EXECUTIVE DIRECTOR'S REPORT
Peter V. Lee, Executive Director | April 16, 2015 Board Meeting

ANNOUNCEMENT OF CLOSED SESSION ACTIONS

OVERVIEW

Executive Director's Report
- 24-Month Roadmap
- Special Enrollment Period Update
- Tax Form 1095 Update
- Board Planning Calendar
- Marketing and Public Relations Update
- SHOP Update
- Quality Rating System and Essential Community Partner Updates

Covered California Policy and Action Items
- Proposed 2016 Revenue Assessment (Action)
- Proposed Enrollment Assistance Program Changes (Action)
- Covered California Regulatory Changes
  - Certified Application Counselors (Action)
  - 2016 Standard Benefit Design Re-Adoption (Action)
  - Individual Eligibility and Enrollment Re-Adoption (Action)

24-MONTH COVEREDCA.COM ROADMAP

24 MONTH COVEREDCA.COM ROADMAP

- CalHEERS Project, Covered California, Department of Health Care Services, County Welfare Directors Association and Statewide Automated Welfare Systems collaborated to develop a comprehensive plan delineating major CalHEERS system initiatives and related partner's system critical events and dependencies.

- The Roadmap will enable overarching strategic and tactical planning for the implementation of programmatic changes desired by each system organization and Sponsors.

- As sponsors, both Covered California and the Department of Health Care Services will continue to seek stakeholder feedback on the plan and priorities through the AB1296 stakeholder group.

SPECIAL ENROLLMENT UPDATE

SPECIAL ENROLLMENT PERIOD UPDATE

- Reminder: the limited-time only qualifying event for consumers who did not realize there was a tax penalty in 2014 or learned they may face a penalty in 2015 ends on April 30th, 2015.

- Consumers continue to be eligible for special enrollment under other qualifying life events like:
  - Marriage
  - Loss of insurance
  - Birth
  - Income changes

- Consumers are always able to apply for the Medi-Cal Program throughout the year.

- For more information on special enrollment and the full list of qualifying life events, please visit the Covered California website at: http://www.coveredca.com/individuals-andfamilies/getting-covered/special-enrollment/

SPECIAL ENROLLMENT UPDATE

- **74,789**: Total number of special enrollments from February 23 through April 12, 2015

SEP Reason	Number of Individuals
American Indian/Alaskan Native	1,184
Detected change in eligibility for APTC/CSR	600
Gained citizenship/lawful presence	293
Got married or entered into domestic partnership	270
Had a baby	369
Informed of Tax Penalty Risk	22,659
Lost my health insurance including Medi-Cal	25,712
Other qualifying life event	21,794
Permanently moved to/within California	1,863
Returned from active duty military service	45
Grand Total	**74,789**

1095-A UPDATE

1095-A UPDATE

- The IRS recently announced that any individual who enrolled in qualifying marketplace coverage, including Covered California, and received an incorrect Form 1095-A and filed his or her tax return based on that form does not need to file an amended tax return.

- The IRS says it will not pursue the collection of any additional taxes from these individuals based on updated information in the corrected forms.

- Covered California consumers who received an incorrect 1095-A form and have not filed their taxes may be interested in an announcement from federal officials on April 3, 2015, which stated that consumers who have not filed their taxes due to problems related to a 1095-A form will soon have guidance from the Treasury and the IRS on the implementation of penalty relief for individuals in this situation as long as they file a return by Oct. 15.

- We are working diligently to ensure every Covered California consumer receives a corrected 1095-A form as soon as possible.

- For those who have filed a dispute regarding an incorrect 1095-A form or for not having received a 1095-A form, Covered California is working to resolve disputes as quickly as possible.

COVERED CALIFORNIA

BOARD CALENDAR

PLANNING CALENDAR

APRIL 2015	MAY 2015	JUNE 2015
Board Action • Adopt 2016 per member per month QHP assessment **Board Discussion** • QHP Benefit Design (Specialty Rx) **March/April Key Activities** • Hold service channel regional meetings • Release request for proposals for marketing services and for public relations/communications • Release legislative report	**Board Action** • QHP Benefit Design (Specialty Rx) **Board Discussion** • Present draft fiscal year 2015-16 budget • Present initial NORC survey findings **Key Activities** • Release request for proposal for Navigator grants	**Board Action** • Adopt fiscal year 2015-16 budget • Quality Reporting Format **Board Discussion** • TBD **Key Activities** • TBD

SMALL BUSINESS SHOP PROGRAM

COVERED CALIFORNIA FOR SMALL BUSINESS

Program Update

Current Small Business (SHOP) Enrollment Through 3/1/15	
Members	15,644
Groups	2,289
Certified Agents Who Have Sold SHOP	1,100
Small Business Commission Update	
Agent Commissions Caught Up	May –est.
Agent Commission Automation Starts	June – est.
Small Business Operations	
New Group Set Up and Invoice	98% in two days
Small Business Marketing	
New Print and Digital Campaign	Starts April 20

COVERED CALIFORNIA

SMALL BUSINESS MARKETING AND SALES

- New marketing Campaign Starts April 20

- Naming convention change from "SHOP" to "Covered California for Small Business"

SMALL BUSINESS MARKETING AND SALES CONT..

Your employees take control
of their own health plan options.

You take control of your health care budget.

Feels good when
everyone's in control.

Print Advertising
-Business Publications

New Name

Through Covered California for Small Business, you could be eligible for a tax credit. You set the budget you can afford, your employees choose from a variety of health plans to find the one that's right for them. What a healthy approach to business. **Contact Covered California or a certified agent today.**

(844) 332-8384 | CoveredCA.com/small-business

COVERED CALIFORNIA

FOR **SMALL BUSINESS**

COVERED CALIFORNIA

SMALL BUSINESS MARKETING AND SALES CONT..

