



EXECUTIVE DIRECTOR'S REPORT

Peter V. Lee, Executive Director | May 21, 2020 Board Meeting

ANNOUNCEMENT OF CLOSED SESSION

EXECUTIVE DIRECTOR'S UPDATE

LANCE LANG IS RETIRING AFTER HELPING CRAFT AND LAUNCH OUR QUALITY AGENDA



*Thanks for five
years of leadership!*

AMY PALMER TAKING NEW LEADERSHIP ROLE WITH GOVOPS AGENCY

*Congratulations and
thanks for building an
incredible team and brand.
Best wishes on
your new position, Amy!*



COVERED CALIFORNIA RECRUITMENTS

- **Chief Medical Officer**
- **Chief Information Officer**
- **Director, Communications and Public Affairs**

CORONAVIRUS DISEASE 2019 (COVID-19) UPDATE

COVID-19: CALIFORNIA STATEWIDE UPDATE

- Current Status
 - Cases continue to increase, however since Safer-At-Home Order growth rate decreased 10 fold from about 20% to currently 2%.
 - Testing capacity has increased exponentially from public health labs alone conducting 11,000 tests to now over 1.2 million tests completed including data from include data from commercial, private and academic labs.
 - Enhanced surge capacity and prevented overwhelming our health care delivery system.
- What We Still Need
 - Continue to scale-up testing.
 - Increase our ability to conduct contact tracing, isolation, and quarantine.
 - Enhance the ability for businesses and schools to support physical distancing.
 - Improve our ability to develop therapeutics to meet the demand.

COVERED CALIFORNIA'S HEALTH PLAN ACTIONS

□ **Response Highlights**

- Supporting shift to virtual health care delivery via Telehealth; seeing large growth in services being provided.
- Multiple plans waiving cost-sharing for not only testing but also the treatment of COVID-19.
- Active community support through outbound calls to vulnerable members, donation of PPE and funds.
- Financial support to healthcare providers and hospitals.
- Working to improve capacity and turnaround times for COVID-19 testing.
- Some plans extending time for members to pay premiums without fear of termination.

□ **What else can be done?**

- Consider opportunities to help prepare primary care practices and others to do COVID-19 testing and contact tracing.
- Consider financial support beyond advanced payments for primary care.

ESTIMATED COSTS INCURRED BY COVERED CALIFORNIA DUE TO COVID-19

Total Costs – projected through June 30, 2020: \$24.8 million (6.5% of Budget)

Direct Costs: \$14.7 million

- Additional costs
 - IT purchases for telework \$1.1 million
 - Faneuil Call Center for additional service capacity \$4.4 million
 - Marketing to promote COVID-19 Special Enrollment: \$9.0 million
 - Cleaning, supplies, moving, OT, research \$0.1 million

Allocated/Redirected Costs: \$10.1 million

- Diverted from normal work activities to COVID-19 related activities and transitioning to telework \$8.9 million
- Administrative Time Off (ATO) and Families First Coronavirus Response Act (FFCRA) \$1.2 million

Efficiency Impacts: difficult to measure, depending on job function estimates range from potential productivity increases to declines in efficiency from 10-20 percent.

SEP 2020 COVID-19 CAMPAIGN

Marketing Update

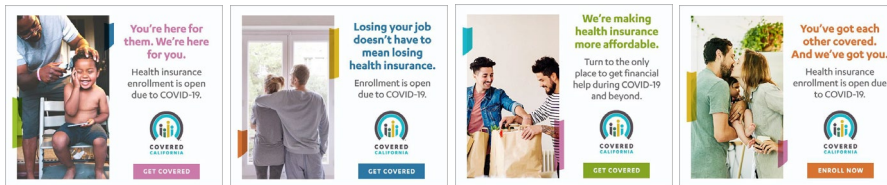


MEDIA CHANNELS

Prioritize media channels that encourage driving qualified traffic to the website without sacrificing reach/awareness & build upon historical campaign learnings.

CHANNEL	MARKET COVERAGE BY SEGMENT
Digital	MS, HM, AA & API: Statewide
Paid Social	MS & HM: Statewide
Paid Search	MS & HM: Statewide
EDD Insert	MS & HM (Double-sided)
Radio	MS, HM & API: Statewide AA: LA, Riverside & SF (terrestrial)
TV	MS, HM, AA & API: Statewide

DIGITAL



RADIO

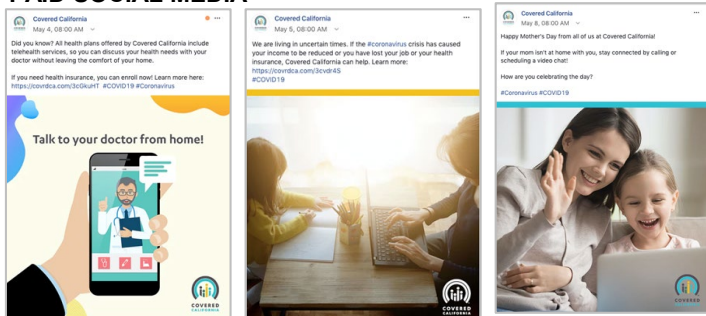
Coronavirus, Job Loss & Covered California Enrollment :30



Coronavirus, Penalty & Covered California Enrollment :30



PAID SOCIAL MEDIA



EDD INSERT

Lost Your Job and Need Health Insurance

If, when you lost your job, you lost your health insurance, Covered California can help. We can guide you on how to get low or no-cost health insurance that you need to protect you and your loved ones. We all know, now more than ever, how important it is to have coverage. If you or someone you know is without coverage, financial help to pay for health insurance may be available through Covered California. Visit us online or call our knowledgeable experts. **CoveredCA.com | 855.312.3234**

Health Plans Available Through Covered California

You may qualify for low or no cost Medi-Cal health insurance.

****Please note, RADIO creative files are for viewing/listening purposes only. Please do not share or distribute radio content as there are talent restrictions.****

TELEVISION ADS RUNNING ACROSS CALIFORNIA

Voice Over: We're living in uncertain times, but as Californians we'll get through this together. If your income has been reduced or you've lost your job or your health insurance due to the Coronavirus crisis, Covered California is here. We can help you find the health insurance you need to protect you and your loved ones. And, you may even get financial help to pay for your health insurance. So, if you or someone you know is without coverage, visit coveredca.com to learn more or enroll today.

English: <https://youtu.be/G6WHIUHLDIo>

Spanish: <https://youtu.be/nGOErAIUeMw>



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SPECIAL ENROLLMENT PERFORMANCE & TRENDS

- Overall, the year-to-date Special Enrollment Period (SEP) plan selections total **more than 190,000**, which is nearly 80 percent higher than last year.
- Significant growth following the March 20 announcement of COVID-19 SEP, with plan selections **exceeding 123,000**, which is **nearly 2.5 times higher** than what was seen last year during the same time period.

Measures (Data as of 5/16/2020)	2019	2020	Difference	% Change
Pre-COVID (Feb. 1 to Mar. 19)	54,690	67,570	12,880	24%
Post-COVID (Mar. 20 to May 16)	52,480	123,810	71,330	136%
All SEP (As of May 16)	107,170	191,380	84,210	79%

Press release: <https://www.coveredca.com/newsroom/news-releases/>

COVERED CALIFORNIA FOR SMALL BUSINESS

HELPING SMALL BUSINESSES DURING COVID-19

Covered California issued a press release on April 30th announcing the launch of an additional 30-day Grace Period and a Premium Deferral Program


Small businesses are given an extra 30 days to make their premium payments for April and May

The Premium Deferral Program will allow employers to defer up to 75% of premiums (April and May)

The deferred premium amounts for those months will spread over the rest of the year

Covered California for Small Business has **7,400 employers** that covers more than **62,000 employees and dependents**

➤ Click [here](#) to read more about the press release



News Release

Media line: (916) 206-7777 @CoveredCANews media@covered.ca.gov

FOR IMMEDIATE RELEASE
April 30, 2020

Covered California for Small Business Works to Help Struggling Businesses Keep Employees Covered During the COVID-19 Pandemic

- Covered California for Small Business will allow small businesses an additional 30-day grace period to make their premium payments for the months of April and May.
- Employers interested in the program will be able to defer up to 75 percent of their premium payments for April and May in an effort to keep thousands of small business employees insured during the current health care crisis.
- A survey found that more than three out of every four Covered California for Small Business employers are either operating in a limited capacity or are temporarily closed.

SACRAMENTO, Calif. — Covered California for Small Business announced a new program on Thursday aimed at helping hundreds of small businesses continue to provide insurance to their employees during the current COVID-19 pandemic. The program will allow employers, who provide coverage to their employees and were unable to pay their premiums for the month of April, an extra 30 days to make their payments for the months of April and May and a way to spread the costs of those premiums over the balance of the year.

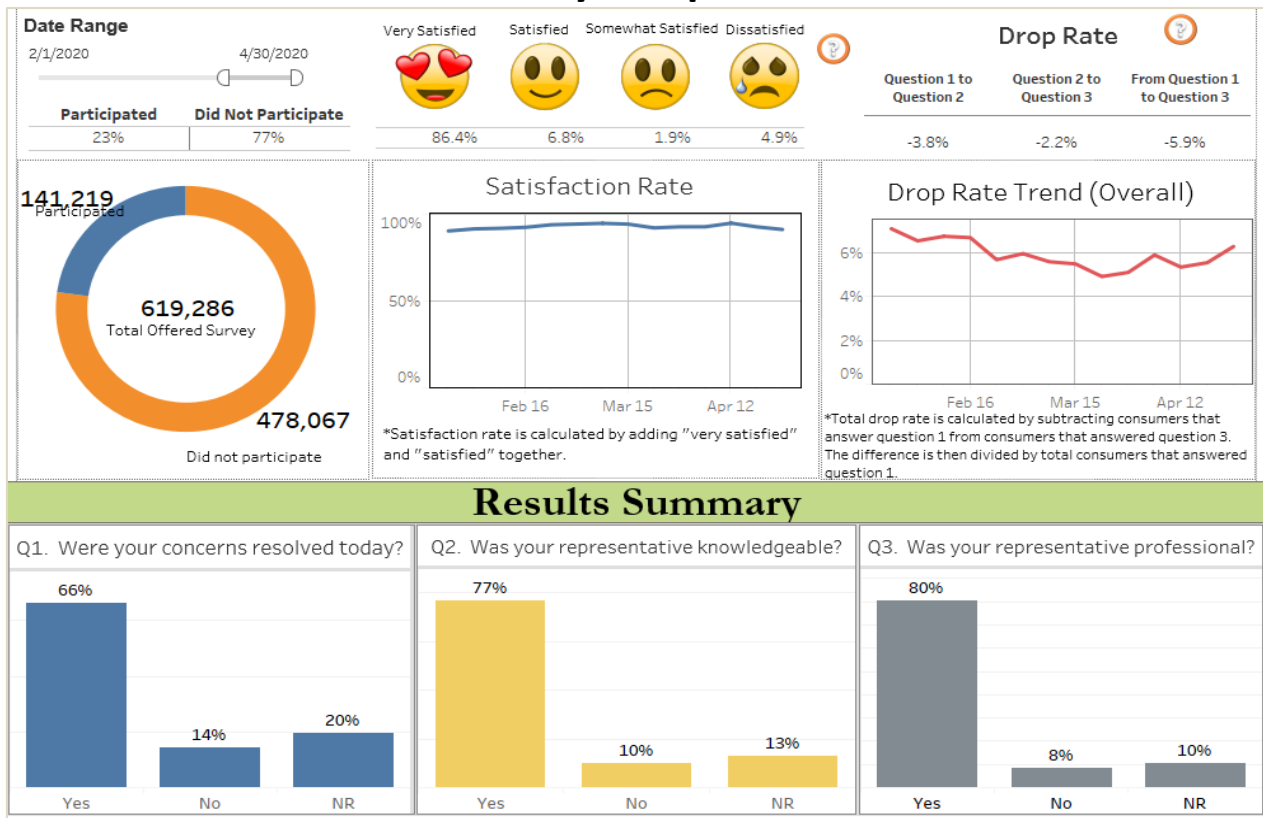
"Covered California wants to do everything we can to help small businesses that are struggling keep their employees covered so they have access to the care they need," said Covered California Executive Director Peter V. Lee. "Small businesses with coverage through Covered California will get both a longer grace period and help in spreading their premium costs through the end of the year."

