



Media Clips

COVERED CALIFORNIA BOARD CLIPS January 20, 2016 – February 17, 2016

Since the Jan. 21 board meeting, high-visibility media issues included: the Jan. 31, 2016 deadline for coverage; community outreach before the 2016 open-enrollment deadline; and the increased penalty for choosing not to have health coverage.

Since the Jan. 21 board meeting, the term "Covered California" was mentioned 8,520 times in a Google search and the phrase "California Health Benefit Exchange" was noted 129 times. The following clips represent a cross-section of media outlets and coverage.

COVERED CALIFORNIA PRESS RELEASES

<u>Covered California to Offer Consumers a Pathway to Vision Coverage</u> Feb. 17, 2016.....	4
<u>New Data Show How Covered California Spurs Competition Among Health Insurance Companies</u> Feb. 17, 2016.....	6
<u>Covered California Finishes Open Enrollment Strong with More Than 425,000 New Consumers and an Increase in Young Enrollees</u> Feb. 4, 2016.....	11
<u>Covered California Enrollment Is Strong as the Final Day of Open Enrollment Approaches</u> Jan. 30, 2016.....	14
<u>Covered California Offers to Help Consumers ‘Cross the Finish Line’ as Interest Surges Prior to the Final Weekend of Open Enrollment</u> Jan. 29, 2016.....	16
<u>Covered California’s Enrollment Surges Past 329,000 With Four Days to Go Before Jan. 31 Deadline</u> Jan. 28, 2016.....	18

[Covered California Teams Up With Latino Leaders to Urge the Uninsured To Enroll In A Health Insurance Plan Before the Upcoming Deadline](#)
 Jan. 26, 2016.....20

[Covered California Teams Up With Asian-American Leaders to Urge the Uninsured to Enroll in a Health Insurance Plan Before the Upcoming Deadline](#)
 Jan. 26, 2016.....23

HIGHLIGHTS

[Preliminary numbers shows strong ending for Covered California’s third open enrollment period](#)
 Vida en el Valle
 By: Maria G. Ortiz-Briones
 Feb. 11, 2016.....26

[Will Healthcare.gov Get A California Makeover?](#)
 California Healthline
 By: Pauline Bartolone
 Feb. 9, 2016.....28

[Churches promote Affordable Care Act](#)
 Los Angeles Wave
 Jan. 22, 2016.....33

PRINT

[ABC’s of the ACA: Are you familiar with Covered California’s special-enrollment period?](#)
 Vida en el Valle
 By: Maria G. Ortiz-Briones
 Feb. 10, 2016.....35

[Covered California warns uninsured to enroll by Sunday, or face penalties](#)
 Los Angeles Daily News
 By: Susan Abram
 Jan. 29, 2016.....38

[Uninsured? Covered California’s final enrollment push ends this weekend](#)

The Sacramento Bee
By: Claudia Buck
Jan. 28, 2016.....41

[Covered California enrollment deadline is Sunday](#)

Ventura County Star
Jan. 26, 2016.....45

[California's state exchange brings in patients, especially for Kaiser](#)

Modern Healthcare
By: Beth Kutscher
Jan. 20, 2016.....47

[Opinion: Reducing Unnecessary C-Section Births](#)

The New York Times
By: Tina Rosenberg
Jan. 19, 2016.....49

BROADCAST

[California Exchange Chief Rips UnitedHealth For Obamacare Excuses](#)

NPR
By: Chad Terhune
Feb. 2, 2016.....55

[A last-minute push in Inglewood for health insurance signups](#)

KPCC
By: Elizabeth Aguilera
Jan. 29, 2016.....59

[Farming Industry Balks at Obamacare Requirements](#)

KQED
By: April Dembosky
Jan. 26, 2016.....62



NEWS RELEASE

Feb. 17, 2016

COVERED CALIFORNIA TO OFFER CONSUMERS A PATHWAY TO VISION COVERAGE

*Consumers Can Learn About Vision Coverage Offered by
VSP Vision Care Beginning in Mid-February on CoveredCA.com*

SACRAMENTO, Calif. — Covered California will offer consumers a pathway to vision plans under a new agreement with VSP Vision Care (VSP).

“Vision coverage is important for our members’ overall health, and Covered California has made it easier than ever for them to find quality vision care options through VSP, the industry leader in bringing vision coverage to consumers,” Covered California Executive Director Peter V. Lee said. “This is just another way Covered California is changing the health insurance landscape and is taking a lead role in helping consumers with all of their health care needs.”

Beginning today, visitors to CoveredCA.com can access VSP via a link, which will take the consumer to VSP’s website. Once on the VSP website, consumers will work directly with VSP to shop for vision benefits and see what coverage options are best for their situation.

“We are pleased to be chosen by Covered California and have the opportunity to compete in the market and provide adults throughout California with more access to affordable, quality eye care,” President and CEO of VSP Global Jim McGrann said. “Comprehensive eye care delivers proven preventative health benefits and helps keep health care costs down. This decision will help close the gap in access to eye care for Californians who get their health insurance through the exchange.”

As part of the agreement with Covered California, VSP will conduct annual consumer surveys to ensure a positive consumer experience. In addition, VSP will provide quarterly enrollment reports to Covered California based on those who have accessed VSP through CoveredCA.com.

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Adult vision care is not an essential health benefit under the Affordable Care Act, and coverage is handled directly through VSP. Vision services for children are an essential health benefit and are included in all health plans purchased through Covered California.

Enrollment with VSP into vision plans is available year-round, and there are no open enrollment dates.

The link to VSP from CoveredCA.com can be found here:

www.CoveredCA.com/individuals-and-families/getting-covered/vision.

About Covered California

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NEWS RELEASE

Feb. 17, 2016

NEW DATA SHOW HOW COVERED CALIFORNIA SPURS COMPETITION AMONG HEALTH INSURANCE COMPANIES

Consumers Choose a Wider Variety of Plans as Pricing Drives the Market

SACRAMENTO, Calif. — Covered California released new enrollment data on Tuesday, which showed how the state’s healthy mix of enrollees and its aggressive negotiations with health insurance companies led to increased competition in the marketplace and better prices for consumers.

More than 439,000 consumers newly signed up for health care coverage during the most recent open-enrollment period — including approximately 14,000 who received help finishing their applications after the Jan. 31 deadline. Of those new enrollees, the percentage of consumers who selected a health plan outside of the four major carriers — Anthem Blue Cross of California, Blue Shield of California, Health Net and Kaiser Permanente — nearly tripled compared with a year ago.

“Covered California built a marketplace that is leading to sustainable cost trends because of the good risk mix, and that creates a level playing field for carriers, forcing them to compete on price and quality,” Covered California Executive Director Peter V. Lee said. “Competition is driving the market. Consumers are shopping around and selecting the health plan that best fits their needs and pocketbook.”

During Covered California’s first two open-enrollment periods, approximately 94 percent of consumers signed up for coverage through one of the four major carriers. During the third open-enrollment period that number dropped to 83 percent.

Another important finding was that the vast majority of renewing consumers seemed satisfied with the price, quality and level of coverage — with about 88 percent keeping their current plan.

“Price matters, and just like any other business, consumers want the best value possible,” said Covered California Director of Health Plan Management Anne Price. “We have created a marketplace where carriers are fighting for people’s business. With more than 1 million enrollees, our customers are flexing their consumer muscles. They are also part of keeping costs low by being part of a large and healthy risk pool.”

(more)

She added: “Compared to much of the nation, where many consumers changed plans when they renewed, our success at keeping prices low allowed consumers to have a win-win — many got to keep their existing plan while getting a good deal.”

For example, several carriers experienced a growth in enrollment after aggressively pricing their products and attracting new consumers from other plans.

- Blue Shield had one of the lowest rate increases in the state for 2016. More than 117,000 consumers signed up with Blue Shield during open enrollment, which, along with the more than 315,000 who selected Blue Shield when they renewed, gave it more than 433,000 consumers, and more plan selections than any other carrier in Covered California.
- Blue Shield gained more than 17,000 renewing consumers from Anthem, which had the highest rate increase, and more than 11,000 renewing consumers from Health Net.
- Molina Healthcare lowered its rates for 2016 and ended up enrolling more than 50,000 new consumers during open enrollment, which, when added to the more than 37,000 who selected Molina in renewal, means it has more than 88,000 enrolled, the fifth-largest total statewide.

Other highlights of the data:

- The number of renewing consumers who selected a Silver plan, which is considered the best value for consumers, stayed very similar to last year’s rate of 65 percent.
- The results highlighted the fact that health care is local, with local or regional plans in Sacramento, San Francisco, San Diego and Los Angeles gaining substantial enrollment.

“This is further proof that the Affordable Care Act is working and that Covered California is working hard to use all the tools to benefit consumers,” Lee said. “We have created a marketplace where there is a good mix of consumers enrolled, which keeps prices down and carriers fighting for people’s business.”

Lee noted that Covered California seeks to put the consumers in the driver’s seat, by making sure that the health insurance companies that participate in the exchange offer true value, and then the exchange negotiates the rates, networks and quality elements to get the best value for consumers. Covered California also created a standard benefit design, which establishes the services that plans must offer and allows consumers to make an apples-to-apples comparison between plans. Before the Patient Protection and Affordable Care Act, it was very difficult to compare plans because they could each have different deductibles, copays, maximum out-of-pocket costs and other benefits.

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“When the Affordable Care Act was signed into law six years ago, we all imagined that we would create a competitive marketplace to help consumers comparison-shop and make choices based on price and value,” Lee said. “Now we can see that dream is beginning to become a reality.”

Now that open enrollment has ended, consumers must have a life-changing event in order to be eligible for special enrollment through Covered California. The most common life-changing events are getting married, having a child, losing coverage from a job or Medi-Cal and moving. For more information on special enrollment visit: www.CoveredCA.com/individuals-and-families/getting-covered/special-enrollment. Medi-Cal enrollment is year-round.

Consumers can reach a Service Center representative by calling (800) 300-1506. The nearest Certified Insurance Agent, Certified Enrollment Counselor or Certified Plan-Based Enroller can be found by visiting www.CoveredCA.com/get-help/local and searching for enrollment help by ZIP code.

Covered California Health Insurance Plan Selections (Renewal and Open Enrollment)

Carrier	Plan Selections		Percentages	
	2015	2016	2015	2016
Anthem Blue Cross of California	393,911	394,022	28%	25%
Blue Shield of California	348,607	433,111	25%	28%
Chinese Community Health Plan	12,779	13,627	1%	1%
Health Net	247,876	212,278	18%	14%
Kaiser Permanente	335,221	374,454	24%	24%
L.A. Care Health Plan	21,909	15,060	2%	1%
Molina Healthcare	22,299	88,170	2%	6%
Oscar Health Plan of California	N/A	2,067	N/A	<1%
Sharp Health Plan	17,830	25,805	1%	2%
UnitedHealthcare Benefits Plan of California	N/A	1,370	N/A	<1%
Valley Health Plan	2,157	3,320	<1%	<1%
Western Health Advantage	5,773	8,790	<1%	1%
TOTAL	1,408,362	1,572,074	100%	100%

*As of Feb. 7, 2016.

