



Comments to the Board - External

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June 18, 2015 Board Meeting

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- N/A



City and County of San Francisco
Edwin M. Lee
Mayor

San Francisco Department of Public Health

Barbara A. Garcia, MPA
Director of Health

May 22nd, 2015

Secretary Diana Dooley
Chair, Covered California and Board Members
1601 Exposition Blvd.
Sacramento, CA 95815
Submitted via email

Re: Specialty Pharmacy Member Cost Shares

Dear Chairperson Dooley and Covered California Board Members,

Thank you for your recent work and action on specialty drug coverage and access for 2016. The San Francisco Department of Public Health supports Covered California's work on expanding transparency of formulary information; creating standardized definitions for formulary tiers; and establishing requirements that ensure that there are treatment options available outside of Tier 4 for individuals with chronic health conditions.

The San Francisco Department of Public Health appreciates Covered California's action to put a maximum ceiling on consumer's cost-share per prescription fill for drugs in Tiers 1-4 for Bronze plans and Tier 4 drugs for Silver, Gold and Platinum plans. Patients who are reliant on medication often face front-loaded spending at the start of the year because of specialty tier costs and deductibles, and your recent action on this proposal is a step in the right direction.

However, pharmacy cost-sharing will remain a significant concern for Bronze plan holders in the city. In San Francisco, more than one-third of Covered California plan holders are enrolled in a Bronze plan, which is attributable in part to the very high cost of living in our city. San Francisco's high cost of living also makes it difficult for many patients to afford the drugs they need to treat their conditions. There are more than 15,000 individuals who are living with HIV infection and thousands of others with serious chronic conditions such as Hepatitis C and cancer. San Francisco also has a higher proportion of seniors over the age of 65 (14%) compared to California, many of whom are likely to rely on high cost medications. As such, there is an increased need to ensure that individuals have access to affordable treatment.

Specialty tiering can put a substantial financial strain on people with chronic, serious, or life-threatening conditions. High patient cost sharing has been associated with declines in medication adherence, which in turn is associated with poorer health outcomes. Improving cost sharing limits for Bronze plan holders will help patients afford pharmacy expenses and improve medication adherence, ultimately making our residents healthier.

Thank you for your work on addressing this the important issue.

Sincerely,

A handwritten signature in black ink, appearing to read "Barbara A. Garcia".

Barbara A. Garcia



6/4/15

Diana Dooley, Chair
Peter Lee, Executive Director
Covered California
1601 Exposition Road
Sacramento, CA 95815

Re: Covered California Proposed 2015-16 Budget

Dear Ms. Dooley and Mr. Lee:

CCHI is a collaboration of 24 Children's/Community Health Initiatives (CHIs) and 17 outreach and enrollment partner organizations who work directly with children and their families to ensure all children in California have access to affordable health care through health insurance. CCHI member organizations understand from direct experience the importance of continuous health insurance coverage for children and their families. We believe it is imperative for California to continue to build on its outreach and enrollment success during the initial phases of ACA implementation. As we move from heavy investments in enrollment to investments in retention and health care system navigation, the Covered California budget should reflect an ongoing commitment to customer support.

On behalf of our community partners located throughout the state, we offer the following comments on the proposed 2015-16 budget:

- The consumer support budget should be increased. We believe that there is enough flexibility in the budget to increase funding for the consumer assistance without increasing the overall budget amount. This could be achieved by reducing the \$120 million marketing line item by \$1-2 million.
- We believe that the \$10 million navigator grantee budget should be increased to \$20 million. The existing navigator grantees have developed trusting relationships with consumers throughout the state. While the need for initial enrollment assistance will diminish, there will be growing and ongoing need for system navigation as consumers face renewals, transitions between Medicaid and Covered California and other issues that impact meaningful access to care.
- We support the board's commitment to investing in robust data analytics to inform future policy and resource utilization decisions.

Sincerely,

Mark Diel
Executive Director

California Coverage & Health Initiatives

mdiel@cchi4families.org or [\(916\) 404-9442](tel:(916)404-9442) (office)



May 22, 2015

Mr. Peter Lee
Executive Director
Covered California
1601 Exposition Boulevard
Sacramento, CA 95815

Dear Mr. Lee,

As members of the Bay Area and Sacramento Women + Health Care Reform Coalitions, we write to urge Covered California to release county-level data stratified by gender, age, and race/ethnicity as part of its public data sets for the 2014-2015 open enrollment period, and continue doing so moving forward.

Funded by The California Endowment, the Women + Health Care Reform Coalitions are convened to ensure that women's health is prioritized, expanded and protected as health care reform implementation moves forward at the local and state levels. The coalitions include a diverse group of providers, advocates and community-based organizations interested in advancing women's access to health care. The coalition engages in various activities to promote the group's mission and goals. Coalition members collaborate to inform legislators and regulatory officials of pressing issues impacting women's health and access to care and organize events for and with stakeholders and community members.

Over the past two enrollment periods, coalition members have collaborated to educate low-income women, women of color, single women and single mothers ages 18 – 35 about health care coverage options available. We hope to conduct more targeted outreach in the Bay Area and Sacramento to women who have yet to sign up for coverage for the 2015-2016 enrollment period. In order to conduct more effective, evidence-based outreach, it is critical that we have detailed enrollment data for women in the communities we serve, including county-level data on enrollment by gender, age, and race/ethnicity. It is our understanding that Covered California has released data on enrollment by age and race/ethnicity but only at the level of the state or pricing region, which can include multiple counties. We are not aware of any publicly available data on Covered California enrollment that is stratified by gender.



California needs streamlined data by county, gender, age and race and ethnicity to identify coverage gaps and support data driven outreach and education efforts. Releasing data that is further multi-stratified will help advocates better identify which communities need more support and attention. Our coalition members already work with populations that are typically hard to reach, and we can use this data to buttress and advance Covered California’s goal to enroll more eligible Californians into coverage.

If you have any questions or would like more information about the Bay Area and Sacramento Women + Health Care Reform Coalitions, please contact Sylvia Castillo, Manager of Public Policy + Community Engagement at California Family Health Council via email at castillos@cfhc.org or telephone at (510) 486-0412 ext. 2321.

Thank you for your consideration.

Sincerely,

California Family Health Council

California Health Collaborative

California Nurse-Midwives Association

California Primary Care Association

Central and East Contra Costa ACA Team

Community Clinic Consortium

Hmong Women’s Heritage Association

National Council of Jewish Women

Organizing For Action – Contra Costa

Planned Parenthood Mar Monte

Planned Parenthood Northern California

Women’s Community Clinic

Women’s Health Specialists



California Health Collaborative

May 19, 2015

Peter Lee
Executive Director
Covered California
1601 Exposition Boulevard
Sacramento, CA 95815

Dear Mr. Lee,

The California Health Collaborative is joining with other organizations to request that Covered California release county-level data stratified by gender, age, and race/ethnicity as part of its public data sets for the 2014-2015 open enrollment period, and to continue to do so in the future.

The California Health Collaborative (*Collaborative*) was incorporated in 1982 as a 501(c)(3) nonprofit organization. Headquartered in Fresno, California, the *Collaborative* has offices throughout California in Chico, Merced, Oakland and Sacramento. Guided by its mission to “change lives by improving health and wellness”, the *Collaborative* is committed to enhancing the quality of life for the people of California, particularly the underserved. This is accomplished by serving the needs of individuals with limited access to healthcare resources and who most often confront barriers related to culture, language, immigration status, income, gender, geography, and/or education.

In order for our agency and others to conduct more effective, evidence-based outreach, it is critical that we have detailed enrollment data for women in the communities we serve, including county-level data on enrollment by gender, age, and race/ethnicity. In releasing data that is further multi-stratified it will help local health and human service agencies better identify which communities need more support and attention for specific education campaigns and enrollment activities.

