



EXECUTIVE DIRECTOR'S REPORT

Peter V. Lee, Executive Director | June 26, 2019 Board Meeting

ANNOUNCEMENT OF CLOSED SESSION

EXECUTIVE DIRECTOR'S UPDATE

NAVIGATOR PROGRAM 2019-2022 GRANT AWARDEES

2019-2022 NAVIGATOR PROGRAM INTENT TO AWARD*

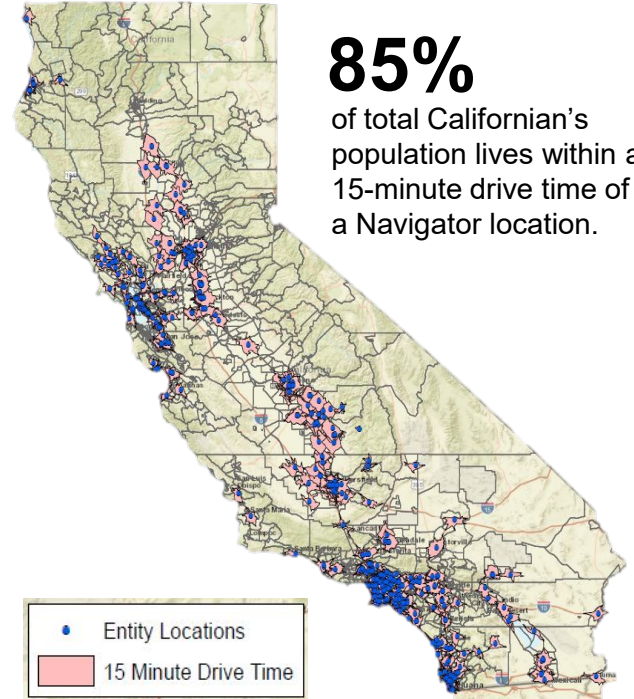
Core Funding \$6.225M	<ul style="list-style-type: none"> • Purpose: Engage entities to reach, enroll, and renew consumers in each of the established regions across the state that share common characteristics such as language, ethnicity or employment sector. • Grant Award Sizes: \$50,000 - \$500,000
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Region	Applications Awarded	Amount	Sub-Contractors
Northern CA	6	\$1,125,000	13
Bay Area	3	\$ 600,000	8
Central Coast	1	\$ 75,000	1
Central Valley	5	\$ 850,000	0
Los Angeles	15	\$1,975,000	27
Inland Empire	4	\$ 275,000	6
Orange County	3	\$ 375,000	4
San Diego	5	\$ 950,000	5
Total	42	\$6,225,000	64

Targeted Funding \$100k	<ul style="list-style-type: none"> • Purpose: Engage entities awarded for the core funding to also reach, enroll, and renew consumers in each of the four targeted area meta-regions. • Grant Award Size: \$25,000 per meta-region.
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Meta-Region	Applications Awarded	Amount	Sub-Contractors
Meta-Region 1. Yosemite & Meta-Region 3. North of Redding	1	\$ 50,000	5
Meta-Region 2. San Bernardino	1	\$ 25,000	0
Meta-Region 4. Sierra Foothills	1	\$ 25,000	0
Total	3	\$ 100,000	5

106 Entities with 538 enrollment locations*
(42 Lead and 64 Sub-Contractor Entities with 1,155 active certified enrollment counselors)



*Data as of 6/3/19, Covered California has indented to award funding to the lead entities who will sub-contract with the sub-entities. Awards are subject to contract execution.

2019-2022 NAVIGATOR PROGRAM INTENT TO AWARD*

31 Lead Entities that do not have a Sub-Contractor Entity

Entity Name	Entity Location	Entity Name	Entity Location
211 San Diego	San Diego	Foothill Community Health Center	Bay Area
AltaMed Health Services Corporation	Los Angeles	Grupo Comunitario En Salud Integral	Orange County
Altura Centers for Health	Central Valley	Herald Christian Health Center	Los Angeles
Ampla Health	Northern CA	LDP Financial	Inland Empire
Asian Americans for Community Involvement of Santa Clara Co.	Bay Area	Los Angeles Unified School District	Los Angeles
Bonita Family Resource Center	San Diego	North County Health Project	San Diego
City of Long Beach Health & Human Svc	Los Angeles	Northeast Valley Health Corporation	Los Angeles
Clinica Sierra Vista	Central Valley	Ole Health (Formerly Community Health Clinic Ole)	Northern CA
Community Medical Centers	Central Valley	Omni Family Health	Central Valley
Comprehensive Community Health Centers	Los Angeles	Open Door Community Health Centers	Northern CA
Crenshaw Health Partners	Los Angeles	Providence Little Company of Mary	Los Angeles
D'Access Central	Los Angeles	Riverside Black Chamber of Commerce	Inland Empire
Family Health Care Resources	Los Angeles	Saban Community Clinic	Los Angeles
Family Health Centers of San Diego	San Diego	Sacramento Covered	Northern CA
Family HealthCare Network	Central Valley	Share Our Selves Community Health Center	Orange County
		St. Louise Resource Services	Los Angeles

