





Affordable Care Act Year Two: Implementation Updates Renewals, Outreach and Enrollment

Toby Douglas, Director Department of Care Health Services

October 2014

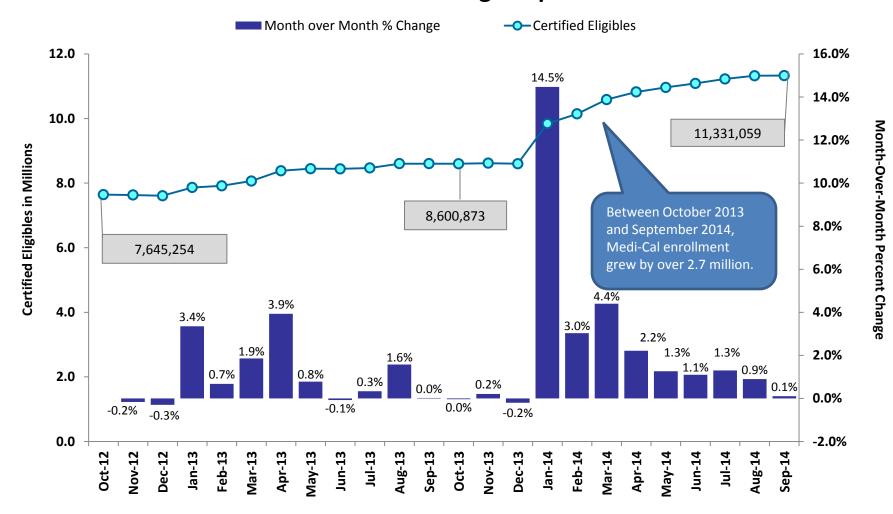


### Implementation Update



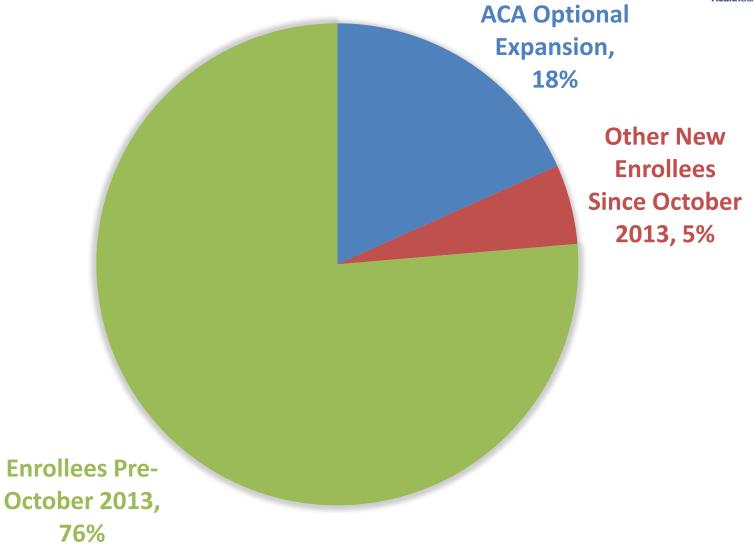
### Trend In Medi-Cal Enrollment and Month Over Month Growth October 2012 Through September 2014