We are happy to participate in further discussion with you about this issue and thank you for your attention to these matters.

Sincerely,

Stephen Ramirez MPH
Chief Executive Officer
California Health Collaborative

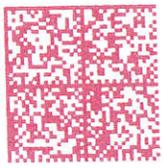


California Health Collaborative
1680 W. Shaw Avenue Fresno, CA 93711-3504



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Peter Lee
Executive Director
Covered California
1601 Exposition Boulevard
Sacramento, CA 95815



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May 29, 2015

Attn: Peter Lee
Covered California
1601 Exposition Boulevard
Sacramento, CA 95814

Re: Covered California 2014-15 Navigator Program & 2015-16 Navigator Program Recommendations

Dear Mr. Lee and Covered California Board:

Asian Americans Advancing Justice – Los Angeles (Advancing Justice-LA) is writing on behalf of the undersigned organizations, including Covered California Outreach and Education and Navigator grantees, many of whom are Health Justice Network (HJN) grantees serving Asian American, Native Hawaiian, and Pacific Islander communities, and others who have provided valuable in-person assistance to hard-to-reach communities during the last two years. All of the undersigned Covered California grantees are committed to reaching out to, educating, enrolling and assisting consumers so they are able to enjoy the benefits of Covered California, as well as the new health care options created by the Patient Protection and Affordable Care Act. As grantees of Covered California’s Outreach and Education and Navigator Programs, we seek to increase access to affordable, high quality, and culturally and linguistically competent health care for eligible community members across the state.

We have on the ground experiences as certified health educators and certified enrollment counselors whose outreach, education, enrollment and post-enrollment work has proven highly successful yet also challenging. Many grantees and HJN partners have provided culturally and linguistically appropriate services in over 36 languages to the very hard-to-reach communities that truly require in-person assistance. As we have done in the Regional debriefs and past Board meetings, we would like to share some of the greatest challenges we

faced and to provide recommendations based on the lessons learned to improve the existing 2014-15 Navigator Program and to ensure the success of the proposed 2015-16 Navigator Program.

A. Accomplishments

During the first open enrollment period, with the assistance of many partners under its Outreach and Education grant program, Covered California exceeded its enrollment goals. For example, Advancing Justice-LA's collaborative worked tirelessly to reach over 130,000 individuals through in-language outreach, education and enrollment assistance. Building on the momentum and experiences outreaching, educating, and enrolling during the first open enrollment period, many Navigator grantees have continued their work through the second open enrollment period. For this last open enrollment period, Covered California has come close to meeting its enrollment and retention goals, once again with the help of the Navigator Program partners. As each year passes, it will be harder and harder to find uninsured, eligible Covered California consumers. Therefore, it will become increasingly more important to have Navigator partners who are the "trusted messengers" of health information to whom community members turn when they need help or have questions and possess the cultural and linguistic competency to serve the "hardest-to-reach" communities.

B. Challenges with Current 2014-15 Navigator Grant Program

Despite our Navigator partners' best efforts to conduct in-language outreach, education, and enrollment assistance, and extensive post-enrollment conversations and troubleshooting, we encountered serious challenges. Some of the most significant ones described below greatly impeded our ability to fully execute our collaborative work plan in the timeline provided.

1. **Substantial Increase in the Time Needed to Assist and to Enroll Consumers** – For this open enrollment period, it has been much more difficult to find eligible consumers and generate interest compared to the first open enrollment period. This time around, the path to completing applications has been a complicated and arduous journey for many and required much more time than expected. Based on many of our experiences conducting the range of navigator activities, from outreach, education, enrollment, renewals, post-enrollment, utilization and other technical assistance, we found that certified enrollment counselors (CECs) were averaging 8-11 hours for every successful enrollment.

More often than not, it took multiple appointments and phone calls to help consumers get enrolled. Moreover, there were at least three to four times as many Medi-Cal enrollees as those eligible for Covered California. Nonetheless, Navigator grantees took the necessary time to give each consumer the attention and provide the technical assistance and support needed to help consumers make educated decisions based on their personal circumstances.

2. **Surge or Troubleshooting Efforts** – As noted above, many grantee staff spent much of their time troubleshooting issues for consumers, many of whom had coverage from the first open enrollment period but received assistance from another entity or an insurance agent unable or unwilling to assist them during this enrollment period. For many of these organizations with limited staff capacity, having to spend time waiting upwards of 45 minutes to an hour to talk to a CEC helpline representative reduced their ability to assist new consumers with enrolling into coverage.
3. **CEC Certification Progress Challenges** – Many grantees experienced technical difficulties with the

certification process, which resulted in unnecessary, protracted delays and a late start for many. For example, one HJN partner in Sacramento, which trained all of their twenty staff members to become CECs, lost many hours due to the inability to progress past each learning module. The collaborative was unaware that LMS was going through a transition/upgrade during that period, which created this problem. Although a “workaround” was eventually found to get past this frustrating situation, much time had already been wasted and many grantees were not made aware of the “workaround.” Additionally, CECs had to take the exam multiple times because the exam was not checked off as “passed” even though over 80% of the questions were answered correctly. Furthermore, the long processing time for background checks delayed the CEC certification process and CECs were not notified if a background check did not go through or could not be processed. It would have been useful for CECs and lead organization to have been updated when a CEC’s certification process had been delayed for an extended period of time. In addition, Covered California should also have provided CECs with access to re-review training modules, even after passing exams.

4. **Customer Hotline Service Challenges** – Although the extension in hours for the CEC Dedicated Help line was extremely helpful, during surge periods, our Navigator CECs continued to have long waits and were often on hold for over an hour at a time. Furthermore, it was frustrating to wait for an interpreter when language assistance was required, only to learn that there was no representative or interpreter available for interpreter services. When having to assist clients at enrollment events or when only a dedicated amount of time is given for appointments, waiting almost an hour takes away time from actual consumer assistance and generally increases consumer frustration with Covered California. We recommend that Covered California extend its dedicated CEC Helpline hours into later in the evenings during the week and longer weekend hours, including Sunday, when the most help is needed for working individuals. The long wait times for the CEC Helpline could also be decreased if there were additional staff transferred from the Consumer Helpline to the CEC Helpline, which currently only has 11 staff.
5. **Challenges with Insurance Agent Community** – While we understand the need for, and respect the role of, the insurance agent community in enrolling consumers, many grantees encountered consumers who needed assistance and help troubleshooting their application due to problems with insurance agents. Some consumers had enrolled with agents but when returning to the agents for follow-up assistance, the insurance agents were unwilling or unable to provide help and/or provide the consumer their account log-in credentials, which proved time consuming for CECs to provide assistance. Since many of the grantee organizations have limited staff capacity, the time spent helping consumers with resolving these problems ultimately took away time to enroll new consumers.
6. **More Frequent Progress Reports from Covered California** – While we appreciate that Covered California staff has consistently improved the reports sent to Navigator grantees, it is imperative that we receive more timely progress reports to be able to strategically adjust our work plans. Many grantees were not able to receive timely reports to monitor progress towards our enrollment goals. For example, we did not receive our first report until 1/30/15 covering the period through 12/31/14. While it is useful to get monthly Covered California figures, grantees did not receive their reports until the end of the following month. Therefore, the late reports made it difficult to definitively know the collaborative’s official performance standing without timely, up-to-date reports.
7. **Continued Need for Simple, Understandable, In-Language Materials and Translated Notices and**

Letters for the Consumers – Having understandable, in-language materials has always been a critical need for limited-English proficient (LEP) consumers in order for community partners to provide effective outreach, education, and enrollment assistance to LEP individuals and for LEP consumers to understand their health care options. Although many Navigator grantees provide in-language oral assistance in over 37 languages, the lack of translated materials for many LEP communities, such as Thai, South Asian, Native Hawaiian, Pacific Islander, and other Southeast Asian groups, has made navigator efforts challenging. For the past two enrollment cycles, the lack of properly translated materials, including letters and notices with critical consumer information, has made reaching, educating, enrolling and assisting the “hardest to reach” populations, such as immigrants and LEP community members very difficult. Even for the materials that were translated, sometimes the translations needed to be changed to correct inaccurate information, to capture cultural nuances, and to match the literacy level of certain populations. Because there were not enough translated materials provided to underserved groups, some grantees had to create or translate materials on their own. For example, after requesting information in additional languages, Advancing Justice-LA finally used its own resources to translate Covered California’s “Welcome Tri-fold” into 13 additional Asian and Pacific Islander languages, which was a time intensive process and required extensive financial and staff resources to complete.