(more)

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SURVEYING CONSUMERS HELPED BY THE SERVICE CENTER

February to April 2020



PUBLIC COMMENT

CALL: (844) 721-7241

PARTICIPANT CODE: 8409640

- ❑ To request to make a comment, press 10; you will hear a tone indicating you are in the queue for comment. Please wait until the operator has introduced you before you make your comments.
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COVERED CALIFORNIA DATA & RESEARCH

COVID-19 SPECIAL ENROLLMENT DEMOGRAPHICS AND ENROLLMENT DETAIL

SPECIAL ENROLLMENT PERIOD SUMMARY RESULTS

- Year-to-date special enrollment period (SEP) plan selections of **more than 190,000** is around **80% higher** than same time last year.
- 123,810 consumers have signed up since the announcement of the COVID-19 Special Enrollment. During this period, new sign-ups have grown to almost **2.4 times higher (136%)** the rate seen during same time last year.

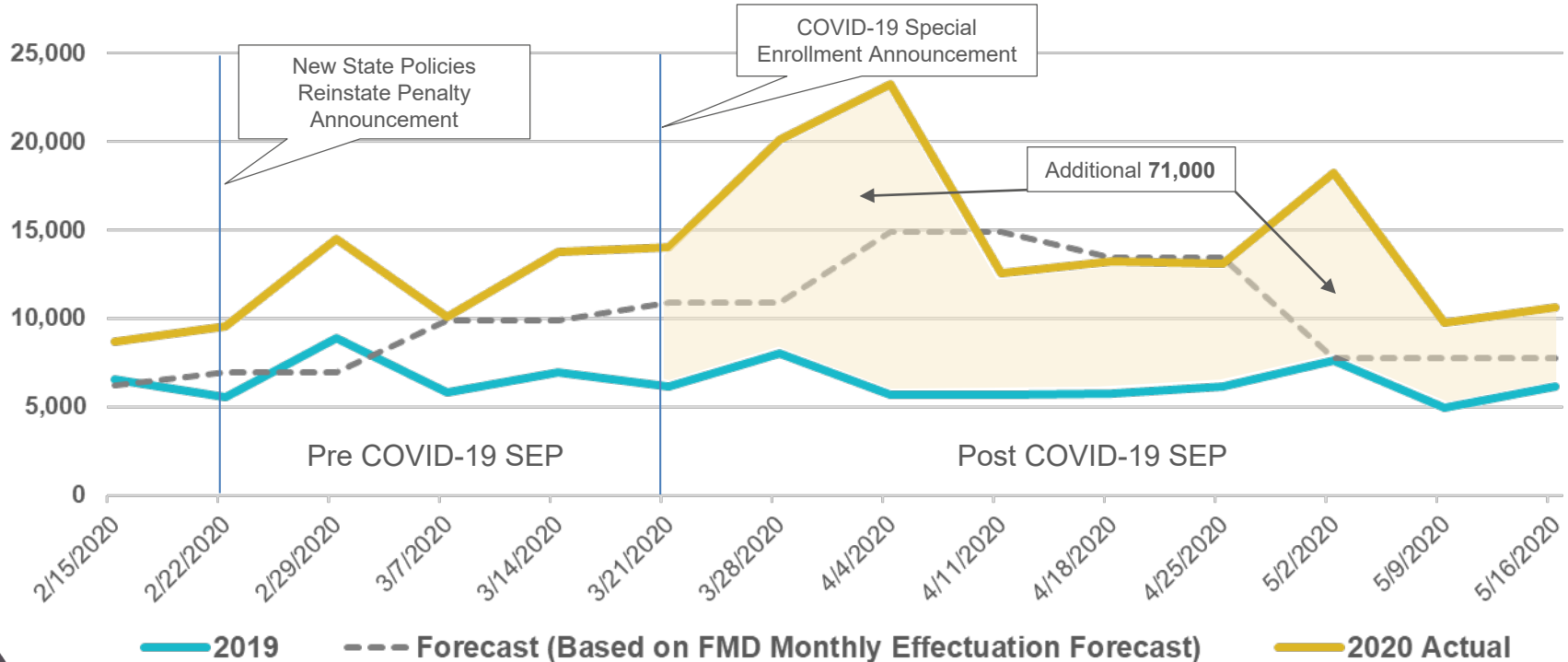
Measures (Data as of 5/16/2020)	2020
Pre-COVID (March 19 and earlier)	67,570
Post-COVID (March 20 and after)	123,810
All SEP (As of May 16)	191,380

2019	Difference	% Change
54,690	12,880	24%
52,480	71,330	136%
107,170	84,210	79%

- These new Special Enrollment sign-ups include a combination of those newly becoming aware of state subsidies or the penalty; those who have recently lost other coverage; and those who are enrolling due to the COVID-19 pandemic Special Enrollment period.*

WEEKLY GROSS PLAN SELECTIONS

- Total special enrollment plan selections so far this year through May 16, 2020 is just **above 190,000**.
- **Additional 71,000 gross plan selections** realized since the announcement of COVID-19 Special Enrollment, compared to the same period in 2019.



SPECIAL ENROLLMENT PERIOD – SUBSIDY STATUS

- New sign-ups from members who received some form of premium subsidies grew at a higher pace than those without. The trend is consistent with open enrollment (OE).
- The share of take up for 400% FPL to 600% FPL is nearly double what it was in 2019 – similar to the experience during the Open Enrollment period – which is attributed to the new state subsidy program that assists individuals earning over 400% FPL afford coverage..
- Original projections anticipated even stronger growth in this segment. The goal of the original 2020 Special Enrollment and planned outreach was to continue raising awareness of the new state subsidies through April; however, the pandemic has shifted the landscape and outreach approaches.

	Open Enrollment			SEP Year-to-Date			SEP Post COVID-19		
Subsidy Status	2019 Share %	2020 Share %	Diff. (% Pt)	2019 Share %	2020 Share %	Diff. (% Pt)	2019 Share %	2020 Share %	Diff. (% Pt)
250% FPL or less	59.9%	58.9%	-1 pp	61.6%	60.3%	-1.3 pp	61.2%	61.1%	-0.1 pp
250% FPL - 400% FPL	27.8%	28.0%	+0.2 pp	26.3%	25.4%	-0.9 pp	26.0%	25.2%	-0.8 pp
400% FPL to 600% FPL	2.8%	6.0%	+3.2 pp	3.1%	5.8%	+2.7 pp	3.2%	5.8%	+2.6 pp
600% FPL or greater	1.4%	1.4%	0 pp	1.8%	1.5%	-0.3 pp	1.9%	1.3%	-0.6 pp
FPL Unavail. or Unsub App	8.1%	5.6%	-2.5 pp	7.3%	7.0%	-0.3 pp	7.7%	6.7%	-1 pp
Grand Total	100.0%	100.0%	0 pp	100.0%	100.0%	0 pp	100.0%	100.0%	0 pp

SPECIAL ENROLLMENT PERIOD – METAL TIER

- As seen the 2020 Open Enrollment period, Bronze plans continue a higher share of enrollments during the special enrollment period, and increasingly in the post COVID-19 period.
- Increased demand for Bronze plans may reflect both the economic nudge of the penalty, and the heightened affordability challenges of the recession.

	Open Enrollment			SEP Year-to-Date			SEP Post COVID-19		
Metal Tier	2019 Share %	2020 Share %	Diff. (% Pt)	2019 Share %	2020 Share %	Diff. (% Pt)	2019 Share %	2020 Share %	Diff. (% Pt)
Minimum Coverage	3.0%	2.6%	-0.4 pp	3.0%	2.7%	-0.3 pp	3.2%	2.7%	-0.5 pp
Bronze HDHP	9.7%	9.3%	-0.4 pp	7.4%	7.6%	+0.2 pp	7.4%	7.9%	+0.5 pp
Bronze	21.0%	26.6%	+5.6 pp	17.5%	25.0%	+7.5 pp	17.6%	26.0%	+8.4 pp
Silver	50.9%	49.5%	-1.4 pp	55.3%	51.3%	-4 pp	54.8%	50.3%	-4.5 pp
Gold	11.7%	9.0%	-2.7 pp	12.3%	9.8%	-2.5 pp	12.5%	9.7%	-2.8 pp
Platinum	3.7%	3.1%	-0.6 pp	4.5%	3.5%	-1 pp	4.5%	3.4%	-1.1 pp
Grand Total	100.0%	100.0%	0 pp	100.0%	100.0%	0 pp	100.0%	100.0%	0 pp

SPECIAL ENROLLMENT PERIOD – RACE/ETHNICITY

- Latinos/Hispanics responded somewhat more strongly throughout the special enrollment and open enrollment periods, comprising a larger share of new plan selections than in 2019.
- Enrollment trends by other racial and ethnic demographics do not show definitive trends.

	Open Enrollment			SEP Year-to-Date			SEP Post COVID-19		
Race/Ethnicity	2019 Share %	2020 Share %	Diff. (% Pt)	2019 Share %	2020 Share %	Diff. (% Pt)	2019 Share %	2020 Share %	Diff. (% Pt)
Asian & Pacific Islander	20.4%	22.9%	+2.5 pp	21.2%	22.2%	+1 pp	21.3%	20.4%	-0.9 pp
Black or African American	3.8%	3.4%	-0.4 pp	3.7%	3.6%	-0.1 pp	3.7%	3.8%	+0.1 pp
Latino	30.3%	32.2%	+1.9 pp	29.9%	30.9%	+1 pp	29.6%	31.2%	+1.6 pp
Other	10.8%	10.2%	-0.6 pp	11.5%	10.5%	-1 pp	11.6%	10.2%	-1.4 pp
White	34.5%	31.2%	-3.3 pp	33.7%	32.8%	-0.9 pp	33.8%	34.5%	+0.7 pp
Grand Total	100.0%	100.0%	0 pp	100.0%	100.0%	0 pp	100.0%	100.0%	0 pp

SPECIAL ENROLLMENT PERIOD – RATING REGION

(Note: more granular enrollment details by Region and County available in the Appendix below.)

	Open Enrollment			SEP Year-to-Date			SEP Post COVID-19		
Rating Region	2019 Share %	2020 Share %	Diff. (% Pt)	2019 Share %	2020 Share %	Diff. (% Pt)	2019 Share %	2020 Share %	Diff. (% Pt)
Northern (Region 1 - 14)	43.8%	44.4%	+0.6 pp	49.0%	46.1%	-2.9 pp	49.0%	45.1%	-3.9 pp
Southern (Region 15 - 19)	56.2%	55.6%	-0.6 pp	51.0%	53.9%	+2.9 pp	51.0%	54.9%	+3.9 pp
15 - LA County, East	11.9%	13.3%	+1.4 pp	10.3%	11.4%	+1.1 pp	10.1%	11.0%	+0.9 pp
16 - LA County, West	17.0%	15.9%	-1.1 pp	13.9%	15.5%	+1.6 pp	14.0%	16.4%	+2.4 pp
17 - Inland Empire	9.5%	9.9%	+0.4 pp	8.8%	9.5%	+0.7 pp	8.7%	9.8%	+1.1 pp
18 - Orange County	9.3%	9.1%	-0.2 pp	9.9%	9.3%	-0.6 pp	10.0%	9.1%	-0.9 pp
19 - San Diego County	8.4%	7.5%	-0.9 pp	8.1%	8.2%	+0.1 pp	8.3%	8.6%	+0.3 pp
Grand Total	100.0%	100.0%	0 pp	100.0%	100.0%	0 pp	100.0%	100.0%	0 pp

SPECIAL ENROLLMENT PERIOD – AGE

Biggest gains came from age 45 to 64, which pushed average the age slightly higher.

