



EXECUTIVE DIRECTOR'S REPORT

Peter V. Lee, Executive Director | May 18, 2017 Board Meeting

ANNOUNCEMENT OF CLOSED SESSION

APPRECIATION & GRATITUDE TO KIRK WHELAN

- Kirk has been with Covered California since August of 2014. During that time, he and his team have gained the support of Agents, Navigators and Certified Enrollers by building support programs; developed “opportunities to engage” resulting in our certified enrollment partners consistently enrolling and retaining over 50% of all Covered California members. Kirk has also served as the General Manager for one of the nation’s most successful Small Business exchanges.
- Kirk leaves us for an exciting opportunity with Kaiser Foundation as the Vice President of Small Business. Kirk and his family will be relocating to Southern California.

From all of us at Covered California and on behalf of the millions he’s helped reach,

THANKS!



OVERVIEW

- Executive Director's Report
- Covered California Policy and Action Items

Discussion

- 2017/18 Proposed Budget and QHP Assessment Fee

Action

- Plan Based Enrollment Permanent Regulations Amendment
- Certified Application Counselor Program Emergency Regulations Readoption
- Enrollment Assistance Permanent Regulations Amendment
- Medi-Cal Managed Care Enrollment Assistance Program Emergency Regulations Readoption

UPDATED BOARD CALENDAR

- June 15, 2017
- July 20, 2017 (possibly no meeting this month)
- August 17, 2017
- September, 2017 (no meeting this month)
- October 5, 2017
- November 16, 2017
- December 21, 2017 (possibly no meeting this month)

COVERED CALIFORNIA WINS PRESTIGIOUS “BEST IN PUBLIC SECTOR” AWARD

- Covered California was recognized for its 2015-16 “Spotlight on Coverage” bus tour promoting enrollment in health insurance across the state with community partners.
- Judges said: “excellent use of research to identify a strategic opportunity — localizing the issue — and creative use of the bus tour to bring the campaign into people’s lives”.



REAL STORIES OF CALIFORNIANS



Real Stories of Covered California

Español



Charley



Guadalupe

<http://www.coveredca.com/real-stories/>

REAL STORIES OF CALIFORNIANS

Video Placeholder

KEY INGREDIENTS TO COVERED CALIFORNIA'S SUCCESS

- Policy Decisions Benefited Consumers
- Financial Help Makes Coverage Affordable
- Competitive Markets Matter
- Designed Benefits to Meet Consumer Expectations
- Independence: Private-Sector Mentality and Public-Sector Accountability
- Extensive Marketing and Outreach
- Creating Value and Reducing Underlying Delivery System Costs

http://hbex.coveredca.com/data-research/library/CoveredCA_Key_Ingredients-05-18-17.pdf



Key Ingredients to Creating a Viable Individual Market That Works for Consumers
LESSONS FROM CALIFORNIA

Introduction
There is much discussion nationally and in California about how health care policies should be potentially adjusted and changed, whether under the rubric of repeal, reform, replace or repair. The federal changes in financial support for individuals to afford health care and in the structure and rules governing health insurance that took effect in 2014 have been historic. They have also demonstrated two key facts. First, that while the Patient Protection and Affordable Care Act was large and detailed, it was not “self-implementing.” Rather, it required an array of decisions and actions to take effect at the federal and state levels. Second, in the context of the broad federal structures, health care is local. The success of that implementation across the nation is largely a product of how states have or have not chosen to shape the law to meet the needs of their residents.

This issue brief provides a high-level overview of the key ingredients to California’s success in expanding coverage and creating a competitive marketplace that has made a difference for millions of Californians. In many ways, California is an example of a state that embraced the Affordable Care Act and sought to use all of the tools offered to expand health care coverage and create markets that work for consumers. While far from perfect, that implementation has had dramatic and positive results that can inform efforts

Highlights:

- By expanding its Medicaid program and creating a robust health insurance market with low premium increases and effective delivery of tax credits, California has decreased the rate of uninsured to historic lows and fostered a competitive marketplace where consumers have benefited from lower premiums.
- Covered California built a market for individuals that provides a broad choice of plans, by only selecting the best health insurance companies to participate in Covered California and working with them to offer common patient-centered benefit designs that mean most care is not subject to deductibles and plans compete on price, value and the doctors and hospitals in their networks.
- As an independent state agency, now operating with no state or federal funding, Covered California operates with private-sector nimbleness, public-sector accountability and an eye toward maximizing every dollar spent to promote good customer service and a healthy risk mix.
- Extensive marketing and outreach — where the average Californian saw or heard about Covered California 49 times during the last open enrollment — complements over 14,000 independent insurance agents and more than 800 privately run Covered California “storefronts” to help consumers understand and enroll in coverage, all leading to a better risk mix and lower costs for all consumers.
- Through contracting, Covered California ensures its participating plans focus on delivering the right care at the right time — including a focus on health disparities — to bring costs down across the market.

This analysis was prepared by Covered California for its ongoing planning and to inform policy making in California and nationally.

COVERED CALIFORNIA | May 18, 2017

FEDERAL UPDATE

COVERED CALIFORNIA INFORMING THE NATIONAL DEBATE

Recent Releases

- *Covered California Continues to Attract Sufficient Enrollment and a Good Risk Mix Necessary for Marketplace Sustainability – [Brief](#) – May 17, 2017*
- *Key Ingredients to Creating a Viable Individual Market that Works for Californians – [Brief](#) – May 18, 2017*
- *Analysis of Impact to California's Individual Market if Federal Policy Changes are Implemented – [Brief](#) – April 27, 2017*
- *Potential Impact to the Federal Budget of Not Directly Funding Cost Sharing Reduction Subsidies – [Brief](#) and [Letter](#) to Congressional Budget Office – Updated April 26, 2017*
- *Recommended Actions to Ensure Stability in the Individual Health Insurance Market for 2018 and 2019 – [Brief](#) – April 14, 2017*
- *Options for Addressing Counties that have no Individual Market Qualified Health Plan for 2018 – [Brief](#) – April 14, 2017*
- *Supporting Risk Stabilization and Potential Positive Impact on Reducing Federal Spending for Advanced Premium Tax Credits by Funding Reinsurance – [Brief](#) – April 14, 2017*

COVERED CALIFORNIA INFORMING THE NATIONAL DEBATE

Prior Releases

- *2017 Preliminary Analysis of AHCA – [Brief](#) – March 14, 2017*
- *2016 Bringing Health Care Coverage Within Reach – [Brief](#) and [Tables](#) – March 14, 2017*
- *Evaluating the Potential Consequences of Terminating Direct Federal Cost-Sharing Reduction (CSR) Funding – [Brief](#) and [Technical Appendix](#) – January 26, 2017*
- *Consumer and Market Implications of Affordable Care Act Repeal without a Viable Replacement – [Brief](#) – January 26, 2017*

COVERED CALIFORNIA ANALYSIS OF MARKET STABILIZATION REGULATIONS

- The Department on Health and Human Services (HHS) released final [Market Stabilization regulations](#) on April 18, 2017.
- Below is an overview of the final provisions that Covered California commented on.
- **Open Enrollment (OE) Period:** HHS will shorten the OE period to 45 days (Nov. 1 – Dec. 15) beginning plan year 2018 with the possibility of beginning OE in October in future years.
 - Under existing regulatory authority, SBMs may elect to supplement the OE with a SEP to account for operational difficulties in implementing a shorter OE.
- **Special Enrollment Period:** HHS made several changes to the special enrollment process.
 - Covered California notified HHS of existing SEP pre-enrollment verification efforts to leverage electronic verifications.
 - While final regulations do not require SBMs to conduct pre-enrollment verification, Exchanges are encouraged to adopt the FFM process.
- **Changes to Actuarial Value Ranges:** HHS will allow plans to have -4/+2% instead of current -/+2%.
 - Certain Bronze level plans will be allowed to have a variation of -4/+5.