C. Recommendations for Current 2014-15 Navigator Program

We recognize that the budget for the 2014-2015 Navigator Program was set at \$16.9 million (\$14.65 + \$2.25 million in bonus payments.) but that amount is unlikely to be spent for the program because most of the grantees will not be able to receive more than their second payment for the full range of Navigator activities that they have conducted under this grant. We also understand that Covered California acknowledged that there needed to be changes to the current Navigator Program, as well as the 2015-2016 Navigator Program. Although we appreciate the changes that have been made to the 2014-15 Navigator Program because of the recognition of indispensable contributions made by grantees despite the many of the challenges identified above, we believe that there should be some additional adjustments made to the current Navigator Program to allow grantees to continue their work, especially since the budget has already been allocated and much of the work has been completed. Therefore, we respectfully request the board to consider the following recommendations:

1. **Revise the Navigator Program Payment Policy:** In recognition of the “critical work that [Covered California] Navigator Grantees are doing to support [Covered California’s] culturally and linguistically diverse communities” and the “unanticipated efforts to support retention” needed to ensure the overall success of Covered California, the Board agreed to the staff’s recommendation to change the definition of “effectuated enrollment” to count “assisted applications through plan selection towards enrollment goals instead of effectuations” and to process the second payment upon satisfactory demonstration of their readiness and efforts to implement their campaign strategy for those grantees that did not meet 25% of their enrollment goal.
 - A) Similar to the recognition that renewals are critical to retention efforts for the 2015-2016 Navigator Program, we request that renewal numbers be counted towards total grantee enrollment goals. We believe that some grantees will be able to achieve 75-100% of their enrollment goals if renewals are counted.
 - B) For those grantees who have not reached 75% of their enrollment goals (including renewals), we

request that Covered California consider a third payment for those grantees who reach 50% of their enrollment goals (including renewals). As for the second payment, we would submit a narrative report demonstrating the satisfactory implementation of our campaign strategy. This would allow many of the current grantees to continue their critical work for the next open enrollment period rather than losing many trained, experienced, and certified enrollers.

C) Finally, for those grantees who reach 90% of their enrollment goals (including renewals), the fourth payment should be paid to the grantees since these grantees have come so close to reaching their enrollment goals and would easily meet the lowered goals in the 2015-2016 Navigator Program.

2. **Disbursement of Remaining Outreach and Education Grant Program Funds to Navigator**

Grantees: Prior to transitioning to the Navigator Grant Program, many Outreach and Education (O/E) grantees had to quickly weigh difficult factors that would affect our transition from the O/E program to the Navigator program. One major consideration was what effect the transition would have on the remaining funding in the Outreach and Education grant, for which many grantee partners relied on to maintain staffing for Covered California navigator activities.

Although O/E grantees appreciated that Covered California did take away all of the remaining O/E funding as originally proposed, many also expressed our serious concern with allowing the remaining O/E grant to be rolled into the proposed Navigator Program and the disadvantages it would create for our collaborative partners. However, because of our desire to continue the vital in-person assistance that is needed to reach and enroll hard-to-reach populations, as well as to continue an official partnership with Covered California, many O/E grantees made the difficult decision to allow the rollover of the remaining O/E grant in order to pursue a Navigator grant. Now many current Navigator grantees will be penalized as predicted because we will not receive the full allocation of the O/E grants, despite meeting our O/E goals. For example, Advancing Justice-LA's collaborative far exceeded the terms of providing in person outreach and education to well over our target of 130,000 individuals. Similarly, all of the other O/E grantees have met, if not exceeded, all of their grant deliverables. Therefore, we strongly urge Covered California to disburse the final allocation of funding under the prior O/E grant owed to the former O/E grantees that transitioned to the Navigator program.

D. Recommendations for 2015-16 Navigator Program

We fully support the improvements made to the new 2015-16 Navigator Program, including the use of block grants and the recognition of the full range of navigator activities, including the lowered enrollment projections. However, based on our prior experience working on outreach, education, enrollment, renewal and retention, utilization, and post-enrollment assistance to consumers on a wide range of problems, we would appreciate the board's consideration of the following recommendations:

1. **Increase the Proposed Navigator Total Budget of \$10 Million:** We appreciate Covered California's continued commitment to community based entities targeting hard to reach populations. However, as we noted at the last Covered California Board meeting, we are concerned that the proposed budget allocation of \$10 million for the 2015-16 Navigator program is the maximum being considered. We certainly believe that this should be considered the minimum needed to support in-person assistance to eligible, uninsured and hard-to-reach consumers. In fact, we believe the budget is too little, especially in light of the decrease from previous years. For example, the budget for the O/E program during the First Open Enrollment Period totaled \$43 million and for the 2014-15 Navigator program, the amount

was decreased to about \$16.9 million. The \$10 million currently allocated to the Navigator Program is only 3% of the total 2015-2016 budget and only 8% of the total Outreach and Sales, Marketing budget. We would argue that the money spent for the Navigator Program is much more cost effective than funding for other programs. For example, in the 2014-2015 budget year, when comparing the resources allocated to the Service Center (\$99 million) to that for the Navigator Program (\$16.9 million), it appears that Navigator grantees are much more cost-efficient, accounting for about 10% of the enrollees compared to the 13% enrolled by the Service Center during the last enrollment period. Given this discrepancy in allocation of funding, we believe that additional funding should be allocated for the next Navigator grant program. Another source of additional funding could be the Marketing budget.

With every passing year, with those who needed health coverage already enrolled, i.e., the “low hanging fruit,” it will be more difficult to identify and to enroll consumers, especially those from hard-to-reach, immigrant and limited-English proficient communities. It would be a terrible loss to Covered California to lose all of the experience and knowledge developed by the more than 6,000 Certified Enrollment Counselors it has already invested to provide critically necessary in-person, in-language assistance for thousands of consumers.

Therefore, we strongly feel that both increased and continued funding for in-person, in-language assistance from community-based Navigator grantees are critical to Covered California’s strategy not only to retain consumers but to target the most vulnerable and hard to reach populations who are eligible for the marketplace. At a minimum, the Navigator budget should be at least \$10 million.