2019-2022 NAVIGATOR PROGRAM INTENT TO AWARD*

11 Lead Entities with 64 Sub-Contractor Entities Total

Lead and Sub Entity Name	Entity Location	Entity Name	Entity Location
Alameda Health Consortium 1. Asian Health Services 2. Axis Community Health 3. La Clinica de La Raza, Inc. 4. LifeLong Medical Care 5. Native American Health Center 6. Tiburcio Vasquez Health Center 7. Tri-City Health Center 8. West Oakland Health Council	Bay Area	Asian American Advancing Justice - Los Angeles 1. Access California Services 2. Asian American Drug Abuse Program, Inc 3. Asian Pacific Health Care Venture, Inc 4. Asian Resource, Inc. 5. BPSOS Center for Community Advancement 6. Chinatown Service Center 7. Clinica Msr. Oscar A Romero 8. Families in Good Health (St. Mary Medical Center Foundation) 9. Healthy House Within a MATCH Coalition 10. Korean Community Center of the East Bay 11. International Children Assistance Network 12. LTSC Community Development Corporation 13. Maternal and Child Health Access 14. NICOS Chinese Health Coalition 15. Orange County Asian and Pacific Islander Community Alliance, Inc. 16. Samahan Health Centers 17. South Asian Network, Inc. 18. The Fresno Center 19. United Cambodian Community 20. Union of Pan Asian Communities	Los Angeles
California Black Health Network 1. The G.R.E.E.NE Foundation (dba The G.R.E.E.N Foundation) 2. African American Health Coalition	Inland Empire		
Catholic Charities of California, Inc. 1. Catholic Charities, Diocese of San Diego 2. Catholic Charities of the Diocese of Santa Rosa 3. Catholic Charities, Diocese of Monterey	Northern CA		
Community Health Alliance Of Pasadena (ChapCare) 1. Young & Healthy 2. Young Invincibles	Los Angeles		

2019-2022 NAVIGATOR PROGRAM INTENT TO AWARD*

11 Lead Entities with 64 Sub-Contractor Entities Total *continue...*

Lead and Sub Entity Name	Entity Location	Entity Name	Entity Location
Coalition of Orange County Community Clinics 1. Friends of Family Health Center 2. Korean Community Services Health Center 3. Nhan Hoa Comprehensive Health Center 4. Serve the People Community Health Center	Orange County	Health Quality Partners 1. Centro de Salud de la Comunidad de San Ysidro, Inc (dba San Ysidro Health) 2. Clinicas de Salud del Pueblo 3. La Maestra Family Clinic, Inc. 4. Neighborhood Healthcare 5. Vista Community Clinic	San Diego
Community Health Association Inland Southern Region 1. Borrego Community Health Foundation 2. Hi-Desert Memorial Health Care District dba Morongo Basin Community Health Center 3. Mission City Community Network, Inc. 4. Unicare Community Health Center, Inc.	Inland Empire	Redwood Community Health Coalition 1. Alliance Medical Center 2. Coastal Health Alliance 3. Coppertower Family Medical Center, Inc. (dba Alexander Valley Healthcare) 4. Marin City Health and Wellness Center 5. Marin Community Clinics 6. Petaluma Health Center 7. Sonoma Valley Community Health Center 8. Southwest Community Health Center/Santa Rosa Community Health	Northern CA
Untied Ways of California 1. United Way of Ventura County 2. Orange County United Way 3. United Way of Northern California 4. United Way of Fresno and Madera Counties 5. United Way of Inland Valleys	Los Angeles	Salud Para La Gente 1. Community Bridges	Central Coast

FEDERAL AND STATE POLICY UPDATE

EXPANDED USE OF HEALTH REIMBURSEMENT ARRANGEMENT (HRA) ACCOUNTS IN THE INDIVIDUAL MARKET

On June 20, 2019, the Departments of Labor, Treasury, and Health and Human Services released a final regulation that expands the use of HRAs by employers to be used to purchase health insurance in the individual market.

