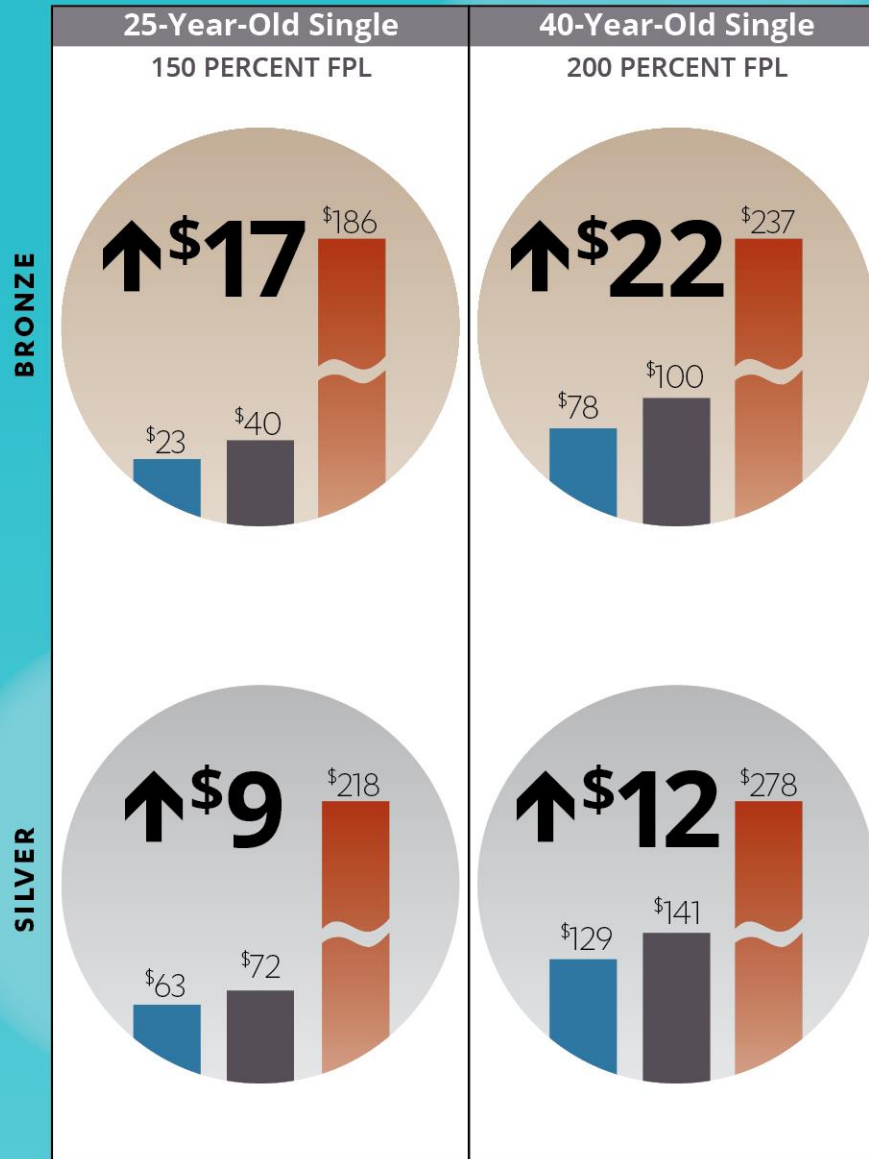
2014

2015

# Region 15 – L.A. County (partial)

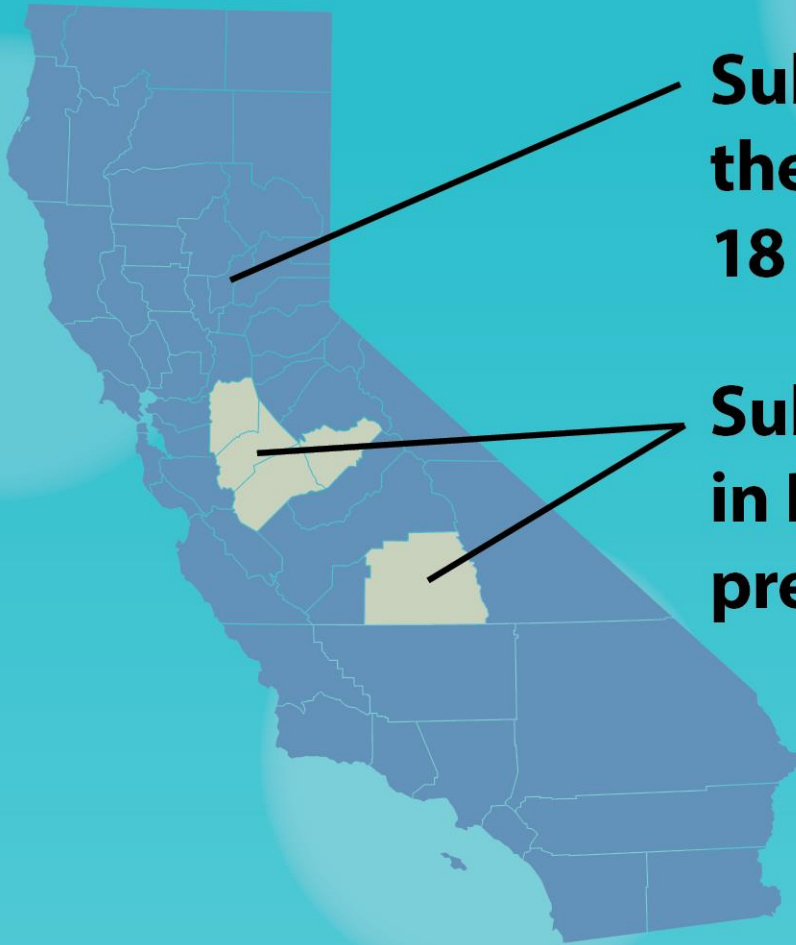


# Region 16 – L.A. County (partial)





# Federal Subsidies by Region



**Subsidies will generally stay the same or increase in 18 of 19 rating regions**

**Subsidies will decrease in Region 10, where their premiums went down 1.9%**



# 2015 SHOP UPDATE

# COVERED CALIFORNIA 2015 SHOP RATE AND PLAN TIMELINE

Activity	Date
SHOP Dental Rates to Covered California	7/1/2014
SHOP Medical Rates to Covered California	8/15/2014
SHOP Medical Rates to Regulators (confidential until 11/1/2014)	8/22/2014
SHOP 2015 Plans Announced	9/15/2014
SHOP 2015 Rates Announced	11/3/2014
SHOP Renewal Packets to Agents	Week of 11/3/2014
SHOP Renewal Packets to Employers	Week of 11/10/2014
SHOP Renewal Changes Due to Covered California	12/22/2014

# 2015 INDIVIDUAL DENTAL PLAN UPDATE

# 2015 DENTAL UPDATE

- All health plans in the individual market offer an embedded pediatric dental plan.
- Covered California is offering new optional family dental plans that can be purchased at an additional cost.