2. **Allocate Specific Funding for Ethnic Media Buys in Navigator Program:** We would suggest that a portion of the \$71 million allocated to the Marketing budget be apportioned to the Navigator grantees, which may provide more efficient and effective ethnic media outreach. Regardless of where the funding is found, we would request that Covered California consider allocating distinct funding through the Navigator program specifically for grantees to work with targeted ethnic media outlets, many of whom our partners have long established relationships with, to reach LEP and mixed immigration status populations and other hard to reach communities. We have found that when our organizations placed media buys with our existing ethnic media partnerships, consumer interest increased greatly not only because the buys were in-language but because of consumer recognition and familiarity with our organizations as “trusted messengers” who provide numerous community services year round.
3. **Increase Funding for Independent Consumer Assistance:** In addition to support for the in-person, in-language assistance provided by the Navigator Program, the statewide consumer assistance, through the Health Consumer Alliance (HCA), is an invaluable, critically important resource for consumers and enrollees. The current budget proposes cutting the HCA contract in half to \$1 million from the current contract and we are worried that such a great reduction would threaten much needed assistance for consumers. The proposed amount is only .3% of the total Covered California budget and does not seem to reflect Covered California’s expressed commitment to consumer assistance. Many of our Navigator grantees refer clients to HCA and rely on its legal advocates to help community members resolve problems that arise from complex cases, which our CECs or Service Center Representatives may not be equipped to handle, such as representing enrollees in their appeals, addressing systemic barriers and improving the implementation and operation of Covered California. Therefore, we request Covered California to increase funding for the HCA in the proposed 2015-2016 budget and/or restore HCA’s

budget to \$2.2 million, the level allocated for 2014-2015.

4. **Provide Timely Disaggregated Racial, Ethnic and Language Enrollment Data:** We would like to express our appreciation to Covered California for the proposed inclusion of sexual orientation and gender identity on its health coverage application and look forward to the availability of the data in the future. Data is power; disaggregated consumer enrollment data by race, ethnicity, primary oral and written language, gender and age by county from the first and second open enrollment periods would provide a clearer picture of those consumers not being reached and what gaps still need to be filled. As Navigator grantees plan for future outreach efforts to the hardest-to-reach, and the “low hanging fruit” population begins to dwindle even more, updated disaggregated enrollment data by gender, age, oral and written primary language, race and ethnicity down to the county level will be even more important when analyzing and executing enrollment strategies.
5. **Ensure Administrative and Reporting Requirements are Simple and Not Overly Burdensome:** We hope Covered California will create an efficient reporting system to monitor the Navigator grant program. While the current Navigator Program was too dependent on one performance metric (“effectuated enrollments”), it greatly reduced the administrative reporting requirements and was a great improvement from the O/E Program.
6. **Expand Staff to Achieve Covered California’s Mission to Reduce Health Disparities:** We were extremely excited when Covered California hired its first Health Equity and Diversity Officer, Jonathan Tran. As California’s population continues to grow in racial, ethnic, cultural, and language diversity, and given the overwhelming task for one staff to address this huge area of need, we would recommend that Covered California expand its staff devoted to reducing health disparities among vulnerable populations and to ensuring health equity in the state’s emerging health care system. Doing so will increase Covered California’s ability to respond to the needs of the range of affected populations and issues, including monitoring activities such as racial and ethnic media marketing, language assistance services, both interpreter and translation services, development of culturally and linguistically competent consumer materials, such as applications, renewals and notices, and other relevant activities. We trust that Covered California will make it a priority for Jonathan and other relevant staff to meet regularly with community stakeholders and urge Covered California to produce written reports about the suggestions that staff receive and provide updates on these issues. We believe that expanding staff and increasing dialogue with community stakeholders will improve the enrollment process.

The O/E and Navigator grantees believe that our partnership with Covered California has contributed to its overwhelming success for the last two years. We look forward to our continued partnership with Covered California and leading the efforts in reaching vulnerable, hard-to-reach consumers. Thank you for your consideration. If you any questions or need further information, please contact Doreena Wong at (213) 241-0271.

Sincerely,

Doreena Wong, Project Director, Health Access Project
Asian Americans Advancing Justice – Los Angeles

Njeri McGee-Tyner, Eligibility & Enrollment Director
Alameda Health Consortium

Eileen Ma, Executive Director
API Equality-LA

Richard Konda, Executive Director
Asian Law Alliance

Stephanie Nguyen, Executive Director
Asian Resources, Inc.

Peter Ng, Executive Director
Chinatown Service Center

Sonya Vasquez, MSW, Health Care Coverage Policy Director
Community Health Councils

Tana Lepule, Executive Director
Empowering Pacific Islander Communities

Lillian Lew, Executive Director
Families in Good Health

Yey Coronel, Executive Director
Filipino American Service Group, Inc.

Sarah Gonzalez, Executive Director
Filipino Youth Coalition and Community Development Services of Santa Clara County

Lola Santos, Executive Director
Guam Communications Network

Candice Adam-Medefind, Executive Director
Healthy House Within a Match Coalition

Michael Villaire, MSLM, CEO
Institute for Healthcare Advancement

Quyen Vuong , Executive Director
International Children's Assistance Network

June Lee, Executive Director
Korean Community Center of the East Bay

Jongran Kim, Health Access Project Director
Korean Resource Center

Kawen Young, Executive Director,
Native Hawaiian & Pacific Islander Alliance

Fe Seligman, Director of Program & Fund Development
Operation Samahan Health Clinic

Ye Lee, Program Manager
Orange County Asian and Pacific Islander Community Alliance

Charlene Kazner, Project Manager
Pacific Islander Health Partnership

Bill Skeen, MD, Executive Director
Physicians for a National Health Program - California

Patsy Tito, Executive Director
Samoan Community Development Center

Joel F. Jacinto, Executive Director
Search to Involve Pilipino Americans

Manjusha P. Kulkarni, Esq., Executive Director
South Asian Network

Leafa Taumoepeau, Executive Director
Taulama for Tongans

Chancee Martorell, Executive Director
Thai Community Development Center

Nongyao Varanond, Executive Director
Thai Health And Information Services

Margaret Iwanaga-Penrose, President & CEO
Union of Pan Asian Communities

Susana Sngiem, Executive Director
United Cambodian Community

Cat T. Nguyen, Director
Vietnamese Voluntary Foundation, Inc.

Maria Lemus, Executive Director
Vision Y Compromiso

Stella Kim, Executive Director
Young Nak Outreach and Transformation Foundation

June 11, 2015

Secretary Diana Dooley, Chair
and Board of Directors
Peter Lee, Executive Director
Covered California
1601 Exposition Blvd.
Sacramento, CA 95815

Re: Navigator Program Recommendations

Dear Secretary Dooley, Directors and Mr. Lee:

United Ways of California (UWCA) appreciates our partnership with Covered California, which began with the Outreach & Education grant program and now continues through the Navigator Program. We are taking this opportunity to provide what we hope will be constructive feedback regarding circumstances that impacted our efforts in outreach, enrollment, and post enrollment activities over the past year.

Throughout the course of the most recent navigator grant, we have encountered a number of significant unanticipated challenges. We recommend programmatic changes that will result in greater consumer access to health coverage and production outcomes for the Navigator Program in the years ahead. We suggest the following strategies to resolve ongoing challenges and increase success in the Navigator Program:

1. Allow modification to Navigator Grant enrollment goals based on experience.
2. Fix known problems with consumer experience in CalHEERS.
3. Increase or sustain future Navigator Program funding to maintain in-person community assistance and support.

Allow Modification to Navigator Grant Enrollment Goals Based on Experience

Accordingly, we recommend allowing modifications to current Navigator contracts to adjust targeted enrollment numbers based on field experience instead of projected goals. Time spent on renewals and customer service, coupled with inaccurate enrollment tracking and reports have prevented true performance evaluation and outcomes measurement. Covered California enrollment reports are improving but are not distributed regularly. In some cases applications were mistakenly being credited to different Certified Enrollment Entities (CEE) resulting in inaccurate performance tracking for most of the grant term. Furthermore, system malfunctioning and other issues such as the enrollment grace period between February 16 and February 22, 2015, prevented CECs from being credited for plan selections since the system was down and not operating.