2015 QUALITY RATING SYSTEM (QRS) UPDATE

Jeff Rideout, Senior Medical Advisor, Quality and Network Management

WHERE WE HAVE BEEN WITH QRS

- Covered California has produced a CAHPS based QRS for both 2013 and 2014 open enrollment

- 4 star scale- 75th percentile and above earns top score

- Regional (Region IX CMS) PPO benchmark applied to all products to determine the 1-4 star categories

QHP Global Rating	Domains	Composites/Measures	# of Questions
Global Rating of Plan (Star Rating)	Access to Care	Getting Needed Care	2
		Getting Care Quickly	2
	Doctors & Care	Rating of All Health Care	1
		Rating of Personal Doctor	1
		Rating of Specialist	1
	Plan Service	Customer Service	2
		Rating of Health Plan	1

REGION 15/16 QUALITY RATING SYSTEM

REGIONS 15 & 16 — Los Angeles County	Quality Rating
Anthem Blue Cross of California EPO, HMO	★★★
Blue Shield of California PPO	★★★
Health Net HMO, HCSP	★★★
Kaiser Permanente HMO	★★★★
L.A. Care Health Plan HMO	★★
Molina Healthcare HMO	★★

COVERED CALIFORNIA

FOR OPEN ENROLLMENT 2015-CMS BETA TEST

- Federally mandated participation by all QHPs
  - 10-15 CAHPS measures and 19 HEDIS measures in 2015
  - Survey in Q1 2015 for member experiences July-Dec 2014; CMS analysis in Q2-Q3 2015
  - Will change for 2016 Federal QRS based on beta test findings

- Sampling by QHPs is not standardized — on/off exchange, inclusion/exclusion of SHOP — may require score adjustments

- CMS will provide the de-identified QHP survey data directly to Covered California and national and regional benchmarks

- Public reporting is NOT required in 2015. CA is likely the only State Based Marketplace (SBM) publicly reporting QRS

- Covered California has 2 of 19 national advisors on the Federal QRS Technical Advisory Group (led by Booz Allen)

CURRENT RECOMMENDATIONS FOR 2015 QRS

★ Report the same 10 measures in the existing Covered California QRS using the QHP Enrollee Survey ("Beta Test") results

★ Expand from a 4-star rating to a 5-star rating system-use 25th, 50th, 75th, & 90th percentiles to create the 5 performance categories*

- Report ratings at the product type level (HMO, PPO, EPO)

- Use a single set of CMS benchmarks across all product types (HMO, PPO, EPO)

★ Blend the national and HHS western region results to create the benchmark (50:50)

- Report the global rating in the health plan compare summary information

★ Report the 3 domain ratings (Access, Plan Service, Doctors & Care) publicly*

- Do not report clinical effectiveness measures (HEDIS) for 2015 but plan for use in 2016

    ★ *Notes major change vs. 2014*   ** Get Insured 2.0 dependent*

FOR DISCUSSION — NOT ACTION — TODAY

COVERED CALIFORNIA

MEASURE SUMMARY FOR 2015

Publicly reported 2013, 2014

QHP Global Rating	Domains	Composites/Measures	# of Questions
Global Rating of Plan (Star Rating)	Access to Care	Getting Needed Care	2
		Getting Care Quickly	2
	Doctors & Care	Rating of All Health Care	1
		Rating of Personal Doctor	1
		Rating of Specialist	1
	Plan Service	Customer Service	2
		Rating of Health Plan	1

Publicly reported 2015 — recommended
(required in 2016)

KEY HURDLES AHEAD

- CMS benchmark data not available before August 2015 — Open Enrollment starts in October

- CalHEERs will need to be prepared to support five-star schema and possibly 3 domain scores for each plan/product- decision on Get Insured 2.0 will facilitate that

- CMS will supply the CAHPs de-identified survey data (June) and benchmarks (August); Covered California will do the analytic work to aggregate the scores into the global ratings (stars)

FINAL NOTES

- The 2015 QRS performance accounts for 15% of the overall Performance Guarantees in the QHP contract ("attachment 14")
  - 5% for each domain- access, doctors & care, plan service
  - Penalty for <50th percentile; credit for >75th percentile

- A standard Federal QRS, including a broader set of CAHPS and HEDIS measures, will be mandated for 2016 Open Enrollment and beyond. The Federal QRS will be much more comprehensive than the 2015 Covered California QRS

QUESTIONS

ESSENTIAL COMMUNITY PROVIDER (ECP) STATUS AND ACCESS TO CARE IN VULNERABLE COMMUNITIES

Jeff Rideout, Senior Medical Advisor, Quality and Network Management

THINKING ABOUT ACCESS

QHP Provider Networks – "Network Adequacy"

- Primary responsibility of regulators to assess and license products/ networks

QHP ECP Networks 340B, DSH, HiTech

- Covered California responsibility to assess and certify Essential Community Provider (ECP) networks of QHPs

QHP Networks to assure service to low-income communities

- "Active purchaser" role for Covered California

- New effort to identify areas of high concentration of low-income populations and access to medical care

WHERE WE ARE GOING

- Quarterly ECP and primary care access review meetings with each QHP (now on-going)

- Monitor QHP contractual performance guarantee related to ECP compliance

- Discuss performance expectations during QHP certification and re-certification

- Consider updating policy to expand ECP requirement to include more non-340B primary care clinics or physicians in areas of high need for 2017 contract.

FOCUSING ON OVERALL NETWORK STATISTICS

QHP Provider Networks – "Network Adequacy"

- Primary responsibility of regulators to assess and license products/ networks

QHP ECP Networks

340B, DSH, HiTech

QHP Networks to assure service to low-income communities

OVERVIEW

- **61,000+ unique physicians — >75% of all active, licensed, non-hospital-based physicians in California**

- **403 acute care hospitals — 87% of all licensed acute care hospitals in California**

- **137 medical groups/IPAs — 40% of all DMHC Risk Bearing Organizations (RBOs)**

- Primary focus of regulators licensing plan networks is based on network adequacy and timely access

- Covered California's focus on provider networks includes improving opportunities for access and transparency for consumers in areas related to:
  - Monitor the plan's provider networks as part of certification
  - Implementation of an online provider directory (future objective)

FOCUSING ON "ECP" REGULATIONS

QHP Provider Networks – "Network Adequacy"

