

## Section 9 – Covered California

### A. Overview

To implement part of the federal Patient Protection and Affordable Care Act, Covered California (also known as the California Health Benefit Exchange) created a state-based health insurance marketplace to allow consumers to compare health insurance options and choose a health plan that best fits their needs and budget. Covered California serves as an active health care purchaser, selecting and establishing criteria for the health plans and insurance companies that can sell products on the Covered California marketplace.

Consumer assistance is provided by the Covered California Service Center. Its main role is to help consumers apply for health care coverage and associated financial assistance, and to understand coverage options. Covered California Service Center staff address eligibility and enrollment-related issues related to the Covered California application or renewal process, but rely on the California Healthcare Eligibility, Enrollment, and Retention System (CalHEERS) for eligibility determinations.

- CalHEERS automates determinations regarding eligibility and calculations for tax credits and cost-sharing subsidies.
- Covered California staff use a calculator tool to identify callers who are likely Medi-Cal eligible and route these callers to county Medi-Cal offices to continue the process for final eligibility determination and enrollment into that program.
- Appeals regarding eligibility, as well as eligibility-related enrollment and disenrollment, are addressed through the Covered California appeals process, which includes an Informal Resolution process and the State Fair Hearing process conducted by the California Department of Social Services (CDSS).

The Covered California Service Center is staffed by state employees and contractors at multiple sites, in Rancho Cordova, Fresno, Contra Costa, and Faneuil, Inc. service centers. Contracted staff includes county employees with Contra Costa County's Employment and Human Services Department, as well as private employees with Faneuil, Inc. who assist with peak service times. Covered California also contracted with MAXIMUS to provide call center support services.

- Service Center representatives provide guidance to callers, gather information from callers to input into Covered California's records systems, and route calls to the appropriate internal staff or external county resources to assist the consumer.
- If the Service Center representatives are unable to resolve a consumer's issue during the initial call, they typically escalate the incident to a supervisor.
- Supervisors review escalated cases and transfer appropriate cases to Covered California's External Coordination Unit, Health Plan Hotline team, or internal subject matter experts or staff tasked with problem resolution.
- Covered California's Customer Resolution Teams work to resolve problems with applications or coverage renewals, corrections or updates to household or other case information that affects eligibility (including for the Advance Premium Tax Credit).

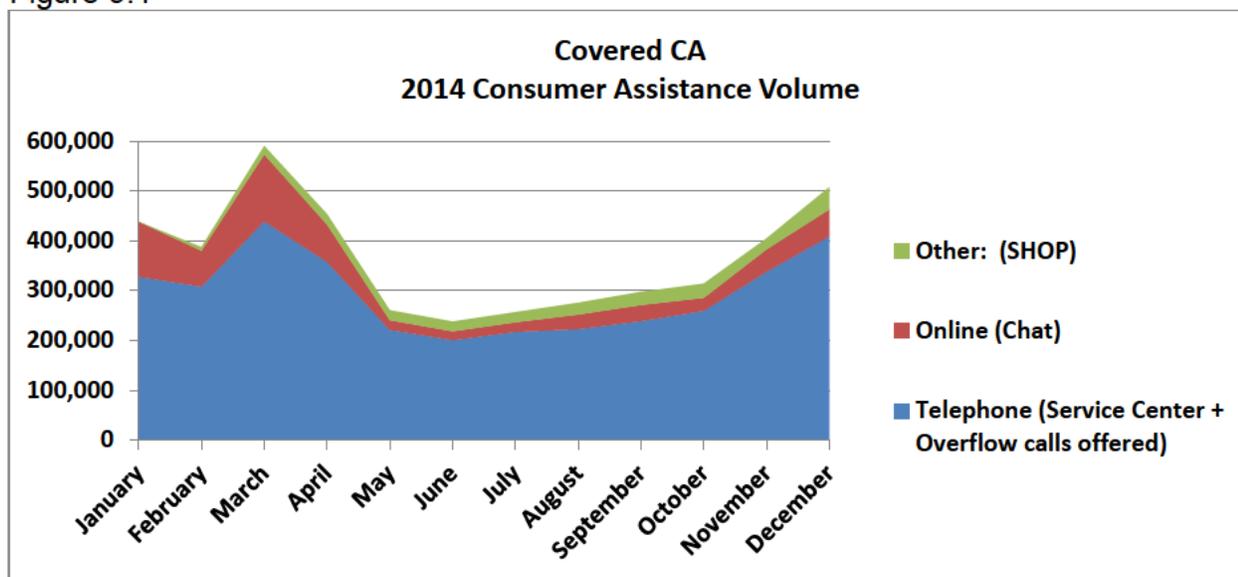
- The Health Plan Hotline team addresses certain issues that the Customer Resolution Teams cannot resolve, such as those pertaining to health plan premium payment and enrollment discrepancies.
- Urgent access to care issues and complaints that cannot be resolved by the Service Center staff or supervisors may be addressed by Covered California's External Coordination Unit or other Back Office Units.
- Appeal requests may be addressed by Covered California's Appeals Unit through the Informal Resolution process in an attempt to obtain resolution without going to State Fair Hearing.
- If a problem outlined in an appeal request cannot be resolved by Covered California informally, the formal appeal is adjudicated by CDSS and an Administrative Law Judge through the State Fair Hearing process. A Covered California hearing representative attends the hearing.