We understand Covered California's primary consideration through the current Navigator program, is meeting their projected cost per enrollment target, as emphasized in the February board meeting and subsequent meetings with grantees. Unfortunately, Covered California's original cost per enrollment measure proved unreliable, for two reasons:

- (1) Assumptions about the size of the market and the time required to enroll folks were off by 100% or more, and accordingly, target costs per enrollment were also off. As a result, the denominator in the measured cost per enrollment figure was significantly out of line with the original target; and
- (2) The assumed labor time that went into developing the target was significantly under-estimated. Covered California projected that enrollments would take an average of 1.5 hours each. Due to a number of factors (Covered California site inaccuracies and complications, lengthy call center and CEC helpline wait times, etc.), it took from 4 hours or up to six hours per enrollment, in our experience and the experience of the several other Navigator grantees with whom we debriefed.

We and other grantees could not control the market or labor time projections, nor the statewide advertising campaign or the Covered California website, we could only control our own activities. We have heard from Covered California staff that some flaws Navigator grantees have identified in the program are being considered for the next round of grants, and we hope that will be the case. We understand the great majority of Navigator grantees did not achieve their goals (only 8 of the 65 grantees are said to have achieved their goals); this points more to a flaw in the original design of the program and projections than failure of individual grantee efforts. Regrettably, the lack of flexibility during the latter half of the current Navigator program is resulting in a substantial loss of Navigator CEC capacity (from 1800 down to 1200). Therefore in the future, we recommend providing more flexibility to respond to the actual experience of grantees in the field.

Fix Known Problems with Consumer Experience in CalHEERS

We recommend Covered California prioritize changes to the California Healthcare Eligibility, Enrollment and Retention System (CalHEERS) to improve experience for consumers, as well as for the CECs and CEEs assisting them. In many prior discussions with Covered California staff, we have been told these and other fixes to CalHEERS and the website are not a priority, yet these changes are necessary to help the consumer easily navigate the site and find the appropriate help.

- (1) CalHEERS continues to inaccurately determine eligibility for specific populations, like Former Foster Youth (FFY), and in specific situations, like the Family Glitch and the affordability test for families with Employer-Sponsored Insurance (ESI).

- (2) CalHEERS site navigation for consumers seeking a CEC is not user friendly and deters consumers from engaging CECs.
- a. The “Find Certified Enroller” section in “Find Local Help,” and the list of Storefront Locations is confusing and consistently displays incorrect hours and CEC information. (In contrast, the “Find a Certified Agent” section under Find Local Health on CalHEERS works well and is very consumer friendly.)
 - b. For example, consumers who may want to reach CECs at a United Way location will find the CalHEERS site is much friendlier to navigate if a consumer chooses “certified agent.” A consumer must click many times to find a CEC, and often is presented a list of unfamiliar individual CEEs, not organized by affiliation with a subcontractor organization. The site does not permit consumers to search for CECs by subcontractor.
 - c. For consumers seeking community-based assistance, the CalHEERS site needs to present them with easily understandable search results, clearly identifying, in one list: the lead Navigator grantee, local subcontractors and affiliated CECs, and accurate information - names and locations - for each.
 - i. Currently, when consumers search for community-based assistance through United Way, they see a long list of United Ways of California subcontractor sites, many duplicated as Nav and non-Nav. This is a backend designation for management only, and confusing for consumers. Further, when the subcontractor location address, not the subcontractor name, shows up under the name of the CEE, there should not be any differentiation between Navigator and IPA programs, e.g. “United Ways of California-Nav”.
 - ii. Sub contractor sites should be searchable. For example if a consumer in Ventura searches for United Way of Ventura County, zero results show up. If sub-contractor locations can be listed for Storefronts, they should also be able to be searchable and listed under Find Local Help.
 - iii. Subcontractor location information is often incorrect. We have been asking for more flexibility in listing the open hours of our sub-contractor locations, including the ability to say certain hours are available by appointment only. To date we have been told that this cannot be done. Therefore the hours listed are either incorrect or incomplete in several instances.

These online system issues compound the difficulty we encountered because of the faulty market and transaction time projections described above. They also frustrate consumers, and require us and other Navigator grantees to address difficulties that consumers need not experience if the online system functioned better.

We are evaluated only for effectuated enrollment, but we are required to - and want to - provide services that agents need not perform (like post enrollment and utilization services and technical assistance), though we receive no credit for those actions. Agents generally receive more compensation per enrollment due to commissions, and yet we often assist consumers with errors or changes needed after being supported by an agent. We continue to assist consumers who completed online enrollment themselves or sought help from an enrollment agent and subsequently need help due to system errors and application mistakes. We provided significant assistance to over 1000 households with renewals, fixes to applications, etc., and we believe the majority of those resulted in effectuated enrollments. (We should have been much more insistent that consumers designate us before providing that customer assistance; that is definitely a lesson we have learned.) Also, because of the challenges with CalHEERS, the website, and tracking procedures, we are concerned that we have not received complete credit for successful outcomes.

Combined, these issues have frustrated consumers and our CEC staff, caused inaccurate eligibility determinations and tracking, as well as created additional support and time needed by CECs to rectify. To provide better service to consumers and deliver more efficiency to Covered California for your Navigator grantee dollars, we respectfully request Covered California solve these issues before the next Navigator grant program begins.

Increase Navigator Program Funding

We understand Covered California staff proposed and the Board approved to decrease funding to support in-person, community-based consumer assistance. This will negatively impact the ability for consumers to be educated about the importance of coverage, complete the enrollment process, particularly for those new to coverage and learn how to utilize their healthcare. While the call centers are essential, it is equally important to maintain that community-based assistance. We recommend Covered California reconsider this decision and restore or increase future Navigator Program funding to maintain in-person community assistance. Funding to ensure dedicated CECs readily available in communities will ensure the continued success of the mission and goals of Covered California. While agents and clinics did the bulk of the enrollments during first and second Open Enrollment periods, the shortfall in enrollments statewide compared to projections may indicate a higher need to engage harder to reach consumers who may be healthy and less motivated to enroll, plus encourage those same consumers to utilize and renew their coverage. This would be accomplished best by a robust, continued Navigator program using trusted community organizations that interact regularly with these consumers, not just during open enrollment.

We appreciate Covered California's willingness to work with Navigator grantees to reduce the barriers that consumers and CECs experience in enrolling in Covered California plans. We understand the monumental task that has been undertaken over the last several years. Our goal is to see Covered California continue to improve and

provide for the health coverage needs of all consumers in California and we stand ready to lend our support and ideas on ways to improve. We look forward to our continued partnership in supporting consumers in their health coverage and navigation process.

Very truly yours,

A handwritten signature in blue ink that reads "Peter Manzo". The signature is written in a cursive style with a large initial "P" and "M".

Peter Manzo, President and CEO
United Ways of California

cc: Lezlie Micheletti, Grants Program Manager



May 26, 2015

Sent by U.S. Mail and by email to ghp@hbex.ca.com and anne.price@covered.ca.gov

Anne Price
Director of Plan Management
Covered California
2535 Capitol Oaks Drive Suite 120
Sacramento, CA 95833

Dear Ms. Price:

The National Health Law Program (NHeLP), Western Center on Law & Poverty (WCLP) and Neighborhood Legal Services of Los Angeles (NLSLA) are pleased to provide our joint comments and input on the latest version of Covered California's Qualified Health Plan Model Contract and Attachment 6-5 thereto.

- **Additions to § 3:03: Benefit Design**

We urge Covered California to explicitly confirm that all QHPs must cover all preventive services, including preconception and prenatal care, as required under federal and state law, without cost-sharing.