	Open Enrollment			SEP Year-to-Date			SEP Post COVID-19		
Age	2019 Share %	2020 Share %	Diff. (% Pt)	2019 Share %	2020 Share %	Diff. (% Pt)	2019 Share %	2020 Share %	Diff. (% Pt)
Age 0 to 18	9.0%	8.6%	-0.4 pp	12.4%	9.8%	-2.6 pp	12.5%	8.6%	-3.9 pp
Age 19 to 29	25.7%	24.3%	-1.4 pp	26.3%	24.6%	-1.7 pp	26.7%	24.6%	-2.1 pp
Age 30 to 44	27.2%	26.7%	-0.5 pp	26.0%	27.9%	+1.9 pp	26.2%	28.3%	+2.1 pp
Age 45 to 64	37.5%	40.0%	+2.5 pp	34.7%	37.0%	+2.3 pp	34.2%	38.0%	+3.8 pp
Age 65+	0.5%	0.5%	0 pp	0.6%	0.7%	+0.1 pp	0.5%	0.6%	+0.1 pp
Grand Total	100.0%	100.0%	0 pp	100.0%	100.0%	0 pp	100.0%	100.0%	0 pp
 Average Age (Mean)	 37.9	 38.7	 +0.8	 36.3	 37.8	 +1.5	 36.1	 38.3	 +2.2

PUBLIC COMMENT

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PARTICIPANT CODE: 8409640

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BACKGROUND ITEMS

COVID-19 SPECIAL ENROLLMENT DEMOGRAPHICS AND ENROLLMENT DETAIL

ENROLLMENT PROFILE – QHP ISSUER

Issuer												
	2019 - OE ¹		2020 - OE ¹		2019 SEP - YTD ²		2020 SEP - YTD ²		2019 SEP - Post COVID ³		2020 SEP - Post COVID ³	
Issuer Name	Enrollees	(column %)	Enrollees	(column %)	Enrollees	(column %)	Enrollees	(column %)	Enrollees	(column %)	Enrollees	(column %)
Anthem Blue Cross of California	10,900	3.6%	31,400	7.5%	4,690	4.4%	14,180	7.4%	2,320	4.4%	9,000	7.3%
Blue Shield of California	80,020	26.8%	77,670	18.6%	30,240	28.2%	34,680	18.1%	14,790	28.2%	22,630	18.3%
Chinese Community Health Plan	1,310	0.4%	1,110	0.3%	580	0.5%	320	0.2%	310	0.6%	170	0.1%
Health Net	39,560	13.2%	71,250	17.0%	13,210	12.3%	29,280	15.3%	6,390	12.2%	18,610	15.0%
Kaiser Permanente	106,120	35.5%	151,060	36.1%	38,920	36.3%	76,620	40.0%	19,110	36.4%	50,310	40.6%
L.A. Care Health Plan	22,260	7.4%	24,510	5.9%	7,030	6.6%	9,290	4.9%	3,430	6.5%	5,900	4.8%
Molina Healthcare	14,290	4.8%	13,580	3.2%	4,840	4.5%	5,640	2.9%	2,380	4.5%	3,300	2.7%
Oscar Health Plan of California	13,930	4.7%	30,530	7.3%	3,630	3.4%	13,210	6.9%	1,790	3.4%	8,660	7.0%
Sharp Health Plan	3,300	1.1%	6,300	1.5%	1,120	1.0%	3,430	1.8%	540	1.0%	2,440	2.0%
Valley Health Plan	5,420	1.8%	8,760	2.1%	2,320	2.2%	3,790	2.0%	1,170	2.2%	2,200	1.8%
Western Health Advantage	1,830	0.6%	1,890	0.5%	570	0.5%	940	0.5%	250	0.5%	590	0.5%
Grand Total	298,950	100.0%	418,050	100.0%	107,170	100.0%	191,380	100.0%	52,480	100.0%	123,810	100.0%

All cells rounded to nearest 10 consistent with privacy policy and as a result, grand totals shown may differ slightly from individual totals due to rounding.

1. Open Enrollment net plan selections
2. Special Enrollment gross plan selections through May 16 of each year
3. Special Enrollment gross plan selections from March 20 through May 16 of each year

ENROLLMENT PROFILE – SUBSIDY STATUS & FPL LEVEL

Subsidy Status												
	2019 - OE ¹		2020 - OE ¹		2019 SEP - YTD ²		2020 SEP - YTD ²		2019 SEP - Post COVID ³		2020 SEP - Post COVID ³	
Subsidy Status	Enrollees	(column %)	Enrollees	(column %)	Enrollees	(column %)	Enrollees	(column %)	Enrollees	(column %)	Enrollees	(column %)
Subsidy Received	254,050	85.0%	363,770	87.0%	87,940	82.1%	161,020	84.1%	42,590	81.2%	105,350	85.1%
Unsubsidized	44,900	15.0%	54,290	13.0%	19,230	17.9%	30,360	15.9%	9,890	18.8%	18,460	14.9%
Grand Total	298,950	100.0%	418,050	100.0%	107,170	100.0%	191,380	100.0%	52,480	100.0%	123,810	100.0%

FPL												
	2019 - OE ¹		2020 - OE ¹		2019 SEP - YTD ²		2020 SEP - YTD ²		2019 SEP - Post COVID ³		2020 SEP - Post COVID ³	
FPL	Enrollees	(column %)	Enrollees	(column %)	Enrollees	(column %)	Enrollees	(column %)	Enrollees	(column %)	Enrollees	(column %)
138% FPL or less	5,470	1.8%	7,530	1.8%	4,470	4.2%	9,100	4.8%	2,560	4.9%	6,420	5.2%
138% FPL to 150% FPL	41,850	14.0%	53,170	12.7%	13,700	12.8%	24,220	12.7%	6,110	11.6%	15,510	12.5%
150% FPL to 200% FPL	81,410	27.2%	109,970	26.3%	31,060	29.0%	49,940	26.1%	15,090	28.8%	32,160	26.0%
200% FPL to 250% FPL	50,530	16.9%	75,690	18.1%	16,790	15.7%	32,120	16.8%	8,380	16.0%	21,520	17.4%
250% FPL to 400% FPL	83,030	27.8%	117,120	28.0%	28,140	26.3%	48,580	25.4%	13,650	26.0%	31,220	25.2%
400% FPL to 600% FPL	8,430	2.8%	25,180	6.0%	3,290	3.1%	11,010	5.8%	1,660	3.2%	7,140	5.8%
600% FPL or greater	4,100	1.4%	6,020	1.4%	1,940	1.8%	2,960	1.5%	980	1.9%	1,610	1.3%
FPL Unavailable	4,490	1.5%	3,080	0.7%	560	0.5%	1,220	0.6%	280	0.5%	520	0.4%
Unsubsidized Application	19,640	6.6%	20,290	4.9%	7,230	6.7%	12,230	6.4%	3,780	7.2%	7,730	6.2%
Grand Total	298,950	100.0%	418,050	100.0%	107,170	100.0%	191,380	100.0%	52,480	100.0%	123,810	100.0%

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ENROLLMENT PROFILE – DETAIL BY METAL TIER

Metal Tier Enhanced												
	2019 - OE ¹		2020 - OE ¹		2019 SEP - YTD ²		2020 SEP - YTD ²		2019 SEP - Post COVID ³		2020 SEP - Post COVID ³	
Metal Tier - enhanced	Enrollees	(column %)	Enrollees	(column %)	Enrollees	(column %)	Enrollees	(column %)	Enrollees	(column %)	Enrollees	(column %)
Minimum Coverage	8,950	3.0%	10,880	2.6%	3,190	3.0%	5,190	2.7%	1,660	3.2%	3,400	2.7%
Bronze HDHP	28,890	9.7%	38,680	9.3%	7,940	7.4%	14,600	7.6%	3,890	7.4%	9,830	7.9%
Bronze	62,770	21.0%	111,020	26.6%	18,750	17.5%	47,830	25.0%	9,240	17.6%	32,180	26.0%
Silver	34,340	11.5%	52,590	12.6%	13,810	12.9%	25,140	13.1%	6,730	12.8%	15,440	12.5%
Silver - Enhanced 73	21,190	7.1%	31,140	7.4%	7,690	7.2%	13,610	7.1%	3,760	7.2%	8,890	7.2%
Silver - Enhanced 87	58,430	19.5%	74,970	17.9%	23,580	22.0%	34,800	18.2%	11,510	21.9%	21,810	17.6%
Silver - Enhanced 94	38,200	12.8%	48,240	11.5%	14,180	13.2%	24,710	12.9%	6,770	12.9%	16,120	13.0%
Gold	35,060	11.7%	37,670	9.0%	13,180	12.3%	18,750	9.8%	6,580	12.5%	11,950	9.7%
Platinum	11,130	3.7%	12,860	3.1%	4,860	4.5%	6,770	3.5%	2,350	4.5%	4,190	3.4%
Grand Total	298,950	100.0%	418,050	100.0%	107,170	100.0%	191,380	100.0%	52,480	100.0%	123,810	100.0%

All cells rounded to nearest 10 consistent with privacy policy and as a result, grand totals shown may differ slightly from individual totals due to rounding.

1. Open Enrollment net plan selections
2. Special Enrollment gross plan selections through May 16 of each year
3. Special Enrollment gross plan selections from March 20 through May 16 of each year

ENROLLMENT PROFILE – GENDER AND AGE

Gender												
	2019 - OE ¹		2020 - OE ¹		2019 SEP - YTD ²		2020 SEP - YTD ²		2019 SEP - Post COVID ³		2020 SEP - Post COVID ³	
Gender	Enrollees	(column %)	Enrollees	(column %)	Enrollees	(column %)	Enrollees	(column %)	Enrollees	(column %)	Enrollees	(column %)
Female	154,510	51.7%	214,500	51.3%	58,380	54.5%	99,710	52.1%	28,650	54.6%	64,240	51.9%
Male	144,450	48.3%	203,550	48.7%	48,720	45.5%	91,570	47.8%	23,810	45.4%	59,500	48.1%
Grand Total	298,950	100.0%	418,050	100.0%	107,170	100.0%	191,380	100.0%	52,480	100.0%	123,810	100.0%

Age												
	2019 - OE ¹		2020 - OE ¹		2019 SEP - YTD ²		2020 SEP - YTD ²		2019 SEP - Post COVID ³		2020 SEP - Post COVID ³	
Age Bracket	Enrollees	(column %)	Enrollees	(column %)	Enrollees	(column %)	Enrollees	(column %)	Enrollees	(column %)	Enrollees	(column %)
Age 0 to 18	27,000	9.0%	35,950	8.6%	13,320	12.4%	18,680	9.8%	6,540	12.5%	10,640	8.6%
Age 19 to 29	76,930	25.7%	101,450	24.3%	28,170	26.3%	47,140	24.6%	13,990	26.7%	30,400	24.6%
Age 30 to 44	81,440	27.2%	111,420	26.7%	27,870	26.0%	53,410	27.9%	13,730	26.2%	35,060	28.3%
Age 45 to 64	112,100	37.5%	167,040	40.0%	37,200	34.7%	70,760	37.0%	17,970	34.2%	47,030	38.0%
Age 65+	1,490	0.5%	2,200	0.5%	610	0.6%	1,400	0.7%	260	0.5%	690	0.6%
Grand Total	298,950	100.0%	418,050	100.0%	107,170	100.0%	191,380	100.0%	52,480	100.0%	123,810	100.0%

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ENROLLMENT PROFILE – RACE/ETHNICITY