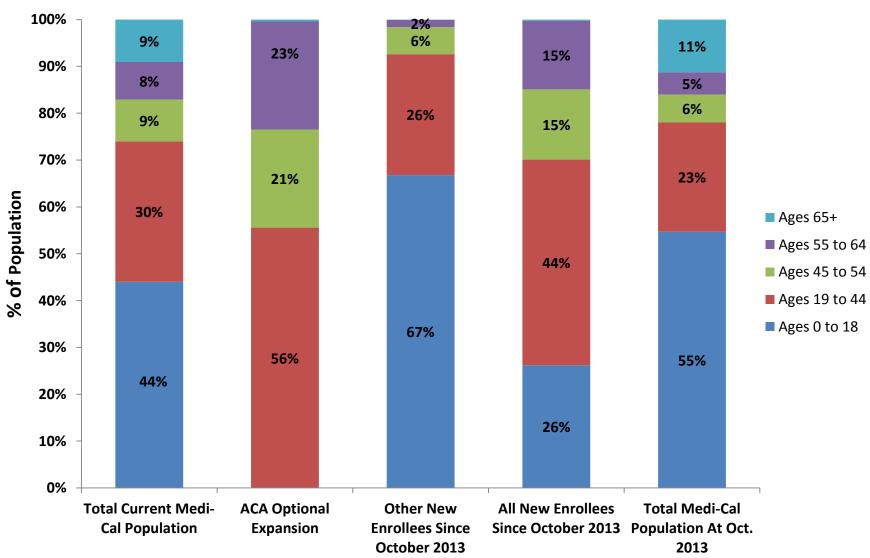
#### **Medi-Cal Population**





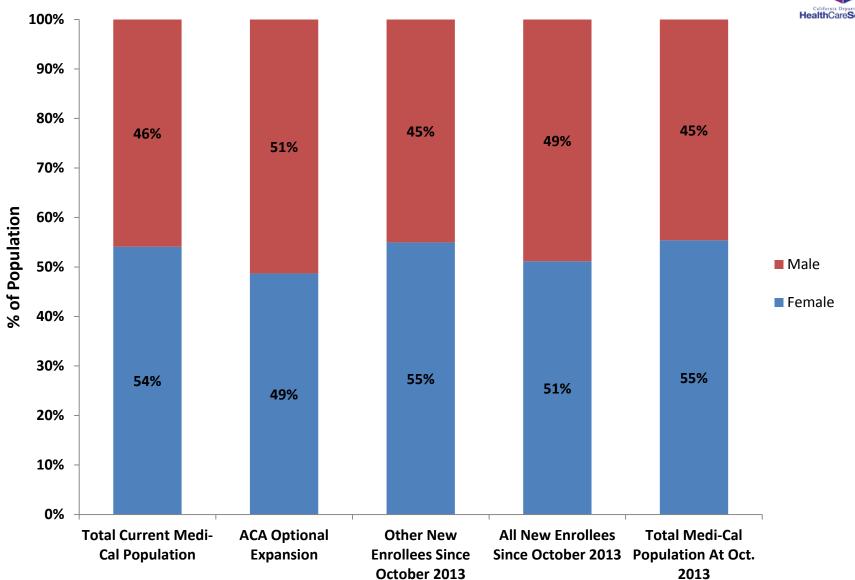
#### **Medi-Cal Population By Age**





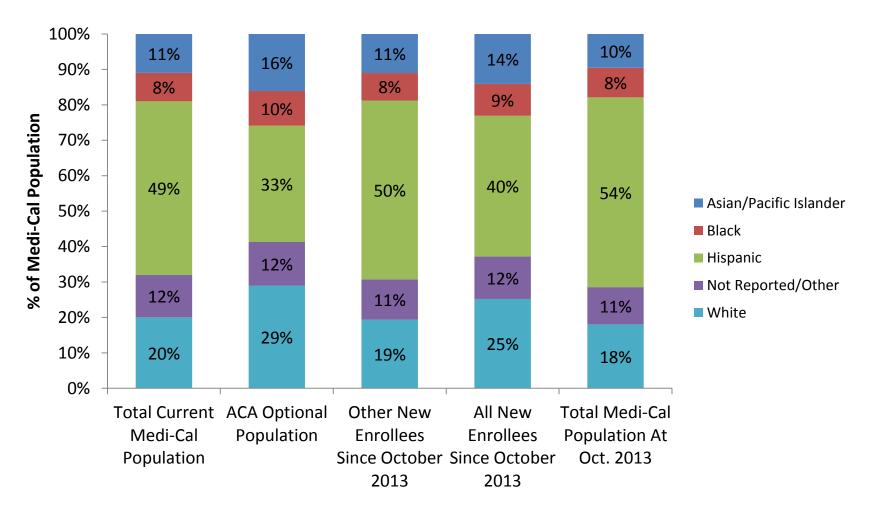
#### **Medi-Cal Eligibles By Gender**





#### Medi-Cal Eligibles by Race/Ethnicity







### **Expedited Enrollment Efforts**

- CalFresh Express Lane Enrollments
  - Total Enrollment: 251,589
    - Newly Eligible Adults: 206,983
    - Children: 41,005
    - Parents: 3,601
  - Second wave of letters to be sent in October/November (380,000 individuals targeted)
- Hospital Presumptive Eligibility
  - Cumulative Enrollment since January: 188,128
  - Number of Participating Hospitals: 304



### **Medi-Cal Pending Applications**

	Month of Application, Status as of July 24, 2014											
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul		Total
Unique, De- Duplicated Medi-Cal Applicants Pending Coverage	3,000	5,000	40,000	58,000	46,000	146,000	83,000	35,000	41,000	30,000		487,000
	Month of Application, Status as of August 4, 2014											
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul		Total
Unique, De- Duplicated Medi-Cal Applicants Pending Coverage	3,000	5,000	38,000	54,000	41,000	128,000	64,000	21,000	24,000	23,000		401,000
	Month of Application, Status as of October 15, 2014											
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Total
Unique, De- Duplicated Medi-Cal Applicants Pending Coverage	1,384	1,877	13,068	19,052	13,898	44,888	26,974	9,722	8,878	10,524	21,416	171,681

### System Enhancements Implemented



- Improved income reporting requirements
- Remote Identity Proofing
- Verification caching to reduce federal hub hits
- Suspension of paper documentation for residency verification
  - Use of electronic residency verification via MEDS and FTB
- Improved eligibility response times between systems
- Improve system infrastructure to handle transaction volume

# Pending Application Mitigation Strategies



- County/State Collaboration
  - Weekly County Directors Call
  - County Operations Call (three times per week)
  - Pending Application Daily Technical Assistance Call
    - ☐ Data File Sharing