<b>Pediatric Dental (Embedded with Health Plan)</b>		<b>Family Dental Plans</b>
<i>Health Plan</i>	<i>Dental Plan</i>	<i>Dental Plan</i>
Anthem Blue Cross	Anthem Blue Cross	Access Dental Plan
Blue Shield of California	Blue Shield of California	Anthem Blue Cross
Chinese Community Health Plan	Delta Dental of California	Blue Shield of California
Health Net	Dental Benefit Providers	Delta Dental of California
Kasier Permanente	Delta Dental of California	Dental Health Services
L.A. Care Health Plan	Liberty Dental Plan	Premier Access
Molina Healthcare	California Dental Network	
Sharp Health Plan	Access Dental Plan	
Valley Health Plan	Liberty Dental Plan	
Western Health Advantage	Premier Access	

# FAMILY DENTAL LAUNCH

- Due to system limitations, the optional family dental plans, which offer coverage for adults, will not be available at the beginning of open enrollment, which starts Nov. 15, but are planned to be added in early 2015.
- Since this reduces the enrollment period for dental plans, we will be conducting marketing & outreach efforts to maximize adult dental enrollment in January 2015 through renewal notices and targeted e-mail messaging.
- Renewal notices and marketing materials will include messaging that children will already have dental benefits available to them through their health plan and enrolling children in the optional family plan will result in additional cost.
- The most likely reason to enroll a child in the family dental plan is if a dental provider they prefer for their child is not offered through their embedded coverage.

# BENEFIT REDESIGN PLANS FOR ONGOING IMPROVEMENT

Anne Price, Director, Plan Management

# COVERED CALIFORNIA BENEFIT REDESIGN PRINCIPLES

Covered California should promote stability and consumer understanding as we look to analyze and propose benefit design changes in 2016 and on an ongoing basis. The major principles Covered California will apply to efforts to improve benefit designs are:

- Covered California should maintain its philosophy of having standardized benefit designs to enable informed consumer choice between products, metal tiers and carriers.
- Changes in benefits should be considered annually based on consumers' experience related to access and cost.
- Data availability and analysis is critical to support any benefit change so results can be validated and informative for future year changes.
- Any changes to benefit designs should promote improvement for consumers' understanding of their benefits and their obtaining care at the "right place, right cost and right time"

# WHERE ARE WE?

- Several benefit design changes were considered for the 2015 plan year but because the plan was new and data was not yet available, it was not reasonable to propose changes where we had little or no reliable insight in to the impact on consumer access and cost
- While data is still limited as we begin our process for evaluating benefit changes for 2016, Covered California should consider incremental improvements to the current standard benefit designs
  - Evaluating potential changes will begin with the design changes discussed for 2015:
    - coinsurance
    - deductibles
    - cost sharing for specific services
  - Benefit changes will be considered as a multi year progressive strategy with consideration to market dynamics
  - Covered California will allow time for stakeholder and plan feedback on potential benefit changes



# COVERED CALIFORNIA INDIVIDUAL MARKET BENEFIT REDESIGN LANDSCAPE

2014

*year 1: coverage begins*

2015

*year 2: consistency and stability*

2016

*year 3: redesign improvements considered for access and cost*

2017

*year 4: progression of improvements considered for access and cost*

Statutory

Actuarial Value (AV) baseline

No change

AV updated

?

Essential Health Benefits (EHB) baseline

No change

No change

Possible slight changes

Reinsurance and Risk Corridor protection to plans

Reinsurance and Risk Corridor protection to plans *(reduction in available dollars)*

Reinsurance and Risk Corridor protection to plans *(reduction in available dollars)*

Reinsurance and Risk Corridors expire

Optional

Baseline: standard benefit design

No change

Incremental benefit changes

Incremental benefit changes

Baseline products/plans established

No change<sup>1</sup>

Possible product/plan changes

Likely product/plan changes

Standalone pediatric dental

Embedded pediatric dental benefit

No change

No change

No adult dental coverage

optional family dental

No change

No change

1. Health Net changed PPO product to EPO product due to regulatory requirement

# COVERED CALIFORNIA 2016 BENEFIT REDESIGN TIMELINE

ACTIVITY	DATE
Policy and Assessment Strategy for 2016 Benefit Design Options Presented to Board	September 2014 – October 2014
Review and analyze potential benefit design changes – gain stakeholder feedback	October 2014 – November 2014
Recommendation to Board of 2016 Benefit Design Changes – Board discussion	December 2014
Recommendation to Board of 2016 Benefit Design Changes – Board decision	January 2015
2016 Standard Benefit Designs Included in Recertification Notification to Health Plans	February 2015

# INSURANCE RATE PUBLIC JUSTIFICATION AND ACCOUNTABILITY ACT

# CONTEXT AND PROCESS

- **Operational Impact Analysis**
  - Initial questions for analysis presented to Board on June 19, 2014.
  - Testified at July 2, 2014 joint legislative hearing.
- **Meetings Held:**
  - Insurance Commissioner
  - Department of Managed Health Care
  - Consumer Watchdog (proponents)
  - California Association of Health Plans
  - Health Access, Consumers Union, and other stakeholders
- **Other Feedback:**
  - Reviewed testimony of Insurance Commissioner, Department of Managed Health Care, and others from the July 2 joint legislative hearing.
  - Received detailed responses form Department of Insurance, including additional follow-up letter
  - Reviewed 6 written comments received

# RATE REVIEW BALLOT INITIATIVE

## *Insurance Rate Public Justification and Accountability Act – Key Elements*

- **All Health Filings Subject to Approval Under Prop 103 Framework**

- Prior approval by Commissioner under Prop 103 statute:

*“No rate shall be approved or remain in effect which is excessive, inadequate, unfairly discriminatory, or otherwise in violation of this chapter.” Cal. Insurance Code § 1861.05(a)*

- Applies to all rates proposed or in effect as of November 6, 2012, with transitional period for rates in effect on January 1, 2014

- **Review By Two Regulators** [for plans also under DMHC jurisdiction]