Race / Ethnicity Roll up												
	2019 - OE ¹		2020 - OE ¹		2019 SEP - YTD ²		2020 SEP - YTD ²		2019 SEP - Post COVID ³		2020 SEP - Post COVID ³	
Race / Ethnicity	Enrollees	(column %)	Enrollees	(column %)	Enrollees	(column %)	Enrollees	(column %)	Enrollees	(column %)	Enrollees	(column %)
Asian	47,920	20.4%	76,760	22.9%	18,380	21.2%	33,340	22.2%	9,080	21.3%	19,760	20.4%
Black or African American	8,900	3.8%	11,530	3.4%	3,220	3.7%	5,370	3.6%	1,580	3.7%	3,630	3.8%
Latino	71,310	30.3%	107,870	32.2%	25,950	29.9%	46,520	30.9%	12,620	29.6%	30,180	31.2%
Other	25,380	10.8%	34,040	10.2%	9,970	11.5%	15,870	10.5%	4,950	11.6%	9,840	10.2%
White	81,120	34.5%	104,380	31.2%	29,220	33.7%	49,370	32.8%	14,390	33.8%	33,350	34.5%
Grand Total	234,970	100.0%	334,570	100.0%	86,750	100.0%	150,470	100.0%	42,620	100.0%	96,750	100.0%
(nonrespondent)	63,980	21.4%	83,480	20.0%	20,420	19.1%	40,910	21.4%	9,860	18.8%	27,060	21.9%

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ENROLLMENT PROFILE – RACE

Race												
	2019 - OE ¹		2020 - OE ¹		2019 SEP - YTD ²		2020 SEP - YTD ²		2019 SEP - Post COVID ³		2020 SEP - Post COVID ³	
Race	Enrollees	(column %)	Enrollees	(column %)	Enrollees	(column %)	Enrollees	(column %)	Enrollees	(column %)	Enrollees	(column %)
American Indian or Alaska Native	1,000	0.5%	1,370	0.5%	480	0.7%	700	0.6%	250	0.7%	440	0.6%
Asian Indian	7,420	3.8%	9,310	3.4%	3,720	5.4%	5,530	4.6%	1,830	5.4%	3,380	4.3%
Black or African American	9,270	4.8%	11,990	4.4%	3,370	4.9%	5,560	4.6%	1,650	4.8%	3,760	4.8%
Cambodian	450	0.2%	620	0.2%	180	0.3%	280	0.2%	100	0.3%	170	0.2%
Chinese	18,250	9.4%	32,290	11.9%	5,610	8.1%	11,490	9.5%	2,750	8.1%	6,240	8.0%
Filipino	7,780	4.0%	10,490	3.9%	3,130	4.5%	5,490	4.5%	1,450	4.3%	3,690	4.7%
Guamanian or Chamorro	90	0.0%	150	0.1%	50	0.1%	60	0.0%	20	0.1%	40	0.1%
Hmong	230	0.1%	320	0.1%	110	0.2%	160	0.1%	60	0.2%	100	0.1%
Japanese	1,290	0.7%	1,770	0.7%	470	0.7%	890	0.7%	250	0.7%	610	0.8%
Korean	5,590	2.9%	11,650	4.3%	1,330	1.9%	3,780	3.1%	640	1.9%	2,420	3.1%
Laotian	230	0.1%	330	0.1%	100	0.1%	170	0.1%	40	0.1%	110	0.1%
Multiple Races	8,240	4.3%	10,840	4.0%	2,700	3.9%	4,930	4.1%	1,360	4.0%	3,320	4.3%
Native Hawaiian	110	0.1%	140	0.1%	50	0.1%	80	0.1%	20	0.1%	60	0.1%
Other	31,320	16.2%	44,600	16.4%	10,360	15.0%	18,830	15.5%	5,060	14.8%	11,960	15.3%
Samoan	130	0.1%	190	0.1%	60	0.1%	70	0.1%	40	0.1%	50	0.1%
Vietnamese	6,600	3.4%	9,690	3.6%	3,670	5.3%	5,500	4.5%	1,950	5.7%	2,990	3.8%
White	95,570	49.4%	125,860	46.3%	33,790	48.8%	57,680	47.6%	16,620	48.8%	38,720	49.6%
Grand Total	193,560	100.0%	271,590	100.0%	69,190	100.0%	121,200	100.0%	34,080	100.0%	78,050	100.0%
(nonrespondent)	105,390	35.3%	146,460	35.0%	37,980	35.4%	70,180	36.7%	18,400	35.1%	45,760	37.0%

All % calculations except the non-respondents calculated out of respondents only. Non-respondent % is of total population of enrollees.

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ENROLLMENT PROFILE – ETHNICITY

Ethnicity												
	2019 - OE ¹		2020 - OE ¹		2019 SEP - YTD ²		2020 SEP - YTD ²		2019 SEP - Post COVID ³		2020 SEP - Post COVID ³	
Ethnicity	Enrollees	(column %)	Enrollees	(column %)	Enrollees	(column %)	Enrollees	(column %)	Enrollees	(column %)	Enrollees	(column %)
(Not Hispanic/Latino/Spanish)**	178,810	71.5%	246,250	69.5%	68,970	72.7%	115,240	71.2%	33,930	72.9%	73,360	70.9%
(Hispanic/Latino/Spanish origin)*	13,130	5.2%	19,010	5.4%	6,480	6.8%	8,270	5.1%	3,180	6.8%	4,720	4.6%
Cuban	430	0.2%	510	0.1%	130	0.1%	240	0.1%	50	0.1%	160	0.2%
Guatemalan	870	0.3%	1,450	0.4%	270	0.3%	450	0.3%	120	0.3%	290	0.3%
Mexican/Mexican American/Chicano	38,030	15.2%	59,130	16.7%	12,490	13.2%	25,320	15.7%	6,010	12.9%	16,920	16.3%
Multiple Ethnicities	2,060	0.8%	3,100	0.9%	690	0.7%	1,470	0.9%	330	0.7%	1,040	1.0%
Other	14,240	5.7%	20,670	5.8%	5,150	5.4%	9,160	5.7%	2,570	5.5%	5,960	5.8%
Puerto Rican	810	0.3%	1,040	0.3%	250	0.3%	500	0.3%	120	0.3%	340	0.3%
Salvadoran	1,740	0.7%	2,970	0.8%	500	0.5%	1,110	0.7%	230	0.5%	760	0.7%
Grand Total	250,110	100.0%	354,110	100.0%	94,920	100.0%	161,750	100.0%	46,540	100.0%	103,530	100.0%
(nonrespondent)	48,840	16.3%	63,940	15.3%	12,250	11.4%	29,630	15.5%	5,940	11.3%	20,280	16.4%

All % calculations except the non-respondents calculated out of respondents only. Non-respondent % is of total population of enrollees.

*Hispanic/Latino/Spanish origin" respondents answered "Yes" to application question "Are you of Hispanic, Latino, or Spanish origin?" but did not indicate a specific ethnicity.

**Not Hispanic/Latino/Spanish origin" respondents answered "No" to application question "Are you of Hispanic, Latino, or Spanish origin?" but did not indicate a specific ethnicity.

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ENROLLMENT PROFILE – RATING REGION

Region												
	2019 - OE ¹		2020 - OE ¹		2019 SEP - YTD ²		2020 SEP - YTD ²		2019 SEP - Post COVID ³		2020 SEP - Post COVID ³	
Rating Region	Enrollees	(column %)	Enrollees	(column %)	Enrollees	(column %)	Enrollees	(column %)	Enrollees	(column %)	Enrollees	(column %)
01 - Northern Counties	9,160	3.1%	15,730	3.8%	3,570	3.3%	5,970	3.1%	1,800	3.4%	3,670	3.0%
02 - North Bay Counties	10,170	3.4%	13,060	3.1%	3,870	3.6%	6,560	3.4%	1,850	3.5%	4,380	3.5%
03 - Sacramento Valley	17,960	6.0%	24,970	6.0%	7,220	6.7%	11,150	5.8%	3,580	6.8%	6,790	5.5%
04 - San Francisco County	6,810	2.3%	9,260	2.2%	2,790	2.6%	5,930	3.1%	1,390	2.6%	3,990	3.2%
05 - Contra Costa County	9,490	3.2%	13,050	3.1%	3,560	3.3%	6,470	3.4%	1,740	3.3%	4,210	3.4%
06 - Alameda County	13,740	4.6%	19,810	4.7%	5,350	5.0%	10,080	5.3%	2,770	5.3%	6,430	5.2%
07 - Santa Clara County	13,180	4.4%	18,220	4.4%	5,470	5.1%	9,020	4.7%	2,650	5.0%	5,630	4.5%
08 - San Mateo County	4,990	1.7%	7,460	1.8%	1,820	1.7%	3,760	2.0%	850	1.6%	2,440	2.0%
09 - Monterey Coast	4,870	1.6%	7,510	1.8%	1,700	1.6%	3,040	1.6%	810	1.5%	1,900	1.5%
10 - San Joaquin Valley	15,010	5.0%	19,430	4.6%	6,670	6.2%	9,250	4.8%	3,250	6.2%	5,590	4.5%
11 - Central San Joaquin	7,260	2.4%	9,770	2.3%	3,420	3.2%	4,740	2.5%	1,640	3.1%	2,990	2.4%
12 - Central Coast	11,850	4.0%	16,960	4.1%	4,430	4.1%	7,750	4.0%	2,140	4.1%	5,130	4.1%
13 - Eastern Counties	2,440	0.8%	4,280	1.0%	930	0.9%	1,520	0.8%	400	0.8%	700	0.6%
14 - Kern County	4,130	1.4%	6,000	1.4%	1,700	1.6%	2,950	1.5%	820	1.6%	1,960	1.6%
15 - Los Angeles County, partial	35,560	11.9%	55,400	13.3%	11,040	10.3%	21,850	11.4%	5,290	10.1%	13,670	11.0%
16 - Los Angeles County, partial	50,890	17.0%	66,410	15.9%	14,890	13.9%	29,710	15.5%	7,360	14.0%	20,270	16.4%
17 - Inland Empire	28,430	9.5%	41,390	9.9%	9,450	8.8%	18,140	9.5%	4,540	8.7%	12,150	9.8%
18 - Orange County	27,870	9.3%	38,130	9.1%	10,560	9.9%	17,750	9.3%	5,240	10.0%	11,320	9.1%
19 - San Diego County	25,170	8.4%	31,240	7.5%	8,730	8.1%	15,730	8.2%	4,350	8.3%	10,590	8.6%
Grand Total	298,950	100.0%	418,050	100.0%	107,170	100.0%	191,380	100.0%	52,480	100.0%	123,810	100.0%

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ENROLLMENT PROFILE – COUNTY (1 OF 3)