## B. Covered California Consumer Assistance

### Number of Requests for Assistance by Month and Mode of Contact

Covered California's Service Center received 4,424,070 requests for assistance from consumers via telephone and online chat in 2014. The following chart shows all requests for assistance, including complaint and inquiry contacts.

Figure 9.1



### Service Center Telephone Call Metrics

Covered California's Service Center received 3,539,597 telephone calls in 2014. The following table shows the response from Covered California regarding some of its service center telephone call metrics.

Figure 9.2

Covered California Service Center - 2014 Telephone Metrics		Reporting Entity Estimated Metric or Based on Data
Number of abandoned calls (incoming calls terminated by callers prior to reaching a Customer Service Representative - CSR)	Not reported*	Based on Customer Relationship Management system data
Number of calls resolved by the IVR/phone system (caller provided and/or received information without involving a CSR)	N/A	Data is not available for Calendar Year 2014, significant IVR improvements were made in Nov./Dec. 2014 to provide this information
Number of non-jurisdictional inquiry calls answered by a CSR	N/A	Data is not available
Average wait time to reach a CSR	23:02:00	Average Speed of Answer
Average length of talk time (time between a CSR answering and completing a call)	X	X
Jurisdictional complaint:	N/A	This data is not available
Non-jurisdictional inquiry:	N/A	This data is not available
Average number of CSRs available to answer calls (during Service Center hours)	1,488	By the end of 2014: 1,488 Full Time Service Center staff; 229 other staff related to Service Centers

*Note: \*Covered California indicated that service center information is reported at Monthly Board Meetings.*

### Reasons for Jurisdictional Complaints

As shown in the chart below, three reasons account for 100 percent of all submitted Covered California complaints addressed through the CDSS State Fair Hearing process in 2014.

Figure 9.3



### Top Three Topics for Non-Jurisdictional Inquiries

Covered California reported that its Service Center's most common consumer referrals were to other Covered California entities, county Medi-Cal offices, and health plans.

Figure 9.4

Covered California Non-Jurisdictional Inquiries		
Ranking	Inquiry Topic	Referred to
1 (most common)	Status of enrollment	Covered California DHCS/Counties (if Medi-Cal related) Health Plan Providers
2	Application assistance	
3	Eligibility or disenrollment	

*Note: Ranking estimated by Covered California.*

## Consumer Assistance Protocols

The Covered California Service Center has established protocols for providing consumer assistance on complaints and for non-jurisdictional referrals.

## Complaint Protocols

Throughout this report, OPA summarizes complaint protocols based on documentation submitted by the reporting entities. Each reporting entity has different time standards established for completing their complaint review processes, which are determined by applicable statutory and regulatory requirements, as well as internal department policies and procedures. Time standards and resolution times noted in this report are not comparable because of differences in how the reporting entities review consumer complaints and track the initiation and closing of cases.

Figure 9.5

Covered California Complaint Standards			
Complaint Process	Primary Unit(s) Responsible and Role	Time Standard (if applicable)	Average Resolution Time in 2014
Service Center Complaint	<i>Service Center staff:</i> Phone representatives provide assistance to callers and escalate issues they cannot resolve to a supervisor. Service center staff or supervisors route calls as needed.  <i>Covered California subject matter experts, customer resolution teams, or Back Office staff:</i> Casework and resolution of escalated issues that are not appeals.	Not reported	Not reported
Covered California Appeals Informal Resolution	<i>Covered California Appeals staff:</i> Review new appeals and provide assistance to consumers and resolve the appeal informally when possible.	Up to 45 days from the date the appeal was filed	Not reported
State Fair Hearing	<i>CDSS State Hearings Division:</i> Conducts hearings on Covered California eligibility appeals. Administrative Law Judges make decisions.	No later than 90 days from the date the hearing request was filed	40 days
Urgent Clinical	<i>Covered California staff:</i> The Service Center escalates certain non-appeal cases involving consumers with urgent access to care issues to the External Coordination Unit to address.  <i>CDSS State Hearings Division:</i> For State Fair Hearing appeals, grants expedited appeal status on certain cases involving consumers with urgent clinical issues.	Not reported	Not reported

*Note: State Fair Hearing time standard from All County Letter 14-14 issued by CDSS on 2/7/14.*

## Other Protocols

Figure 9.6

Covered California Other Protocols		
	Process	Timing (if applicable)
<b>Non-Jurisdictional Referrals</b>	Service Center representatives use a “Quick Sort” calculator and other records to identify consumers who are likely Medi-Cal eligible or have an existing Medi-Cal case and transfer these callers to county offices using established procedures.  Consumers with health care delivery problems are referred to health plans and/or regulatory agencies to resolve their issues.	Not reported
<b>After-Hours Assistance</b>	Not reported	Not reported
<b>Language Assistance</b>	Callers to the main public line have the option to select their language through an Interactive Voice Response system. Covered California has dedicated public phone lines for Arabic, Armenian, Chinese, Farsi, Hmong, Khmer, Korean, Lao, Russian, Spanish, Tagalog, and Vietnamese.  Service Center representatives use a contracted language line to provide interpreter services if internal bilingual staff are not available.  For calls transferred to the counties, the language line interpreter remains on the call or the county engages its own language line if needed.	As needed