AMERICAN HEALTH CARE ACT

- **House**
 - The American Health Care Act (HR 1628) passed on May 4, 2017
- **CBO Score**
 - CBO expects to publish an analysis of the House-passed version of the AHCA on the week of May 22
- **Senate**
 - Senate will likely draft their own version of a health bill
 - Budget reconciliation process allows the bill to pass with only 51 votes, instead of the normal 60 votes required to avoid the filibuster
 - Senate parliamentarian must decide which sections meet Byrd Rule standards.
- **Conference Committee**
 - If Senate bill differs from House bill, a conference committee will reconcile the differences between both versions of the bill
- **The combined bill would be presented to both chambers for a final vote**
- **Upon approval from both chambers, the bill would be sent to the President for his signature**

APPENDICES

APPENDICES: TABLE OF CONTENTS

- Covered California for Small Business Update
- Service Channel Update
- Website Update
- Service Center Update

COVERED CALIFORNIA FOR SMALL BUSINESS

- Current YTD Group & Membership Update (4/30/17)
 - Groups: 4,421
 - Members: 33,636
 - Average Group Size: 7.6 members
 - YTD Net Membership Growth: 10%
- Information Technology Update:
 - Renewal Portal Launched: April 2017
 - Employer Portal Launch: September 2017
- Operations Update (1/31/17)
 - 99% of New Groups set up in 3 days or less
 - 100% of New Groups sent initial invoice in 3 days or less
 - 93% of Account Maintenance issues resolved in 3 days or less



ENROLLMENT ASSISTANCE PROGRAMS

- Uncompensated partners supporting enrollment assistance efforts.

ENROLLMENT ASSISTANCE PROGRAM	ENTITIES	COUNSELORS
Certified Application Counselor	352	2,030 Certified
Plan-Based Enroller	11 Plans	1,033 Certified
Medi-Cal Managed Care Plan	2 Plans	26 Certified

OUTREACH & SALES ENROLLMENT SUPPORT: KEY METRICS

Data as of May 5, 2017

15,174 Certified Insurance Agents

- 17% Spanish
- 7% Cantonese
- 7% Mandarin
- 4% Korean
- 4% Vietnamese

1,288 Navigator: Certified Enrollment Counselors

- 63% Spanish
- 4% Cantonese
- 3% Mandarin
- 3% Vietnamese
- 2% Korean

2,030 Certified Application Counselors

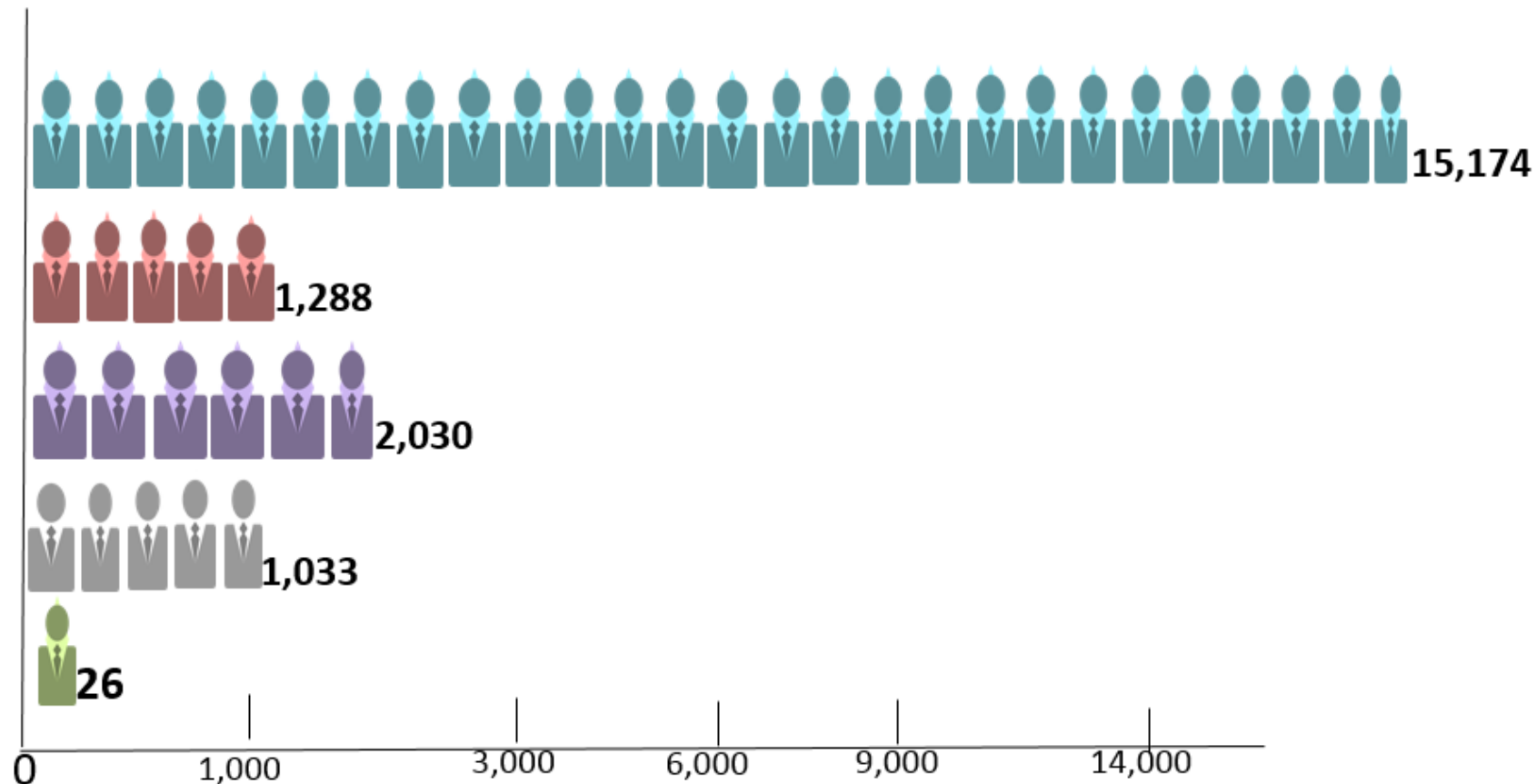
- 59% Spanish
- 5% Cantonese
- 4% Mandarin
- 1% Vietnamese
- 1% Korean

