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
  o Certified Application Counselors (Action)
  o 2016 Standard Benefit Design Re-Adoption (Action)
  o 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:
  o Marriage
  o Loss of insurance
  o Birth
  o 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/individualsandfamilies/getting-covered/special-enrollment/
**SPECIAL ENROLLMENT UPDATE**

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

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

### APRIL 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

### MAY 2015

**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

### JUNE 2015

**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

<table>
<thead>
<tr>
<th>Current Small Business (SHOP) Enrollment Through 3/1/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Members</td>
</tr>
<tr>
<td>Groups</td>
</tr>
<tr>
<td>Certified Agents Who Have Sold SHOP</td>
</tr>
</tbody>
</table>

## Small Business Commission Update

<table>
<thead>
<tr>
<th>Agent Commissions Caught Up</th>
<th>May – est.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agent Commission Automation Starts</td>
<td>June – est.</td>
</tr>
</tbody>
</table>

## Small Business Operations

| New Group Set Up and Invoice | 98% in two days |

## Small Business Marketing

| New Print and Digital Campaign | Starts April 20 |
SMALL BUSINESS MARKETING AND SALES

• New marketing Campaign Starts April 20

• Naming convention change from “SHOP” to “Covered California for Small Business”
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

Print Advertising - Business Publications

New Name
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- 75\textsuperscript{th} percentile and above earns top score
- Regional (Region IX CMS) PPO benchmark applied to all products to determine the 1-4 star categories

<table>
<thead>
<tr>
<th>QHP Global Rating</th>
<th>Domains</th>
<th>Composites/Measures</th>
<th># of Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Global Rating of Plan (Star Rating)</td>
<td>Access to Care</td>
<td>Getting Needed Care</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Getting Care Quickly</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Doctors &amp; Care</td>
<td>Rating of All Health Care</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Rating of Personal Doctor</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Rating of Specialist</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Plan Service</td>
<td>Customer Service</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Rating of Health Plan</td>
<td>1</td>
</tr>
</tbody>
</table>
### REGION 15/16 QUALITY RATING SYSTEM

<table>
<thead>
<tr>
<th>REGIONS 15 &amp; 16 — Los Angeles County</th>
<th>Quality Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Anthem Blue Cross of California</strong> EPO, HMO</td>
<td>★★★</td>
</tr>
<tr>
<td><strong>Blue Shield of California</strong> PPO</td>
<td>★★★</td>
</tr>
<tr>
<td><strong>Health Net</strong> HMO, HCSP</td>
<td>★★★</td>
</tr>
<tr>
<td><strong>Kaiser Permanente</strong> HMO</td>
<td>★★★★★</td>
</tr>
<tr>
<td><strong>L.A. Care Health Plan</strong> HMO</td>
<td>★★</td>
</tr>
<tr>
<td><strong>Molina Healthcare</strong> HMO</td>
<td>★★</td>
</tr>
</tbody>
</table>
FOR OPEN ENROLLMENT 2015-CMS BETA TEST

• Federally mandated participation by all QHPs
  o 10-15 CAHPS measures and 19 HEDIS measures in 2015
  o Survey in Q1 2015 for member experiences July-Dec 2014; CMS analysis in Q2-Q3 2015
    o 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
## MEASURE SUMMARY FOR 2015

**Publicly reported 2013, 2014**

<table>
<thead>
<tr>
<th>QHP Global Rating</th>
<th>Domains</th>
<th>Composites/Measures</th>
<th># of Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Access to Care</td>
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<td>Getting Care Quickly</td>
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<tr>
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<tr>
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<td>Customer Service</td>
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</tr>
<tr>
<td></td>
<td></td>
<td>Rating of Health Plan</td>
<td>1</td>
</tr>
</tbody>
</table>

**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”)
  o 5% for each domain - access, doctors & care, plan service
  o Penalty for <50\textsuperscript{th} percentile; credit for >75\textsuperscript{th} 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

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

QHP Provider Networks – “Network Adequacy”

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

QHP ECP Networks
340B, DSH, HiTech

- “Active purchaser” role for Covered California

QHP Networks to assure service to low-income communities

- 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

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

* 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.
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.
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

<table>
<thead>
<tr>
<th>Open Issue</th>
<th>Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Multiple types of 340B providers; all “count” equally toward 15%</td>
<td>Masks gaps in specific 340B types (such as Ryan Whites) and/or overstates ECP availability by type or geographic distribution</td>
</tr>
<tr>
<td>Federal guidelines are now 30% of ECPs and one of each type; however not required</td>
<td>Implies a higher standard than current Covered CA, which stakeholders frequently cite; however actually ignores the distribution issue</td>
</tr>
<tr>
<td>Most MDs are not “HiTech” qualified, even in low income areas</td>
<td>&gt;50% of care in low income communities (&lt;200% FPL) is provided by MDs that are currently not considered “ECPs”</td>
</tr>
<tr>
<td>Many safety net providers (clinics and MDs) feel “left out” by Covered CA and Health Plans because they are not 340B certified</td>
<td>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</td>
</tr>
</tbody>
</table>
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

\[ y = -13.539x + 81.084 \]

\[ R^2 = 0.1183 \]

*Used with Permission from Dr. Tony Iton, MD, JD SVP, The California Endowment – From Covered California Quality Forum presentation on 01/21/2014*
COVERED CALIFORNIA’S FOCUS — VULNERABLE COMMUNITIES

Household income based ranking of all California communities/zip codes

- Identified the highest concentration of Covered California specific enrollees less than or equal to 200% of the Federal Poverty Level (FPL) in each County
- Took into account both overall size of enrollment in the zip code and percentage of low income individuals
- 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.)
- 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

- Start with provider access: primary care physician, clinic, health centers
- Expand to additional healthcare related community services
- Can include as many zip codes as manageable
- Work across plans serving those communities & with local agencies
- 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
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.