- County site visits
- Continued use of self attestation for residency
- Alternative renewal strategy for 2014 renewals

### **Renewal Update**



### Overview of 2014 Medi-Cal Renewals



- Renewal efforts began in April 2014 with the mailing of the Request for Tax Household Information (RFTHI) form.
  - 5 month delay in renewals with renewal activity commencing in June 2014
    - Doubling up of renewals between January through October
- Policy guidance issued to the counties on the following:
  - How to process cases that must be converted to MAGI and steps to take for non-compliance;
  - Use of Alternative Renewal Strategy
- Many large counties reporting a 50-70 percent consumer response rate for renewals, compared to a 60-70 percent response rate in 2013.
- Some counties seeing less than 50 percent response rate.

## Significant ACA Simplifications for 2015 Renewals



- ACA included significant changes for Medicaid renewals that makes the process much simpler and easier for consumers.
- Initial upfront (ex parte) review of consumer's available electronic information to renew eligibility and use of prepopulated forms
  - If all information is available and indicates continued eligibility, the individual's coverage will be continued for another 12 months
  - If all information is not available and/or the information does not indicate continued eligibility, the consumer receives a pre-populated form and only needs to enter information that was unavailable and/or inaccurate.
- Consumers will also be able to renew their Medi-Cal coverage online via the Covered California website if they choose.

### Overview of 2015 Medi-Cal Renewal Process



- Began October 2014 for beneficiaries with January renewal dates.
- If beneficiaries are discontinued but provide information within 90 days of discontinuance that demonstrates continued eligibility, their eligibility will be continued retroactively to their discontinuance date.
- DHCS is working closely with Covered California to ensure that clients who have both Medi-Cal and Covered California insurance coverage are renewed seamlessly through both programs.