QHP ECP Networks 340B, DSH, HiTech

- Covered California's responsibility to assess Essential Community Provider (ECP) networks of QHPs

QHP Networks to assure service to low-income communities

COVERED CALIFORNIA'S USE OF FEDERAL ECP GUIDELINES — AUGUST 2012 BOARD

August 2012 Board Decision	vs. Federal Guidelines	Impact Covered CA Policy
County level (not Rating Region)	Not specified	Allows greater specificity with regard to ECP distribution
15% target of all ECPs with a 340B certification, including one in each of the 340B subcategories*	Matched original Federal expectations	Consistency with Federal guidelines
340B (Clinics & Hospitals) PLUS 1204a** PLUS HiTech**((MDs)	Goes beyond Federal explicit minimum of 340B	Includes non-340B clinics (1204a) and physicians
Distribution analysis	Not specified beyond one of each type	Allowed identification of "hot spots" within a county where ECP (all types) availability may be limited

*   See appendix

** 1204a: A Primary Care Clinic licensed by the California Department of Public Health as either a "Community" or "Free" clinic

*** HiTech providers are MDs that applied for Federal funds for EMR implementation based in part on their documented provision of services to Medi-Cal enrollees for at least 30% of the practice. It serves as a proxy for MDs serving low income individuals

ESSENTIAL COMMUNITY PROVIDER (ECP) PROGRESS

- ★ Plan Management has created a comprehensive ECP network dashboard to monitor and evaluate the continued development of ECP provider networks utilizing the provider data supplied by the carriers on a quarterly basis

- ★ Plan Management has had several meetings with our carriers (accounting for more than 75% of our enrollment) for in-depth analysis of ECP networks and to assess progress on development and distribution of these networks

- ★ Most of our carriers have made significant improvements to their ECP networks in terms of meeting contract requirements and achieving adequate distribution although there is opportunity for improvement

- ★ As of March 2015, close to 90% of our enrollees are enrolled with carriers who have met the 15% ECP requirement in the region in which they reside

- ★ Additionally, 85% are enrolled with carriers who have 4 or more of the 7 ECP subcategories* in the region in which they reside

*See Appendix for subcategories of ECP's

HOWEVER, FOCUSING PRIMARILY ON 340B PROVIDERS HAS LIMITATIONS

Covered California believes that adding additional types of primary care providers particularly in areas that are more densely populated with lower income consumers is worthwhile and necessary to ensure access to care for the most vulnerable segments of our enrollment

| Open Issue	Impact
Multiple types of 340B providers; all "count" equally toward 15%	Masks gaps in specific 340B types (such as Ryan Whites) and/or overstates ECP availability by type or geographic distribution
Federal guidelines are now 30% of ECPs and one of each type; however not required	Implies a higher standard than current Covered CA, which stakeholders frequently cite; however actually ignores the distribution issue
Most MDs are not "HiTech" qualified, even in low income areas	>50% of care in low income communities (<200% FPL) is provided by MDs that are currently not considered "ECPs"
Many safety net providers (clinics and MDs) feel "left out" by Covered CA and Health Plans because they are not 340B certified	No requirement or incentive for plans to contract with these providers in the current environment and consumers have historically used these providers prior to ACA

FOCUSING ON ACCESS IN VULNERABLE COMMUNITIES

QHP Provider Networks – "Network Adequacy"

QHP ECP Networks 340B, DSH, HiTech

QHP Networks to assure service low-income communities

- "Active purchaser" role for Covered California

- New effort to identify areas of high concentration of low-income populations and access to medical care.

Studies show that income is a key attribute of health status
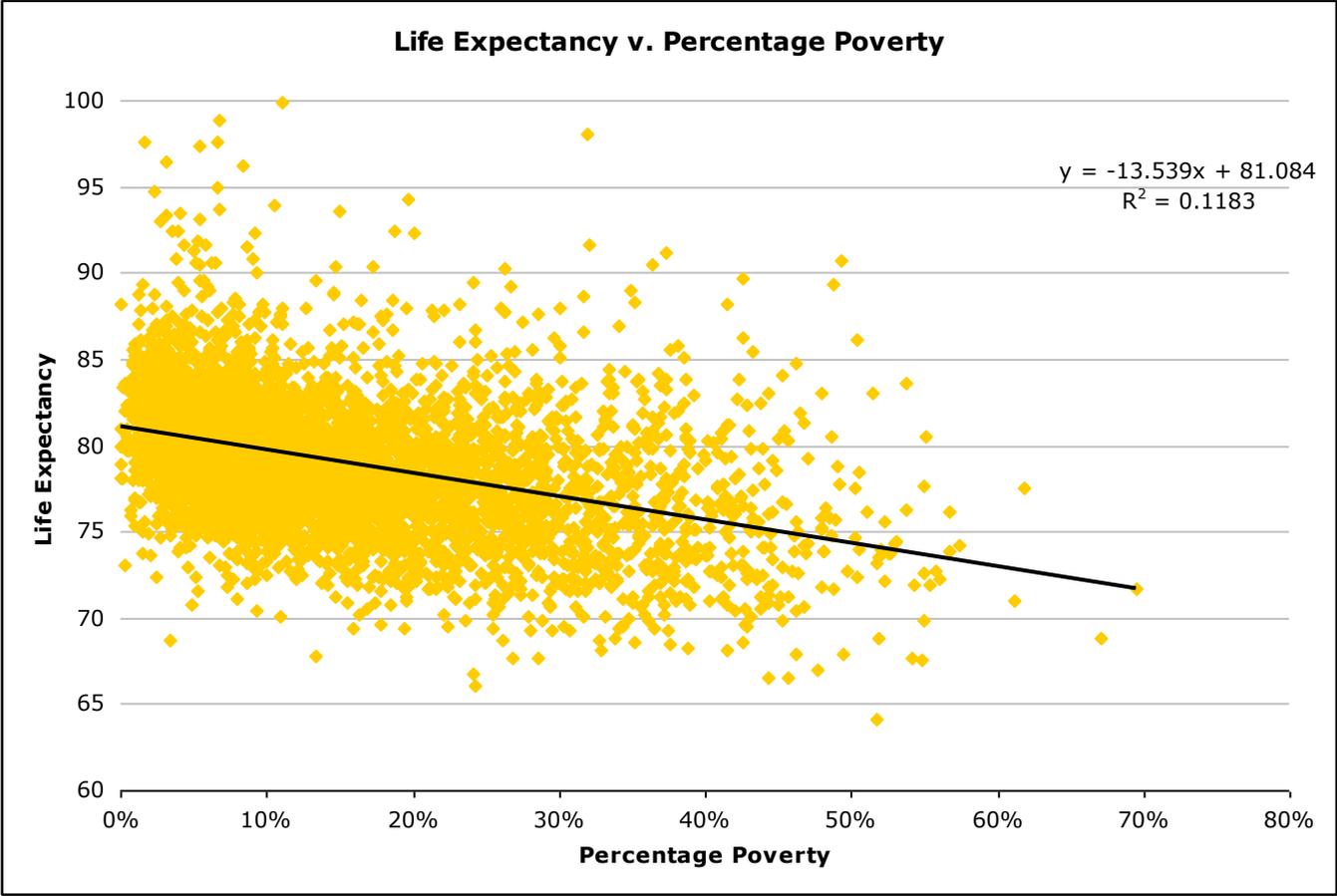
Life Expectancy v. Percentage Poverty