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Plan Selections for Third Open Enrollment

Carrier	Plan Selections		Percentages	
	2015	2016	2015	2016
Anthem Blue Cross of California	138,610	103,378	28%	24%
Blue Shield of California	93,088	117,790	19%	27%
Chinese Community Health Plan	2,544	2,895	1%	1%
Health Net	94,152	45,763	19%	10%
Kaiser Permanente	138,788	99,047	28%	23%
L.A. Care Health Plan	4,036	3,214	1%	1%
Molina Healthcare	13,207	50,850	3%	12%
Oscar Health Plan of California	N/A	1,568	N/A	0%
Sharp Health Plan	7,393	9,350	1%	2%
UnitedHealthcare Benefits Plan of California	N/A	1,086	N/A	<1%
Valley Health Plan	865	1,396	<1%	<1%
Western Health Advantage	2,390	3,055	<1%	1%

*As of Feb. 7, 2016.

While the percentage of overall enrollment in the four largest health insurance companies has decreased from nearly 95 percent down to 90 percent in two years, plan selections at the local level are growing as a result.

Below are four regional health plan observations about total plan selections. For full regional data, please visit: www.CoveredCA.com/news/pdfs/CoveredCA-Regional-Carrier-Data-for-2016.xlsx.

- In Los Angeles, which consists of rating regions 15 and 16, Molina saw its total plan selections jump from 22,299 in 2015 to 88,170 in 2016, nearly a 400 percent increase.
- In San Diego, Sharp Health Plan saw its plan selections increase from 17,830 in 2015 to 25,805 in 2016.
- In San Francisco, Chinese Community Health Plan saw its plan selections increase from 12,799 in 2015 to 13,627 in 2016.
- In Sacramento, Western Health Advantage saw its plan selections increase from 5,773 in 2015 to 8,790 in 2016.

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“The open enrollment data released today reminds us of the critical importance of local health plans,” Lee said. “Our consumers know these plans in their communities, and it shows how the Affordable Care Act doesn’t just work for the major players, but for the local health plans as well.”

About Covered California

Covered California is the state’s marketplace for the federal Patient Protection and Affordable Care Act. Covered California, in partnership with the California Department of Health Care Services, was charged with creating a new health insurance marketplace in which individuals and small businesses can get access to affordable health insurance plans. Covered California helps individuals determine whether they are eligible for premium assistance that is available on a sliding-scale basis to reduce insurance costs or whether they are eligible for low-cost or no-cost Medi-Cal. Consumers can then compare health insurance plans and choose the plan that works best for their health needs and budget. Small businesses can purchase competitively priced health insurance plans and offer their employees the ability to choose from an array of plans and may qualify for federal tax credits.

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NEWS RELEASE

Feb. 4, 2016

COVERED CALIFORNIA FINISHES OPEN ENROLLMENT STRONG WITH MORE THAN 425,000 NEW CONSUMERS AND AN INCREASE IN YOUNG ENROLLEES

Consumers Still Have Through Feb. 6 to Finish Their Applications

SACRAMENTO, Calif. — With three days left for consumers to finish their applications for affordable, quality health care coverage through the Patient Protection and Affordable Care Act, Covered California announced that more than 425,000 consumers had made plan selections during its third open-enrollment period.

“In the last four days of open enrollment, nearly 100,000 consumers signed up for quality health care coverage,” Covered California Executive Director Peter V. Lee said. “Those who started an application still have time to finish the process and get the health care and the peace of mind they deserve.”

In addition to the strong enrollment, Covered California’s initial analysis shows that its new consumers got younger for a second consecutive year. The number of young adults in the crucial 18- to 34-year-old demographic has increased to 37 percent this year, compared with 29 percent during the first open-enrollment period.

“Even more important than the strong numbers of those enrolling is the fact that we appear to be continuing to attract a younger and healthy mix of consumers,” Lee said. “We continue to have a broad and healthy mix of those signing up for coverage — which has already been declared among the healthiest in the country — which means better rates and a more stable system, both for all of our enrollees, and for the entire individual health insurance marketplace in California.”

Covered California’s healthy risk mix has previously resulted in weighted average rate changes of 4.2 percent in 2015 and 4 percent in 2016, well below what consumers saw before the Affordable Care Act. In addition, because consumers can now shop and change plans during open enrollment, consumers who switched to the lowest-cost plan in their area could reduce their premiums by an average of 4.5 percent for 2016.

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Covered California also announced that 1,149,000 consumers who were enrolled in 2015 had plan selections made for 2016. This compares to 944,000 consumers who were enrolled in 2014 and made plan selections for 2015. Later this year, Covered California will release data on how many of these returning consumers and new enrollees have paid for their coverage.

“This is great news as Covered California and health exchanges across the country mature in this new era of health care,” Lee said. “Marketplaces are getting to the point where year-over-year growth will appear modest, because they are serving so many consumers who use the marketplace as a safety net between employer-based coverage or public programs.”

Covered California reported last October that, while at that point there were 1.3 million individuals with active coverage, more than 2 million had received the benefits of coverage for some period since the exchange began offering coverage in January 2014. The agency also was able to confirm that the vast majority, 85 percent, of those who left Covered California got health insurance from another source.

Open enrollment ended on Jan. 31, but Covered California announced that consumers who started the enrollment process or made an appointment with a certified enroller before the deadline would have until midnight Feb. 6 to complete that application. Consumers must finish the process with either a Certified Insurance Agent, Certified Enrollment Counselor, Certified Plan-Based Enroller or Service Center representative at Covered California.

“Don’t gamble with your health,” Lee said. “If you started an application or made that appointment to get covered, our certified enrollers and Service Center representatives will help you get across the finish line.”

Consumers can reach a Service Center representative by calling (800) 300-1506. The nearest Certified Insurance Agent, Certified Enrollment Counselor or Certified Plan-Based Enroller can be found by visiting www.CoveredCA.com/get-help/local and searching for enrollment help by ZIP code.

Now that open enrollment has ended, consumers must have a life-changing event in order to be eligible for Covered California’s special-enrollment period. The most common life-changing events are getting married, having a child, losing coverage from a job or Medi-Cal, or moving. For more information on special enrollment visit: www.CoveredCA.com/individuals-and-families/getting-covered/special-enrollment. Medi-Cal enrollment is year-round.

(more)

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NEWS RELEASE

Jan. 30, 2016

COVERED CALIFORNIA ENROLLMENT IS STRONG AS FINAL DAY OF OPEN ENROLLMENT APPROACHES

Service Center Received More Than 250,000 Calls This Week

SACRAMENTO, Calif. — Covered California is seeing a high volume of enrollment as the final day of open enrollment nears.

"We are very pleased with the amount of interest we are seeing in these last few days," said Executive Director Peter V. Lee at an enrollment event in Lynwood, California. "This is the moment to take action and enroll. We are working hard to ensure consumers know that financial assistance is available, and that the penalty for not having insurance is going up substantially."

At an enrollment event held in Plaza Mexico in Lynwood, California today, more than one hundred consumers had enrolled in affordable, quality health care coverage just in the first hour of the event. The Lynwood event was one of more than 200 enrollment events available throughout the state this weekend where consumers can get help to enroll.

"We must ensure that communities of color and non-English speaking communities get informed and enroll in Covered California," Senator Ricardo Lara said also speaking at the enrollment event in Lynwood, California.

To find an event, visit CoveredCA.com/get-help/local/events/. Events are by City or ZIP code and representatives are able to help consumers in a multitude of languages. In the past week (Monday through Friday), consumers had placed more than 250,000 calls to Covered California's Service Center with wait times averaging less than five minutes.

There are hundreds of Service Center representatives available today to help consumers enroll. The Service Center is open today and tomorrow 8:00 am until midnight. In addition, there are tens of thousands of Certified Insurance Agents and other certified enrollers ready to assist consumers in person.

Consumers can sign up in a variety of ways, including enrolling online at www.CoveredCA.com, calling (800) 300-1506 to enroll over the phone and finding in-person help in their communities. In-person enrollment assistance is free, confidential

and offered in a variety of languages. Help can be found by visiting www.CoveredCA.com/get-help/local and searching by ZIP code.

After open enrollment, consumers will only be allowed to sign-up after that time if they have a life-changing event such as getting married, having a child or moving. Medi-Cal enrollment is year-round.

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NEWS RELEASE

Jan. 29, 2016

COVERED CALIFORNIA OFFERS TO HELP CONSUMERS 'CROSS THE FINISH LINE' AS INTEREST SURGES PRIOR TO THE FINAL WEEKEND OF OPEN ENROLLMENT

*Consumers Must Begin the Application Process by Midnight Sunday
and Complete Enrollment by Saturday, Feb. 6*

SACRAMENTO, Calif. — Due to a last-minute rush for health coverage, Covered California announced Friday that it would keep the doors open for consumers who start the application process but are unable to complete their enrollment by this Sunday.

The announcement follows a surge of enrollment that saw tens of thousands of consumers enroll in health insurance plans this week and that left certified enrollers with even more applications to file before the Jan. 31 deadline.

“Our top priority is making sure consumers who are trying to get health insurance get the time and assistance they need,” said Covered California Executive Director Peter V. Lee. “Covered California knows that health care coverage is too important, and people should not be turned away just because they get caught up in a wave of last-minute shoppers.”

Lee said consumers who start their enrollment process, or make an appointment, by midnight Jan. 31 will have until midnight Feb. 6 to complete the application as long as they are working with a Certified Insurance Agent, Certified Enrollment Counselor, Certified Plan-Based Enroller or Service Center representative at Covered California.

“Anyone who does not have health insurance should visit CoveredCA.com and find out where they can get help enrolling before Jan. 31,” Lee said. “If you get started before Sunday, our certified enrollers and Service Center representatives will help you get across the finish line by Feb. 6.”

Consumers can sign up, or begin an application, in a variety of ways, including enrolling online at www.CoveredCA.com, calling (800) 300-1506 to enroll over the phone or finding in-person help in their communities. In-person enrollment assistance can be found by visiting www.CoveredCA.com/get-help/local and searching for enrollment help by ZIP code.

Because the federal Patient Protection and Affordable Care Act requires most Americans to have health insurance or pay a penalty known as the “shared responsibility payment,” Lee said the time is now for consumers to get coverage for their families instead of paying a penalty to the Internal Revenue Service when they file their 2016 taxes. The fine is calculated two different ways, and uninsured consumers will pay whichever amount is higher.