## October-February Considerations for Consumer and County Impacts

- Combination of factors from October through February will lead to complex and competing priorities this fall for counties, and potential for continuing consumer concerns:
  - Resolving remaining pending applications from 2014
  - 2014 renewal processing and discontinuances/reinstatements
  - 2015 renewals ex parte process beginning in October
  - Covered California renewals transitioning more consumers to Medi-Cal
  - Open Enrollment Nov 15-Feb 15 will result in additional applications.

### **Upcoming System Improvements**



- Single Streamlined Application
  - Readability Improvements
  - Family Relationships
  - Immigration Status
- Notices of Action
- Negative Action
- Data (eHIT) transactions between county systems and CalHEERS
  - Real time error reporting

## Outreach and Enrollment Update



# The California Endowment Grant Funding Update



 Enrollment assistance provided by Certified Enrollment Counselors and Certified Insurance Agent Programs

- \$14 million (\$28 million total funds with federal match)
  - Supports approximately 480,000 applications
  - \$6.4 million invoiced payments to date (payments to be made no later than 11/30/14)
    - ☐ Certified Enrollment Counselor payments \$4 million
    - ☐ Certified Insurance Agent payments \$2.4 million

# The California Endowment Grant Funding Update



- Outreach and enrollment grants
- \$11.5 million (\$23 million total funds with federal match) allocated to 33 counties
  - Includes County Medical Services Program County Group comprised of 13 counties
- Counties are required to commit a certain portion of their funding to community based organizations.
- Ends June 30, 2016.

## Outreach and Enrollment Grant Targeted Populations

- Persons with mental health disorder needs
- Persons with substance use disorder needs
- Persons who are homeless
- Young men of color
- Persons who are in county jail, state, prison, on state parole, on county probation, or under post release community supervision
- Families of mixed-immigration status
- Persons with limited English proficiency

## Snapshot: Grant Funded Outreach and Enrollment Projects

- Six counties with O&E efforts aimed towards young men of color:
  - El Dorado: Launch a social media campaign (aimed at college students), provide outreach
    to churches and their congregations, and collaborate with schools during late summer for
    back to school events.
  - Fresno: Create awareness of enrollment events through media advertising and distributing fliers, collaborate with religious institutions, and participate in local events.
  - Kern: Develop outreach material and training modules for CBOs and participate in community events and hold meetings with CBOs to discuss strengths and weaknesses of performance.
  - Modoc: Use television, radio, newspaper, and social media to share information about Medi-Cal, attend group and public meetings, attend community events, and provide transportation for individuals and families to facilities for enrollment and recertification.
  - San Joaquin: Ensure 20,000 of the uninsured, newly eligible population are made aware
    of the Medi-Cal expansion and work with San Joaquin Behavioral Health Services to
    ensure O&E efforts are aimed towards newly eligible and unenrolled individuals.
  - San Mateo: Distribute outreach material at the county jail to uninsured individuals and administer an incentives program for all Mental Health Ambassadors who will be deployed into their local neighborhoods to conduct Medi-Cal outreach and education activities.

## Snapshot: Grant Funded Outreach and Enrollment Projects

- Additional county outreach and enrollment efforts:
  - San Francisco: Conduct education and training events for homeless services and housing providers on health care options and enrollment/retention activities; conduct enrollment activities at single adult shelters, homeless shelter sites, and other locations.
  - San Bernardino: Establish outreach and enrollment hubs at designated locations through the county and have weekly enrollment events at the hubs.
  - Santa Clara: Conduct outreach and enroll homeless individuals, individuals moving toward or residing in permanent supportive housing, and individuals on parole, probation, and post-release community supervision.
  - Alameda: Liaise with the Sheriff's Department to develop processes and protocols for suspending and reactivating Medi-Cal per AB 720.