$y = -13.539x + 81.084$
$R^2 = 0.1183$

COVERED CALIFORNIA'S FOCUS — VULNERABLE COMMUNITIES

★ **Household income based ranking of all California communities/zip codes**

- o Identified the highest concentration of Covered California specific enrollees less than or equal to 200% of the Federal Poverty Level (FPL) in each County

- o Took into account both overall size of enrollment in the zip code and percentage of low income individuals

- o Ranked zip codes and then divided into quintiles (top 20% of the list from each county in the 1st quintile, second 20% of the list from each county in the 2nd quintile etc.)

- o By focusing on the 1st quintile, we are able to include close to half of Covered California enrollees across the state who have income less than 200% of the FPL

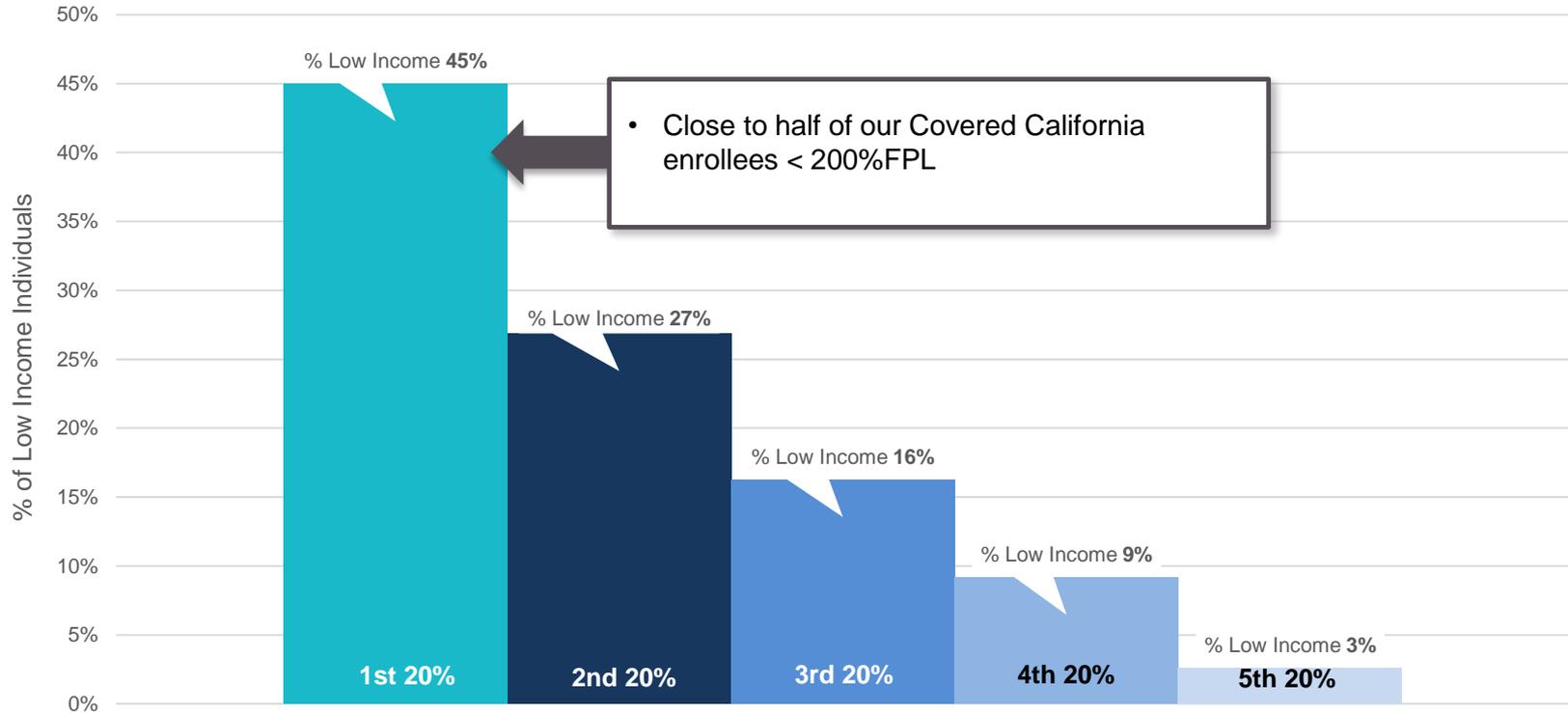★ **Link Vulnerable Community Zip codes to crucial services**

- o Start with provider access: primary care physician, clinic, health centers

- o Expand to additional healthcare related community services

- o Can include as many zip codes as manageable

- o Work across plans serving those communities & with local agencies

- o Work with local and state departments of public health and foundations

WHY START WITH THE FIRST 20%?