County												
	2019 - OE ¹		2020 - OE ¹		2019 SEP - YTD ²		2020 SEP - YTD ²		2019 SEP - Post COVID ³		2020 SEP - Post COVID ³	
Residence County	Enrollees	(column %)	Enrollees	(column %)	Enrollees	(column %)	Enrollees	(column %)	Enrollees	(column %)	Enrollees	(column %)
Alameda	13,740	4.6%	19,820	4.7%	5,350	5.0%	10,090	5.3%	2,780	5.3%	6,440	5.2%
Alpine	10	0.0%	10	0.0%	0	0.0%	10	0.0%	0	0.0%	10	0.0%
Amador	240	0.1%	390	0.1%	90	0.1%	180	0.1%	40	0.1%	110	0.1%
Butte	1,220	0.4%	2,330	0.6%	530	0.5%	890	0.5%	270	0.5%	540	0.4%
Calaveras	320	0.1%	480	0.1%	100	0.1%	190	0.1%	50	0.1%	120	0.1%
Colusa	140	0.0%	260	0.1%	40	0.0%	130	0.1%	20	0.0%	100	0.1%
Contra Costa	9,490	3.2%	13,040	3.1%	3,560	3.3%	6,470	3.4%	1,740	3.3%	4,210	3.4%
Del Norte	110	0.0%	170	0.0%	40	0.0%	80	0.0%	10	0.0%	50	0.0%
El Dorado	1,610	0.5%	2,260	0.5%	550	0.5%	890	0.5%	270	0.5%	530	0.4%
Fresno	6,070	2.0%	7,920	1.9%	2,900	2.7%	3,830	2.0%	1,380	2.6%	2,440	2.0%
Glenn	150	0.1%	320	0.1%	60	0.1%	110	0.1%	30	0.1%	60	0.0%
Humboldt	1,000	0.3%	1,540	0.4%	370	0.3%	510	0.3%	210	0.4%	310	0.3%
Imperial	2,170	0.7%	3,880	0.9%	830	0.8%	1,370	0.7%	350	0.7%	630	0.5%
Inyo	110	0.0%	180	0.0%	40	0.0%	70	0.0%	20	0.0%	30	0.0%
Kern	4,140	1.4%	5,990	1.4%	1,690	1.6%	2,950	1.5%	820	1.6%	1,960	1.6%
Kings	440	0.1%	700	0.2%	190	0.2%	360	0.2%	110	0.2%	210	0.2%
Lake	410	0.1%	590	0.1%	150	0.1%	270	0.1%	80	0.2%	180	0.1%
Lassen	100	0.0%	150	0.0%	40	0.0%	80	0.0%	20	0.0%	50	0.0%
Los Angeles	86,430	28.9%	121,790	29.1%	25,910	24.2%	51,570	26.9%	12,640	24.1%	33,940	27.4%
Madera	750	0.3%	1,140	0.3%	340	0.3%	550	0.3%	150	0.3%	340	0.3%

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ENROLLMENT PROFILE – COUNTY (2 OF 3)

County												
	2019 - OE ¹		2020 - OE ¹		2019 SEP - YTD ²		2020 SEP - YTD ²		2019 SEP - Post COVID ³		2020 SEP - Post COVID ³	
Residence County	Enrollees	(column %)	Enrollees	(column %)	Enrollees	(column %)	Enrollees	(column %)	Enrollees	(column %)	Enrollees	(column %)
Marin	2,190	0.7%	2,760	0.7%	800	0.7%	1,460	0.8%	390	0.7%	980	0.8%
Mariposa	110	0.0%	210	0.1%	40	0.0%	70	0.0%	20	0.0%	50	0.0%
Mendocino	630	0.2%	1,060	0.3%	200	0.2%	470	0.2%	110	0.2%	290	0.2%
Merced	1,930	0.6%	3,090	0.7%	990	0.9%	1,360	0.7%	490	0.9%	760	0.6%
Modoc	50	0.0%	70	0.0%	20	0.0%	30	0.0%	10	0.0%	10	0.0%
Mono	160	0.1%	220	0.1%	60	0.1%	80	0.0%	30	0.1%	40	0.0%
Monterey	2,370	0.8%	4,130	1.0%	790	0.7%	1,510	0.8%	350	0.7%	940	0.8%
Napa	1,060	0.4%	1,390	0.3%	330	0.3%	750	0.4%	150	0.3%	480	0.4%
Nevada	1,150	0.4%	1,820	0.4%	410	0.4%	620	0.3%	210	0.4%	410	0.3%
Orange	27,880	9.3%	38,140	9.1%	10,560	9.9%	17,750	9.3%	5,240	10.0%	11,320	9.1%
Placer	3,280	1.1%	4,250	1.0%	1,270	1.2%	1,930	1.0%	580	1.1%	1,240	1.0%
Plumas	140	0.0%	240	0.1%	50	0.0%	90	0.0%	30	0.1%	60	0.0%
Riverside	15,390	5.1%	21,480	5.1%	5,130	4.8%	9,920	5.2%	2,480	4.7%	6,740	5.4%
Sacramento	11,780	3.9%	16,750	4.0%	4,880	4.6%	7,530	3.9%	2,480	4.7%	4,520	3.7%
San Benito	290	0.1%	500	0.1%	120	0.1%	240	0.1%	70	0.1%	140	0.1%
San Bernardino	13,040	4.4%	19,910	4.8%	4,330	4.0%	8,230	4.3%	2,070	3.9%	5,420	4.4%
San Diego	25,170	8.4%	31,260	7.5%	8,740	8.2%	15,740	8.2%	4,350	8.3%	10,590	8.6%
San Francisco	6,810	2.3%	9,270	2.2%	2,790	2.6%	5,940	3.1%	1,390	2.6%	3,990	3.2%
San Joaquin	6,420	2.1%	7,690	1.8%	2,910	2.7%	3,920	2.0%	1,430	2.7%	2,310	1.9%
San Luis Obispo	2,190	0.7%	3,150	0.8%	860	0.8%	1,520	0.8%	380	0.7%	1,010	0.8%

All cells rounded to nearest 10 consistent with privacy policy and as a result, grand totals shown may differ slightly from individual totals due to rounding.

1. Open Enrollment net plan selections
2. Special Enrollment gross plan selections through May 16 of each year
3. Special Enrollment gross plan selections from March 20 through May 16 of each year

ENROLLMENT PROFILE – COUNTY (3 OF 3)

County												
	2019 - OE ¹		2020 - OE ¹		2019 SEP - YTD ²		2020 SEP - YTD ²		2019 SEP - Post COVID ³		2020 SEP - Post COVID ³	
Residence County	Enrollees	(column %)	Enrollees	(column %)	Enrollees	(column %)	Enrollees	(column %)	Enrollees	(column %)	Enrollees	(column %)
San Mateo	4,990	1.7%	7,460	1.8%	1,810	1.7%	3,760	2.0%	850	1.6%	2,440	2.0%
Santa Barbara	2,640	0.9%	4,190	1.0%	850	0.8%	1,720	0.9%	420	0.8%	1,110	0.9%
Santa Clara	13,170	4.4%	18,220	4.4%	5,460	5.1%	9,020	4.7%	2,640	5.0%	5,630	4.5%
Santa Cruz	2,210	0.7%	2,880	0.7%	790	0.7%	1,290	0.7%	400	0.8%	820	0.7%
Shasta	1,220	0.4%	2,470	0.6%	470	0.4%	820	0.4%	240	0.5%	480	0.4%
Sierra	20	0.0%	20	0.0%	10	0.0%	20	0.0%	10	0.0%	10	0.0%
Siskiyou	240	0.1%	430	0.1%	110	0.1%	170	0.1%	50	0.1%	100	0.1%
Solano	2,820	0.9%	3,700	0.9%	1,230	1.1%	1,890	1.0%	560	1.1%	1,250	1.0%
Sonoma	4,100	1.4%	5,200	1.2%	1,520	1.4%	2,440	1.3%	750	1.4%	1,660	1.3%
Stanislaus	4,260	1.4%	4,910	1.2%	1,770	1.7%	2,300	1.2%	890	1.7%	1,480	1.2%
Sutter	720	0.2%	1,260	0.3%	330	0.3%	510	0.3%	160	0.3%	320	0.3%
Tehama	370	0.1%	690	0.2%	130	0.1%	180	0.1%	50	0.1%	120	0.1%
Trinity	90	0.0%	130	0.0%	30	0.0%	40	0.0%	20	0.0%	20	0.0%
Tulare	2,290	0.8%	3,520	0.8%	980	0.9%	1,610	0.8%	440	0.8%	1,000	0.8%
Tuolumne	420	0.1%	640	0.2%	140	0.1%	260	0.1%	80	0.2%	170	0.1%
Ventura	7,020	2.3%	9,630	2.3%	2,720	2.5%	4,520	2.4%	1,340	2.6%	3,010	2.4%
Yolo	1,290	0.4%	1,720	0.4%	520	0.5%	810	0.4%	250	0.5%	500	0.4%
Yuba	430	0.1%	650	0.2%	250	0.2%	330	0.2%	90	0.2%	180	0.1%
Grand Total	298,950	100.0%	418,050	100.0%	107,170	100.0%	191,380	100.0%	52,480	100.0%	123,810	100.0%

All cells rounded to nearest 10 consistent with privacy policy and as a result, grand totals shown may differ slightly from individual totals due rounding.

1. Open Enrollment net plan selections
2. Special Enrollment gross plan selections through May 16 of each year
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STATE AND FEDERAL POLICY / LEGISLATIVE UPDATE

GOVERNOR'S EXECUTIVE ORDERS

As a result of COVID-19, Governor Newsom has signed a large number of Executive Orders, including:

- March 4 – Declares State of Emergency.
- March 12- Allows local or state legislative bodies to hold meetings via teleconference and to make meetings accessible electronically.
- March 17 – Declares that Californians stay at home by order of the State Public Health Officer.
- March 30 – Expands healthcare workforce to allow for a surge capacity of 50,000 hospital beds.
- April 1 - Allows for the immediate use of funds to support the state's continuing efforts to protect public health and respond to the COVID-19 crisis.

GOVERNOR'S EXECUTIVE ORDERS (CONT'D)

- April 3 – Expands protections for the use of telehealth services.
- April 7 - Helps the state procure necessary medical supplies to fight COVID-19.
- May 1 - Expands the opportunity for individuals to qualify for a limited amount of lump-sum financial assistance instead of receiving CalWORKs, as long as their income is below 200 percent of FPL.
- May 4 - Directs the State Public Health Officer to establish criteria to determine whether and how, in light of local conditions, local health officers may implement less restrictive public health measures.

FEDERAL STIMULUS PACKAGES

- On March 27, President Trump signed the Coronavirus Aid, Relief, and Economic Security (CARES) Act. The bill included coverage provisions related to COVID-19 testing, funding for providers, stimulus payments and expanded unemployment compensation benefits.
- President Trump signed the Paycheck Protection Program and Health Care Enhancement Act on April 24th which included funding for: reimbursement due to COVID-19 expenses and lost revenue for health care providers and hospitals; coverage of COVID-19 testing for the uninsured; needed expenses to expand COVID-19 testing capacity, and small business relief.
- Negotiations continue on further Congressional action in response to COVID-19.

BENEFIT AND PAYMENT PARAMETERS

On May 7, 2020, the Department of Health and Human Services (HHS) issued the final 2021 Benefit and Payment Parameters.

- **FFE and SBE-FP User Fee:** HHS will continue to charge a monthly assessment fee of 3.0% for QHP issuers in the FFE and 2.5% in the SBE-FP states.
- **Quality Rating Information Display Standards:** HHS will continue to allow for flexibility in how State-Based Exchanges (SBEs) display quality rating information. Covered California will continue to work with HHS to determine the best approach to display standards.
- **Value-Based Insurance Designs:** While HHS will begin allowing health plans to incorporate elements of VBID into coverage they offer in the FFE, it will not move toward standard benefit designs centered on how they foster value for consumers. Covered California will continue to work with HHS to demonstrate the value of patient-centered benefit designs which also allow for the incorporation of VBID elements.

FEDERAL ACTION PUTTING QUALITY RATING SYSTEM (QRS) “ON HOLD” FOR 2020 (MEASUREMENT YEAR 2019)

- ❑ The Quality Rating System (QRS) is a CMS program that calculates star ratings based on clinical quality scores (HEDIS) and enrollee satisfaction surveys (CAHPS). This creates a national benchmark for Exchange QHP issuers. CMS announced that it will not collect Measurement Year (MY) 2019 data or calculate scores due to challenges with data collection due to the COVID-19 pandemic.
- ❑ Covered California has posted scores every year since opening to assist consumers with plan comparison during Open Enrollment.
- ❑ Covered California has often exercised its right as a State-Based Exchange to deviate from CMS guidance, typically by making slight adjustments to the CMS approach.
- ❑ DHCS is modifying their collection of scores to use the best of MY 2018 or 2019 scores for Reporting Year 2020.
- ❑ Many Covered California issuers report they have largely completed HEDIS data collection.