#### **COVERED CALIFORNIA**

Affordable Care Act Year Two: Implementation Updates Renewals, Outreach and Enrollment

Peter V. Lee, Executive Director

October 2014





#### **Overview**

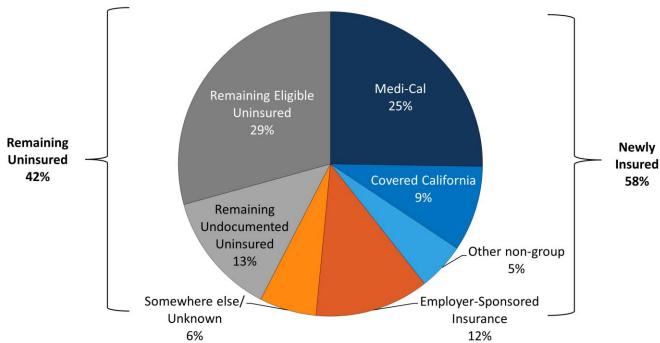
- I. Enrollment Update
- II. Lessons Learned
- **III.** Likely Challenges





#### Sources Of Coverage Among California's Previously Uninsured

Are you, yourself, now covered by any form of health insurance or health plan including a private health insurance plan, a plan through an employer, or a plan through Medi-Cal, or do you not have health insurance at this time? Which of the following is your MAIN source of health insurance coverage?

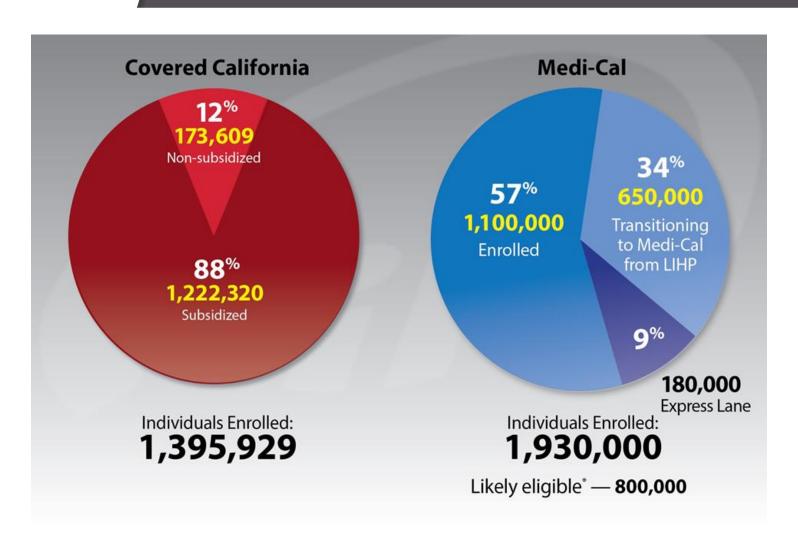






- The uninsured rate has fallen by half in the state, dropping from 22 percent prior to open enrollment to 11 percent by June 2014
- Reduced the number of uninsured by 3.4 million





 1.12 million Californians effectuated coverage through Covered California.

This is an 81% effectuation rate.



 Covered California continues to enroll individuals who experience a qualifying life event outside of open enrollment.

From June to September: over 200,000
 individuals completed applications and selected a plan.

 This is a monthly average of 50,000 – slightly less than originally projected of 60,000 a month.



### Citizenship/Immigration Verification

- Covered California is required to verify citizenship/immigration status of all consumers.
- 98,900 families, or 148,000 individuals, did not submit documents or have submitted the wrong documents during their enrollment.
- Covered California reached out to these consumers and was able to verify the vast majority of individuals.
- 9,645 families, or 10,474 individuals will receive termination notices, but will still be able to re-apply.



### **Covered California: First Ever Renewal Process**

 Covered California began the renewal process for 1.12 million individuals.

 With few exceptions, consumers who take no action will be automatically renewed in their current plan.



### **Covered California: First Ever Renewal Process**

#### RENEWAL

Consumers who purchased health coverage for 2014 have begun receiving renewal notices urging them to visit **CoveredCA.com** to renew their coverage for 2015. When they have completed the process, they will receive a bill from their insurance plans in December. Consumers are encouraged to shop and compare their options. Those who take no action by Dec. 15, 2014, will be renewed into their existing plan and receive a bill with their new premium and tax credit lowering their monthly payment. (Those receiving Medi-Cal should not renew on CoveredCA.com, but should wait to hear from Medi-Cal about next steps.)