Percentage of low income enrollees in each quintile of Zip Codes

- Close to half of our Covered California enrollees < 200%FPL

% Low Income **45%** — 1st 20%
% Low Income **27%** — 2nd 20%
% Low Income **16%** — 3rd 20%
% Low Income **9%** — 4th 20%
% Low Income **3%** — 5th 20%

% of Low Income Individuals

DISTRIBUTION OF LOW INCOME ZIP CODES

Pink shaded areas across the state represent Covered California specific distribution of low income enrollees by zip code
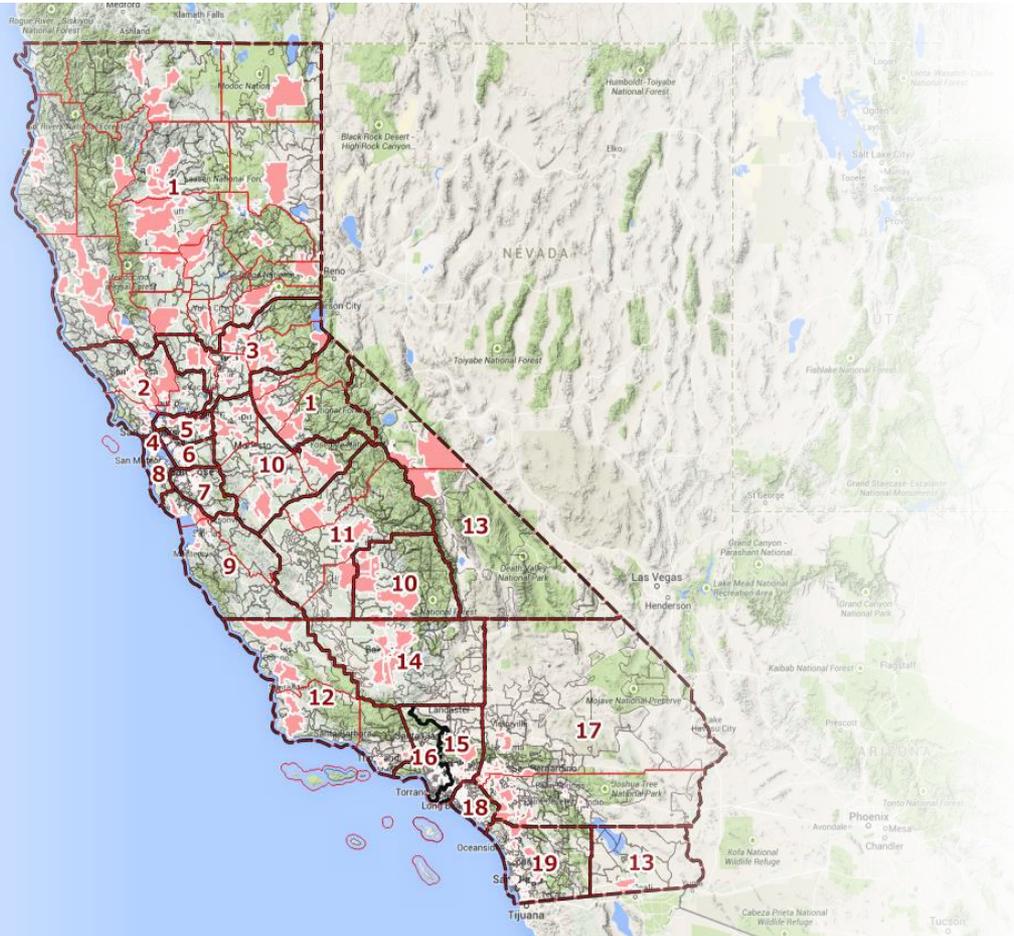
COMPARING TOTAL PRIMARY CARE AVAILABILITY TO PLAN CONTRACTED PROVIDERS

Example zip codes from different regions detail how certain areas may lack 340B certified ECP clinics and Hi-Tech physicians, however, they do have other sources of primary care e.g. primary care physicians that carriers can contract with to improve access in these areas

Vulnerable Zip Code Details				Total Enrollee Population				Primary Care				
Zip Code	Region	Rank	County	Above 200 FPL%	Below 200 FPL%	Total All	below 200FPL %	All Health Centers	340B Health Centers	Hitech PCPs	Total Physicians	Total PCPs
93618	10	6	Tulare	228	538	766	70%	2	1	9	21	18
95206	10	1	San Joaquin	839	1,543	2,382	65%	-	-	-	3	3
93313	14	2	Kern	737	1,231	1,968	63%	1	-	-	5	2
91770	15	1	Los Angeles	1,455	3,854	5,309	73%	-	-	9	73	33

Some zip codes lack 340B certified ECPs and Hi-Tech PCPs

Other primary care providers can be contracted to fill the gap

We are working with our carriers using this targeted approach to improve access to primary care via contracting with providers that already exist in these areas.