The first calculation is 2.5 percent of household income, with a maximum of the total yearly premium for the national average Bronze health insurance plan premium. The second calculation is \$695 per adult plus \$347.50 per child under the age of 18, with a maximum of \$2,085.

“You no longer have to gamble on something as important as your health, because there is financial assistance available to help bring you and your family quality health care coverage,” Lee said.

Nearly nine out of every 10 Covered California enrollees receive some level of financial assistance. Covered California says that 670,000 enrollees paid \$100 a month or less for their coverage in 2015 and that 350,000 enrollees paid \$50 or less per month.

After open enrollment ends, consumers may sign up only if they have a life-changing event such as getting married, having a child or moving. Medi-Cal enrollment is year-round.

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NEWS RELEASE

Jan. 28, 2016

COVERED CALIFORNIA'S ENROLLMENT SURGES PAST 329,000 WITH FOUR DAYS TO GO BEFORE JAN. 31 DEADLINE

Service Center Received More Than 120,000 Calls in the Last Three Days

SACRAMENTO, Calif. — Covered California announced that a surge of consumers interested in affordable, quality health care coverage had signed up through the agency this week. Through Jan. 27, more than 329,000 new enrollees had picked a health coverage plan during the current open-enrollment period. In addition, more than 148,000 new and renewing consumers had enrolled in the new optional family dental coverage.

"If you haven't looked at your new coverage options, you've still got time to get covered," said Covered California Executive Director Peter V. Lee. "Don't gamble with your health or your financial future. Enroll now and protect yourself from medical bills that can cost you tens of thousands of dollars if you get sick or injured."

The agency also revealed that consumers had placed more than 120,000 calls to Covered California's Service Center over the last three days, with wait times averaging less than three minutes.

Lee said Covered California has hundreds of Service Center representatives, and tens of thousands of Certified Insurance Agents and other certified enrollers ready to assist consumers over the phone or in person.

Covered California's announcement comes one day after President Barack Obama urged uninsured Californians to take action now and enroll in a health care plan before the upcoming Jan. 31 deadline.

"Heaven forbid you get a serious illness or there's a traffic accident in the family. You can lose your house. You can lose everything you've worked for," Obama said. "Right now, in California, you can get health care that is high quality for less than the price of your cellphone bill."

Obama made the comments while discussing the Patient Protection and Affordable Care Act with television reporters from KABC in Los Angeles and KPIX in San Francisco, saying health insurance offers Californians protection and peace of mind.

(more)

“If you get sick, if you get ... in a serious accident, you want that financial security,” Obama said.

Consumers can sign up in a variety of ways, including enrolling online at www.CoveredCA.com, calling (800) 300-1506 to enroll over the phone and finding in-person help in their communities. In-person enrollment assistance is free, confidential and offered in a variety of languages. Help can be found by visiting www.CoveredCA.com/get-help/local and searching by ZIP code.

In addition, Covered California previously announced that more than 500 enrollment events were planned across the state for the final month of open enrollment.

The Affordable Care Act requires most Americans to have health insurance or pay a penalty known as the “shared responsibility payment.” The payment is calculated two different ways, and uninsured consumers will pay whichever amount is higher. The first calculation is 2.5 percent of your household income, with a maximum of the total yearly premium for the national average Bronze plan premium. The second calculation is \$695 per adult plus \$347.50 per child under the age of 18, with a maximum of \$2,085.

Nearly nine out of every 10 Covered California enrollees receive some level of financial assistance. At least 670,000 enrollees paid \$100 a month or less for their coverage in 2015, and 350,000 enrollees paid \$50 or less per month. Consumers can easily find out if they qualify for financial assistance by using Covered California’s Shop and Compare Tool at www.CoveredCA.com/shopandcompare/2016/.

Open enrollment runs through Jan. 31. Consumers will only be allowed to sign up after that time if they have a life-changing event such as getting married, having a child or moving. Medi-Cal enrollment is year-round.

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NEWS RELEASE

Jan. 26, 2016

COVERED CALIFORNIA TEAMS UP WITH LATINO LEADERS TO URGE THE UNINSURED TO ENROLL IN A HEALTH INSURANCE PLAN BEFORE THE UPCOMING DEADLINE

Open Enrollment Runs Through Sunday, Jan. 31

SACRAMENTO, Calif. — Covered California joined with Latino leaders on Tuesday to spread the word that time is running out for uninsured Californians to sign up for quality health care coverage.

“We are teaming up with leaders of Latino communities to make sure that we reach out to everyone who is eligible for coverage,” said Covered California Executive Director Peter V. Lee. “We want to drive home the message that the Jan. 31 deadline is coming up and remind consumers that financial help is available through Covered California.”

Sen. Ed Hernandez, D-Azusa, who chairs the Senate Health Committee, said uninsured Latinos across the state should explore their options in this new era of health care and get health coverage for 2016.

“The Affordable Care Act has cut California’s uninsured rate in half, and having access to health care is critical to building strong families and communities,” Hernandez said. “Covered California is opening the doors to the best doctors and hospitals in the state, while protecting consumers from the high cost of medical bills and prescription drugs.”

Tuesday’s outreach effort included a teleconference with Covered California, Hernandez, Carmen Rodriguez of the San Ysidro Health Center and Spanish-language media.

In addition, both Hernandez and Lee wanted to alert consumers to the increasing tax penalty if they choose to remain uninsured in 2016 and reassure them that their immigration status would not be shared with authorities.

(more)

“Any U.S. citizen or person who is lawfully present in California is eligible for health insurance through Covered California even if they have family members in their household who are undocumented,” Hernandez said. “All information you submit is used strictly to determine your eligibility for health insurance programs available under the Affordable Care Act and will not affect the immigration status of any family member on the application.”

Covered California developed an immigration status fact sheet for consumers. The fact sheet is online at the following links:

English: www.CoveredCA.com/news/PDFs/immigration-fact-sheet-ca.pdf.

Spanish: www.CoveredCA.com/news/PDFs/immigration-fact-sheet-sp.pdf.

While noncitizens and undocumented residents will not be eligible for Covered California health insurance plans, they may still be eligible for specific, limited Medi-Cal programs. Individual consumers and their families are encouraged to research their options through Covered California to see what health coverage is available to them.

As for the tax penalty, in some cases a consumer could actually save money by purchasing health insurance instead of paying the Internal Revenue Service (IRS).

“The tax penalty starts at \$695 for an adult, or \$2,085 for a family of four, and can easily be several hundred or even thousands of dollars more,” Lee said. “That’s money that goes straight to the IRS, and the consumer gets nothing in return. Don’t gamble with your health or your financial future.”

For more information on how the tax penalty is calculated, visit <http://news.CoveredCA.com/2016/01/covered-california-estimates-hundreds.html> or <http://news.CoveredCA.com/p/covered-california-estima-que-miles-de.html>.

Covered California has also built an extensive network of Spanish-language resources, including a full mirror website, at www.CoveredCA.com/es, and a dedicated hotline for Spanish-speaking consumers, at (800) 300-0213. Consumers can also find thousands of certified Spanish-speaking enrollers by visiting www.CoveredCA.com/get-help/local. The in-person assistance is free, confidential and available in communities throughout the state.

Consumers who apply may be eligible for financial assistance depending on their income and family size. Approximately nine out of every 10 enrollees receives some level of financial assistance to help pay for their health care, with the average Covered California household receiving \$5,200 in financial assistance in 2014. Consumers can find out if they qualify by using the Shop and Compare Tool on Covered California’s website.

Open enrollment runs through Jan. 31. Consumers who qualify for low-cost or no-cost Medi-Cal can enroll at any time.

(more)

About Covered California

Covered California is the state's marketplace for the federal Patient Protection and Affordable Care Act. Covered California, in partnership with the California Department of Health Care Services, was charged with creating a new health insurance marketplace in which individuals and small businesses can get access to affordable health insurance plans. Covered California helps individuals determine whether they are eligible for premium assistance that is available on a sliding-scale basis to reduce insurance costs or whether they are eligible for low-cost or no-cost Medi-Cal. Consumers can then compare health insurance plans and choose the plan that works best for their health needs and budget. Small businesses can purchase competitively priced health insurance plans and offer their employees the ability to choose from an array of plans and may qualify for federal tax credits.

Covered California is an independent part of the state government whose job is to make the new market work for California's consumers. It is overseen by a five-member board appointed by the Governor and the Legislature. For more information about Covered California, please visit www.CoveredCA.com.

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NEWS RELEASE

Jan. 26, 2016

COVERED CALIFORNIA TEAMS UP WITH ASIAN-AMERICAN LEADERS TO URGE THE UNINSURED TO ENROLL IN A HEALTH INSURANCE PLAN BEFORE THE UPCOMING DEADLINE

Open Enrollment Runs Through Sunday, Jan. 31

SACRAMENTO, Calif. — Covered California joined with leaders of the Asian-American community to spread the word that time is running out for uninsured Californians to sign up for quality health insurance coverage.

“We are teaming up with leaders of Asian-American communities to make sure that we reach out to everyone who is eligible for coverage,” Covered California Executive Director Peter V. Lee said. “We want to drive home the message that the deadline is coming up and remind consumers that financial help is available through Covered California.”

Assemblymember Rob Bonta, who chairs the Assembly Committee on Health, said uninsured Asian-Americans across the state should explore their options in this new era of health care and get coverage for 2016.

“Health care is now a right and not just a privilege for the fortunate,” Bonta said. “Enrolling in Covered California gives people access to the best doctors and hospitals in the state, and that is critical to building strong families and communities.”

Assemblymember Kansen Chu, who chairs the Assembly Committee on Human Services, said there is still time for those who have waited to get coverage for the remainder of 2016.

“The uninsured are among the most vulnerable in California and that can change now,” Chu said. “Every community in California can benefit from better health service and lower costs for care.”

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Tuesday's outreach effort included a teleconference with Covered California, Asian-language media, Bonta and Chu, as well as officials from Asian Americans Advancing Justice and Asian Pacific Health Care Venture Inc.

In addition, Bonta, Chu and Lee wanted to alert consumers to the rising tax penalty if they choose to remain uninsured in 2016 and reassure them that their immigration status will not be shared with immigration authorities.

"We know that many mixed families live in California, and consumers should know that when someone applies to Covered California their information will not be shared or used by any immigration agency," Bonta said.

Chu added: "A consumer's information will only be used to determine their eligibility for health insurance programs available under the Patient Protection and Affordable Care Act and will not affect the immigration status of any family member on the application."

Covered California developed an immigration status fact sheet for consumers. The fact sheet is online at the following links:

Chinese: www.CoveredCA.com/news/PDFs/immigration-fact-sheet-ca-chi.pdf.