[CMS COVID-19 and Suspension of Certain Activities Related to the Health Insurance Exchange Quality Rating System, QHP Enrollee Experience Survey, and Quality Improvement Strategy Programs](#) (April 18, 2020)

[DHCS Quality and Performance Improvement Adjustments Due To COVID-19](#) (April 30, 2020)

COVERED CALIFORNIA POLICY: QUALITY RATING SYSTEM (QRS) 2020

- ❑ Covered California is committed to being sure that our enrollees are receiving appropriate care **and** with ensuring that quality data collection and measurement can be done without increasing the risk of COVID-19 infection or adding burden to the health plans or providers in ways that could inhibit their capacity to respond to the pandemic.
- ❑ Covered California will maintain the requirement for QHP issuers to report Measurement Year (MY) 2019 HEDIS Data consistent with NCQA direction.
- ❑ Covered California will calculate star ratings using the best of MY 2018 or MY 2019 scores and national benchmarks from last year. This allows plans to demonstrate improvement without penalizing plans that are challenged in data collection as a direct result of COVID-19.
- ❑ Covered California will determine how to use scores from the 2019 CAHPS survey after assessing the validity of survey results.

[Covered California Quality Rating System Reporting for Measurement Year 2019 Due To COVID-19](#) (May 14, 2020)
[Coronavirus and NCQA](#) (May 2020)

STATE LEGISLATION UPDATE

The State Assembly returned to session on May 4 and the Senate on May 11 with adjusted legislative deadlines. The following key bills are among those actively moving forward:

- **AB 2028 (Aguiar-Curry) State agencies: Meetings** - would require that meeting materials be posted with the agenda at least 10 days in advance of a meeting held under the Bagley-Keene Act.
- **AB 2118 (Kalra) Health care service plans and health insurers: reporting requirements** – would expand reporting requirements of health plans for rates in the individual and small group markets. Would require DMHC and CDI to annually present the required information in AB 2118 at a public Covered California board meeting.
- **AB 2203 (Nazarian) Insulin cost-sharing cap** - would set copay caps on insulin of \$50 per 30-day supply and no more than \$100 total per month.
- **AB 2347 (Wood) Health care coverage: financial assistance** - would, contingent upon an appropriation by the Legislature, reduce premiums to zero for program participants with household incomes at or below 138% of the federal poverty level, and would scale the premium assistance subsidy amount for program participants with household incomes of 139% to 600%, inclusive, of the federal poverty level pursuant to the program design adopted by the board of the Exchange.

GOVERNOR'S MAY REVISION

The Governor's May Revision was released on May 14, 2020. The State Budget deficit for 2021 is estimated at \$54 billion, therefore the following cost saving decisions were included in the May Revise:

- Decrease the State Subsidy appropriation by \$164.2 million General Fund in 2019-20 and \$90.3 million General Fund in 2020-21 to reflect lower-than-projected enrollment in state subsidies.
- Increase projected penalty revenue by \$15 million General Fund in 2020-21 associated with an assumed higher number of uninsured due to the COVID-19 recession.
- Withdraw the Medi-Cal expansion to undocumented older adults that was proposed in the January budget. Also withdraw the Aged, Blind, Disabled expansion included in the 2019 Budget Act.
- Delay implementation of CalAIM initiative.
- Withdraw the January proposal to fund hearing aids and related services to children without health care coverage in households up to 600 percent FPL.
- Revert funding for various programs included in the 2019 Budget Act including for Medi-Cal enrollment Navigators.
- Defer the establishment of the Office of Healthcare Affordability

TRAILER BILL LANGUAGE

- ❑ **Bronze Actuarial Value TBL** would increase the actuarial value “de minimis range” set forth in state law for Bronze-level plans, including High Deductible Health Plans to plus 5 percent. If enacted, the new de minimis range for Bronze plans would be 58 percent to 65 percent. This will allow Covered California Bronze plans for the 2021 plan year to comply with state actuarial value requirements.
- ❑ **Volunteer Exception TBL** would, under specified conditions, allow Board members and staff to volunteer with a governmental entity, or a health facility, health clinic or health care provider group, that is associated with a medical school or educational institution.

PUBLIC COMMENT

CALL: (844) 721-7241

PARTICIPANT CODE: 8409640

- ❑ To request to make a comment, press 10; you will hear a tone indicating you are in the queue for comment. Please wait until the operator has introduced you before you make your comments.
- ❑ If watching via the live webcast, please mute your computer to eliminate audio feedback while calling in. Note, there is a delay in the webcast.
- ❑ The call-in instructions can also be found on page two of the Agenda.

EACH CALLER WILL BE LIMITED TO TWO MINUTES PER AGENDA ITEM

NOTE: In addition to commenting live, the public is invited to submit comments that staff will consider in revising this discussion item in advance of making final recommendations at the June board meeting. If you want to submit written comments, please submit them by May 29th to BoardComments@covered.ca.gov.

PRESENTATIONS FROM COVERED CALIFORNIA QUALIFIED HEALTH PLANS

HEARING FROM CONTRACTED HEALTH PLANS: ASSURING QUALITY CARE

Report on First Five Years: Improving Access, Affordability and Accountability – Major Findings:

- High levels of consumer satisfaction with their health plan and health care.
- Wide variation in performance among insurers with the exception of integrated delivery systems consistently performing in the top ten percent nationally.
- Strong performance by integrated delivery systems underscore potential for improvement and the importance of fostering care that is well-coordinated.
- Improvement in performance would be potentially life-saving and clinically meaningful for hundreds of thousands of Californians.
- Relatively low scores on some consumer-reported experience measures warrant further research and improvement across all insurers.
- Behavioral health presents a significant improvement opportunity.

[Covered California's First Five Years Report](#)

HEALTH PLANS REQUESTED TO PRESENT ON FOUR STANDARD ISSUES

- Plan Overview
 - Membership description
 - Covered California as part of their proportion of overall products
- Current successes and challenges in Covered California
- COVID-19 responses
- What's coming on the horizon?

OVERVIEW OF PLANS PRESENTING IN MAY 2020

	2019 Total Enrollment	Percent of Enrollment: Regional (Statewide)	Service Area
Blue Shield of California	428,498	30.8% (30.8%)	Statewide
Health Net	191,650	17.7% (13.8%)	Greater Sacramento Area, North Bay Area, San Francisco, Central California and Southern California
Kaiser Permanente	477,683	38.2% (34.3%)	Nearly statewide*
LA Care	84,750	21.8% (6.1%)	Los Angeles

Note: Service area enrollment is calculated by dividing the insurers' enrollment by the total enrollment in the service area.

*Kaiser Permanente has a presence in all regions in California, but in some regions offers partial coverage. Blue Shield of California is the only insurer with a full presence in every ZIP code in California.

BLUE SHIELD OF CALIFORNIA

Seth Glickman, MD, SVP & Chief Health Officer
Robert Spector, Senior Director, State Public Programs



Blue Shield of California

Seth Glickman, MD

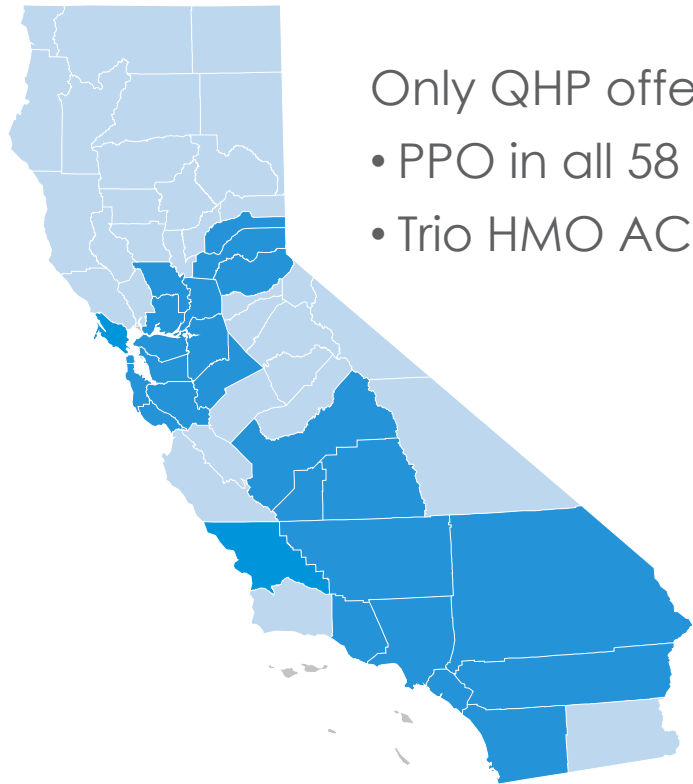
Senior Vice President & Chief Health Officer

Robert Spector,

Senior Director, State Public Programs

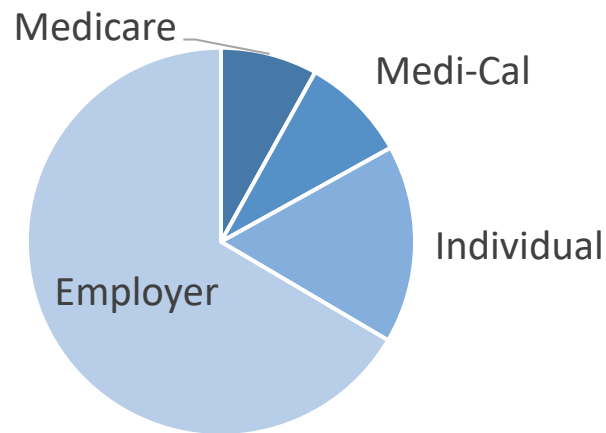


Blue Shield of California is a nonprofit health plan dedicated to providing Californians with access to high-quality health care at an affordable price



Only QHP offering coverage in every zip code (IFP & CCSB)

- PPO in all 58 counties
- Trio HMO ACO in 24 counties



Covering 4.5 million Californians across all market segments



Growing provider partnerships and deploying new payment models

Trio HMO built on our ACO network

Continue shifting PPO away from Fee-for-Service

- PPO ACO collaborations
- Clinical integrated network

New physician payment models: base and incentive compensation

- Clinical pillars
- Practice administration and tools

Support practice transitions

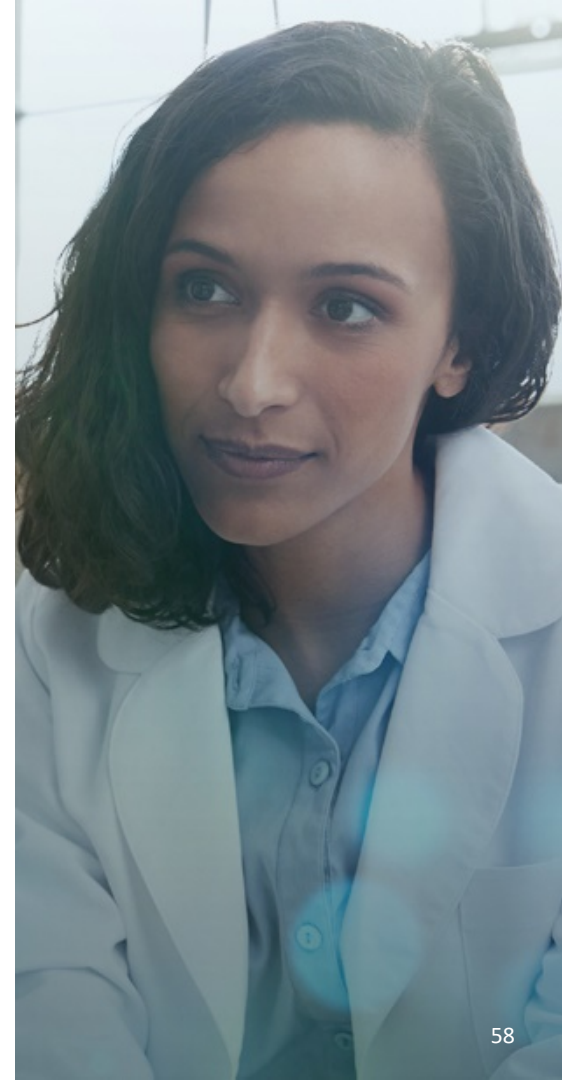
Ensuring members get the care they need

- Coverage without cost-sharing for diagnostic tests and treatment related to COVID19
 - Waiving prior approval
- Access to needed prescriptions
 - Waiving early refill limits
 - Promoting mail-service
- Virtual care to reduce everyone's exposure
 - Waiving out-of-pocket for telehealth
 - Providing mental health services via phone, app or video conferencing
- High risk member outreach programs