<table>
<thead>
<tr>
<th>Vulnerable Zip Code Details</th>
<th>Total Enrollee Population</th>
<th>Primary Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zip Code</td>
<td>Region</td>
<td>Rank</td>
</tr>
<tr>
<td>93618</td>
<td>10</td>
<td>6</td>
</tr>
<tr>
<td>95206</td>
<td>10</td>
<td>1</td>
</tr>
<tr>
<td>93313</td>
<td>14</td>
<td>2</td>
</tr>
<tr>
<td>91770</td>
<td>15</td>
<td>1</td>
</tr>
</tbody>
</table>

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.

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

Other primary care providers can be contracted to fill the gap
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
## ENROLLMENT SUPPORT: COMPENSATION

### Total CEE Payments through April 15, 2015

<table>
<thead>
<tr>
<th># Certified Enrollment Entities Paid</th>
<th>Total Paid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Covered CA Plans</td>
<td>$2,871,232</td>
</tr>
<tr>
<td>Medi-Cal Payments</td>
<td>$6,000,000*</td>
</tr>
<tr>
<td><strong>Total Payments made to CEEs</strong></td>
<td><strong>$8,871,232</strong></td>
</tr>
</tbody>
</table>

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

### Total Agent Commissions Paid through April 15, 2015

<table>
<thead>
<tr>
<th># Certified Insurance Agents Paid</th>
<th>Total Paid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medi-Cal Payments</td>
<td>$4,725,944</td>
</tr>
<tr>
<td><strong>Total Medi-Cal Commissions paid to CIAs</strong></td>
<td><strong>$4,725,944</strong></td>
</tr>
</tbody>
</table>
APPENDIX
SERVICE CENTER UPDATE
SERVICE CENTER UPDATE

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

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

Clarifying channels and improved communications
- 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.

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

• All Covered California Service Centers are set up to handle statewide calls using the “first available Service Center Representative model”
  o Fresno – 439 SCRs & 45 leads
  o Rancho Cordova –194 SCRs, 53 Hotline SCRs & 26 leads
  o Contra Costa - 102 CSAs & 22 leads
  o *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*

<table>
<thead>
<tr>
<th>Service Center Metric</th>
<th>Goal</th>
<th>Q1 2015 Stats</th>
<th>March 2015 Stats</th>
<th>April 2015 Stats (April 1st through April 7th)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Calls Offered</td>
<td></td>
<td>1,310,904</td>
<td>330,757</td>
<td>69,192</td>
</tr>
<tr>
<td>Service Level</td>
<td>80% of calls answered within 30 seconds</td>
<td>59.6% of calls answered within 30 seconds</td>
<td>80.9% of calls answered within 30 seconds</td>
<td>90.5% of calls answered within 30 seconds</td>
</tr>
<tr>
<td>Abandoned Calls</td>
<td>3% or less of calls abandoned</td>
<td>10.9% of calls abandoned</td>
<td>5.9% of calls abandoned</td>
<td>3.6% of calls abandoned</td>
</tr>
<tr>
<td>Total Dialed Attempts</td>
<td></td>
<td>2,067,967</td>
<td>502,469</td>
<td>101,713</td>
</tr>
<tr>
<td>Busy Message Presented to Callers</td>
<td>0% of calls receive busy message</td>
<td>5% or less of calls receive busy message</td>
<td>0% or less of calls receive busy message</td>
<td>0% of calls receive busy message</td>
</tr>
</tbody>
</table>

### 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
  o Voice decreased by 229,507 calls or 41%
  o Chat decreased by 42,697 sessions or 61%

• Contact volumes trended consistent week over week throughout the month
  o Week 1 & 3 offered 26% of contact volumes averaging ~87,000 contacts offered
  o 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
  o 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
  o 4 minutes 59 seconds in February to an average of 57 seconds in March
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.
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.
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
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.

<table>
<thead>
<tr>
<th>Quick Sort Metrics</th>
<th>Service Level Standards</th>
<th>C-IV</th>
<th>CalWIN</th>
<th>Leader</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average Speed of Answer</td>
<td></td>
<td>2 Seconds</td>
<td>20 Seconds</td>
<td>8 Seconds</td>
</tr>
<tr>
<td>Service Level</td>
<td>80% of calls answered within 30 seconds</td>
<td>99.0% of calls answered within 30 seconds</td>
<td>92.5% of calls answered within 30 seconds</td>
<td>98.7% of calls answered within 30 seconds</td>
</tr>
<tr>
<td>Abandoned Calls</td>
<td>3% or less of calls abandoned</td>
<td>0% of calls abandoned</td>
<td>3.6% of calls abandoned</td>
<td>.4% of calls abandoned</td>
</tr>
<tr>
<td>Busy Signals Presented to Callers</td>
<td>0% or less of calls receive busy signal</td>
<td>0% of calls received busy signal</td>
<td>0% of calls received busy signal</td>
<td>0% of calls received busy signal</td>
</tr>
</tbody>
</table>

**Average Percent of Quick Sort Transfers March '15**

- **C-IV**: 33%
- **CalWIN**: 43%
- **Leader**: 24%