RECOMMENDATION: Covered California should amend QHP Contract § 3.03 as follows:

Each QHP operated by Contractor under the terms of this Agreement shall provide essential health benefits in accordance with the Benefit Plan Design requirements set forth at Attachment 2, and as required under this Agreement, and applicable laws, rules and regulations, including California Health and Safety Code § 1367.005, California Insurance Code § 10112.27, California Government Code § 100503(e) and as applicable, 45 C.F.R. § 156.200(b). Each QHP shall ensure that enrollees have access to all preventive services, including preconception and prenatal care, without cost-sharing, as required by federal and state law. Notwithstanding the above, QHPs include those defined in 45 CFR Part 155, Subpart K, Section 155.1065(d).

- **Additions/changes to § 3:05: Network Requirements**

We are pleased that the critically important obligation to provide enrollees with access to current provider lists is reflected in this section of the model contract. Provider networks play a critical factor in the decision making process of most consumers when selecting a health plan, and accurate and timely-updated provider directories are necessary to ensure that consumers can make informed decisions about their coverage choices. Since 2014, many consumers have expressed frustrations over the lack of up-to-date provider network information available to them. NLSLA has received a significant number of complaints from consumers who felt misled because the providers they wanted to see dropped out of their QHP's network and they did not discover this until they tried to seek services. Accordingly, we recommend amendments to this subsection to strengthen it, specifically, referencing Health & Safety Code § 1367.26 and 45 C.F.R. § 156.230(b) as they contain specific direction on providing access to provider lists. Further, we urge that the contract require to QHP to provide information on participating providers monthly, rather than quarterly, consistent with what is required of Federally-Facilitated marketplace QHPs. See CCIIO, 2016 Letter to Issuers at 24, <http://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/2016-Letter-to-Issuers-2-20-2015-R.pdf>.

RECOMMENDATION: Covered California should amend the first sentence of § 3.05, subsection (b) as follows:

Contractor shall comply with the requirements of Health and Safety Code section 1367.26 and 45 C.F.R. § 156.230(b), including ~~make~~ *making* its provider directory (i) electronically available to (i) the Exchange for publication in accordance with guidance from the Exchange, and (ii) in hard copy when potential Enrollees make such request. Contractor shall provide information describing Participating Providers in its QHP networks in a format prescribed by the Exchange on a monthly basis to support the Exchange's centralized provider directory containing every QHP's network providers.

In addition, we appreciate Covered California's commitment to performing independent oversight and review of the adequacy of plan's networks. In 2014, consumers filed at least seven lawsuits against Covered California plan issuers alleging network deficiencies. While we believe that QHPs have ameliorated some of these concerns in 2015, the narrowness of networks in Covered California plans and consumers' difficulty in finding in-network providers remains a major concern. Thus we commend the language in section 3.05 that states: "Contractor shall cooperate with the Exchange to implement network changes as necessary to address concerns identified by the Exchange." We encourage Covered California to work closely with plans and their regulators to evaluate each QHP's plans for network development and expansion. In addition, we urge Covered California to collaborate closely with the state regulators to ensure plans' compliance with applicable network adequacy requirements, including by collecting and reviewing the following plan network data independently: the percentage of contracted board certified providers; the number

and specialty area of each provider by delegated group (e.g., IPAs or medical groups); for plans that use a delegated model, an explanation of how the plan ensures that enrollees assigned to each delegated entity have access to an adequate network; and geo-access maps of their providers and IPAs relative to the target population in each region. To achieve these goals, we suggest that Covered California add the language detailed below to section 3.05.

RECOMMENDATION: Add a new subsection (f) to § 3.05 as follows:

(f) Contractor shall produce the following information to the Exchange for review at least quarterly, or more frequently upon request by the Exchange: the percentage of its contracted providers that are board certified, and geo-access maps of their providers and relative to the target population in each region. For plans that use a delegated model that employs delegated entities such as Independent Physical Associations (IPAs) or Medical Groups, the contractor shall also specify the number and specialty area of each provider by delegated group, provide an explanation of how the plan ensures that enrollees assigned to each delegated entity have access to an adequate network, and supply geo-access maps of providers relative to the target population in each region by delegated group.

- **Additions/changes to § 3:06: Essential Community Providers**

We are pleased that the Essential Community Providers (ECPs) provisions in the model contract retain the explicit requirement that QHPs maintain a network that includes a sufficient geographic distribution of ECPs and that set forth the criteria for Covered California to assess whether there is sufficient geographic distribution of ECPs. However, we are concerned that the criteria are too loose. To ensure that QHPs are providing real access to low-income enrollees of color, and to meet the reproductive health needs of enrollees, QHP networks must include significant representation of safety-net providers who have an established history of serving these communities and needs. To this end, and consistent with Covered California's obligation under the ACA to implement activities to reduce health and health care disparities, we urge Covered California to require that QHPs include at least 30% of eligible ECPs in their networks as QHPs in the Federally -Facilitated marketplaces are required to do. See CCIIO, 2016 Letter to Issuers at 25, <http://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/2016-Letter-to-Issuers-2-20-2015-R.pdf>.

RECOMMENDATION: Covered California should amend § 3.06 subsection (a) as follows:

For purposes of this Section, "sufficient geographic distribution" shall *mean that Contractor include at least 30 percent of eligible ECPs in their network and shall further* be determined

by the Exchange in its reasonable discretion in accordance with the conditions set forth in the Solicitation and based on a consideration of various factors, including. . .

We also appreciate that the model contract contains the requirement that QHPs notify Covered California of any material changes in its geographic distribution, percent coverage and other information related to the ECPs in its network. However, we urge Covered California to provide a specific time by which QHPs must make such notification so as to enable the QHP and Covered California to address any network adequacy issues that may arise from such change as expeditiously as possible.

RECOMMENDATION: Amend § 3.06 subsection (c) as follows:

Contractor shall notify the Exchange with respect to any materials change as of ~~and throughout the term of this Agreement~~ and throughout the term of this Agreement within 30 days of the change, to its contracting arrangements. ...

Finally, we advise Covered California to ensure that QHPs do not unfairly exclude or restrict certain providers—including women’s health and family planning providers—from their networks. We thus urge Covered California to amend the contract to protect network adequacy and ensure that health plans and issuers do not exclude otherwise qualified and licensed providers from participation in health plans. Otherwise, consumers will face barriers to obtaining critical services from certain providers, particularly in areas of the state facing provider shortages. We encourage Covered California to add language addressing non-discrimination as suggested below.

RECOMMENDATION: Add a new subsection (e) to § 3.06 as follows:

(c) Contractor may not discriminate in contracting with any essential community provider designated under subsection (a), including by refusing to contract with any essential community provider based on the services it provides or because it serves a particular population.

- **Additions to § 3:07: Applications and Notices**

We appreciate that Covered California will retain the provision that requires QHPs to make their applications, forms and notices to applicants and Enrollees readable and accessible to people with disabilities and people with limited English proficiency. Consistent with its regulation at 10 C.C.R. § 6452, we urge Covered California to add “correspondence” to the categories of documents that QHPs must make accessible and to reference § 6452 in this provision as it contains specific requirements regarding readability and disability and language accessibility.

RECOMMENDATION: Covered California should amend § 3.07 as follows:

3.07 Applications, Correspondence, Forms and Notices

Contractor shall provide applications, correspondence, forms and notices to applicants and Enrollees in plain language and in a manner that is accessible and timely to individuals: (1) living with disabilities, including accessible websites, materials in alternative formats such as audio, and auxiliary aids and services at no cost to the individual in accordance with the Americans with Disabilities Act, and section 504 of the Rehabilitation Act, or (2) with limited English language proficiency. Contractor shall provide applications, forms and notices in a manner that is accessible and timely to individuals who are limited English language proficient as required by Health and Safety Code Section 1367.04, 10 California Code of Regulations section 6452, and Insurance Code Section 10133.8. Contractor shall inform individuals of the availability of the services described in this Section and that the services are available at no cost to applicants or Enrollees and otherwise comply with notice requirements imposed under applicable federal and state laws, rules and regulations, including. ...