Partnering with providers

- Providing \$200 million in direct financial support to offset impacts on revenue streams
 - Loan guarantees
 - Advance payments
 - Value based re-contracting
 - Expanding services to fund member liability obligations to providers
- Streamlining prior authorizations and concurrent reviews for member care



Supporting our local communities

- Leadership in scaling up testing
 - Blue Shield's CEO is co-chairing Governor Gavin Newsom's COVID-19 Testing Taskforce
- Blue Shield of California Foundation providing \$6.8 million in grants to affected communities
- BlueSky mental health initiative for students who are sheltering in place



Our path forward



Outreach to members



Understand and address
COVID-19 health inequities



Continue to keep Californian's
covered



Smooth the transition between
coverage: *Employer - Covered
California - Medi-Cal*



blue
california



HEALTH NET

Todd May, MD, Senior Medical Director
Peggy Haines, RN, VP Quality Management

Covered California Enrollees

Focus on Health and COVID-19 Response

Todd May, MD
Sr. Medical Director

Peggy Haines, RN
VP, Quality Management

5/21/2020

*Coverage for
every stage of life™*

National & Local Footprint



C E N T E N E

Transforming the health of the community, one person at a time

64,000+

Employees
(2020)

24 million

Members

#51

Fortune 500
(2019)

#210

Fortune
Global 500 (2019)

\$100 Billion

Expected
Annual Revenue

H E A L T H N E T

Focused on the health of all Californians

7,155+

Employees
(2020)

2.7 million

members

1 in 12

Californians

\$13 Billion

Expected Annual Revenue
for all Lines of Business

Approx
273K
through
Covered
California

Successes

- NCQA Distinction in Multicultural Health Care
- Clear health disparities intervention for African American and Latino members for improved diabetes and hypertension management
- SHAPE – Strokes and Heart Attack Prevention Everyday; *43% improvement in medication adherence, reduced CV events and ED use*
- Introduced new PPO product in 2018; reportable scores in 2021

Opportunities

- Performance below the 25th percentile for the following key measures:
 - ❑ Breast cancer screening for EPO line
 - ❑ Antidepressant Medication Management for HMO
 - ❑ Access to Care (CAHPS) for HMO
 - ❑ Care Coordination for HMO
- ✓ Personalized Mobile Clinical Platform delivering real-time clinical programs to patient's smartphone via Care Managers; Launched 3/2020

COVID-19 Response

Focused on the health of all Californians

Core Focus Areas

Communication channels range from email and text deployment and outbound calls, to call center talking points and webinars

- COVID-19 Care, Testing and Treatment Coverage
- Telehealth and Mental Health Benefits
- Online Access, Self-Service Options & Where to Go for Care
- COVID-19 FAQs for members, employers, brokers, and providers posted routinely on website
- Special Enrollment Period notifications and FAQs related to Job Loss/Income Change
 - ❑ Webinar for Brokers on important updates
 - ❑ Outbound calls to members who are late on payments with reminder to report income changes to assess subsidy eligibility
- Webinar for Small Businesses on CARES Act
 - ❑ Hotline to our direct sales team for those brokers who have clients interested in IFP coverage

COVID-19 Response

Focused on the health of all Californians

Vulnerable Populations

- **Care Management team** – Staying in close contact with:
 - ❑ Medically complex members in CM program, managing conditions and avoiding ED and hospital use when possible
 - ❑ Members testing positive for COVID-19
 - ❑ Members who had been receiving home medical services (e.g., infusion therapies)
- **Pharmacy Team** – Reaching out to members with asthma & COPD and any member receiving a new medication likely prescribed for COVID-19 symptoms/treatment
 - ❑ Positively impacted a large number of lives through medication reconciliation and dose/timing clarification
- **Non-Clinical Outreach Team** – Reaching out to members most at-risk and not in CM using predictive analytics, including SDOH risk
- **Customer Call Center** – Offering COVID-19 support/Information/referral for members calling us, including linkage to resources such as foodbanks, and social support for those experiencing isolation

COVID-19 Response

Focused on the health of all Californians



Telehealth Services

- Extending Medical and Behavioral telehealth services to all Health Net members
 - ▢ 2.2 million members have telehealth access now
- Awarded \$13.4M in grants to 138 Medi-Cal providers to establish or expand telehealth services
- Shared tools and resources to enable providers to use telehealth directly with their patients

On the Horizon

Focused on the health of all Californians



Key **Member** and **Provider** initiatives include:

- **Web-enabled** referral and care coordination platform designed to improve the integration of physical and behavioral health.
- **App-based** wellness promotion and CM/DM self-support tool fostering real-time communication between Health Net and its members.
- Value-based care operating system with reporting and analytics functionality to track and trend performance of **PPG providers** to better monitor, understand and take action on performance care gaps.

Thank you

KAISER PERMANENTE

MaryAlice Ambrose, MD, The Permanente Medical Group
John Newman, Executive Director, CA Exchange Operations

! IMPORTANT INFORMATION: COVID-19

Covered California Board Update: Kaiser Permanente

MaryAlice Ambrose, MD
John Newman
Kaiser Permanente



Kaiser Permanente: Who We Are

Multi-Regional

- We currently operate in 8 states and the District of Columbia.

Multi-Business Line

- We provide access across all major business lines, including:
 - Large Group
 - Small Group
 - Medicare
 - Medicaid
 - Individual & Family

Integrated Delivery System

- Our Health Plan and Hospitals have an exclusive relationship with the Permanente Medical Groups in each region.
- We operate 39 hospitals and 714 medical offices across all regions.

California Membership

- We currently serve about 9.2 million members in CA, 550K (6% of the total) of which are with Covered CA

Kaiser Permanente: Successes/Opportunities

Successes:

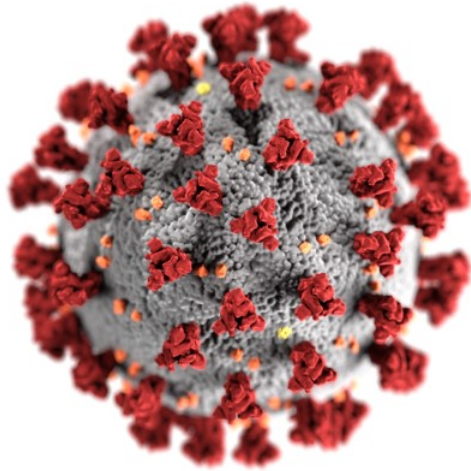
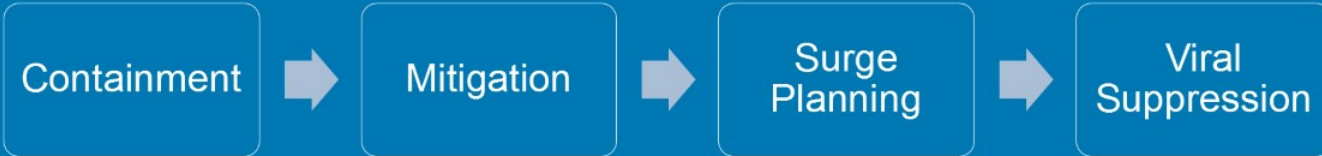
- Top performer in 68 HEDIS 2019 Effectiveness of Care measures
- JD Powers & Associates: #1 in customer satisfaction in California for the 13th year in a row.
- Only Covered California 5 Star rated Health Plan for 2020
- Only Health Plan in California receiving 5 out of 5 stars for quality mental health care
- Kaiser Permanente Bernard J. Tyson School of Medicine to welcome its inaugural class July 2020

Opportunities:

- Optimize the balance between face-to-face and virtual care while continuing to meet customer expectations and promote affordability
- Maintain high levels of quality performance despite the challenges of Covid-19

Kaiser Permanente's Response

We're moving through the phases of COVID-19 care with detailed and coordinated responses every step of the way.

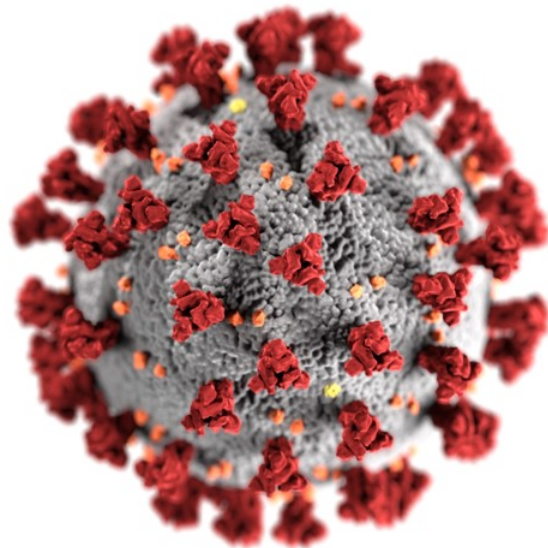


Kaiser Permanente's Response

The key to our success is our integrated healthcare delivery model

Our approaches include:

- Telehealth
- Mail Order Pharmacy
- Appointment-based drive-through testing
- Greeters, screening, & single-point of entry in our medical centers
- Regular assessment of visitor policies
- Internalized COVID-19 testing at KP
- Data analytics to advance our COVID-19 care
- Capacity planning for staff and equipment
- Culturally responsive COVID-19 care
- Ongoing preparation for potential delayed surges
- Strategic expansion of clinical services



LA CARE

Richard Seidman, MD, MPH, Chief Medical Officer
Cristina Inglese, Executive Director, Commercial Products

L.A. Care Health Plan

Covered CA Board Meeting
May 2020



L.A. Care
HEALTH PLAN®

For All of L.A.



**ELEVATING
HEALTHCARE**
IN LOS ANGELES COUNTY
— SINCE 1997 —

Presented by:
Richard Seidman, M.D., M.P.H.
Chief Medical Officer, L.A. Care Health Plan

L.A Care Health Plan

About L.A. Care Health Plan

- Serves more than 2.1 million members in Los Angeles County
 - L.A. Care's mission is to provide access to quality health care to low-income communities
- The largest publicly-operated health plan in the country
 - L.A. Care offers a continuum of healthcare coverage all dedicated to being accountable and responsive to members
 - Medi-Cal
 - L.A. Care Covered™
 - L.A. Care Cal MediConnect Plan
 - PASC-SEIU Homecare Workers Health Care Plan
- A participating plan in Covered CA since it began in 2013
 - L.A. Care is the only public agency participating on Covered CA Exchange
 - Our premiums have been consistently affordable in L.A. County



L.A. Care Successes and Opportunities

Successes

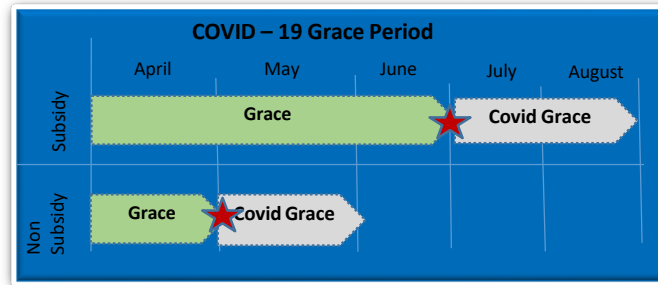
- Increased sustained membership year over year
 - Consistent 90% retention
 - Strong member effectuation rates
- Network expansion to include
 - Marquee Providers such as UCLA Health
- Value Adds Increasing Access to Care
 - MinuteClinic
 - Added video visits as an additional way for our members to receive care
 - Teladoc
 - Approximately 1.1 million members have access to virtual telehealth visits for urgent care services across all lines of business.
 - Demand has increased 5 fold since March
- Opportunities
 - Further expansion of our network to expand access and choice
 - Support for our members falling below 138% of the FPL to apply for Medi-Cal



COVID-19 Response

Members facing financial hardships unable to make premium payments:

- COVID Grace Periods
 - Subsidized members now have access to care for the entire 90 days of Grace
 - Providing an additional time to bring premiums current
 - Approximately 1,000 members have benefited from the additional Grace Period



L.A. Care has provided \$70 Million in Accelerated Payments to the Network

- Up to \$35 million in accelerated claims payments to L.A. Care network hospitals.
- More than \$21 million in advanced pay for performance (P4P) incentive payments for individual providers and federally qualified health center (FQHC) clinics that serve L.A. Care Medi-Cal members.
 - These payments would normally go out at the end of 2020.
 - We have advanced payments to eligible FQHCs and physicians an amount equal to their most recent P4P payment.
- More than \$7 million in accelerated grant payments to clinics and community based organizations that are current grantees.
- More than \$5.5 million in grant funding to support our most vulnerable members and community members, including individuals experiencing homelessness.