°2014° OCT

Renewal notices start going out to encourage consumers to renew their coverage by picking a new plan or staying with their existing plan. Consumers should visit **CoveredCA.com** and update their information.



Last day to change your plan selection to avoid any gap in coverage. Consumers who do nothing will be automatically renewed in their current plan.



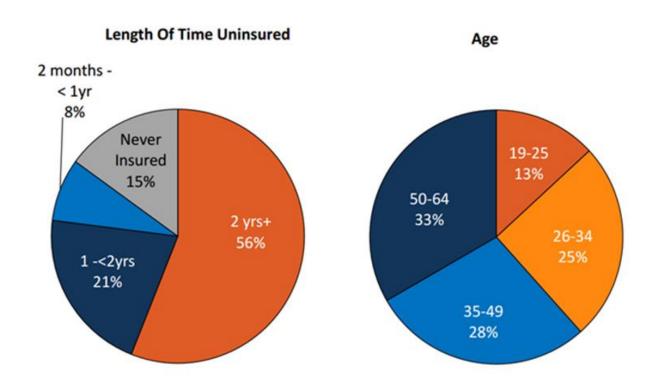
Premium must be received by your plan by Dec. 26 to avoid any gap in coverage.



Up until the end of open enrollment, consumers who renew their coverage can change their plan.



## Demographics of Exchange Subsidy Target Group



NOTE: For those who report being U.S. citizens or permanent residents, "Exchange subsidy target group" refers to those with incomes greater than 138% and up to 400% FPL.

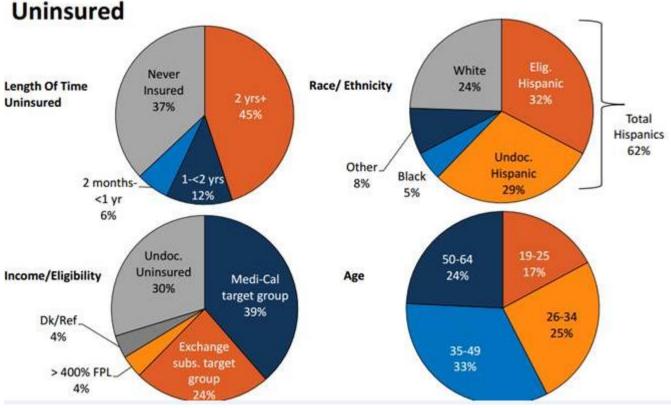






# Demographics of Exchange Subsidy Target Group

A Few Basic Demographics Of California Remaining



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SOURCE: Where Are California's Uninsured Now? Wave 2 of the Kaiser Family Foundation California Longitudinal Panel Survey (April 1- June 15, 2014)





## **Enrollment (Subsidized Only)**

	CalSIM Estimate of 2015 ELIGIBLES	Percent of Eligibles	Subsidy-only Enrollment Through 5/1/2014**	Percent of Subsidy Only Enrolled Population
TOTAL				
Subsidy eligible	2,530,000	100%	1,196,287	100%
Gender				
Male	1,450,000	57%	568,498	48%
Female	1,080,000	43%	627,789	52%
Race and Ethnicity*				
Latino	950,000	38%	359,636	30%
Asian	520,000	21%	259,768	22%
African American	130,000	5%	42,731	4%
White	850,000	34%	447,518	37%
Other	90,000	4%	63,578	5%
Income**				
Under 200% FPL	900,000	36%	668,076	56%
201-250% FPL	640,000	25%	230,260	19%
251-400% FPL	980,000	39%	297,120	25%

### **Lessons Learned**





## **Key Lessons Learned**

"Covered California Open Enrollment 2013-2014: Lessons Learned"