- ❑ HRAs may now be used to pay for individual market premiums
- ❑ Employees may be eligible to receive advanced premium tax credits if the HRA is determined unaffordable and the employee opts-out of HRA
- ❑ Includes 3:1 age band for individual coverage HRA contributions by employer
- ❑ Expands guardrails to prevent adverse selection by employers

The Internal Revenue Service estimates that by 2029, 1.1 million employees in California will be offered individuals coverage HRAs.

- ❑ Covered California has not performed an independent analysis to confirm the impacts

EXPANDED USE OF HEALTH REIMBURSEMENT ARRANGEMENT (HRA) ACCOUNTS IN THE INDIVIDUAL MARKET - NEXT STEPS

The final rule becomes effective January 1, 2020, but neither Covered California nor the Federally-Facilitated Market will have reached full implementation by that date.

- The Departments of Labor, Treasury, and Health and Human Services acknowledge that Exchanges may be unable to fully implement the necessary changes related to this final rule by the effective date, but will provide ongoing technical assistance to develop tools and functionality to support employers and employees with understanding this rule.
- The final rule requires certain information to be included in notices to HRA participants. The Departments of Labor, Treasury, and Health and Human Services have released a model notice for employers to use.

COVERED CALIFORNIA COMMENTS ON CHANGING THE INDEXING MEASURE FOR THE OFFICIAL POVERTY MEASURE

On June 21, 2019, Covered California submitted [comments](#) on the Office of Management and Budget (OMB) Request for Information regarding differences among the various price indexes used to set the Official Federal Poverty Measure. Covered California commented that:

- **Further Study and Impact Analysis is Warranted:** The OPM has been calculated using Consumer Price Index (CPI-U) for over 40 years. Making a change to the indexing measure could have wide-ranging effects on eligibility for programs such as Medicaid or for federal financial assistance through Exchanges and without a detailed analysis of what the impacts would be, could have serious unanticipated consequences.
- **Potential Impacts to the Individual Market:** Covered California is concerned with the potential impacts of changing the Official Poverty Measure on the individual health insurance market, especially when when taken in conjunction with other federal actions:
 - Annual premium adjustment decrease, removal of the penalty in 2019, cutbacks in marketing and outreach, and the promotion of short-term and non-ACA-compliant plans.

HEALTHY CALIFORNIA FOR ALL COMMISSION

AB 103 (Committee on Budget)/SB 104 (Committee on Budget and Fiscal Review) establishes the Healthy California for All Commission to develop options for progress toward achieving a health care delivery system that provides coverage and access for all Californians through a unified financing system, including, but not limited to a single-payer financing system.

- Composed of 13 members appointed by Governor, Senate, and Assembly, including the California Health and Human Services Secretary as chairperson.
- Five ex officio, nonvoting members, including the Executive Director of Covered California, Director of the Department of Health Care Services, Chief Executive Officer of the Public Employees' Retirement System, and chairs of the Senate and Assembly Health Committees.

HEALTHY CALIFORNIA FOR ALL COMMISSION CONT...

- The Commission shall submit specified reports to the Governor and Legislature:
 - By July 1, 2020, report on options that include analysis of existing health care delivery system; steps California can take to prepare for transition to a unified financing system, including, but not limited to a single-payer system; and, options for coverage expansions, including potential funding sources.
 - By February 1, 2021, options for design considerations for a unified financing system, including, but not limited to a single-payer financing system, that would include eligibility, benefits, cost-sharing, provider participation, payments, cost containment, quality and disparities, data sharing, governance, and others.
- AB 105 (Committee on Budget)/SB 106 (Committee on Budget and Fiscal Review) provides \$5 million to fund the Commission.

BRONZE HIGH-DEDUCTIBLE HEALTH PLAN (HDHP)

Based on the 2020 Internal Revenue Service maximum annual out-of-pocket expense limit for HDHPs, the 2020 Bronze HDHP plan would not meet California actuarial value (AV) requirements which stipulate an AV variation of no more than +/-2%.

- AB 78 (Committee on Budget)/SB 78 (Committee on Budget and Fiscal Review) would instead authorize the AV for a Bronze HDHP to range from +4/-2%.
- If enacted, this change would allow the 2020 Bronze HDHP to stay within California AV requirements and continue to be offered in the individual market.

PRESIDENTIAL EXECUTIVE ORDER ON HEALTHCARE PRICE TRANSPARENCY

On June 24, 2019, the President signed an Executive Order (EO) on Improving Price and Quality Transparency in American Healthcare to Put Patients First.