- **Definition of “Rates”**

*“[B]enefits, premiums, [...] co-payments, coinsurance, deductibles, [...] and any other out of pocket costs of the policyholder.” Initiative proposed Cal. Insurance Code § 1861.17(g)(2)*

- **Hearings & Public Participation by Intervenors**

- Applies Prop 103 statutory framework for rate review hearings
- Under Prop 103, for any rate change application over 7%, Commissioner must hold hearing upon timely request by intervenor

# ANALYSIS

- Covered California has assessed the implications of the Proposition 45 (the “Act”) *as drafted* on our operations – with consolidation of rate regulation under one of two regulators, an intervenor process and building on Proposition 103 – not how rate regulation under other proposals could impact Covered California’s goals and approach as an active purchaser.
- Based on a plain reading of the Act, its broad definition of “rate,” and the rights of intervenors as implemented under Proposition 103, there could be significant detrimental impact on Covered California’s operations.
- The scope and nature of these impacts – either mitigating the potential harms or making them worse – are subject to the interpretation and implementation of the Act by an elected Commissioner and potentially the courts.

# 1. COVERED CALIFORNIA'S ROLE AS ACTIVE PURCHASER

- Covered California seeks to negotiate with health plans to achieve our “triple aim” strategy to lower costs, improve quality, and improve health outcomes, while assuring a good choice of plans for consumers.
- The plain language of the Act provides for a very broad interpretation of the factors that could be considered as part of rate regulation, including “anything that affects the charges associated with health insurance.” How networks, broader quality improvements, and other factors would be considered by CDI would be subject to the department’s regulations and potentially judicial interpretation.
- Covered California’s role as an active purchaser could be significantly undermined, if health plans are reluctant to consider or negotiate on factors other than price because of uncertainty about the subsequent price that will be approved (or ordered) by CDI.

## 2. TIMELINE FOR OPEN ENROLLMENT WITH POTENTIAL INTERVENORS AND REVIEW BY TWO REGULATORS

Timelines for final decision on rates under the initiative depend largely on the regulations CDI would issue and the interaction between CDI and DMHC. If for any reason a new rate is not approved in time for open enrollment, plans would “default” to the old rate for the entire next year. A timely completed review is essential to ensure that plans can rely on their new rates for the annual open enrollment period and the subsequent plan year.

- **Uncertainties:**

- Regulations to determine review and hearing processes would need to be established. Current timelines under Proposition 103 would provide significant disruption to the offering of plans for the annual open enrollment. While CDI has noted that it could either establish timelines or Covered California could require submission of rates at “whatever time is required” to meet deadlines, it has not elaborated on how that would be accomplished consistent with the due process requirements of the Administrative Procedures Act (which require formal hearing process rights for intervenors). Furthermore, it is uncertain how future Commissioners might impose different timelines.
- It is unclear to what extent DMHC reviews could occur concurrent to CDI’s review, or would need to wait until after CDI’s processes are completed. This is particularly important where CDI’s review would lead to changes by the plan of core elements required for DMHC’s regulatory oversight (e.g., network adequacy, benefit designs).



### 3. RISK OF WITHDRAWAL OF A PLAN

One risk of that Covered California needs to be concerned about is the potential of plans withdrawing in advance of or during the rate regulation process.

- The risk of plan withdrawal is uncertain. CDI has stated an intent to only order a rate that is both not “excessive and also adequate,” which should mean that carriers would not face dramatic losses based on regulated rate reductions.
- How plans might respond to rate regulation in the individual market, however, remains uncertain. To the extent a mandatory intervenor hearing process is unresolved in time to meet the open enrollment deadline, a plan’s proposed rate could not go forward. In addition, to the extent a the rate ordered by CDI was considered “too low” by a plan, a plan might evaluate potential losses and consider mitigation strategies that could include withdrawal from some or all rating regions in the individual market.

## 4. EFFECT ON PLANS IN 2015

- Under the Act, CDI has the ability to conduct retrospective review of rates on all plans from 2012 through 2015. In the event there is a rate regulation finding that the rate was too high, plans could be required to pay rebates to the affected consumers.
- Rate changes filed for 2015 would be “deemed approved” because the rates for 2015 would have been filed more than 60 days prior to enactment of the Act.

## 5. IMPACT TO FEDERAL SUBSIDIES FOR CONSUMERS

- Almost 90% of Covered California’s consumers receive federal subsidies to reduce their net premiums. The amount of the tax credits and the resulting net price to the consumer is based on the relationship between plan prices in a given region.
- The impact of a rate regulation action lowering or raising rates would have the direct affect on the consumer enrolled in that plan – having their rate increased or decreases. For consumers in other plans, if the rate change sets a new “second lowest silver” plan some consumers could see their costs increase due to the adjustment of the prices used for the tax credit calculation and the potential reduction of the purchasing power of the tax credits.
- While these impacts are possible and could be disruptive relative to Covered California’s marketing and operations, they are not different in kind from what can and does happen when plans bid rates that change their price position relative to other plans in a given region.

# LEGISLATIVE UPDATE

David Panush, Director of External Affairs

# KEY LEGISLATION

- **California Health Benefit Exchange: Appeals**  
AB 617 (Nazarian)  
Location: Senate Floor
- **California Vision Care Access Council**  
AB 1877 (Cooley)  
Location: Senate Floor
- **Schools: Health Care Coverage Enrollment Assistance**  
AB 2706 (Hernandez)  
Location: Senate Floor

# KEY LEGISLATION

- **Privacy: Personal Information**

SB 974 (Anderson)

Location: Assembly Appropriations – Held in Suspense

- **Health Care Coverage: Formularies**

SB 1052 (Torres)

Location: Assembly Floor

- **Medi-Cal: Statewide Automated Welfare System**

SB 1341 (Mitchell)