- Many consumers are new to insurance and need extensive education about health insurance terminology, how to enroll in coverage and how to use insurance.
  - For 2015 open enrollment, advertising messaging is attempting to explain, in firstperson testimonials, that health coverage means going to the doctor and getting the care you need.
- Affordability means different things to different people.
  - New advertising and marketing materials include testimonials from newly insured Californians explaining that insurance is a bill they don't mind paying each month, with an emphasis on the peace of mind of having coverage and the financial security it brings for those able to purchase it.
- Target enrollment groups have unique interests, experiences and perspectives and require tailored messaging and customizable materials.
  - Covered California has developed, will continue to develop and will coordinate with efforts of partners, to deliver customizable, focused campaigns with our community partners and insurance agents for open enrollment in 2015.



## **Key Lessons Learned**

"Covered California Open Enrollment 2013-2014: Lessons Learned"

- Educators, assisters and all service channels need effective training, ongoing support and streamlined communications to support their outreach, education and enrollment activities.
  - Efforts are underway to provide updated training to all service channels and give
     Certified Insurance Agents access to information in Covered California systems about
     their own customers so they can help meet customer needs.
- Agents, enrollment counselors, grantees and other community partners need state and regional support and coordination.
  - Efforts "on the ground" for open enrollment for 2015 will be coordinated even more, with coordinated communication and advertising support for more than 250 organizations, 6,300 Certified Enrollment Counselors and more than 12,000 Certified Insurance Agents.
- Partnerships matter and are transformative.
  - Covered California will build on, nurture and continue to expand partnerships and relationships going forward.



### The 3 Pillars For Successful Enrollment

Pillar 1: Affordable Products

Pillar 2: Effective Outreach and Marketing

Pillar 3: Enrollment and Retention

### **Pillar 1: Affordable Products**





### **Pillar 1: Affordable Products**

#### **Covered California Participating Health Plans and Rating Regions**



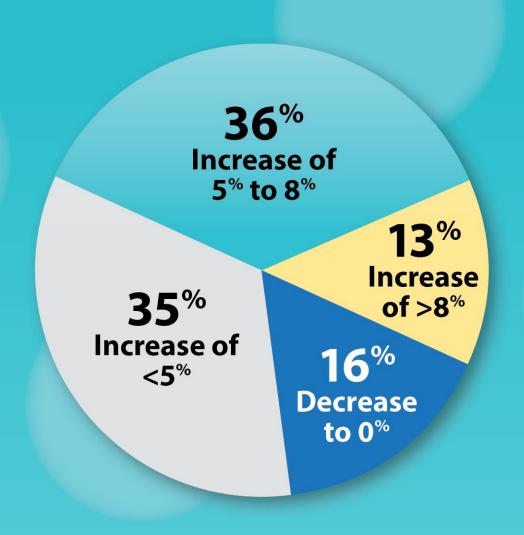


#### Affordable for 2015 New Rates

- The statewide average rates kept at a 4.2% increase.
- Federal Subsidies increased in 18 of the 19 rating regions.
- Important for Californians to check their new options during the renewal period.



# Rate change for consumers



Pillar 2: Effective Outreach and Marketing





# **Applying Lessons Learned: Expand Local Support**

## Particular Focus on Groups Serving African Americans, Latinos, and Asian Pacific Islanders in Targeted Regions 227 organizations recommended for funding:

- -66 lead organizations
- -161 subcontractors
- -1,749 total existing Certified Enrollment Counselors

  22 organizations are current Outreach and Education

  Grantees
  - -18 lead organizations
  - -4 subcontractors
- 66 of the top 150 Certified Enrollment Entities (CEEs) are participating in the Navigator Program with 1,165 affiliated Certified Enrollment Counselors