The Department of Health and Human Services (HHS), among other agencies, must pursue rulemaking and administrative actions to address:

- Hospital Price Transparency – Require hospitals to publicly post actual cost information
- Development of a Health Care Quality Roadmap – Align and improve reporting on data and quality measure across various federal programs
- Increased Access to De-identified Data – Expand access to taxpayer-funded healthcare programs will facilitate with the development of tools that empower patients to be better informed
- Surprise Medical Billing
- Expand use of high-deductible health plans with health savings accounts
- Making certain medical arrangements (direct primary care arrangements, and healthcare sharing ministries) as eligible medical expenses for personal tax deductions
- Increase amount of flexible spending arrangement funds that can carry over without penalty

APPENDICES

APPENDICES: TABLE OF CONTENTS

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

COVERED CALIFORNIA FOR SMALL BUSINESS

Group & Membership Update

- Groups: 6,854
- Members: 55,168 *
- Retention: 88.9%
- Average Group Size: 8 members per group
- Net Membership Growth over 5/1/18 - 20%

* membership reconciled to 6/1/19

2019 Employer Survey Results

85% of CCSB's customers are likely to recommend to other small businesses

74% of CCSB's customers are satisfied - 14% were neutral

74% of CCSB's customer employees are satisfied – 13% were neutral



OUTREACH & SALES ENROLLMENT PARTNER TOTALS

Uncompensated partners supporting enrollment assistance efforts.

ENROLLMENT ASSISTANCE PROGRAM	ENTITIES	COUNSELORS
Certified Application Counselor	253	1,526 Certified
Plan-Based Enroller	11 Plans	456 Certified
Medi-Cal Managed Care Plan	2 Plans	25 Certified

OUTREACH & SALES NON-ENGLISH ENROLLMENT SUPPORT

Data as of June 26, 2019

12,694 Certified Insurance Agents

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

991 Navigator: Certified Enrollment Counselors

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

1,526 Certified Application Counselors

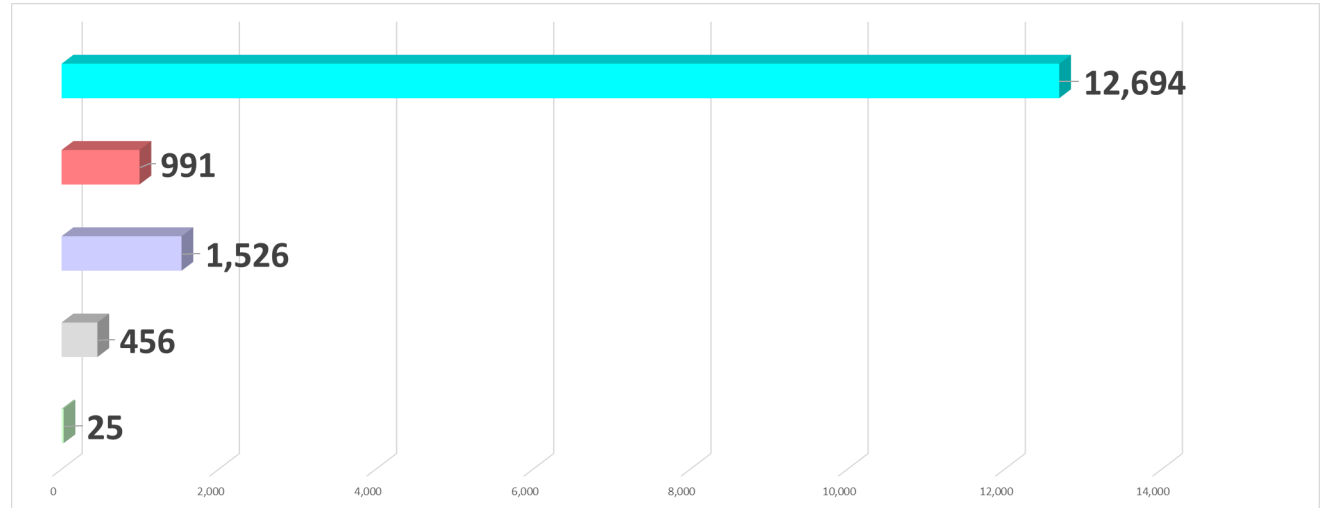
- 59% Spanish
- 5% Cantonese
- 4% Mandarin
- 1% Vietnamese
- 1% Korean

456 Certified Plan Based Enrollers

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

25 Certified Medi-Cal Managed Care Plan Enrollers

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



CALHEERS UPDATES

- CalHEERS deployed Release 19.4 on May 20, 2019, which included the following feature:
 - Implementation of a federal integration standard known as “Account Transfer” that will provide a separation of eligibility determinations and enrollments in health plans. This will reduce data duplication and reconciliation needs, as well as enable CalHEERS to take advantage of standards in use across the country.
 - Updates to additional consumer pages within the Single Streamlined Application for improved workflow and readability.