Korean: www.CoveredCA.com/news/PDFs/immigration-fact-sheet-ca-kor.pdf.

Vietnamese: www.CoveredCA.com/news/PDFs/immigration-fact-sheet-ca-vie.pdf.

While noncitizens and undocumented residents will not be eligible for Covered California health insurance plans, they may still be eligible for specific, limited Medi-Cal programs. Individual consumers and their families are encouraged to research their options through Covered California to see what health coverage is available to them.

As for the tax penalty, in some cases a consumer could actually save money by purchasing health insurance instead of paying the Internal Revenue Service (IRS).

"The tax penalty starts at \$695 for an adult, or \$2,085 for a family of four, and can easily be several hundred or even thousands of dollars more," Lee said. "That's money that goes straight to the IRS, and the consumer gets nothing in return. Don't gamble with your health or your financial future."

For more information on how the tax penalty is calculated, visit <http://news.CoveredCA.com/2016/01/covered-california-estimates-hundreds.html>.

Covered California has also built an extensive network of Asian-language resources, including online resources available in Chinese, Korean, Vietnamese, Lao, Tagalog and Hmong. These can be found by clicking on "Other Languages" in the top right corner of www.CoveredCA.com.

(more)

Consumers can also speak to certified enrollers in their language at (800) 300-1506 and find thousands of local certified enrollers by visiting www.CoveredCA.com/get-help/local. The in-person assistance is free, confidential and available in a variety of languages throughout the state.

Consumers who apply may be eligible for financial assistance depending on their income and family size. Approximately nine out of every 10 enrollees receives some level of financial assistance to help pay for their health care, with the average Covered California household receiving \$5,200 in financial assistance in 2014. Consumers can find out if they qualify by using the Shop and Compare Tool on Covered California's website.

Open enrollment runs through Jan. 31. Consumers who qualify for low-cost or no-cost Medi-Cal can enroll at any time.

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Covered California is an independent part of the state government whose job is to make the new market work for California's consumers. It is overseen by a five-member board appointed by the Governor and the Legislature. For more information about Covered California, please visit www.CoveredCA.com.

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Preliminary numbers shows strong ending for Covered California's third open enrollment period

By: Maria G. Ortiz-Briones
Feb. 11, 2016

Preliminary numbers released by Covered California officials on Feb. 4, indicates the state's health exchange finished its third historic open enrollment period on a strong note.

According to Peter V. Lee, executive director of Covered California more than 425,000 consumers had made plan selections for health care coverage through the Patient Protection and Affordable Care Act during its third open-enrollment period.

"Strong number overall," Lee said.

Covered California's forecast for the third open enrollment period was between 295,000 and 460,000 new people enrolled; with 38 percent of them to be Latino, said Lee to Vida en el Valley during a tour stop in Fresno back in November.

Lee said Latino enrollment is an important part for the success of Covered California. He feels Covered California has been doing well in its outreach efforts for Latino enrollment during this third open-enrollment period.

Lee said data for enrollment by county and ethnicity won't be released until the next Covered California board meeting scheduled for Feb. 18 in Sacramento.

"In the last four days of open enrollment, nearly 100,000 consumers signed up for quality health care coverage," said Lee.

The preliminary number released last week doesn't include those consumers who started their application process by the Jan. 31 deadline, but thanks to a deadline extension from Covered California, they had until midnight on Feb. 6 to complete their applications process with either a Certified Insurance Agent, Certified Enrollment Counselor, Certified Plan-Based Enroller or Service Center representative at Covered California and obtain health coverage.

Lee said initial analysis from his office shows that the third open enrollment period attracted a younger population.

The number of young adults in the crucial 18- to 34-year-old demographic increased to 37 percent this year, compared to 29 percent during the first open-enrollment period and 34 percent during the second open-enrollment period.

"We continue to have a broad and healthy mix of those signing up for coverage — which has already been declared among the healthiest in the country — which means better rates and a more stable system, both for all of our enrollees, and for the entire individual health insurance marketplace in California," Lee said.

According to Lee, Covered California's healthy risk mix has previously resulted in weighted average rate changes of 4.2 percent in 2015 and 4 percent in 2016.

Because consumers can now shop and change plans during open enrollment, Lee said, consumers who switched to the lowest-cost plan in their area could reduce their premiums by an average of 4.5 percent for 2016.

According to Lee, 1,149,000 consumers who were enrolled in 2015 renew their health coverage and had plan selections made for 2016, compared to 944,000 consumers who were enrolled in 2014 and renew their plans for 2015.

"This is great news as Covered California and health exchanges across the country mature in this new era of health care," Lee said. "Marketplaces are getting to the point where year-over-year growth will appear modest, because they are serving so many consumers who use the marketplace as a safety net between employer-based coverage or public programs."

"We still have ways to go to make sure we don't leave anybody behind," Lee said. "We are moving from a culture of coping to a culture of coverage."

Will Healthcare.gov Get A California Makeover?

By: Pauline Bartolone
Feb. 9, 2016

When 28-year-old Charis Hill discovered that the medication to treat her degenerative arthritis condition had risen to \$2,000 a month, she chose to be in pain instead.

“I felt like an invalid,” said Hill, who lives in Sacramento and at the time had only catastrophic health coverage. She said the month without medication made it hard to get out of bed.

Paying for drugs isn’t a problem for Hill now: She has a more robust Covered California health plan, and she gets assistance from a drug company program.

And as of the first of this year, she won’t have to worry about sticker shock if she switches medications. All Covered California plans have a cap on how much patients pay for drugs: \$250 a month in silver, gold and platinum plans, and \$500 a month in bronze plans.

“I could try a better treatment,” said Hill, a patient advocate, who says she is exploring that because her symptoms are becoming more severe. “The \$250 is something I know that I can always fall back on.”

This story is part of a partnership that includes CALmatters and Kaiser Health News. It can be republished for free.

The copay cap on drugs is just one way Covered California chose to shape the health insurance marketplace this year. Experts say the California exchange uses more of its powers as an “active purchaser” than the vast majority of other states. That means it can decide which insurers can join the exchange, what plans and benefits are available and at what price.

The federal government — in pending proposed rules for 2017 — has signaled it too wants to have more of a hand in crafting plans. Though there are no plans to go as far as a monthly drug copay cap, healthcare.gov would be forging ahead on a path California already paved, swapping variety for simplicity in plan design.

“Not letting [health] plans define what’s right for consumers, but defining it on behalf of consumers ... is a better model for the market,” said Peter Lee, executive director of Covered California.

“We want to make sure every consumer has good choice but not infinite choice,” said Lee.

Most other states, including those in the federal exchange, haven’t subscribed to that idea so far. They have a clearinghouse model, in which all health insurers and plan designs are accepted as long they comply with the Affordable Care Act. That can mean the same insurer offers multiple plans with slightly different premiums, deductibles and copays. Even within one metal tier, say silver, the same insurer might offer half a dozen slightly different plans. (Obamacare plans come in four tiers, from bronze, with the most limited benefits, to platinum, with the most.)

Now, the federal government proposes to create standard cost-sharing designs in various metal tiers and make them easily accessible on healthcare.gov. And it’s considering how to improve “value” by being more selective about plans.

A simplified marketplace, the feds say, will make it easier to choose high-quality health insurance.

“Many consumers ... find the large variety of cost-sharing structures available on the Exchanges difficult to navigate,” the proposed rules say. “We believe that standardized options will provide these consumers the opportunity to make simpler comparisons.”

The proposal signals a big change.

“Up until now the federal marketplace has really taken a hands-off approach” in shaping the marketplace, said Sabrina Corlette, research professor at Georgetown University’s Center on Health Insurance Reforms.

“The new proposed rule says ‘You know what? We actually are going to become more of an active purchaser.’”

California’s Approach

Covered California holds insurers to a higher bar than what’s required under the Affordable Care Act.

It negotiates premium prices down and requires quality goals to be met. Health plans must participate in health-disparity workgroups, collect information about enrollees’ health status and monitor rates of preventive health services use. In the first two years, California’s exchange rejected multiple health insurance carriers.

Covered California says it's the only exchange in the country that requires all plans to be standardized (not just some, which the federal government is proposing). All gold tier plans, for instance, have the same costs for lab tests, doctors' visits and deductibles.

"There was always a suspicion like 'Oh, is that plan \$80 more a month because it covers more?'" said Anthony Wright, of the advocacy group, Health Access. "And it was almost impossible to know. Whereas now people know 'Okay, these are basically the same plans.'"

Price negotiations with insurers have paid off, according to Covered California. During 2016 plan year negotiations, insurers reduced premiums by 1 percent to 9 percent, said Lee. The exchange says this will result in \$200 million in savings for premium payers and taxpayers this year.

Covered California average premium increases have been on par with or lower than the increases in other states, according to the private health care consulting firm, Avalere Health. It says this year's 4% overall average increase was particularly low in comparison.

But national researchers say the downward pressure on premiums may be more indicative of competition than the exchange's negotiating power.

"It's unusual to have four big insurers jockeying for market share like we have in many parts of California," said Larry Levitt, Senior Vice President at the Kaiser Family Foundation. (KHN is an editorially independent program of the foundation.)

An Industry "Partner"?

Health insurers in California acknowledge there's more red tape if they sell in the subsidized marketplace there, but surprisingly, they don't complain.

In fact, a California insurance trade group says it sees the exchange as a "partner," and active purchasing as valuable for establishing ground rules.

"So far in California, it has worked," said Charles Bacchi, president and CEO of the California Association of Health Plans.

The rules allowed new plans to get into the individual market, he says, and provided "more security in knowing what the playing field was."

At the same time, Bacchi said, health plans don't always agree with the exchange's decisions.

"There is give and take," he said.

Blue Shield of California, which in 2015 had 25 percent of the exchange's enrollment, says it's very happy with its relationship with Covered California.

Applying to sell through Covered California creates "different work" than was required before, said Ken Wood, Senior Vice President of Consumer Markets at Blue Shield of California, adding that he applauds its approach. But the business is worth it, he said. Covered California gives insurers access to more than a million consumers, whose monthly premiums are largely subsidized by government.

And "the standard benefits is an enormous simplification for consumers," he said.

But one of two health insurance regulators in California, the state Department of Insurance, said Covered California's strict guidelines may not benefit consumers.

It has created a situation in which the exchange "has fewer carriers than would otherwise be the case," said Janice Rocco, deputy commissioner of the California Department of Insurance.

More insurers in the marketplace for the first two years would have had an impact on price in the long term, said Rocco.

Closely Watching California

Federal administrators may be trying to adopt active purchasing rules before the new presidential administration takes office, said Corlette, and California's example may make it more politically feasible.

"There's no question that the feds are closely watching the California experience," said Corlette, commenting on Covered California's ability to keep insurers in the marketplace and hold down premiums.