1,033 Certified Plan Based Enrollers

- 45% Spanish
- 10% Cantonese
- 2% Mandarin
- 7.5% Vietnamese
- 7.3% Korean

26 Certified Medi-Cal Managed Care Plan Enrollers

- 44% Spanish
- 36% Cantonese
- 31% Mandarin
- 1% Russian



Certified Insurance Agents



Navigator: Certified Enrollment Counselors



Certified Application Counselors



Certified Plan Based Enrollers



Certified M/C Managed Care Plan Enrollers

24 MONTH COVEREDCA.COM ROADMAP UPDATES

- The last release for CalHEERS was deployed March 27, 2017 and included enhancements to improve the Consumer Experience:
 - Implement Spanish translations on Service Center Representative (SCR) admin pages to allow SCR's to better assist Spanish language consumers
 - Expire incomplete application after 30 calendar days
- The next CalHEERS release is planned for May 22, 2017 to include:
 - Allow county administrators to unblock and reset their own user accounts and passwords
 - Allow consumers to update their consent for verification via telephone self-service in the Integrated Voice Recognition (IVR) solution

24 MONTH COVEREDCA.COM ROADMAP UPDATES

- CalHEERS also has a release planned for June 5, 2017 to include:
 - Implementation of updates to the CalHEERS system to ensure it remains compliant with recently published regulations.
- CalHEERS also has a release planned for July 31, 2017 to include:
 - New CMS Data Submission
 - Continued implementation of updates to the CalHEERS system to ensure it remains compliant with recently published regulations
 - Enhancements to the application to make the questions dynamic
 - Automated processing of returned mail

24 MONTH COVEREDCA.COM ROADMAP UPDATES

- On the CoveredCA.com main website, several enhancements are planned before the next Open Enrollment:
 - “Events Portal 2.0” - A revamp to the look and feel of the “Find an Event Near You” portal to allow the feature to work on mobile devices and to add enhanced search features for consumers
 - CoveredCA.com Responsive Web Design, or mobile design that will allow consumers to access the website and use all features on a mobile device.
 - Service Center Calls with top 10 questions will be used as metrics for FAQs on .COM. In the new design, we have also reflected a clearer explanation between CoveredCA and Medi-Cal.
 - The new pages are: Application Process (English and Spanish), Consumer Protection(English).
 - Posted Community Partner Briefing and Agent Alert documents in HBEX and .com
 - Updated language for the HIV or AIDS page.