QUESTIONS

APPENDIX : 340B SUBCATEGORIES BY NAME

- Ryan White Clinics

- Family Planning Clinics

- STD Clinics

- TB/Black Lung Clinics

- Tribal Indian / Urban Indian Clinics

- Comprehensive Hemophilia Rx Centers

- Primary Care Clinics

APPENDIX
SERVICE CHANNEL UPDATE

ENROLLMENT SUPPORT: KEY METRICS
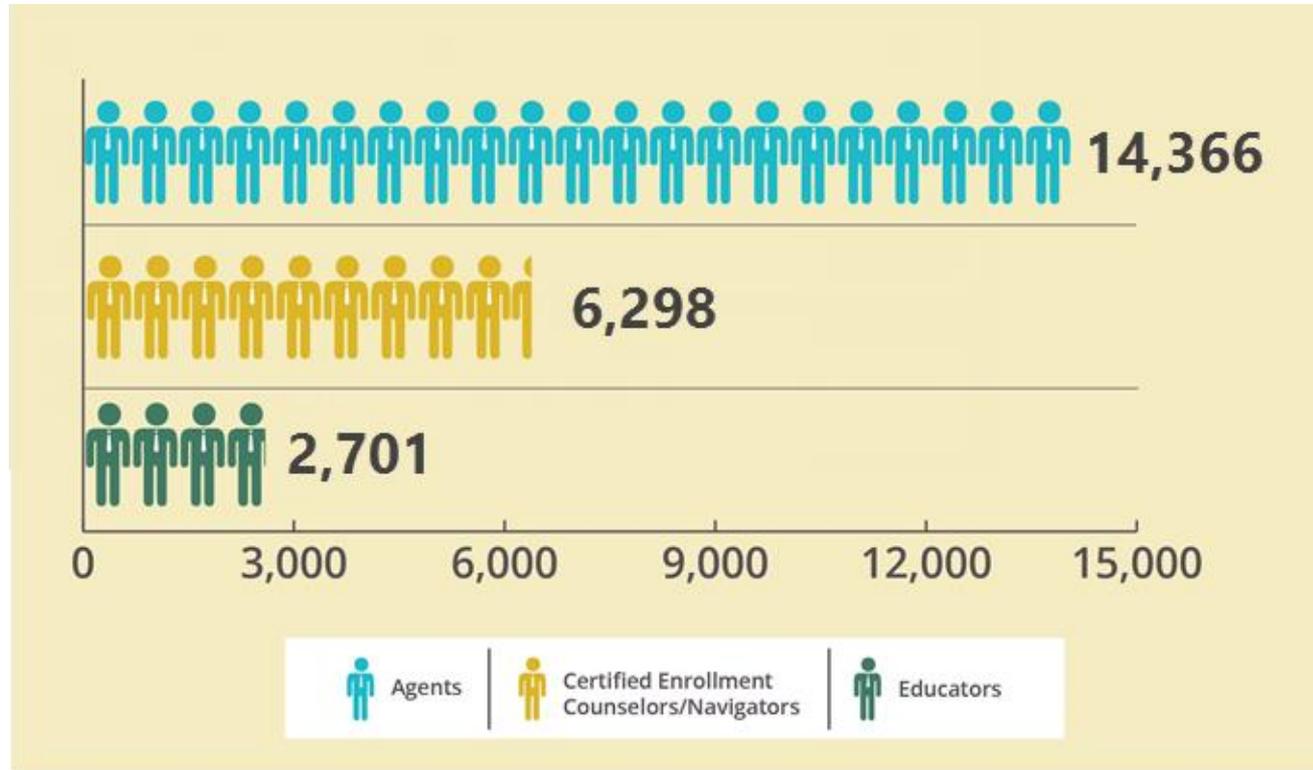
As of April 6, 2015:

14,366 Certified Insurance Agents

16% Spanish; 5% Korean; 4% Mandarin; 4% Vietnamese; 3% Cantonese

6,298 Certified Enrollment Counselors
56% Spanish; 3% Cantonese; 3% Mandarin; 2% Vietnamese; 1% Korean

14,366

6,298

2,701

| 0 | 3,000 | 6,000 | 9,000 | 12,000 | 15,000 |

Agents | Certified Enrollment Counselors/Navigators | Educators

ENROLLMENT SUPPORT: COMPENSATION

Total CEE Payments through April 15, 2015

	# Certified Enrollment Entities Paid	Total Paid
Covered CA Plans	584	$2,871,232
Medi-Cal Payments	510	$6,000,000*
Total Payments made to CEEs		**$8,871,232**

* An additional payment for $1.1M is being processed to be disbursed late April.

Total Agent Commissions Paid through April 15, 2015

	# Certified Insurance Agents Paid	Total Paid
Medi-Cal Payments	~4,500	$4,725,944
Total Medi-Cal Commissions paid to CIAs		**$4,725,944**

APPENDIX
SERVICE CENTER UPDATE

SERVICE CENTER UPDATE

Improving Customer Service
- o Continued to channel manage cross-trained SCRs to assist in both voice and chat to service incoming contact volumes
- o Up-training curriculum in development to provide guidance to staff and consistent training across all sites on the current processes to successfully support consumers
- o Resource balancing underway to align staff to the business needs during special enrollment period

Enhance Technology Solutions
- o Continued IVR enhancements will improve self-service and native language support
- o Reporting through CRM to track the daily disposition of incoming contacts
- o Knowledgebase enhancements in progress to improve answer content rating, resulting in improved consumer satisfaction

Clarifying channels and improved communications
- o Service Center hours of operation are 8am to 6pm Monday through Friday and 8am to 5pm Saturdays through special enrollment supporting inbound voice and chat interaction

STAFFING UPDATE

- Rancho Cordova, Fresno, Contra Costa & Faneuil Service Centers are receiving general inquiry, application/enrollment as well as ongoing consumer support transactions as a result of Covered California marketing efforts statewide

- Multiple service center resources have been dedicated to a variety of off-phone work stream activities to maximize utilization and manage the additional work volumes

Staff Group	03/2014 Target	03/2014 Month End	04/1/2015 Target	04/2015 MTD
Service Center Full Time Equivalent Representatives ***For incoming voice & chat contact volumes**	1223	1522	827	1392*
Other staff (Management, Back Office, Quality Assurance, etc…)	280	255	280	253
Total	1503	1777	1107	1645

- All Covered California Service Centers are set up to handle statewide calls using the "first available Service Center Representative model"
    - Fresno – 439 SCRs & 45 leads
    - Rancho Cordova –194 SCRs, 53 Hotline SCRs & 26 leads
    - Contra Costa- 102 CSAs & 22 leads
    - *Faneuil Surge Vendor- 692 voice SCRs & 27 chat SCRs

    * Faneuil surge vendor resources managed to 600 FTE through schedule management, part-time shifts & VTO