The federal rules also name other active purchasing exchanges as models however, including New York, Massachusetts and other state-based exchanges.

Health insurers on a national level are "strongly" opposed to an active purchaser model for states served by healthcare.gov, including standardized benefits.

"It could discourage many from enrolling if they can't find a policy that works best for them," said Clare Krusing from America's Health Insurance Plans.

"Where there is competition and choice is where consumers benefit and where health plans benefit," said Krusing.

Researchers raise other logistical and market concerns. Caroline Pearson, senior vice president of Avalere Health, said the risk of losing insurers under active purchasing is "significant."

“Right now the federal government needs to focus on increasing enrollment and maintaining plan participation,” said Pearson.

Streamlining benefits like medical service copays could get tricky when spanning across more than 30 states with different economies, said Corlette.

What Consumers Say

Not all of Covered California’s actions have been met with applause. Consumer advocates say they’re still concerned about the high deductible in Covered California’s Bronze plans, an amount the exchange chose to raise for 2016 plans. But at the same time, advocates appreciate that policy decisions aren’t being made in the “back room of an insurance company.”

“Covered California has put itself apart from other states in that it is willing to be aggressive and do what’s right,” said arthritis patient and advocate Charis Hill.

She said she’s glad Covered California reminds insurance companies that they exist to serve patients: “If they’re not doing their job, then somebody’s going to step in.”



Churches promote Affordable Care Act

Jan. 22, 2016



LOS ANGELES — Three of the largest churches in Los Angeles County — First African Methodist Episcopal Church of Los Angeles, Faithful Central Bible Church, and City of Refuge Church — joined forces with Covered California Jan. 17 to reach the African-American community with a message that health insurance is now a right that is available to everyone, and it is time to exercise that right by enrolling and getting family and friends to enroll.

Referred to as “Big Sunday,” the church communities honored the legacy of the Rev. Martin Luther King Jr. by promoting the Affordable Care Act, also known as Obamacare,

by urging worshipers to sign up for affordable health insurance before the Jan. 31 deadline.

Speaking to the congregations, Covered California Executive Director Peter V. Lee quoted King by stating, "Of all the forms of inequality, injustice in health is the most shocking and the most inhuman."

He added that President Obama ended that injustice and now all Americans have access to the health care they need and deserve.

Lee was joined by leaders of more than 500 predominantly African-American churches representing approximately 100,000 African Americans throughout the state, who helped spread the word about Covered California using pulpit announcements, social media, bulletin items, and email messages and fliers to encourage individuals and families to enroll in a health plan.



ABC's of the ACA: Are you familiar with Covered California's special-enrollment period?

By: Maria G. Ortiz-Briones
Feb. 10, 2016



This year the Affordable Care Act open enrollment period lasted three months and it officially ended on Jan. 31.

And now that open enrollment is closed, in order for an individual to obtain health coverage outside Covered California's open-enrollment period, that individual must have a life-changing event. And this is what is called special enrollment.

Covered California's special-enrollment period started on Feb. 1 and will continue until the 2017 open enrollment period starts, which would be later this year sometime in the fall.

Some of the most common life-changing events that fall under 'special-enrollment' include getting married, having a child, losing coverage from a job or Medi-Cal, or moving.

However, Covered California Executive Director Peter V. Lee reminds people that to qualify for special enrollment due to moving your place of residency, that means moving to California from another state or moving from one price region to another. For example, moving from Los Angeles to San Francisco might qualify you for special enrollment period. However, if you moved homes from one neighborhood to another in the same city or price region, you won't qualify for special enrollment.

Here is a short list of most common qualifying life events for special enrollment.

1. Losing health coverage. You are no longer eligible for Medi-Cal, or you lose health coverage through your job.
2. Turning 26 years old and are no longer eligible to stay on your parents' plan.
3. Change in place of residency. This includes moving to California from another state. And according to Covered California, this also applies to individuals who are released from jail or prison.
4. Having a child or adopting a child, receiving a child into foster care, or placing a child in adoption or in a foster home.
5. Getting married or entering into a domestic partnership.

Also, another thing to consider is that Covered California can also determine, on a case-by-case basis, that the individual experienced an exceptional circumstance, which could allow for a special enrollment period.

In most cases, consumers must report changes and select a plan within 60 days of the qualifying life event to purchase a Covered California health insurance plan outside of open enrollment.

For many qualifying life events, individuals can enroll online. They can also call the Covered California Service Center at (800) 300-1506. Service Center representatives can answer any questions consumers have about a qualifying life event and can help them enroll in or change health insurance plans. Consumers can also get help from a Covered California Certified Enrollment Counselor, Covered California Certified Insurance Agent, Certified Plan Based Enroller, or county eligibility worker.

And as a reminder Medi-Cal enrollment is year-round and you don't need a special enrollment period to enroll in Medi-Cal.

Covered California website has more information on special enrollment and you can visit at: www.CoveredCA.com/individuals-and-families/getting-covered/special-enrollment.

As I mentioned before, Vida en el Valle will go over some of the ABC's of the Affordable Care Act to refresh your memory of some of the terms and information of the health care reform.

If you have any questions regarding the health reform you can email your questions to mortizbriones@vidaenelvalle.com and will address those concerns in future editions.

Los Angeles Daily News

Covered California warns uninsured to enroll by Sunday, or face penalties

By: Susan Abram
Jan. 29, 2016



A steady stream of clients filed into A+ Insurance on Friday with a mission to accomplish: sign up for a health plan by Sunday or pay a penalty. A big one.

That's the provision under the Affordable Care Act that brought Caley Carr, a professional tap dancer and teacher, to the Valley Village business.

"The tax penalty is a little bit like the fire that got me moving," said Carr, 29, as he sat with an agent to discuss his plan options. "I don't want to pay a penalty again."

People who receive health coverage from an employer, Medicare or another government program don't have to worry, but those such as Carr, who are self-employed and who have gone without health insurance, have until Sunday. Those who

qualified and went without health insurance in 2015 may have to pay a penalty at tax time, which can go up to \$325 per adult and \$162.50 per child or 2 percent of the total household taxable income, whichever is higher. That rate will rise to \$695 per single filer and 2.5 percent come next tax season. The penalty may go as high as \$10,000 for a family of four.

Small businesses up to 50 employees also have new requirements to meet by Sunday's deadline.

But even with those steep costs, thousands across the Golden State are still not getting the message, acknowledged Peter Lee, the executive director for Covered California, the state's health plan marketplace.

When the first enrollment period kicked off in late 2013, there was a certain learning curve to be expected about Covered California and its federal version, HealthCare.gov, both government-run exchanges. Deadline extensions were offered and the tax penalty was smaller.

Now, with hours left in the third enrollment period, no extensions will be offered. It's either meet the deadline by Sunday or get ready to write a check to the Internal Revenue Service, Lee said. There is only one exception: Those who start an application on Sunday will have until Feb. 6 to finish it.

A total of 1.3 million have enrolled in plans through Covered California since 2013. Not all have stayed. Some people couldn't make the monthly payments. Premium costs in California rose an average 4 percent.

But another 4.7 million Californians qualified for Medi-Cal, the state's version of Medicaid.

Some experts estimate that up to 700,000 Californians remain uninsured and eligible to purchase plans available on Covered California or may qualify for Medi-Cal, Lee said. Those do not include people who are undocumented and living in the state.

So far, 329,000 new enrollees signed up through Covered California this enrollment period, although the exchange's goal is to reach 490,000.

Lee said the culture of having health insurance is changing.

"That is showing, even three years in, that we're making huge inroads into changing from a culture of coping, to a culture of coverage," Lee said about enrollment figures. "It's going to take years to change an entire history of Americans thinking insurance is a lottery because you have a job."

Brokers such as Naama Pozniak, who owns A+ Insurance in Valley Village and who is a certified Covered California agent, said she's seen the bumps and bottlenecks that have

come along with the massive shift under Obamacare. There have been website glitches and long wait times at the Covered California call centers. People complained about being unable to keep their physicians and some saw premiums rise despite promises made by President Obama when he signed the Affordable Care Act into law in 2010.

But Pozniak said this year the process of enrolling into plans is more positive. And the tax penalty is pushing people toward compliance.

“That’s making a big difference, and the education,” Pozniak said. “People are starting to focus on health and wellness.”

Pozniak also said she expects the stream of clients to continue well into Sunday night.

“We’ll be here,” she said of her team. “It’s important to me to make a difference. I feel like it’s our job to get to each and every person.”

For more information or enrollment events, go to CoveredCa.com.

Uninsured? Covered California's final enrollment push ends this weekend

By: Claudia Buck
Jan. 28, 2016



For Covered California officials, it's crunch time. They've spent \$29 million on advertising, opened 500 storefronts, beefed up call centers and trained hundreds of health insurance enrollment counselors who speak 12 languages, from Arabic to Vietnamese. They've also rolled through 21 cities in a statewide bus tour to highlight this year's open enrollment season, projecting the words "Enroll Now" on iconic buildings such as Sacramento's Tower Bridge and San Francisco's Coit Tower.

All those efforts come down to Sunday's deadline. For most uninsured people, that's the final day for enrollment in 2016 Covered California health care policies. And this year, the stakes are higher. For those who forget or ignore the deadline, they'll face a stiffer federal tax penalty that can run into thousands of dollars.

One of those uninsured is Mark Burch, a former manager for a Sacramento food manufacturing company, who lost his job last summer due to a corporate buyout. With his severance benefits running out, the 60-year-old wants to be sure he's covered so he can keep his same doctors while looking for a new job.

"For 36 years, I've always had medical coverage because of work," he said. "I've never had to buy my own health care. This is all brand new."

On a recent weekday, he sat across from Jamel Johnson, a certified enrollment counselor with staffing firm 1Solution on Fruitridge Road, to consider his options. Until he finds new work, Burch's reduced income means he could qualify for Medi-Cal, potentially ending up with free care or low-cost premiums.

Johnson said he's signed up many first-timers like Burch in the last three years. "Whether you agree (with the federal health care system) or not, it's the law. And it's a way to ensure that you don't go into an emergency room and come out with a \$5,000 bill. It stops you from being financially in a bind."

As of Wednesday, more than 329,000 Californians have signed up – for the first time – during this year's open enrollment season, which started Nov. 1.

"That's a very big number," said Covered California Executive Director Peter Lee. "We walked in thinking we had about 750,000 subsidy-eligible people (to sign up), so we got about half of them already."

In December, Covered California issued a series of statewide "heat maps" showing neighborhoods with the highest percentage of low-income, uninsured residents estimated to be eligible for subsidies covering their health care premiums. In the Sacramento region, neighborhoods on the map appear in Citrus Heights, Arden Arcade and a south Sacramento area off Highway 99 near Florin and Power Inn roads. According to Covered California, about 8 percent of residents in those three "hot spots" are subsidy-eligible, compared with an average of 3.2 percent in Sacramento County overall.