SERVICE CENTER UPDATE

- Improving Customer Service
 - Participated DMHC monthly strategic customer relations meetings
 - Received 55% less 1095 disputes compared to last year, due to continuous process improvements
 - Completed Service Center wide cross functional training
- Enhancing Technology Solutions
 - Kicked off JAD sessions for Calabrio Service Center Transition- Go Live date Sept. 2017
 - Participated in User Acceptance Testing for Change Requests
- Staffing Updates
- Service Center continues ongoing recruitment efforts for various classifications
 - Team Leads and Supervisors have been filled in both sites
 - SSM II positions filled-1
 - SSM I positions filled-5

SERVICE CENTER PERFORMANCE UPDATE*

April 2017 Call Statistics

	Calls to IVR	Calls Offered to SCR	Abandoned %	Calls Handled	ASA	AHT	Service Level %
Totals	424,646	251,613	7.64%	231,517	0:03:36	0:16:35	51.36%

Does not include outbound, SHOP, or internal consults

Top 5 Call Dispositions

1. Individual · Current Customer · Application/Case Status · Inquiry/Assistance

2. Individual · Current Customer · 1095-A · 1095-A Inquiry/Assistance

3. Individual · Current Customer · Consumers Online Account · Password Reset/Unlock

4. Individual · Current Customer · Disenrollment/Termination · Requesting to be Terminated

5. Individual · New Enrollment · Inquiry/Assistance – New Enrollment

**Performance metrics are measured monthly.*

APRIL 2017 SERVICE VOLUMES DURING OPEN ENROLLMENT

- Total calls offered to the IVR: 424,646 (Compared to 460,429 for April 2016; a decrease of 7.77%)
- Callers handled by automated system responding to specific inquiries with recorded messages: 173,033 (Compared to 194,897 for April 2016; a decrease of 11.22%)
- Calls handled by Covered California Service Center Staff: 231,517 (Compared to 201,610 for April 2016, a 12.92% increase)
- Service Level increased in April to 51.36% of calls answered within 30 seconds (compared to 26.96% for April 2016)
- The percentage of Abandoned calls was 7.64% (compared to 22.25% of April 2016)
- Average Handle Time for April was 16 minutes and 35 seconds (compared to 17 minutes and 17 seconds for April 2016; a 4.05% decrease)

QUICK SORT VOLUMES

Quick Sort refers to the calculator tool used to determine if a consumer is eligible for CoveredCA or should be referred to Medi-Cal. The tool also determines which consortia the consumer should be referred. This volume represents the total of those transfers.

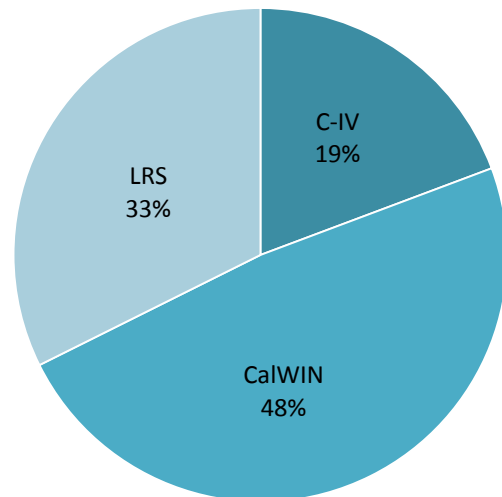
April Weekly Quick Sort Transfers

Week 1	Week 2	Week 3	Week 4	Total
330	302	332	334	1,298

April Consortia Statistics

SAWS Consortia	Calls Offered	Service Level	Calls Abandoned %	ASA
C-IV	316	97.97%	0.00%	0:00:06
CalWIN	792	89.87%	0.00%	0:00:24
LRS	530	93.30%	0.40%	0:00:07

QuickSort Transfers
April 2017



SAWS = Statewide Automated Welfare System (consortia). California has three SAWS consortia's to provide service to the counties.

C-IV = SAWS Consortium C-IV (pronounced C 4)

CalWIN = California Welfare Information Network

LRS = formally LEADER = Los Angeles Eligibility Automated Determination, Evaluation and Reporting Systems