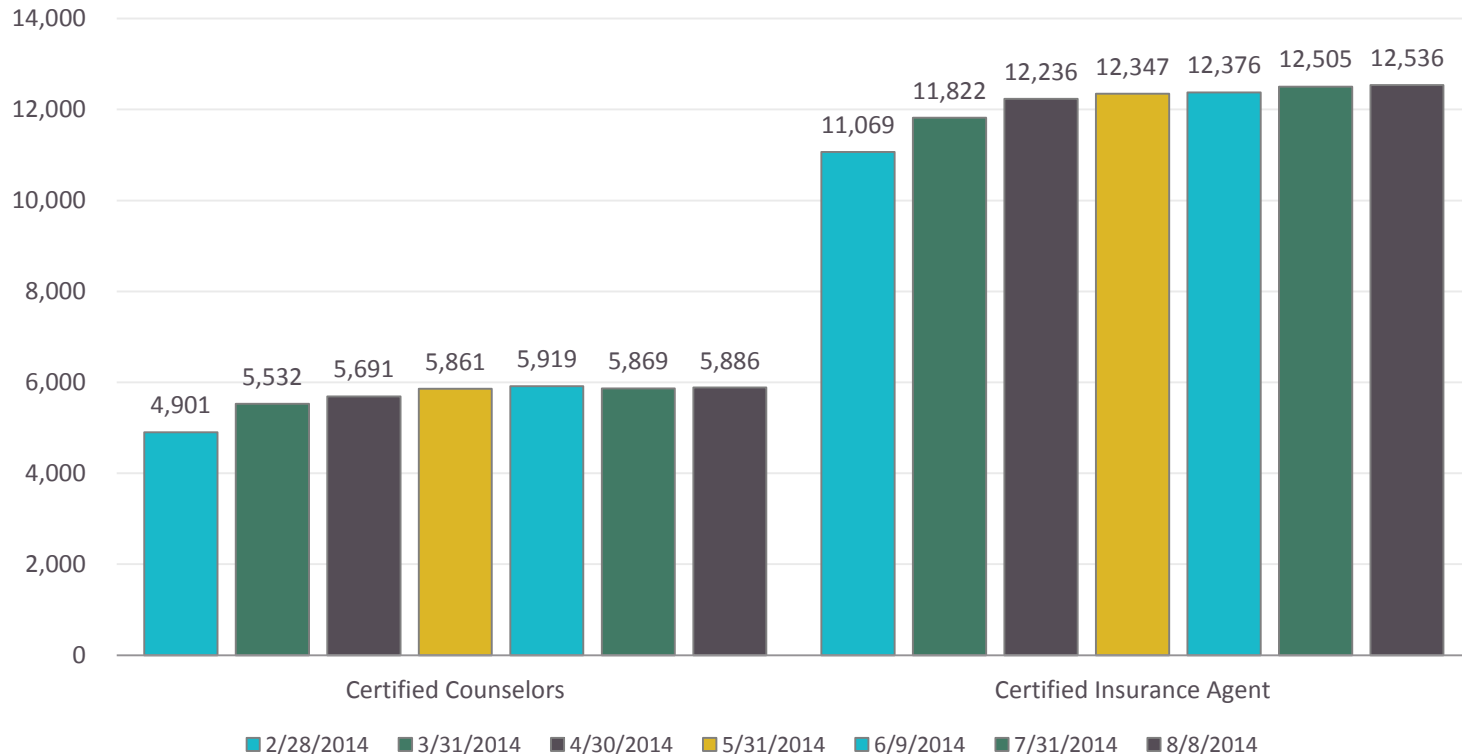
Location: Assembly Floor

# APPENDIX OUTREACH UPDATE

# ENROLLMENT SUPPORT: KEY METRICS

5,886 Certified Enrollment Counselors (as of August 11, 2014)  
57% Spanish; 3% Cantonese; 3% Other; 3% Mandarin;  
2% Vietnamese; 1% Tagalog Speaking.

12,536 Certified Insurance Agents (as of August 11, 2014)  
15% Spanish; 5% Chinese; 5% Korean; 4% Mandarin;  
3% Cantonese; 3% Vietnamese Speaking.





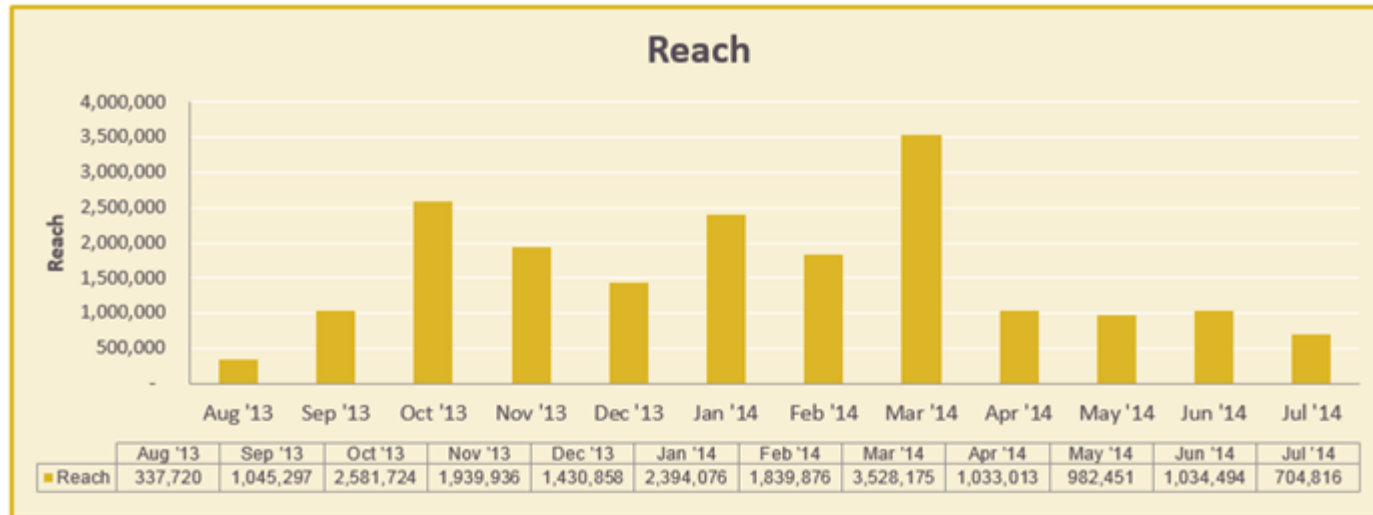
# ENROLLMENT SUPPORT: COMPENSATION

Payment Date	# Certified Enrollment Entities Paid	Total Paid
March 14, 2014	276	\$308,154
April 10, 2014	373	\$469,742
May 12, 2014	417	\$474,092
June 17, 2014	494	\$704,410
~August 18, 2014	458	\$395,850
Total Paid for Covered CA Plans		\$2,352,248

	# Certified Enrollment Entities Paid	Total Paid
Covered CA Plans	542	\$2,352,248
Medi-Cal Payments (paid June 26, 2014)	388	\$1,129,144
Medi-Cal Payments (estimated Sept. 1, 2014)	80	\$55,506
Total Payments Made to Certified Enrollment Entities		\$3,536,898