Not all of them, however, are necessarily the lowest of low-income residents, Lee said. Many are working but poor people who can earn up to \$47,000 and still receive a subsidy for their health care premium. "They are not wealthy people and the subsidy is not as big, so it's a challenge," Lee said. "It's taking money off your dining room table or from paying the rent bill. ... We really are competing for people's pocketbooks."

At an Arden Arcade shopping center on Fulton Avenue, reaction to the enrollment pitch was mixed. Some individuals, speaking Farsi or Spanish, but declining to give their names, said they were already covered.

Others, like 23-year-old Sitara Sofizada, a newly arrived immigrant from Afghanistan, were eager to sign up. "I want health insurance. It's a good thing," she said, speaking in

English, her second language. In Kabul, she said, health insurance isn't routine, but U.S. immigration officials briefed her and others about it being a mandatory requirement. Sofizada, a university student who now lives here with her uncle, said she intends to sign up as soon as her paperwork is completed.

Since the Affordable Care Act became law in 2010, all Americans who don't receive insurance through work or government programs are required to purchase health care – or pay a gradually increasing tax penalty. They can buy from insurance agents or through state marketplaces such as Covered California. In the last two years, the uninsured rate among U.S. adults dropped nearly six percentage points – down to 11.4 percent in mid-2015, according to a Gallup survey. In California, more than 2 million residents have purchased Covered California policies since they became available in late 2013.

Public awareness of the health program has been high, according to a 2015 survey by a University of Chicago research group. Nine out of 10 Californians knew about the federal Affordable Care Act and 85 percent were aware of Covered California, the state's exchange for purchasing ACA policies. That's a healthy leap up from 2013, when just 12 percent of those surveyed knew about Covered California.

“Despite this positive trend,” the study stated, “sizable numbers continue to lack knowledge on some issues, including how the subsidy and the enrollment periods work, and that Covered California is the only place they can receive premium assistance.”

(In order to receive a federal subsidy, individuals must purchase their health insurance through Covered California; anyone else can buy individual or family coverage through independent insurance brokers or enrollment agents.)

In the 2015 consumer survey, 15 percent of Californians who did not purchase health insurance said they intended to this year and 44 percent said they “might” do so. But a sizable number – 41 percent - said they would not purchase health insurance in 2016.

That would include Sacramento resident John Kotarsky, 38, who said he's never purchased a Covered California plan, and this year won't be any different. A self-described “house flipper” who buys and rehabs distressed properties, Kotarsky said he pays out of pocket for any health care needs, rarely sees a doctor and doesn't earn enough to pay a tax penalty. “I don't like ultimatums, and (Obamacare) is an ultimatum. I'm waiting for a Republican president to repeal it,” he joked, as he headed into a 24-Hour Fitness gym on Fulton Avenue.

His gym buddy, Evan Ekpa, 29, said he's happy to receive health insurance through his employer, a loan company, but added: “Truthfully, if I didn't have it through my job, I'd probably roll the dice and not buy it. I don't get sick. I don't see doctors.”

Health officials call that a risky gamble, considering the high cost of emergency room visits or unexpected surgeries. And, they note, a number of preventive services such as

mammograms and wellness visits are free (except for co-pays) under the Affordable Care Act and are not subject to a deductible. Federal tax penalties are another incentive to enroll; they jump to \$695 per individual (or 2.5 percent of income, whichever is greater) and up to \$10,000 for a family of four, for those who go without health care coverage in 2016.

But even the threat of a bigger tax bite may not be enough.

“The ACA alone won’t reach 100 percent coverage because the lowest-income individuals, and some other groups, are exempt from penalties,” said Gerald Kominski, director of the UCLA Center for Health Policy Research, in an email. “Even among those who have to pay penalties, some families decide that they have more important priorities, (such as) paying for private school tuition, than paying for health insurance. So they will pay the tax penalty rather than enroll, as long as everyone in the family stays healthy.”

There are a few exceptions to Covered California’s Jan. 31 deadline. Those who are eligible for Medi-Cal, the state’s program for low-income adults, families, pregnant women and disabled individuals, can sign up anytime during the year. Also, those who have a “life-changing” event - getting married, moving, having/adopting a baby - can enroll anytime after the Jan. 31 deadline.

For those with questions, enrollment counselors this weekend are extending hours, bulking up staff and hosting even more outreach events statewide, such as at Arden Fair mall in Sacramento and the Rose Bowl in Southern California.

Betty Williams, whose 1Solution company organizes open-enrollment events, said that unlike the first two years when there were “long lines out the door,” this year has been calmer. On weekends, when people aren’t at work or tied up with school schedules, it gets busier. Last Saturday at a Covered California enrollment event at Grant High School, for instance, Williams said individuals showed up early, well before the 10 a.m. start time. Demand was so high, she said, “We had to call in extra counselors.”

“It’s human to procrastinate,” said Williams, who expects a last-minute surge of enrollees this weekend. Together with the California Black Chamber of Commerce, she’ll have 33 enrollment counselors at different locations, including the Sam & Bonnie Pannell Community Center on Saturday and Antioch Progressive Baptist Church on Sunday.

Unlike last year, when Covered California extended its enrollment deadline because tax penalties were kicking in for the first time, Lee said this year’s Jan. 31 deadline is firm. “You need to get in the door.”

VENTURA COUNTY STAR

vcstar.com

Covered California enrollment deadline is Sunday

Jan. 26, 2016



People who want health insurance through Covered California face a Sunday enrollment deadline.

Covered California is the marketplace created through the Affordable Care Act. It's designed to provide coverage to the uninsured. People who meet income standards may qualify for subsidies.

Open enrollment began in November and is scheduled to end the final day of January. People without coverage may face rising income tax penalties.

People who experience life-changing events that include getting married or giving birth can enroll year-round.

People can enroll at www.coveredca.com or with the free help of enrollment specialists in Ventura County. To find help, go to the website and click on "get help."

People can also call 800-300-1506.

Modern Healthcare

California's state exchange brings in patients, especially for Kaiser

By: Beth Kutscher
Jan. 20, 2016

Thousands of people who bought health insurance through California's individual marketplace are accessing healthcare services at hospitals in the state, according to a report released this week.

House Minority Leader Nancy Pelosi touted the report during a visit Tuesday to the University of California at San Francisco.

The report includes a detailed breakdown (PDF) of the services Covered California patients have received between Jan. 1, 2014, when coverage began, and June 30, 2015. It included data from 111 acute-care hospitals, which represented about 40% of the inpatient care delivered in the state in 2014.

Kaiser Foundation Hospitals, the state's largest health system, saw tens of thousands of Covered California patients at many of its campuses, according to the report. It was one of the largest beneficiaries of the coverage expansion.

At Kaiser's 233-bed medical center in Walnut Creek, for instance, 21,624 people with a Covered California plan accessed inpatient or outpatient services, including 1,102 emergency room visits and 3,724 mental health visits.

At its 414-bed San Diego hospital, as many as 34,168 people with insurance from the Covered California marketplace accessed healthcare services, with 1,590 seeking emergency room care and 5,859 receiving mental health care.

Oakland-based Kaiser, which operates 38 hospitals as well as its own health plan, has rapidly added members, including 524,000 members in the first six months of 2015. However, a recent earnings report did not break out how many of those members enrolled through California's individual marketplace.

At UCSF, Pelosi praised Covered California's "enormous success."

"Today's report is the latest evidence that the Affordable Care Act is delivering on the promise of making healthcare a right for all, not just a privilege for the few," she said.

UCSF itself treated 14,305 patients who purchased insurance through Covered California and had 49,689 outpatient visits and 1,218 cancer treatments.

"People insured through Covered California have used their coverage to get care for broken bones, cancer treatment, elective surgeries and life-saving care at some of the best hospitals in our state," said Peter Lee, Covered California's executive director.

The hospitals included in the report in total delivered 5,745 babies to women enrolled in a Covered California plan, treated 10,928 cases of cancer and saw 65,040 Covered California patients through their emergency departments.

Some hospitals saw smaller numbers of patients with individual plans. San Diego-based Scripps Mercy Hospital, which has 436 beds, treated 256 Covered California patients, and parent system Scripps Health's five campuses saw just under 1,700 patients with coverage from the exchange.

About 1.5 million people are expected to be enrolled in Covered California by the end of the state's fiscal year in June. The marketplace is self-sustaining and funded through fees levied on qualified health plans, according to a state budget report.

However, the vast majority of Californians who gained coverage under the ACA did so through Medi-Cal, the state's Medicaid program, which now has more than 13 million enrollees compared with 7.6 million in mid-2013.

And that has put a strain on many state hospitals, which have collectively pushed for the governor to increase Medicaid rates and roll back recession-era cuts to the program.

The New York Times

Reducing Unnecessary C-Section Births

By: Tina Rosenberg
Jan. 19, 2016



You are about to give birth. Pregnancy has gone smoothly. The birth seems as if it will, too. It's one baby, in the right position, full term, and you've never had a cesarean section — in other words, you're at low risk for complications.

What's likely to be the biggest influence on whether you will have a C-section?

- (A) Your personal wishes.
- (B) Your choice of hospital.
- (C) Your baby's weight.
- (D) Your baby's heart rate in labor.
- (E) The progress of your labor.

The answer is B. In California, for example, hospitals' rates for cesarean sections performed in low-risk births range from 11.2 per cent to 68.8 per cent. (pdf) The rest of the factors do influence the decision. But the hospital determines how these factors are treated.

Some hospitals consider very big babies to be automatic C-sections. Some don't. A pattern on a fetal heart rate monitor might prompt a C-section in one hospital, and a "watch and wait" at another. Doctors' choices matter, of course, but a hospital can set rules that limit those choices.

"One view is, 'Gosh, this patient's just not progressing,'" said David Lagrew, an obstetrician who is the chief integration and accountability officer for MemorialCare Health System in Southern California. "She's going to have a C-section in a couple of hours anyway, so let's get it over with. The patient won't suffer more, and I can go home and I won't get replaced by someone else.' Or, you can say, 'Let's wait another hour or two.'"

C-sections save lives — when needed. But the enormous variation in rates, with very little variation in outcomes, shows that a great many of them aren't necessary. In the last 15 years, the rate of C-section has gone up by 50 percent in the United States. According to Jeffrey Ecker, chairman of the American Congress of Obstetricians and Gynecologists' committee on obstetric practice, that rise "has not been paralleled by any important fall in rates of things like cerebral palsy" — in other words, outcomes that C-sections are often performed to prevent.