• **Additions to § 3.15: Enrollees Out-of-Network and Other Costs; Network Requirements**

We urge Covered California to add language to clarify QHP responsibilities related to balance billing and out-of-network care. We appreciate Covered California's continued attention to balance billing when enrollees are required to access benefits out-of-network. This issue continues to be crucially important to Covered California enrollees. This year, we have continued to see numerous cases of Covered California enrollees receiving inappropriate bills from network providers.

For example, advocates in Southern California recently helped a Covered California enrollee who was billed for emergency psychiatric treatment he received while he was in custody per a "5150" psychiatric hold because the Covered California plan determined that the treatment was not medically necessary, even though two doctors attested that the care was necessary in order to obtain a psychiatric hold and the enrollee was kept in a locked facility which he had no option to leave. Advocates in the Central Coast recently assisted a Covered California with a high risk pregnancy who was billed for seeing an out-of-network perinatologist after her plan refused to refer her to an out-of-network specialist even though it lacked an in-network specialist with training and expertise to provide her appropriate prenatal care. Advocates in Northern California recently counseled a parent whose Covered California plan network pediatrician told her that she would have to start paying a \$35/month "participation fee" in order for her child to be kept on his panel. While

advocates continue to work with the state regulators to address these cases, the volume of cases we have seen this year suggests Covered California plans are not adequately supervising their contracted providers to ensure that consumers are not billed inappropriately.

Thus, we reiterate our strong urge that Covered California closely coordinate with state regulators to monitor QHP policies around balance billing. Specifically, we urge Covered California to review plan grievance and appeal data to determine whether particular plans, providers, or provider groups are routinely billing Covered California enrollees inappropriately.

In addition, we urge Covered California to work with its plans to ameliorate these issues through its QHP contract. Specifically, we recommend that Covered California clarify in the QHP contract that any time a person is taken into custody due to a dangerous or grave disability pursuant to Welfare and Institutions Code §§ 5150 *et seq.* is presumed to be medically necessary, and that the plan may not deny payment for such treatment.

RECOMMENDATION: Covered California should include the following new subsection (c) in the QHP Contract § 3.15:

(c) Contractor shall cover care provided to enrollees out-of-network on an emergency basis consistent with federal and state law. Such coverage shall include psychiatric services provided to an enroll pursuant to a determination that detention is required because an enrollee has a dangerous or grave mental disability under Welfare and Institutions Code sections 5150 et seq.

In addition, we suggest that Covered California explicitly affirm that QHPs must ensure that enrollees have access to out-of-network providers when in-network providers are not available, consistent with current law as interpreted by the DMHC and CDI. *See* Cal. Code Regs., tit. 28, § 1300.67.2.2(c)(7)(B); *id.*, tit. 10, § 2240.1(e). QHPs may not treat providers as out-of-network and refuse to reimburse them when the QHP has failed to provide an enrollee with access to an appropriate in-network provider.

RECOMMENDATION: Covered California should include the following new subsection (d) in the QHP Contract § 3.15:

(d) Contractor shall cover care provided to enrollees out-of-network when medically appropriate care is not available in-network, as required by law.

Finally, we urge Covered California to include explicit contract language requiring QHPs to prohibit their providers from charging fees outside of approved copayments, coinsurance, and deductibles.

RECOMMENDATION: Covered California should include the following new subsection (e) in the QHP Contract § 3.15:

(e) Contractor shall specifically prohibit its Participating Providers from charging or billing any Enrollee any monthly or annual fee or amount in order to obtain regularly contracted services . Nothing in this section shall preclude Contractor or its Participating Providers from charging for non-covered medical benefits.

- **Additions to § 3:17: Utilization Review and Appeals Process**

Through this contract, Covered California should make clear that QHPs cannot engage in unreasonable management techniques, such as requiring step therapy for contraception, which are unlawful under recent state law and recent federal guidance. *See* Health & Safety Code § 1367.25; Insurance Code § 10123.196; U.S. DEP'TS OF LABOR, HEALTH & HUMAN SERVS., & TREASURY, FREQUENTLY ASKED QUESTIONS ABOUT AFFORDABLE CARE ACT IMPLEMENTATION Part XXVI, at 4-6 (2015), *available at* http://www.cms.gov/CCIIO/Resources/Fact-Sheets-and-FAQs/Downloads/aca_implementation_faqs26.pdf.

RECOMMENDATION: Covered California should amend QHP Contract § 3.17 as follows:

Contractor shall maintain a utilization management program that complies with applicable laws, rules and regulations, including, Health and Safety Code §§ 1367.01 & 1367.25; *Insurance Code § 10123.196; and the U.S. Dep'ts of Labor, HHS, and Treasury's 2015 FAQ about ACA Implementation Part XXVI*, and other requirements established by the Health Insurance Regulator responsible for oversight of Contractor.

- **Additions to § 3.21 – Commencement of Coverage**

Enrollees should not be harmed if, through no fault of their own, a contractor does not activate their coverage. In the event that the enrollee has accrued medical bills because of the gap in coverage, the Contractor should offer the enrollee the option of coverage retroactive to the date it should have begun as outlined under 3.21 if the Contractor had timely processed the enrollment.

RECOMMENDATION: Amend § 3.21(a)(i) as follows:

Add language to (i) that states if the Exchange timely transmits the information to the Contractor and the enrollee makes the premium payment timely but the contractor fails to commence coverage as set forth in this section, the enrollee should be given the option of having coverage commence retroactively to the date that coverage should have begun.

- **Additions to §3.24 – Premiums**

Enrollees who receive APTCs and CSRs are lower-income and the collection of additional transaction fees can be a financial hardship.

RECOMMENDATION: Amend § 3.21(a)(ii) as follows:

Add language to (ii) that states that Contractors should not collect fees related to a charge for non-sufficient funds or transaction fees from enrollees who are receiving APTCs or CSRs.

- **Additions/changes to § 3:27: Appeals and Grievances**

We appreciate that Covered California is requiring QHPs to comply with existing rules regarding internal and external review. We are concerned, however, that the way that subsection (c) of this section is currently written is somewhat confusing, and suggests that QHPs themselves should perform external review, rather than, as the law requires, facilitate and participate in the applicable agency external review process. We suggest that this section be edited for clarity and offer suggested language.

RECOMMENDATION: Covered California should amend QHP Contract § 3.27(c) as follows:

(c) *External* Grievances. Contractor shall ~~maintain a~~ *participate in the external* grievance process for the review of clinical and non-clinical grievances ~~which incorporates and reflects the~~ *of the applicable state regulator, consistent with the* requirements set forth at Health and Safety Code Section 1368(b) and Insurance Code Sections 10133.661 and 12921.3.

We are aware of cases, including at least one in Northern California, in which the enrollee received a favorable decision from an Administrative Law Judge in a Covered California hearing that required the subject QHP to take a particular action, namely, reducing the enrollee's premium payment, however, the QHP refused to comply or significantly delayed compliance with the decision to the enrollee's detriment. Accordingly, NHeLP and WCLP urge Covered California to include in the model QHP contract language that requires the QHP to comply with any such hearing decision in a timely manner. The amendments to this contract provision we recommend below follow the time requirements for Covered California to implement a hearing decision.