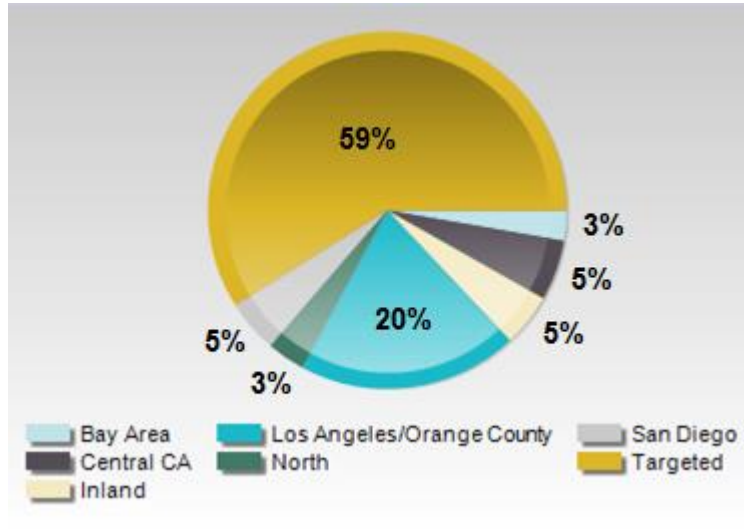
# OUTREACH: KEY METRICS

- 2,640 Certified Educators (as of August 8, 2014)
- Outreach & Education Grantee reach:
  - **23.3 million overall reach**
  - 19.7 million individual consumers
  - 1.6 million business owners
  - 1.9 million medical professionals



Source: Grant Program Administrative System as of 8/8/14

# NAVIGATOR PROGRAM: APPLICATIONS RECEIVED



Region	Applications Submitted	Amount Requested
Bay Area	4	\$1,760,500
Central CA	8	\$4,794,087
Inland	7	\$3,632,044
LA/Orange	29	\$13,802,851
North	5	\$2,110,000
San Diego	7	\$3,827,039
<b>Targeted</b>	<b>86</b>	<b>\$35,562,751</b>
<b>Total</b>	<b>146</b>	<b>\$65,489,272</b>

	Number of Applying Organizations
Active Certified Enrollment Entities	86
Current Outreach & Education Grantees	19
Current Outreach & Education Subcontractors	10

Total number of Certified Enrollment Counselors proposed in applications: **2,596**