C-sections themselves pose some risks to babies, and can create serious complications for mothers, such as hemorrhage, infection and post-partum depression. Having a first baby by C-section leaves a woman with a 90 percent chance that subsequent births will be by C-section as well. And with each C-section, the risk of serious complications rises.

The federal Department of Health and Human Services has set a goal for C-section at 23.9 percent in low-risk births by 2020. "It could be lower, but it's a starting point," said Elliott Main, the medical director of the California Maternal Quality Care Collaborative. "Thirty, 40, 50 percent it clearly shouldn't be."

It is telling that a recent study found that when the patients are themselves doctors, and presumably better-informed, C-sections are less common.

In 2014, I wrote about San Francisco General Hospital, where the commendable C-section rate in low-risk births (now about 15 percent) can be attributed largely to the fact that doctors work shifts and earn a salary. They're around no matter what, and they have no financial incentive to do the delivery themselves. So they have much more patience with a woman's labor.

In hospitals that use fee-for-service billing, however, the bulk of an obstetrician's pay comes from performing the actual delivery, so doctors want to do their own. This leads to a reluctance to wait.

The vast majority of hospitals are still fee-for-service. Are there measures these hospitals can take to lower their C-section rates?

We now know the answer is yes.

In 2014, the Pacific Business Group on Health, an alliance of businesses that are large buyers of health care for their employees, began a pilot program to reduce C-sections at three hospitals in the Los Angeles area: Hoag Hospital in Newport Beach and two MemorialCare hospitals, in Long Beach and Laguna Hills. All brought their rates down by 20 percent (pdf). And there they have stayed. None of the hospitals had any increase in complications.

The pilot program was prompted by three developments:

Increasing medical concern

“The U.S. suddenly got into crazy range — high 30s to 50 percent,” says Lagrew. “We’ve begun to see the complications in subsequent pregnancies — the placental complications and near-death or death caused from surgery done two to three years prior. That’s the ‘aha!’ moment now driving the impetus to lower it back down.”

Resistance to high costs

C-sections can cost 50 percent more than vaginal births, and are more lucrative for doctors and hospitals. This provides incentive for them to do more cesareans.

Also, there are post-operative costs: readmissions, home care and the high likelihood that subsequent births will also be by C-section, plus the costs and lost work time of having to recover from major surgery.

Kim Mikes, operations director of the Women’s Health Institute at Hoag, said that from conversations with the Pacific Business Group on Health, “we knew they were starting to look at an organization’s rates, and we knew it was going to be a determinant of who would be contracted with and who wouldn’t.” Benefits managers from local corporations also started raising concerns with different hospitals.

“We started talking about how we could try to raise awareness of these issues and get those numbers down,” Mikes said, adding that the hospital told physicians: “This is not a matter of convenience. It’s going to end up impacting us financially, and the health of our patients.”

The rise of data

California has unusually good data on C-section rates. That's due to the Maternal Data Center, run by the California Maternal Quality Care Collaborative, which has managed numerous quality improvement projects, and helped with this one. The database merges information from hospital discharge records with birth certificate data. Data on a hospital's rates of C-section are public. But hospitals that provide the raw information can also use the database to look at individual doctors and track procedures, to find the problems that lead to more C-sections.

Data helped to overcome resistance from doctors.

"In academic circles there is consensus at a population level that C-section rates are too high," said Ecker. "But many of those same doctors would say: 'The way I practice is right and good.' Translating 'The rate is too high' into which patients are not to get a C-section delivery is much more difficult."

Main said: "Physicians in private practice don't want anybody telling them what to do. Hospital administrations can say: 'Let doctors be doctors. Whatever they do is their business.' We see that in a lot of small and medium hospitals."

But the data was persuasive.

"In other hospitals, physicians don't have access to data on their C-section rate," said Brynn Rubinstein, senior manager of Pacific Business Group on Health's Transform Maternity Care project. "They'll remember their last ten, but they don't really have actual data in hand and they're not being compared to other physicians in their hospital. Having access to this to drill down is really powerful. It gave physicians an idea of where they really stood outside the norm, which was hugely important for clinician buy-in."

At first, doctors saw only their own data. Hoag then released the data to all doctors, and suddenly everyone knew how everyone was doing. That's when C-section rates took a big drop. "No one likes to be the outlier," said Main.

Now hospitals are slicing the data thinner — for example, to look at how often individual doctors induced labor in patients whose cervix was insufficiently dilated, a step that often leads to C-section. "We're about to get a new bump downward," said Lagrew.

Administrative shifts made C-sections less automatic.

At Hoag, doctors used to be able to easily schedule C-sections, no approval needed. The hospital made it more cumbersome. Now they must indicate whether the reason is medical or elective, and the request must be approved by a division chief and a laborist — an in-hospital doctor who handles deliveries.

The hospital also requires patients in the low-risk category to read a brochure about C-section titled “Understanding the Risks.”

New protocols promoted patience during labor.

MemorialCare now discourages inducing labor until the cervix has reached a point where labor is likely to be short and successful. The hospital created uniform terminology for fetal heart rate patterns, and standards for how to respond.

Lagrew believes that having guidelines may protect doctors against another driver of C-sections: the malpractice lawsuit. Some research has found that the real effect of this pressure on C-section rates is small. But it is nonetheless an important concern. Rubinstein said that one hospital backed out of the study because of malpractice concerns.

“The worry is still there, but it’s mitigated if I’m following a standard protocol and using best practice,” said Lagrew.

Nurses and laborists took an increased role.

Mikes, who is a nurse herself, said of her colleagues: “A lot has to do with support they provide, how confident they help patients feel about their ability to deliver, how active they keep patients in the early stages.” Hoag began giving bonuses and merit raises to nurses who were supportive and active with patients — “the ones not hanging around the desk,” as she put it.

Doctors don’t monitor labor. Nurses and hospitalists do. “When the nurse is on phone to the doctor, it’s important how they present it,” Mikes said. “It can be: ‘She’s not moving that fast,’ or ‘She’s not moving as fast as I had hoped but I’m trying this and this.’”

MemorialCare’s Saddleback hospital amplified the role of hospitalists. They watch labor and do deliveries — with the delivery fee still going to the absent doctor, which allows the doctor to go home without doing a preemptive C-section.

New rates cut the perverse incentives to do C-sections.

Each hospital negotiated with one or two of its insurers to pay a uniform rate for childbirth, vaginal or not. The negotiations took a long time, and the new payment schemes didn’t kick in until months after the hospitals dropped their C-section rates. And since only a few insurers were involved, only 10 percent to 20 percent of births were covered. Nevertheless, the payment reform may have been very influential, because people knew it was coming — indeed, this small step is likely a glimpse of the future — and it was a constant topic in hospital meetings.

The California HealthCare Foundation now plans to help at least 60 hospitals — a quarter of all those in the state — to start the program this year. It has also provided

funding for the Maternal Quality Care Collaborative to create a toolkit; once a hospital has used data to pinpoint the drivers of a high C-section rate, the toolkit will suggest attack strategies.

The foundation plans to work with large employers to bring their concerns about unnecessary C-sections to the hospitals they use. “Even if you’re not on board, you have to start paying attention,” said Stephanie Teleki, senior program officer for high-value care at the foundation.

Spreading the program may be much more difficult than it was to pilot. Hoag and MemorialCare signed on precisely because their leaders are dedicated to bringing down C-section rates; Lagrew, for instance, has been working on the problem since the 1980s. That commitment is a key to reducing unnecessary C-sections and to maintaining that reduction. “To sustain the change you have to bake it into the system,” said Lagrew. “So physicians don’t go back to, ‘It’s the holiday weekend and I want to go home.’”



California Exchange Chief Rips UnitedHealth For Obamacare Excuses

By: Chad Terhune
Feb. 3, 2016



Amid growing questions over the future of Obamacare exchanges, the head of California's marketplace said the nation's largest private health insurer should take responsibility for nearly \$1 billion in losses and stop blaming the federal health law.

In a blistering critique, Covered California's executive director, Peter Lee, said UnitedHealth Group Inc. made a series of blunders on rates and networks that led to a \$475 million loss in 2015 on individual policies across the country. The company estimates a similar exchange-related loss of \$500 million in 2016.

"Instead of saying, 'We screwed up,' they said, 'Obamacare is the problem and we may not play anymore,'" Lee said in an interview with California Healthline. "It was giving an excuse to Wall Street and throwing the Affordable Care Act under the bus."

Lee, a staunch defender of the health law and a former official in the Obama administration, has tangled with UnitedHealth in the past. He knocked the company for sitting out the launch of Obamacare in 2014, then welcomed UnitedHealth into Covered California for 2016.

Peter Lee, executive director of Covered California, (left) poses with his uncle, Philip Lee, and father Peter Lee (seated) at the younger Peter Lee's home in Pasadena, Calif., in 2013.

But now, he said, the company is "driving me bonkers" because it has "fed this political frenzy that Obamacare doesn't work. It's total spin and unanchored in reality."

A company spokesman declined to comment on Lee's criticism, and referred to UnitedHealth's previous statements on the exchange business.

During a Nov. 19 conference call with analysts, UnitedHealth's CEO Stephen Hemsley said: "We can't really subsidize a marketplace that doesn't appear at the moment to be sustaining itself. ... I think that basically is an industrywide proposition."

An Urban Institute report issued last week, however, found that some of UnitedHealth's troubles may have been self-inflicted. The company's premiums were substantially higher than its competitors' in many of the largest U.S. markets. The insurer also offered broader provider networks that tend to attract sicker customers who incur big medical bills.

In November, UnitedHealth surprised analysts and health-policy experts with its steep losses and said it might leave the exchanges altogether, just after expanding into new states. The sudden reversal prompted questions about the sustainability of the government-run marketplaces, the linchpin of President Obama's signature law.

UnitedHealth reiterated its dour outlook for the exchange market when it announced quarterly results Jan. 19. The company said it has seen an influx of sicker patients during special enrollment, fewer healthy people signing up and costs rising as a result.

UnitedHealth ended last year with about 500,000 customers in the public exchanges, and it expects membership to grow to about 800,000 during the recent open enrollment. It has said it will decide by midyear whether to continue selling in Obamacare marketplaces.

Other major insurers have expressed similar concerns about doing business in the public exchanges, albeit with less red ink than UnitedHealth.

Anthem Inc., the nation's second-largest health insurer, said last week that its exchange enrollment in California and 13 other states was running about 30 percent below expectations, but the business was still slightly profitable. Anthem ended last year with 791,000 exchange members.

On Monday, insurance giant Aetna Inc. said it lost up to \$140 million, or a negative margin of 3 percent to 4 percent, on individual coverage last year. It has 1 million members with individual policies, about 75 percent of them on public exchanges. The company said it expects to break even this year, however.