RECOMMENDATION: Covered California should amend the title of § 3.27 and add a subsection (d) as follows:

3.27 Appeals, Grievances and Administrative Hearing Decisions

(d) Administrative Hearing Decisions. Covered California shall transmit any administrative hearing decision to the subject QHP no later than five (5) days after

receiving such decision. Contractor shall implement any hearing decision by the Covered California appeals entity promptly and in no case later than five (5) days after receiving the written hearing decision from the appeals entity, Covered California, or the appellant or appellant's representative, and, in the case of multiple notifications, whichever notification occurs first. The action required by the hearing decision, if prospective, shall take effect on the first day of the month following the date of the notice of appeal decision, or if the hearing decision requires retroactive relief, retroactive to the date such hearing decision directs.

Attachment 6-5 Enrollee Materials

We recommend the following change to Attachment 6-5, 6(g) Access to Medical Services Pending ID Card Receipt:

Add the requirement that pending receipt of ID card, the Contractor should provide Enrollees' providers with the information necessary to submit claims for services and to the Enrollees over the phone.

We appreciate the opportunity to submit these comments and thank you for considering them.

Sincerely,



Mona Tawatao
Senior Attorney
Western Center on Law & Poverty



Abbi Coursolle
Staff Attorney
National Health Law Program



Stephanie Lee
Supervising Attorney
Neighborhood Legal Services of Los Angeles



Amy Williams
Regional Counsel
Legal Services of Northern California

cc: James Debenedetti, Covered California (by email only)



May 20, 2015

Peter Lee, Executive Director
Covered California
1601 Exposition Blvd.
Sacramento, CA 95815

Dear Mr. Lee,

Covered California is not ready to declare "Mission Accomplished" on voter registration.

According to the Secretary of State, since Covered California started mailing registration cards to all enrollees in March 2014 and enabling online registration, just 48,024 voters were registered through April 20, 2015. This total includes a paltry 8,175 who registered to vote online. This is just 1 percent of an estimated 4 million people who have signed up for insurance at Covered California. Assuming 75 percent of those are already registered to vote, which tracks the general population registered, that would still mean 1 million are not registered voters. If the exchange had as poor of a record converting health insurance applicants to enrollees as it does registering voters, Obamacare would have crumbled before it got off the ground.

Disturbingly, instead of acknowledging this ongoing problem, your proposed 2015-16 budget cites "oversight and legal support for the creation and implementation of the voter registration compliance program" as one of the key accomplishments of the Office of Legal Affairs, and the Policy, Evaluation and Research Division has reduced a \$1.1 million allocation for voter registration in its 2013-14 budget to \$0 for 2015-16.

We are deeply troubled by Covered California's failure to effectively implement its mandate to facilitate voter registration for the millions of Californians it serves.

Covered California started to comply with its voter registration duties a year ago only after voting rights groups were forced to threaten legal action to spur movement. Under the "Motor Voter Law," each applicant for any of Covered California services, renewal of its services, or address changes must be provided with a voter registration form or a declination form as well as assistance in completing the form and forwarding the completed application to the appropriate state or local election official.

The major contact point for people signing up is the online portal. Rather than keeping people on the Covered California site and streamlining voter registration into the enrollment process, the website forces enrollees to leave CoveredCa.com and go the Secretary of State's website when they indicate they want to register. Click-away registration doesn't work and this outdated system should not be the model for Covered California. Instead, Covered California should update the system to auto-fill

the voter form with the personal information needed to register. Such a simple change would make it much easier for Californians to register to vote.

Many eligible voters fail to register due to lack of access and opportunity. According to the Secretary of State, nearly seven million eligible voters have not registered. Nearly 60 percent of those are Latinos. A greater proportion of Latino eligible voters is younger, poorer and has less education than other groups. Nearly 68 percent of those California Latino eligible voters speak a language other than English in the home. In addition, Covered California has targeted millennials in its marketing for health insurance. Young people are twice as likely to register online compared to older people.

Covered California would seem to be in a unique position as a new public entity, with up-to-date analysis, to entice motivated unregistered residents to register. Residents who log on to its site are looking for help and guidance. They should also be receptive to become civically engaged by navigators and agents.

The budget cites one of the key accomplishments of the information technology department was a successful redesign of CoveredCA.com to reflect content and design standards to provide improved consumer experience. As far as we can tell, the voter registration portal was not included in this design because it hasn't been improved at all. The proposed budget includes \$5 million for IT infrastructure upgrades and projects necessary for organizational IT operations, security and efficiencies. This should include a budget item to enhance the voter registration process.

Covered California can create a new generation of registered voters. By simplifying the system and keeping potential voters on your site, you can become the gold standard for all other public agencies. We look forward to working with you to make sure all eligible voters are encouraged to register to vote and become civically engaged.

Sincerely,

A handwritten signature in black ink that reads "Carmen Balber". The signature is fluid and cursive, with a long horizontal line extending from the end of the name.

Carmen Balber
Executive Director

Cc:
Covered California Board members
Sarah Vu, voter registration coordinator



June 16, 2015

Ms. Carmen Balber
Executive Director
Consumer Watchdog
2701 Ocean Park Blvd., Suite 112
Santa Monica, CA 90405

Dear Ms. Balber,

Thank you for your letter regarding voter registration. Covered California is committed to meeting our obligations under the National Voter Registration Act (NVRA) and I welcome the opportunity to provide you with an update on these efforts.

In May of 2013, the California Secretary of State formally designated Covered California as a voter registration agency. This required Covered California to be in compliance with the NVRA and state laws. Additionally, in March 2014, Covered California and the American Civil Liberties Union (ACLU) of California, the ACLU's Voting Rights Project, Demos, and Project Vote came to a settlement agreement that documents Covered California's plans to comply with the NVRA and to avoid a potential lawsuit regarding our implementation of the NVRA and state laws. The agreement outlined the steps necessary to comply with federal requirements that consumers receive voter registration materials and have an opportunity to register.

Consistent with the agreement and the NVRA, Covered California sent over two million letters containing voter registration material to consumers who had applied for health benefits going back to October 2013, the start of Covered California's first open enrollment. These mailings were completed in May 2014. As of June 2015, Covered California has sent more than three million-voter registration mailings to consumers.

Since then, voter registration assistance protocols have been implemented into all processes whereby a consumer engages in a transaction with Covered California. This includes when a consumer submits an application, provides a change of address, or submits a renewal of coverage. As the law requires, the voter protocol encompasses transactions facilitated by all enrollment assistance personnel, including both state employees and contractors. These individuals have received training from Covered California regarding their role in ensuring compliance with the NVRA. Through this process, every consumer that enrolls in Covered California has an opportunity to

register to vote, whether it's through the application question, enrollment assistance, or through the link on our website.

In 2014-15, Covered California spent approximately \$1.7 million for voter registration mailing. Covered California's proposed 2015-16 budget allocates approximately \$2.3 million in funding for voter registration purposes to continue our efforts to comply with current laws. The proposed budget will be considered by our Board at its June meeting. Additionally, Covered California has an NVRA Coordinator, an attorney, and individuals throughout the organization dedicated to ensuring full compliance with the law.

Auto-filling the voter registration forms would require complex and costly modifications to our on-line web-based portal for both Medi-Cal and Covered California called California Healthcare Eligibility Enrollment and Retention System (CalHEERS). Any recommendations for changes to CalHEERS are best heard in the 1296 Stakeholder Process. The Department of Health Care Services and Covered California participate in the 1296 Stakeholder Process, which provides a public forum for discussing changes relating to CalHEERS as well as the application and renewal processes. Stakeholders also discuss priorities for the "24 Month Road Map," in which these changes are scheduled for implementation. For more information about the 1296 Stakeholder Process please visit: www.dhcs.ca.gov.

I hope this update on our voter registration efforts is helpful. Again, thank you for your letter.

Sincerely,



Peter V. Lee
Executive Director

CC: Covered California Board of Directors