CALHEERS UPDATES, CONTINUED

- Release 19.4 - *Continued*:
 - Noticing to Consumers who have not complied with requirements to file taxes and reconcile Advance Premium Tax Credits. Covered California is continuing outreach in an effort to minimize impacts on consumers who may lose tax credits due to non-compliance.
 - Updating the registration flow for consumers to provide additional security through the use of one-time passcodes (via text or e-mail) when logging into CalHEERS.

CALHEERS UPDATES, CONTINUED

- The next CalHEERS release, Release 19.6 is planned for July 8, 2019, and will include:
 - Improved integration and data exchange between the CalHEERS system and the Statewide Automated Welfare System (SAWS) – an ongoing effort associated with the “Business Rules Exposure” project within CalHEERS.

OTHER TECHNOLOGY UPDATES

- ❑ Covered CA's Business Website (HBEX.CoveredCA.com or HBEX) – The Americans with Disabilities Act (ADA) recently enacted new requirements for website accessibility that go into effect on July 1, 2019. Covered CA's consumer-facing websites were already compliant with the new requirements. The team redesigned HBEX with an updated look and feel, enhanced mobile device friendliness, and a new design that is compliant with the new standards. The updated HBEX website will launch on June 26, 2019.
- ❑ CiCi (Chatbot) Improvements – Implemented language analysis allowing the chatbot to respond in Spanish if a consumer asks a question in Spanish. Team continues to improve the chatbot responses.
- ❑ Continued work on package for the Centers for Medicare and Medicaid Services (CMS) for triennial renewal of Authority to Connect and Authority to Operate the Exchange Systems. Renewal is due 8/31/2019.

SERVICE CENTER UPDATE

Improving Customer Service

- Met Service Level goal of 80/30 by ensuring consumers have different avenues to contact us, besides handling calls through the IVR, assisting consumers through Live Chat, CiCi (Chatbot). CiCi had 10,438 conversations with consumers during the month of May
- International Customer Management Institute (ICMI) training continues around improving the consumer experience
- Cal HR provided Interpersonal Styles and Skills training courses to staff

Enhancing Technology Solutions

- Transitioned from Oracle Customer Relationship Management (CRM) to Salesforce CRM
- Increased take rate to Post Call Survey by automatically providing survey to all consumers
- Desktop refresh program final pilot

Staffing Updates

- Worked on keeping the vacancy rate below 11% and for May 2019 the Vacancy rate ended with 10.6% percent
- Held efforts to hire for all positions

SERVICE CENTER PERFORMANCE UPDATE

Comparing May 2019 vs. 2018 Call Statistics

Year	Calls to IVR	Calls Offered to SCR	Abandoned %	Calls Handled	ASA	AHT	Service Level %
2019	251,352	150,460	1.25%	148,268	0:00:29	0:18:52	80.80%
2018	306,141	175,302	1.90%	169,955	0:00:28	0:17:01	85.85%
Percent Change	18% Decrease	14% Decrease	34% Decrease	13% Decrease	4% Increase*	11% Increase*	6% Decrease

*Time formats (H:MM:SS) are not equal to decimals. Time formats must be converted to decimal before performing calculations. (Example 0:15:45 = 15.75)

- The total Calls Offered decreased from 2018 by 14%
- Calls Handled decreased by 13%
- The Abandoned % decreased by 34%
- Handle time had slight increase due to new documentation tool(SalesForce)

QUICK SORT VOLUMES

May Consortia Statistics

SAWS Consortia	Calls Offered	Service Level	Calls Abandoned %	ASA
C-IV	289	94.12%	2.11%	0:00:15
CalWIN	494	92.91%	0.00%	0:00:19
LRS	361	99.20%	6.10%	0:00:13

May Weekly Quick Sort Transfers

Week 1*	Week 2	Week 3	Week 4	Week 5*	Total
178	316	380	366	349	1,589

*Partial Week 5/27 – Service Center Closed in observance of Memorial Day

- 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

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.

QuickSort Transfers
May 2019