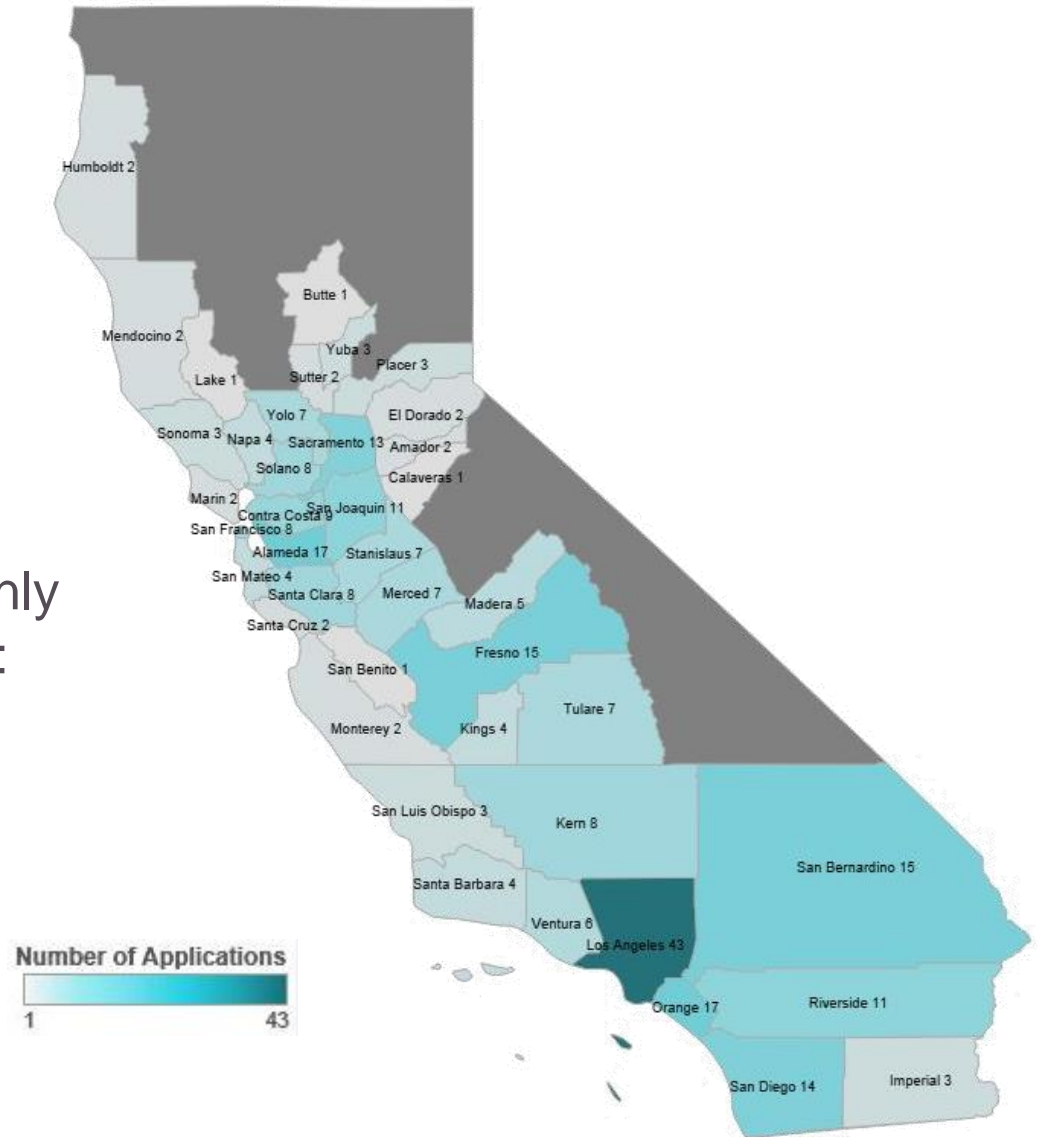
# NAVIGATOR PROGRAM: APPLICATIONS RECEIVED

Regional Funding Pool Only  
Applications Submitted:  
**60**



# NAVIGATOR PROGRAM: APPLICATIONS RECEIVED

Targeted Funding Pool Only  
Applications Submitted:  
**86**



# APPENDIX

# CONSUMER WEBSITE UPDATE

# KEY WEBSITE INITIATIVES – UPDATE FROM JUNE

- Providing System Support to Aid in Medi-Cal Processing
  - CalHEERS Project working with DHCS and Counties to prioritize enhancements, defect remediation and special batch processing / reports to assist in efforts to accelerate processing of new Medi-Cal applications.
  - **UPDATE:** This work continues. Key improvements for income processing were implemented in early August and have resulted in an approximately 85% decrease in incidents relating to income. Batch processes to help clear pending verifications have been successful to date and are continuing with close coordination with counties. Many more significant enhancements for Medi-Cal processing will implement in early October and November.
- Performance Improvements
  - Project is analyzing recommendations for infrastructure expansion in anticipation of increasing volumes for Medi-Cal and to prepare for 2015 Open Enrollment.
  - **UPDATE:** Infrastructure expansion to support anticipated on-line and eHIT volumes is on track to complete the end of September 2014.
- Functional Improvements
  - Continued work with sponsors and stakeholders to ensure the most critical enhancements are completed for the Medi-Cal and Covered California programs.
  - **UPDATE:** Focus is on changes and improvements for Medi-Cal processing, renewal processing and open enrollment.

# CALHEERS UPDATED RELEASE PLAN

July 2014 – December 2014

## Clear Medi-Cal Pending Cases and eHIT Improvements

- Income Reporting Enhancements (Completed)
- Remote Identity Proofing (Completed)
- Provide ability to Determine Retro Eligibility (“Prior Months Pending”) (Completed)
- Send Notice of Withdrawal of Apps in CalHEERS to SAWS (Completed)
- Special Batch Processing for Missing Verifications (Ongoing)
- Verification Plan Updates (including Caching values to reduce hits to FedHub) (October 2014)
- Provide Eligibility Workers Ability to Remove “Soft Pause” (November 2014)
- Real-time Error Reporting to Eligibility Workers (November 2014)



# CALHEERS UPDATED RELEASE PLAN

August 2014 – December 2014

## MAGI Medi-Cal and Covered California Renewals

- Pre-notifications to consumers to update on-line accounts (Completed) and e-verification authorizations (Early September 2014)
- Renewal notices for Covered California and Support for SAWS pre-populated renewals (October 2014)
- Mixed household (APTC and MAGI) renewals (October 2014)
- Support for carrier renewal transactions and notices (October 2014)
- Eligibility notices for 2015 enrollment (November 2015)

# CALHEERS UPDATED RELEASE PLAN

November - December 2014

## Second Year Open Enrollment for QHP

- Updates to align paper and on-line application
- Updates based on advocate feedback
  - Examples include updating wording and instructions for pregnant women and foster youth
- Updates based on consumer / usability feedback
  - Usability experts have been engaged and are building a more unified website incorporating learning opportunities and more streamlined access to application for insurance
- Full scope voter registration requirements
- New 1095 (APTC Credit notices) to IRS and consumers for 2014 Tax Year
- On-line payments for QHP enrollments
- CalHEERS / SAWS eHIT Enhancements
  - Enhanced renewal, soft pause and single streamlined application (SSA) features

# APPENDIX

# SERVICE CENTER UPDATE

# SERVICE CENTER UPDATE

- Improving Customer Service
  - Balancing staffing during Special Enrollment to assist with inconsistency verification efforts and incoming contact volumes in preparation for the open enrollment period.
- Enhance Technology Solutions
  - Continued development to identify key areas of opportunity to leverage the IVR and enhance self-service utilization based on lessons learned from open enrollment.
- Clarifying channels and improved communications
  - Service Center resources are focused on inconsistency verification efforts to complete enrollment processing.
  - Active planning of upcoming staffing and scheduling for renewals and open enrollment.

# STAFFING UPDATE

- Rancho Cordova and Contra Costa Service Centers are receiving general inquiry, application & enrollment and now ongoing support contact volumes in support of the Covered California marketing efforts statewide.
- Fresno Service Center is dedicated to the inconsistency verification efforts.

Staff Group	7/1/2014 Target	7/1/2014 To Date	8/1/2014 Target	8/1/2014 To Date
Service Center Full Time Equivalent Representatives	355	578	372	547
Other staff (Management, Back Office, Quality Assurance, etc...)	280	174	280	193
<b>Total</b>	<b>635</b>	<b>752</b>	<b>652</b>	<b>740</b>

- All three Covered California Service Centers are set up to handle statewide calls using the “first available Service Center Representative model.”
  - Fresno – 301 SCRs, 54 leads
    - All Fresno SCRs off phones dedicated to the inconsistency verification activities
  - Rancho Cordova –178 SCRs, 24 chat SCRs, 30 Hotline SCRs, 16 leads
  - Contra Costa- 42 CSAs, 22 leads

# SERVICE CENTER PERFORMANCE UPDATE

Service Center Metric	Goal	July 2014 Stats
Total Calls Offered		217,174
Service Level	80% of calls answered within 30 seconds	38.4% of calls answered within 30 seconds
Abandoned Calls	3% or less of calls abandoned	31.2% of calls abandoned
Total Dialed Attempts		312,836
Busy Message Presented to Callers	0% or less of calls receive busy message	3% or less of calls receive busy message

## Top Inquiries

1. Consumers calling to check status of their Medi-Cal application
2. Consumers calling with questions on notices of action
3. Calls to update application information or make changes associated with a qualifying event
4. Consumers calling to change their effective date of coverage
5. Consumers calling to inquire on dis-enrollment or health plans cancelation

*Note: Performance metrics are measured monthly. Abandoned Calls: includes callers who may listen to FAQ messaging while on hold and release the call prior to speaking with an SCR*