SERVICE CENTER PERFORMANCE UPDATE*

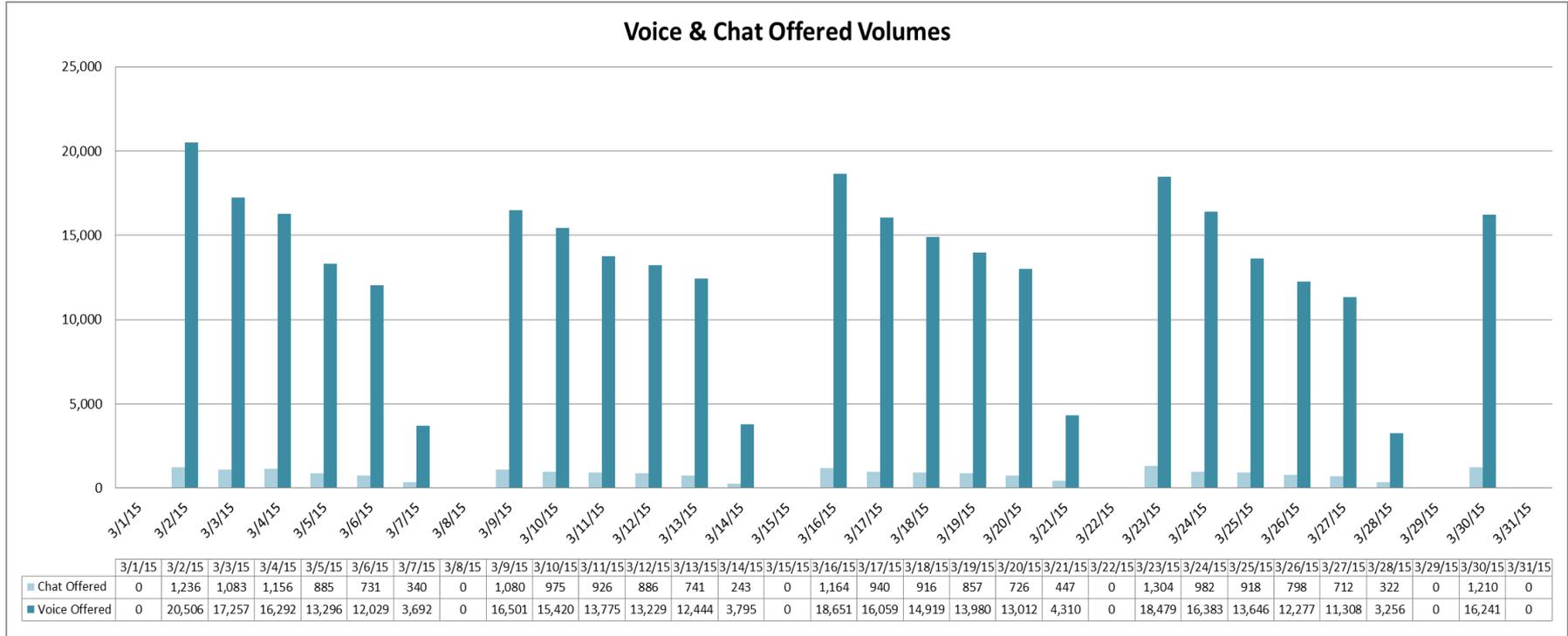| Service Center Metric	Goal	Q1 2015 Stats	March 2015 Stats	April 2015 Stats (April 1st through April 7th)
Total Calls Offered		1,310,904	330,757	69,192
Service Level	80% of calls answered within 30 seconds	59.6% of calls answered within 30 seconds	80.9% of calls answered within 30 seconds	90.5% of calls answered within 30 seconds
Abandoned Calls	3% or less of calls abandoned	10.9% of calls abandoned	5.9% of calls abandoned	3.6% of calls abandoned
Total Dialed Attempts		2,067,967	502,469	101,713
Busy Message Presented to Callers	0% of calls receive busy message	5% or less of calls receive busy message	0% or less of calls receive busy message	0% of calls receive busy message
Top Inquiries				
1. Consumers questions regarding enrollment				
2. Consumers calling in to have their password reset				
3. Consumer inquiries on status of enrollment				
4. Consumers calling in with application assistance				
5. Consumer assistance for eligibility or disenrollment				

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

MARCH INDICATORS

- March offered contact volume decreased by 272,204 consumer interactions or a 44% decrease over February
  - Voice decreased by 229,507 calls or 41%
  - Chat decreased by 42,697 sessions or 61%

- Contact volumes trended consistent week over week throughout the month
  - Week 1 & 3 offered 26% of contact volumes averaging ~87,000 contacts offered
  - Week 2 & 4 offered 24% of contact volumes averaging ~80,000 contacts offered

- Service Level increased in March from February by over 33 percentage points improving from 47.6% in February to 80.9% in March
  - With the reduction in volumes, excess resources were utilized to support the needed off-phone work stream activities

- Average Speed of Answer was reduced by 4 minutes from February to March
 - 4 minutes 59 seconds in February to an average of 57 seconds in March

SERVICE CENTER PERFORMANCE UPDATE

Voice & Chat Offered Volumes

|	3/1/15	3/2/15	3/3/15	3/4/15	3/5/15	3/6/15	3/7/15	3/8/15	3/9/15	3/10/15	3/11/15	3/12/15	3/13/15	3/14/15	3/15/15	3/16/15	3/17/15	3/18/15	3/19/15	3/20/15	3/21/15	3/22/15	3/23/15	3/24/15	3/25/15	3/26/15	3/27/15	3/28/15	3/29/15	3/30/15	3/31/15
Chat Offered	0	1,236	1,083	1,156	885	731	340	0	1,080	975	926	886	741	243	0	1,164	940	916	857	726	447	0	1,304	982	918	798	712	322	0	1,210	0
Voice Offered	0	20,506	17,257	16,292	13,296	12,029	3,692	0	16,501	15,420	13,775	13,229	12,444	3,795	0	18,651	16,059	14,919	13,980	13,012	4,310	0	18,479	16,383	13,646	12,277	11,308	3,256	0	16,241	0

Note:
- Performance metrics are measured monthly. Voice queues normal days of operation for consumers are Monday through Saturday
- Service Centers special enrollment hours of operation are 8am to 6pm Monday through Friday and 8am to 5pm Saturday
- Service Centers were closed in observance of the Cesar Chavez holiday on Tuesday, March 31st