"Our individual commercial business ended the year with improved results," Aetna's chief executive, Mark Bertolini, said Monday during an earnings conference call. "Despite our improved finish, this business remained unprofitable in 2015, and we continue to have serious concerns about the sustainability of the public exchanges."

In response to industry criticism, the Obama administration is taking steps to prevent the misuse of special enrollment so people can't wait to sign up until they need care. Special enrollment is designed for people who lose coverage or need to make a change because of an event in their life, such as moving, getting married or having a child.

Insurance markets can't function properly without enough healthy customers paying premiums, which are used to cover expenses incurred by sicker policyholders. The three-month open enrollment period for the federal and state exchanges just ended Jan. 31. California extended its deadline to Feb. 6 for people who already had begun the sign-up process by Sunday.

John Holahan, a health-policy researcher at the Urban Institute, said the Obama administration does need to impose stricter rules for special enrollment. He also said concerns over affordability have hampered enrollment because some middle-class consumers and young, healthy people are put off by high premiums and large deductibles.

"But I haven't seen anything that shows the exchanges are really in trouble," Holahan said. "That doesn't mean every insurer is going to make it. Some companies don't make it, and that isn't a sign markets are unsustainable."

The Department of Health and Human Services expects about 10 million people to be enrolled in federal and state exchanges at the end of 2016. That's far below previous government forecasts.

UnitedHealth sat out Covered California for the first two years before joining in several rural areas. Lee said both sides will be analyzing whether the company returns for 2017. As an active purchaser, Covered California can decide whether or not to contract with certain health plans and allow them on the state exchange.

"United will be looking at what their prospects are in California," Lee said.

"We will be looking at United as a plan to see if they offer good value for Californians. It's to be determined on both ends."



A last-minute push in Inglewood for health insurance signups

By: Elizabeth Aguilera
Jan. 29, 2016

On a recent afternoon, more than a dozen Covered California staff members and volunteers armed with clipboards and flyers descend on a two-block stretch of Inglewood around the intersection of La Brea Avenue and Manchester Boulevard.

They duck into every business in this two-block stretch, and stop people on the street.

One of the canvassers is agency spokesman Dana Howard, who greets a woman working in a clothing store. "We're talking to people to make sure you know the deadline is Jan. 31," he explains.

That's the last day to buy health insurance or switch plans for 2016. In a last-minute push, Covered California has sent teams into neighborhoods with low enrollment rates, like Inglewood, throughout the state.

Besides making the case that it's important to sign up for health coverage, the teams are informing people that most of those who fail to get insurance face a stiff tax penalty. For 2016, the penalty will be \$695 per uninsured adult and \$347.50 for an uninsured child or 2.5 percent of household income, whichever is greater.

Covered California's current focus is on going after those who are the hardest to reach, says volunteer Lisa Edwards, who works for the nonprofit Organizing for Action.

"The low hanging fruit was gone the first year, we went deep last year but this year we really are trying to get those warm touches as we call them, where we just keep going back, make sure you know we are here for you," Edwards says, adding that the message is, "Don't be scared, there's nothing spooky about this."

The canvassers have descended on this part of Inglewood because it's full of small businesses, says Howard. Under the Affordable Care Act, companies with fewer than 50 employees are not required to provide health coverage for their workers.

At Marinello Beauty School, Howard talks to Joshlynn Pryor, who is staffing the front desk.

"This is the Affordable Care Act and this is what the president made for folks to make sure they have good health coverage," he says. "I'm just trying to make sure people know."

Pryor takes some flyers. She says she has insurance.

"I have Covered L.A., I've been covered since Obama passed the bill," she says. "I needed to be covered, I wasn't working at the time."

Most of the folks the canvassers meet say they are insured.

Volunteer Lisa Edwards stops William Johnson on the street.

At first he gives her a hard time.

"So we are making sure everybody knows you must have insurance by the end of this month," says Edwards.

"And if I don't?" Johnson asks.

"You'll get a big tax penalty," responds Edwards.

"What if I don't have no money? How you all going to find me?" he asks.

Then Johnson stops joking.

"I do have insurance, but I know people who need it," he says.

By the end of their conversation Johnson offers to share Covered California's message via his social media network. In fact, he's so chatty the team invites him to come the next day to a gathering to talk to young people.

"Now we just have to be advocates and spread it around the community and tell people, hey, you have an opportunity, don't sit on it and not do anything with it," he says. "They are giving you this, take it."

Covered California believes there are a lot of people in this mainly African-American community who still don't have health insurance.

The agency estimates there are about 30,000 uninsured African-Americans in Los Angeles County who would be eligible for financial assistance if they enroll in a health plan. They are among the nearly 600,000 uninsured in more than a dozen low-enrollment "hot spots" in L.A. County, according to Covered California.

Agency Executive Director Peter Lee has estimated that about one-third of the uninsured in Los Angeles qualify for subsidized plans and the rest qualify for Medi-Cal. Officials estimate that about one-third of those who are eligible don't know assistance is available.

In addition to the street teams, Covered California has opened more storefronts in the "hot spots" and is running phone campaigns in various languages.

The street team in Inglewood also meets a few people who say they aren't sure about their insurance status.

One of them is Feisty, owner of Feisty Clothing Boutique, who doesn't want to share her last name.

"My mom passed away early last year and I just really slept through the rest of the year," she says as she places flyers on a table in her shop. "I may have let it lapse. I'm not sure what happened. I need to check and see."

The visit is a good reminder to review her status, says Feisty.

In the course of the day the canvassers only run into a few people who say they don't yet have insurance, although Lisa Edwards suspects some of those who say they have it actually aren't covered.

"Sometimes people say they have insurance, you ask two questions, and you go, they don't know what they're talking about," she says.

Rather than confront the person, canvassers talk about the importance of getting insured, like Dana Howard does with a woman he suspects isn't truly covered.

"What we are also trying to make sure is if you have friends or family members who don't have insurance," he tells her, adding, "and we all do."

Covered California's teams will be pounding the pavement in neighborhoods with low-enrollment across the state right up until the deadline on Sunday.

Open enrollment runs through January 31st. After that the only way to enroll is if an individual experiences a life event such as a job loss or a pregnancy.



Farming Industry Balks at Obamacare Requirements

By: April Dembosky
Jan. 26, 2016



Obamacare is throwing the agricultural industry into a tailspin. Farm labor contractors who must now offer their workers health insurance are complaining loudly about the cost in their already low-margin business.

Some are also concerned that the forms they must file with the federal government under the Affordable Care Act will bring immigration problems to the fore: about half of the farm labor workforce in the U.S. is undocumented.

“There’s definitely going to be some repercussions to it,” says Jesse Sandoval, a farm labor contractor based in Stockton. “I think there’s going to be some things that cannot be ignored.”

Sandoval came to an educational conference for farm labor contractors — essentially staffing agencies for field workers — held at the San Joaquin County Agricultural Center in Stockton last fall. Men with broad shoulders, wearing denim jackets and cowboy hats, sat in the audience, listening to lectures on a litany of laws and rules regulating their industry, including Obamacare’s employer mandate.

Last year, employers with 100 or more full-time employees had to offer health insurance to their workers or pay a stiff penalty. This year, employers with 50 to 99 full-time employees must comply.

Sandoval has about 100 workers on his payroll. When farmers need a crew to pick cherries or pumpkins or asparagus, they call him to send the workers. He needs to offer insurance this year, and he’s smarting at the price tag. At \$300 a month per employee, he’s looking at a \$30,000 monthly bill.

“Yeah, no. No, no, no,” Sandoval says about absorbing that into his budget. “The numbers aren’t there. My margin is 10 percent. And I have to increase expenses 10 percent? Well, that doesn’t work.”

So, like a lot of contractors, he’s passing the bill onto the farmers, who in turn are passing the bill onto the farmworkers. Under the Affordable Care Act, employees can be asked to contribute 9.5 percent of their income toward health premiums.

But for farmworkers who pick oranges or peaches for \$10 an hour, that’s still too much.

Agostin Garcia says the two contractors he works for near Fresno offered him insurance directly. But when he saw the price tag, he turned them both down.

“For me, I’m the only one in my house who works. There’s five of us in the family,” he says in Spanish. “It just wouldn’t work. Either I pay for health insurance, or I pay the rent and utilities.”

Garcia says only a fraction of his co-workers have signed up for coverage. He says when farm labor contractors hand out packets explaining the coverage, the page where workers reject it is right on top.

“I think they do it intentionally,” Garcia says. “They comply with the laws, by saying, ‘I offered.’ But they know that nobody’s going to accept it, they know that nobody’s going to pay those amounts.”

The cost isn't the only thing about Obamacare stressing people out in the ag industry. Some are worried about immigration problems. Employers have to file new health care forms with the IRS for all their workers, whether they accept the insurance or not.

Kaya Bromley, an attorney who advises employers in the farming industry about the Affordable Care Act, says the health law will make it harder for contractors to turn a blind eye when workers give them fraudulent documents.

"Now that there's more transparency because of all of the reporting, I think we're going to have a lot more data on how many illegal or undocumented workers we have," she says.

Among the contractors she consults for, Bromley has seen a range of quasi-legal and even illegal strategies to sidestep the health law.

"I have heard of employees who are choosing to opt out because they want to fly under the radar. I have also heard of employers who are urging the opt-out or at least encouraging it," she says. "And I warn all of them that they are going to be in big trouble."

But it's still early. There's been no enforcement yet. The feds haven't made an example of anyone, Bromley says, and so employers are ignoring the fact that they could face penalties that run several thousand dollars per employee.

"It's huge. And no one's talking about the enormity of it," she says. "When it plays out, and the penalties start getting assessed, that's when people will start having religion about it."

Farm labor contractors say they're stuck in a Catch-22. The Affordable Care Act doesn't cover undocumented immigrants, but contractors will get fined if they don't offer them coverage. Contractors aren't supposed to hire undocumented workers, but the president and Congress can't agree on what to do about the massive number of immigrants living and working here illegally.

How are contractors supposed to comply with the new health care law when the feds are deadlocked over how to update the immigration system?

"Our government, all they do is talk about it. They don't fix anything, they make everything worse," says Golinda Vela Chavez, who helps run a labor contracting company in Salinas.

Her company started offering their employees insurance last year, at no cost to the workers, and she says, still, more than half of them turned down the coverage.

This year, the company has to start filing the paperwork with the IRS and she says it's been a nightmare.

“They don’t try to help you, they want to get you,” she says. “They implement all these things, because they want to get you!”

Ofelia Reyes just wants peace of mind. She’s has been harvesting nectarines and tying grapevines in fields near Fresno for 20 years. She recently had a breast cancer scare. None of the contractors she works for have offered her insurance.

“No, never. No one’s ever offered me anything,” she says in Spanish. “All they say is, ‘Hurry up! Your ladder is waiting for you. Your co-workers are already over there.’ That’s how we live.”