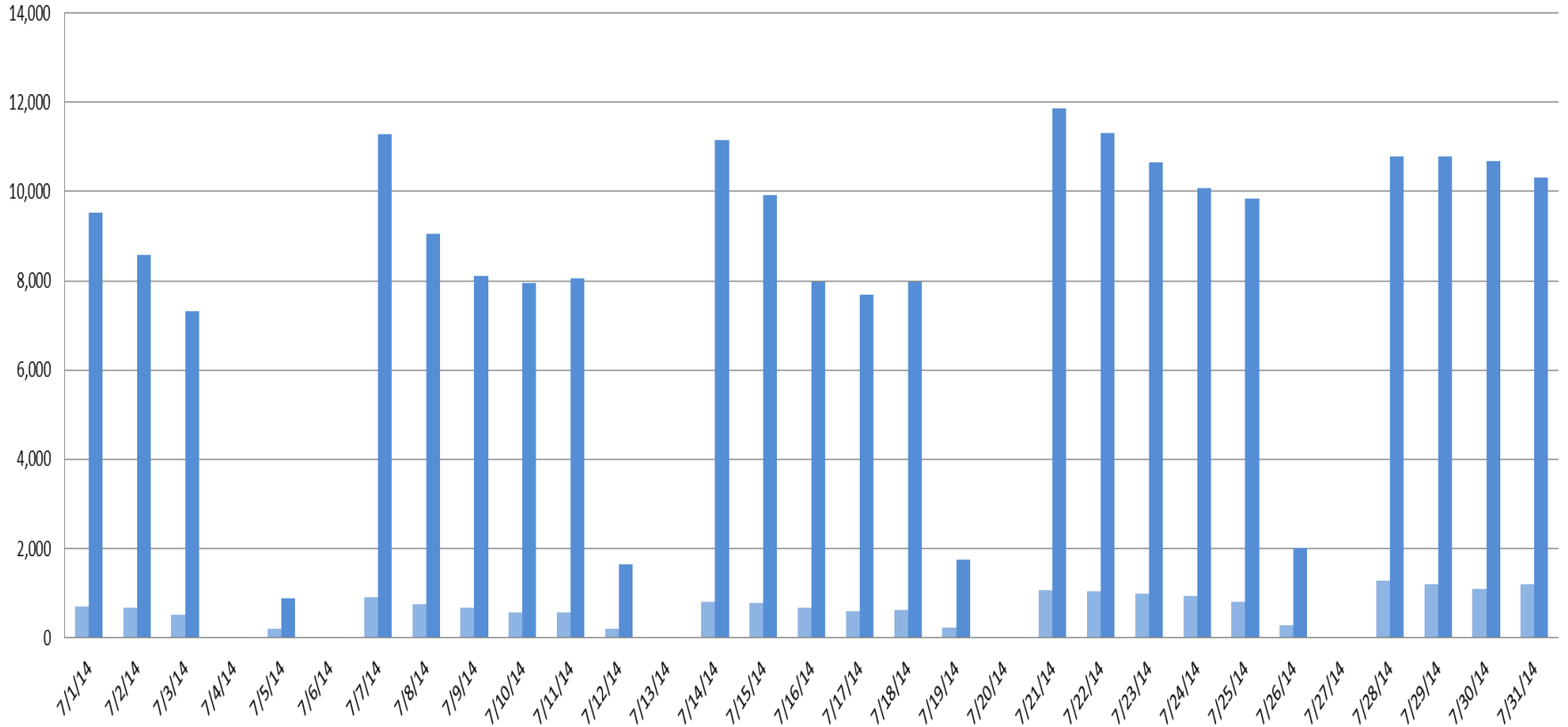
# JULY INDICATORS

- July contacts have increased slightly in voice and chat volumes during special enrollment likely attributed to status checks and notification of action to consumers.
- Average Handle Time in July has increased by nearly 2 minutes from June likely attributed to the increase in general inquiries, notices and status updates.
- Average Speed of Answer has increased by 10 minutes in July from the June Average Speed of Answer as a result of the reduced resources creating longer wait times in the IVR.
- Abandonment Percentage has increased in July by 27.7% over June with the reduced resources and longer wait times associated with dedicating resources to inconsistency verification activities.

*Note: Abandonment Percentage: includes callers who may listen to FAQ messaging while on hold and release the call prior to speaking with an SCR*

# SERVICE CENTER PERFORMANCE UPDATE

## Voice & Chat Offered Volumes

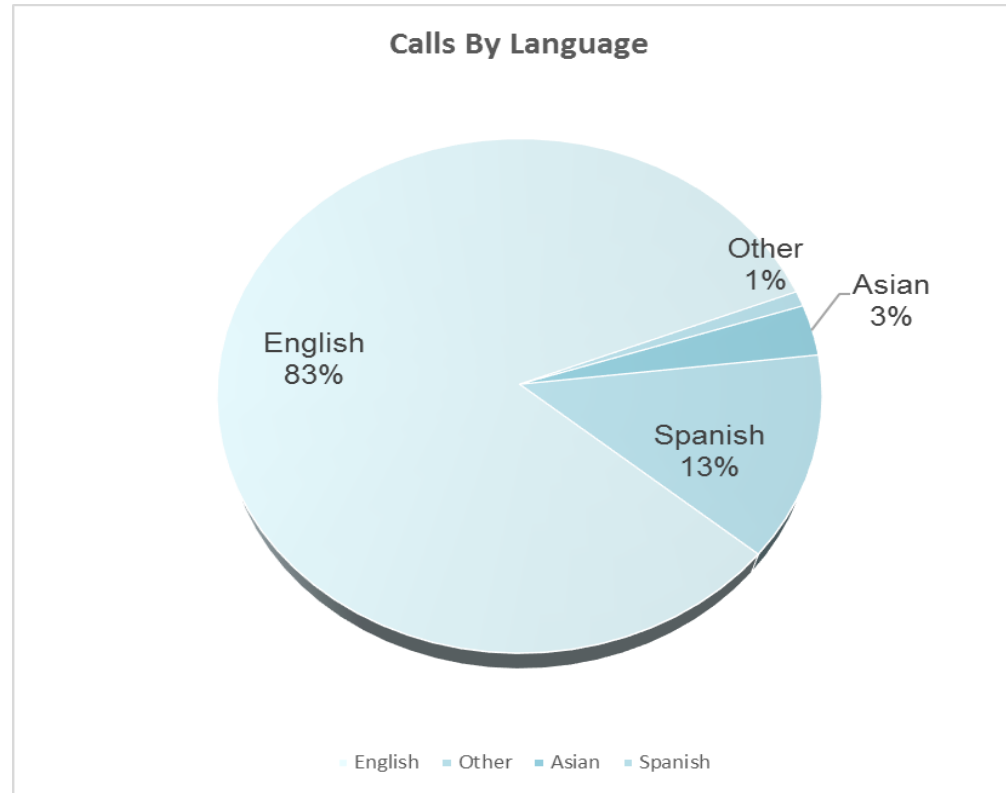


	7/1/14	7/2/14	7/3/14	7/4/14	7/5/14	7/7/14	7/8/14	7/9/14	7/10/14	7/11/14	7/12/14	7/14/14	7/15/14	7/16/14	7/17/14	7/18/14	7/19/14	7/21/14	7/22/14	7/23/14	7/24/14	7/25/14	7/26/14	7/1/14			
Chat Offered	694	683	511	0	192	907	748	679	570	560	205	810	764	665	589	607	235	1,055	1,031	980	932	802	272	1,286	1,195	1,097	1,190
Voice Offered	9,535	8,576	7,328	0	878	11,290	9,039	8,094	7,960	8,063	1,647	11,156	9,926	7,962	7,693	7,963	1,740	11,850	11,320	10,666	10,064	9,837	2,000	10,793	10,783	10,685	10,326