LANGUAGE DISTRIBUTION OF CALLS HANDLED

Calls By Language
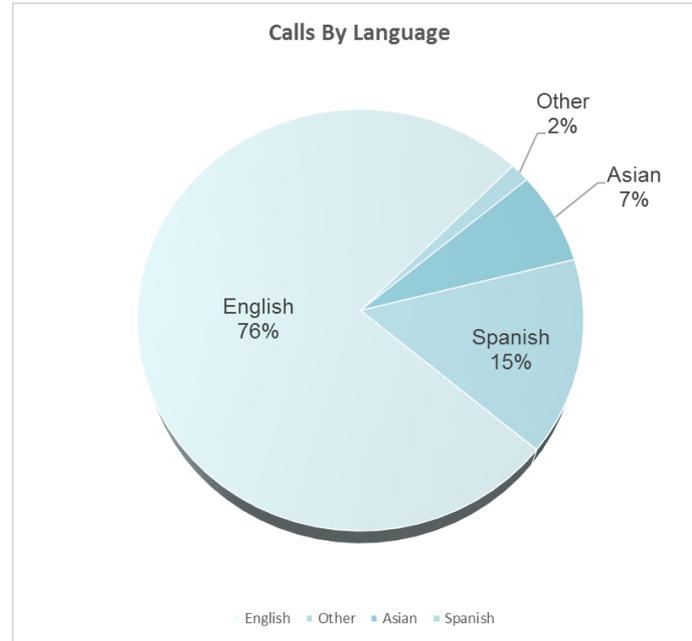
- Service Centers are supporting calls in all 13 languages and using an interpreter service when an in-language Service Center Representative is not available
    - Service Center Representatives are handling 83% of non-English calls
    - Contracted language line representatives are handling 17% of non-English calls
    - The Non-English calls have been concentrated in Spanish (12-15%), Cantonese (2– 5%) , Vietnamese & Mandarin (0.2 - 1%)
- 321 Covered California Service Center Representatives or 22% are skilled to handle multi-lingual calls and chat

QUICK SORT VOLUMES

March '15 Quick Sort
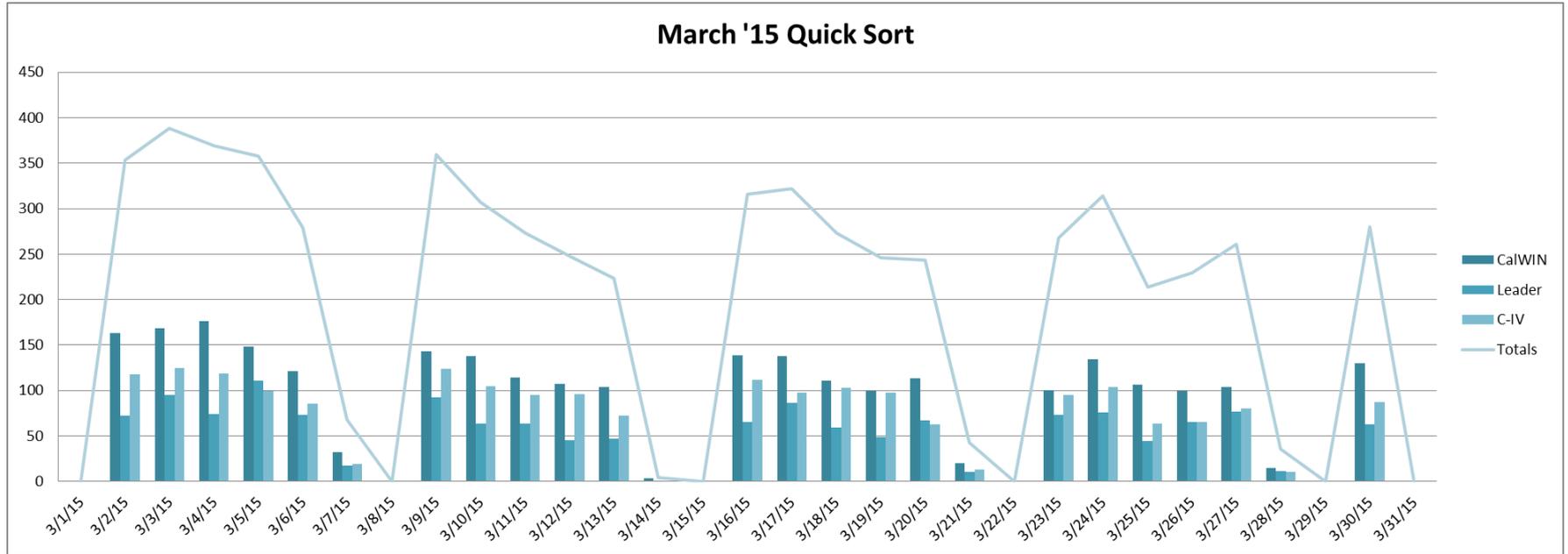
Weekly Quick Sort Transfers to County/Consortia

| Mar. Week 1 Transfers 1815 | Mar. Week 2 Transfers 1414 | Mar. Week 3 Transfers 1443 | Mar. Week 4 Transfers 1322 | Mar. Week 5 Transfers 280 Partial Week |

Note:

- *Performance metrics are measured monthly. Voice queues normal days of operation for consumers are Monday through Saturday*
- *Service Center was closed for observation of Cesar Chavez Day on Tuesday, March 31st*

COVERED CALIFORNIA/COUNTY WORKFLOW COORDINATION QUICK SORT PERFORMANCE

Quick Sort Metrics	Service Level Standards	C-IV	CalWIN	Leader
Average Speed of Answer		2 Seconds	20 Seconds	8 Seconds
Service Level	80% of calls answered within 30 seconds	99.0% of calls answered within 30 seconds	92.5% of calls answered within 30 seconds	98.7% of calls answered within 30 seconds
Abandoned Calls	3% or less of calls abandoned	0% of calls abandoned	3.6% 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 March '15

C-IV 33%
CalWIN 43%
Leader 24%