L.A. Care is leading collaborative response and recovery efforts across Los Angeles County

- Dr. Seidman is hosting daily calls with the Chief Medical Officers and other Medical Directors from all of the Medi-Cal Managed Care Plans in Los Angeles County.
- L.A. Care CEO and CMO established a weekly call with the Los Angeles County Departments of Public Health, Health Services, and Emergency Management Services and all of the Medi-Cal Managed Care Plans in Los Angeles to coordinate efforts across the County
 - Issues include managing facility transfers to assure surge capacity, increasing access to PPE, lab testing, coordination of skilled nursing facility (SNF) admissions, transfers and control measures and recovery planning.
- Community Resource Centers developed a YouTube Channel with videos for members:
<https://www.youtube.com/channel/UC7gl-PNZQz9w1Ju2ArTT9mg/>
- Internet Radio, KLV8 with Covid19 messages for Providers:
<http://www.lacare.org/internet-radio>



What's Coming

- Ongoing Practice Transformation Support
 - Internal Transform L.A.
 - Collaboration with the California Quality Collaborative (CQC)
- Continue to build our Direct Network
- Ongoing support to increase virtual care services
- Continued focus on reducing disparities
- Changing demographic and sophistication of Covered CA members
- Implementing new Population Health Management (PHM) applications
 - Enterprise PHM system implementation beginning Fall 2020
 - Continue to leverage intelligence suite (risk assessment and analytics)



PUBLIC COMMENT

CALL: (844) 721-7241

PARTICIPANT CODE: 8409640

- ❑ To request to make a comment, press 10; you will hear a tone indicating you are in the queue for comment. Please wait until the operator has introduced you before you make your comments.
- ❑ If watching via the live webcast, please mute your computer to eliminate audio feedback while calling in. Note, there is a delay in the webcast.
- ❑ The call-in instructions can also be found on page two of the Agenda.

EACH CALLER WILL BE LIMITED TO TWO MINUTES PER AGENDA ITEM

NOTE: In addition to commenting live, the public is invited to submit comments that staff will consider in revising this discussion item in advance of making final recommendations at the June board meeting. If you want to submit written comments, please submit them by May 29th to BoardComments@covered.ca.gov.

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: 7,467
- Members: 62,470 *
- Retention: 86.9%
- Average Group Size: 8.4 members
- Net Membership Growth over 3/31/19 – 15%

* membership reconciled thru 3/31/2020

Operations Update – May – Response to COVID-19

- Covered California for Small Business will allow small businesses an additional 30-day grace period to make their premium payments for the months of April and May.
- Covered California for Small Business is also offering small businesses a Premium Deferral Program which will enable them to defer up to 75 percent of their premium payments for April and May in an effort to keep thousands of small business employees insured during the current health care crisis



OUTREACH & SALES ENROLLMENT PARTNER TOTALS

Uncompensated partners supporting enrollment assistance efforts.

ENROLLMENT ASSISTANCE PROGRAM	ENTITIES	COUNSELORS
Certified Application Counselor	257	2,875
Plan-Based Enroller	11	470
Medi-Cal Managed Care Plan	2	22

OUTREACH & SALES NON-ENGLISH ENROLLMENT SUPPORT

Data as of May 21, 2020

11,712 Certified Insurance Agents

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

2,875 Navigator: Certified Enrollment Counselors

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

1,037 Certified Application Counselors

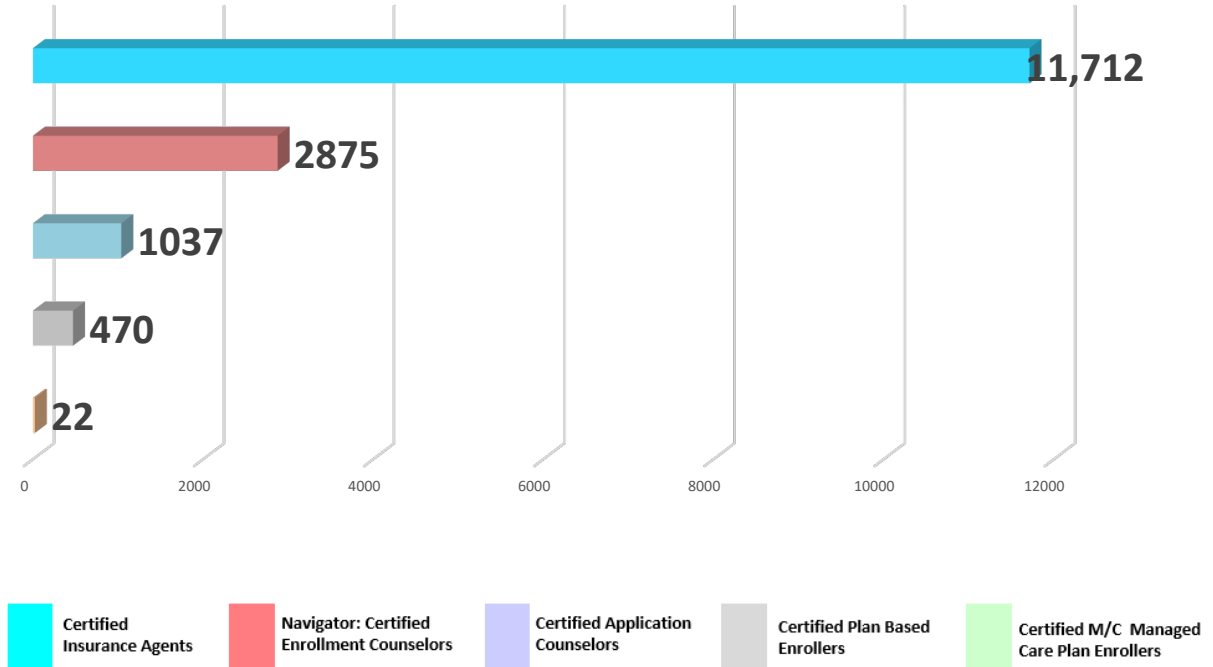
59% Spanish
5% Cantonese
4% Mandarin
1% Vietnamese
1% Korean

470 Certified Plan Based Enrollers

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

22 Certified Medi-Cal Managed Care Plan Enrollers

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



CALHEERS UPDATES

- CalHEERS Release 20.4, Accenture's last release, went live on April 20, 2020 and included:
 - Updated messaging on the website to provide consumers information on how to report COVID-19 stimulus income.
 - Changes to address existing production issues on noticing and in the website.
 - Text updates to English and Spanish versions of e-mail and text message preference notices.
- CalHEERS had several priority releases in May for changes in response to COVID-19 to include:
 - Updates to Special Enrollment Pages to allow consumers to select loss of coverage due to COVID-19.
 - Updates for the treatment of Pandemic Unemployment Assistance (PUA) income.
 - New data reporting for special outreach (where needed) to consumers receiving PUA income.
- CalHEERS Release 20.6 is planned for June 29, 2020 and will include updates to:
 - Allow Certified Enrollers the ability to view enrollment information details.
 - Enable authorized Carrier Representatives to access the Issuer Portal and view Certified Agent delegation information.
 - Display the history of Certified Agent delegations to Service Center Representatives, Agency Managers, Certified Enrollment Counselors, Consumers, and the Issuer Representatives.

OTHER TECHNOLOGY UPDATES

- The Information Technology and Administration Divisions worked collaboratively in March and April to:
 - Move all non-Service Center staff to work from home. Virtually all functions are available with a work from home model. Exceptions are sending and receiving of mail and certain check printing functions.
 - Move over 95 percent of Service Center staff to work from home. Exceptions to work from home are limited to environmental factors (such as lack of Internet capability) at staff homes.
 - Provide surge vendor staff technology to work from home.
 - Upgraded networks for security and capacity to support work from home.
 - Deployed Microsoft Teams (3 months ahead of schedule) to support work from home and added functionality for virtual All Staff meetings and Board meetings.
- Service Center Customer Relationship Management (CRM) software releases included:
 - Staff the ability to see if the customer has an active appeal, Ombuds, or IFM case open.
 - Integrated E-signature for Agent Delegation Requests with automated routing to allow Agents to assist customers quicker
- CiCi (Chatbot) Live Chat Integration – implemented functionality that enables a consumer to be escalated to a service center representative via Live Chat
- Beta test of new CoveredCA.com Redesign opened on May 11
- Received approval from CMS to migrate to Salesforce Marketing Cloud including integrating short code for SMS messaging
- Received approval on new Campaign Application Form (CAF)
- Sales team CRM software releases included:
 - A new Case Escalation process for the Sales and Outreach teams
 - Deployed enhancements for Community Partners including updated reports/dashboards, new fields, and functionality for uploading required documentation

SERVICE CENTER UPDATE

Improving Customer Service

- Modified Max Queue threshold to match staffing levels during telework
- Created new contact queues for New Qualifying Life Event numbers, State Subsidy follow up, and Health Ministries
- Offered overtime to help reduce wait times and to assist with clearing Manual Workstream volumes

Enhancing Technology Solutions

- Service Center has successfully deployed 724 employees to teleworking assignments

Staffing Updates

- Vacancy rate of 9.4 percent (2020) comparable to prior year of 10.4 percent (2019)

SERVICE CENTER PERFORMANCE UPDATE

Comparing February 2020 vs. 2019 Call Statistics

Year	Calls to IVR	Calls Offered to SCR	Abandoned %	Calls Handled	ASA	AHT	
2020	512,507	224,591	13.35%	183,680	0:09:24	0:21:12	23.34%
2019	341,848	183,976	2.00%	179,787	0:00:59	0:17:23	80.44%
Percent	50% Increase	22% Increase	568% Increase	2% Increase	856% Increase	22% Increase	71% 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 increased from 2019 by 25%
- Calls Handled increased by 18%
- The Abandoned % increased by 448%
- Service Level decreased by 28%

QUICK SORT VOLUMES

February Consortia Statistics

SAWS Consortia	Calls Offered	Service Level	Calls Abandoned %	ASA
C-IV	428	90.50%	8.00%	00:00:51
CalWIN	795	88.81%	1.38%	00:00:27
LRS	508	89.76%	2.95%	00:00:22

February Weekly Quick Sort Transfers

	Week 2	Week 3	Week 4*	Week 5	Total
4/1 - 4/3	4/6 - 4/10	4/13 - 4/17	4/20 - 4/24	4/27 - 4/30	
173	502	583	614	652	2,524

*Partial Week 2/17 – Service Center Closed in observance of President’s 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 DISTRIBUTIONS

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.