*Note: Performance metrics are measured monthly. Voice queues open for consumers Monday through Saturday. May 26<sup>th</sup> Serviced Centers closed for the observed holiday*

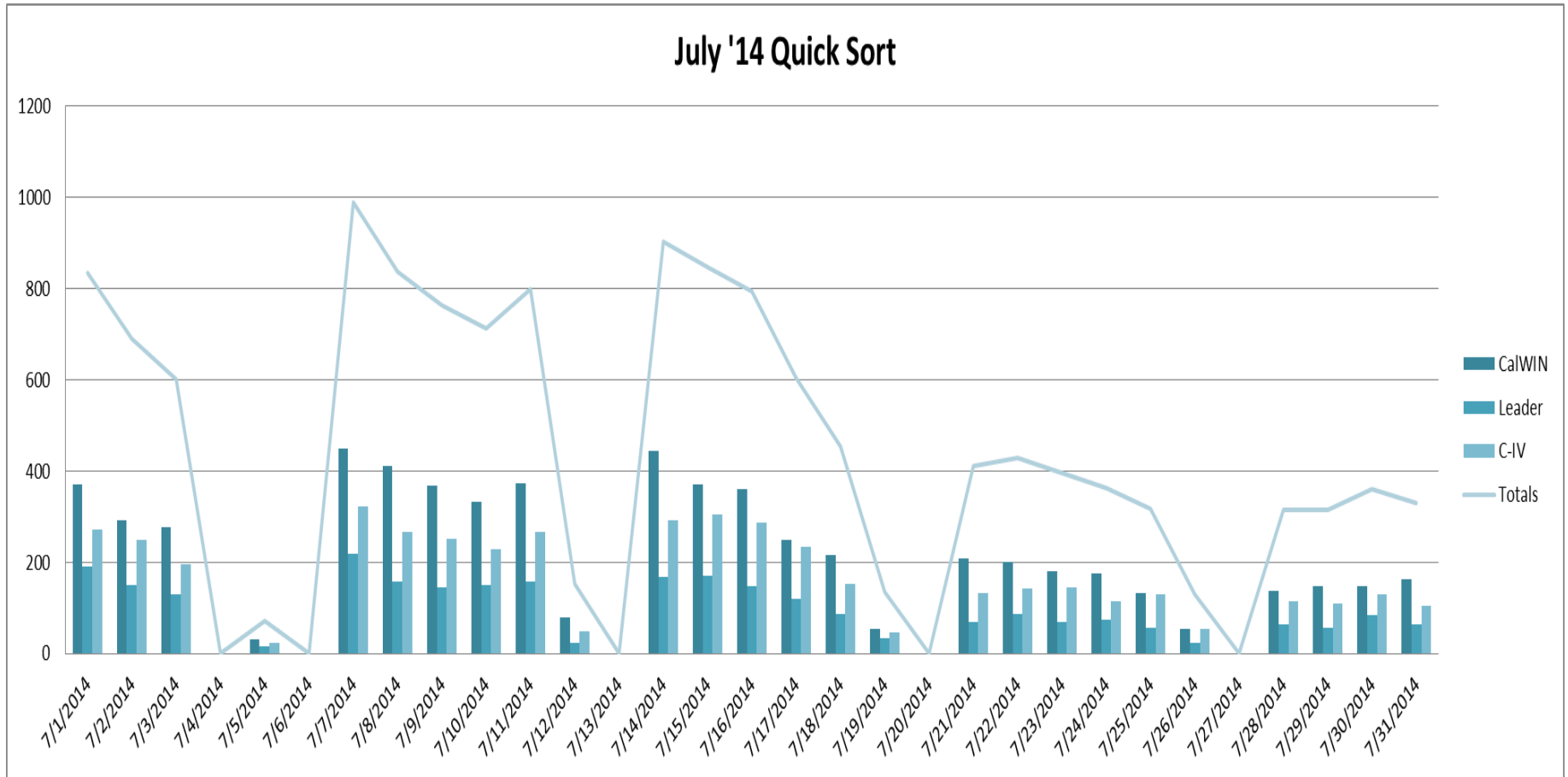


# LANGUAGE DISTRIBUTION OF CALLS HANDLED



- Service Centers are supporting calls in all 13 languages and using an interpreter service when an in-language Service Center Representative is not available.
  - Service Center Representatives are handling 57.63% of non-English calls
  - Contracted language line representatives are handling 42.37% of non-English calls
- 77 Covered California Service Center Representatives answering multi-lingual calls and 5 multi-lingual SCRs in chat.
- 71% of Service Center staff hired since July 15, 2014 are bilingual, and 65 new bilingual representatives will begin taking calls on September 2, 2014.

# QUICK SORT VOLUMES



## Weekly Quick Sort Transfers to County/Consortia

Weekly Transfers  
2,200  
Partial Week

Weekly Transfers  
4,257

Weekly Transfers  
3,738

Weekly Transfers  
2,049

Weekly Transfers  
1,324  
Partial Week

*Note: Voice queues open for consumers Monday through Saturday except for Friday, July 4<sup>th</sup> due to observed holiday.*

# COVERED CALIFORNIA/COUNTY WORKFLOW COORDINATION QUICK SORT PERFORMANCE

Quick Sort Metrics	Service Level Standards	C-IV	CalWIN	Leader
Average Speed of Answer		3 Seconds	13 Seconds	6 Seconds
Service Level	80% of calls answered within 30 seconds	98.8% of calls answered within 30 seconds	97.1% of calls answered within 30 seconds	99.4% of calls answered within 30 seconds
Abandoned Calls	3% or less of calls abandoned	.07% of calls abandoned	1.27% of calls abandoned	.4% of calls abandoned
Busy Signals Presented to Callers	0% or less of calls receive busy signal	0% of calls received busy signal	0% of calls received busy signal	0% of calls received busy signal

- Continued refinement of Quick Sort processes with the Consortia and Service Center have shown continued improvement in process accuracy and delivering a seamless customer experience.
- County/Consortia, DHCS and Covered California weekly operational meetings implemented to maintain operational focus.

## AVERAGE PERCENT OF QUICK SORT TRANSFERS JULY '14