# Navigator Program Complementing Outreach Grantees and Enrollment Entities

Ethnicity	Lead Grantees	Navigator Dollars Awarded	% of Total
Latino	62	\$7,567,468	51.70%
Caucasian	52	\$2,360,174	16.10%
Asian	47	\$1,903,061	13.00%
Cambodian	10	\$98,805	0.70%
Chinese	23	\$382,068	2.60%
Filipino	30	\$247,926	1.70%
Hmong	15	\$126,666	0.90%
Japanese	7	\$19,641	0.10%
Korean	21	\$713,566	4.90%
Laotian	10	\$23,356	0.20%
Vietnamese	27	\$291,033	2.00%
African/African American	54	\$1,854,756	12.70%
African	17	\$313,470	2.10%
African American	44	\$1,541,286	10.50%
Other	40	\$902,290	6.20%
Armenian	6	\$54,052	0.40%
Middle Eastern	20	\$64,127	0.40%
Russian	9	\$50,114	0.30%
Ukrainian	5	\$6,981	0.00%
Other	28	\$727,017	5.00%
American Indian	15	\$61,740	0.40%
Grand Total		\$14,649,490	100%



# **Key Messaging: Overcoming Enrollment Barriers**

Covered California is the only place that offers financial assistance and an objective and reliable way to comparison shop for quality health care plans.

<u>Affordability</u> - Covered California helps make quality health care more affordable by offering financial assistance for those who qualify.

<u>Accessibility</u> - Covered California gives Californians the power to access and choose the health care plan that fits their needs.

<u>Security/Peace of Mind</u> - Acquiring health insurance from Covered California protects Californians from the what-ifs of life.

How to enroll - Promote self-enrollment and the availability of local, in-person enrollment assistance that is free and confidential.

<u>Immigration concerns</u> – Promote the fact that immigration information is not shared with immigration services.



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Pillar 3: Enrollment and Retention





- Starting open enrollment with more than double the number of Service Center Representatives (expected 1,300 for 2015).
- Expand multi-lingual services without the use of third-party interpreters (55 last year expected 254 Service Center staff for 2015 for language other than English).
- Expand Service Center hours to accommodate consumers (M-F 8am-8pm, Sat 8am-6pm, and every Sunday from Nov. 16 through December 15).



 Upgrade online enrollment portal for speedier page loads and friendlier consumer-interface.

 For some plans, option for initial online payment will be available for consumers.

 Redesign Interactive Voice Responses to decrease wait times and updating consumers on wait times if they are on hold.



- Improved, clearer notices for both English and Spanish.
- Enhanced support for partners, including tools, trainings, and expanded dedicated support lines for Certified Agents and Enrollment Counselors.
- Launching over 200 storefronts in popular locations such as malls to conduct education enrollment on a drop-in basis.



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**Challenges for 2015** 





### **Challenges for 2015**

#### Short time frame and high volumes

- Three month open enrollment
- Renewal of over 1 million in Covered California
- NEW enrollment in Covered California of over 750,000
- NEW enrollment in Medi-Cal of over 1 million

#### First Time Renewal

- High volume and new experience for many
- Will allow for "auto-renewal" of many
  - SOME Exceptions (e.g., Health Net's PPO to EPO)
- Need to help consumers understand changes in subsidy and premium may provide important opportunities
- Need to help consumers maximize subsidy (benefit from cost-sharing subsidies)
- Supporting renewal with all channels (agents, Certified Enrollment Entities, call center, self-service)

#### NEW Enrollment

- Challenges of reaching more who have coped longer without insurance
- Need convince relatively higher low-income individuals (lower relative subsidy) to enroll
- Outreach critical to Latinos, African Americans, and Asians/Pacific Islanders



### **Challenges for Open Enrollment 2014/2015**

### Citizenship Verification

- Some consumers will be terminated in midst of renewal timeframe
  - requiring reinstatement AND separate 2015 sign-up
- Covered California has received help from ALL channels to help consumers document their legal status
- Notices will be better but "inconsistency resolution" will be ongoing issue

### Reconciliation and Penalties

- Consumers will get "1095" by January 31st
- Information to reconcile tax credits: many may have small adjustments (owing or receiving small amounts), very few may have surprises
  - May lead to consumers wanting to change benefit level
- Penalty information will be meaningful
  - May lead to February enrollment surge

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