### C. Covered California Complaint Data

The Covered California complaint data is from CDSS, which conducts State Fair Hearings on Covered California eligibility-related appeals. This data includes both cases that were resolved informally before a hearing took place and those that went through the full State Fair Hearing process. This data cannot be separated for this reporting period.

#### Complaint Ratios

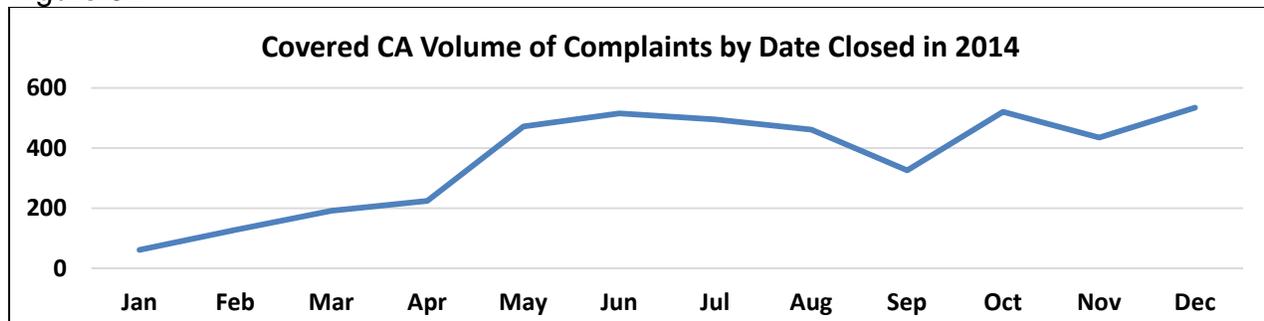
Covered California complaints are regarding eligibility determinations and eligibility related enrollment and disenrollment of Covered California coverage. Once a consumer is enrolled in a Covered California health plan, consumer complaints regarding health care delivery are directed to the health plan or the regulator, either the Department of Managed Health Care or the California Department of Insurance. No health plan information is associated with consumer complaints from Covered California; therefore, there are no complaint ratios by health plan associated with Covered California complaint data from their 1,395,929 enrollment.

## Volume of Closed Complaints

The volume of complaints is the total count of complaints closed in 2014 and does not include cases opened in previous years if they were closed before 2014 or cases opened in late 2014 but closed in 2015. The volume of complaints is the total count of complaints submitted for the year.

The below chart displays the total of 4,366 complaints distributed by month for 2014.

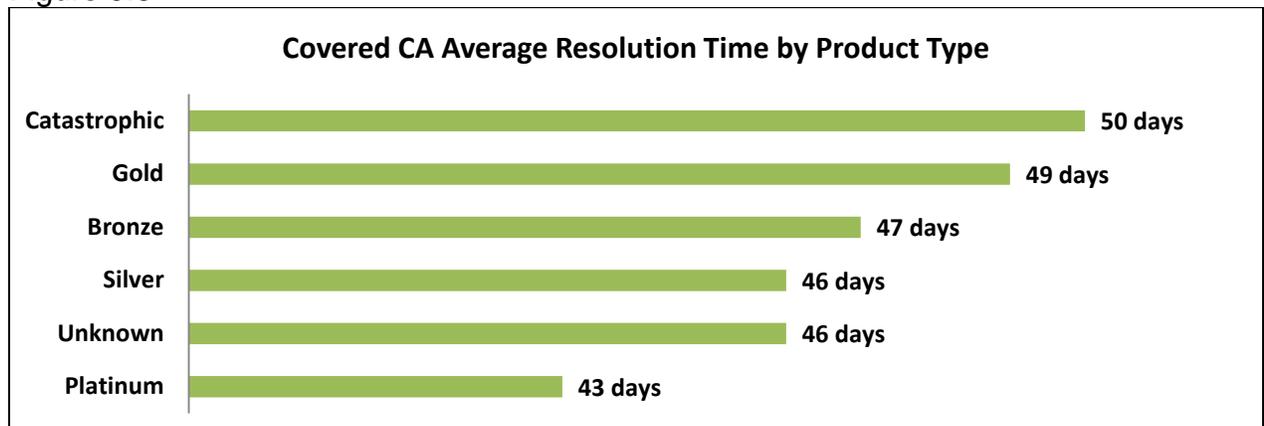
Figure 9.7



## Resolution Time

The resolution time of complaints is calculated by subtracting the date complaint opened from the date complaint closed. The averages are in number of days. The chart below displays the average length of time for Covered California to resolve complaints based on Product Type is 46 days.

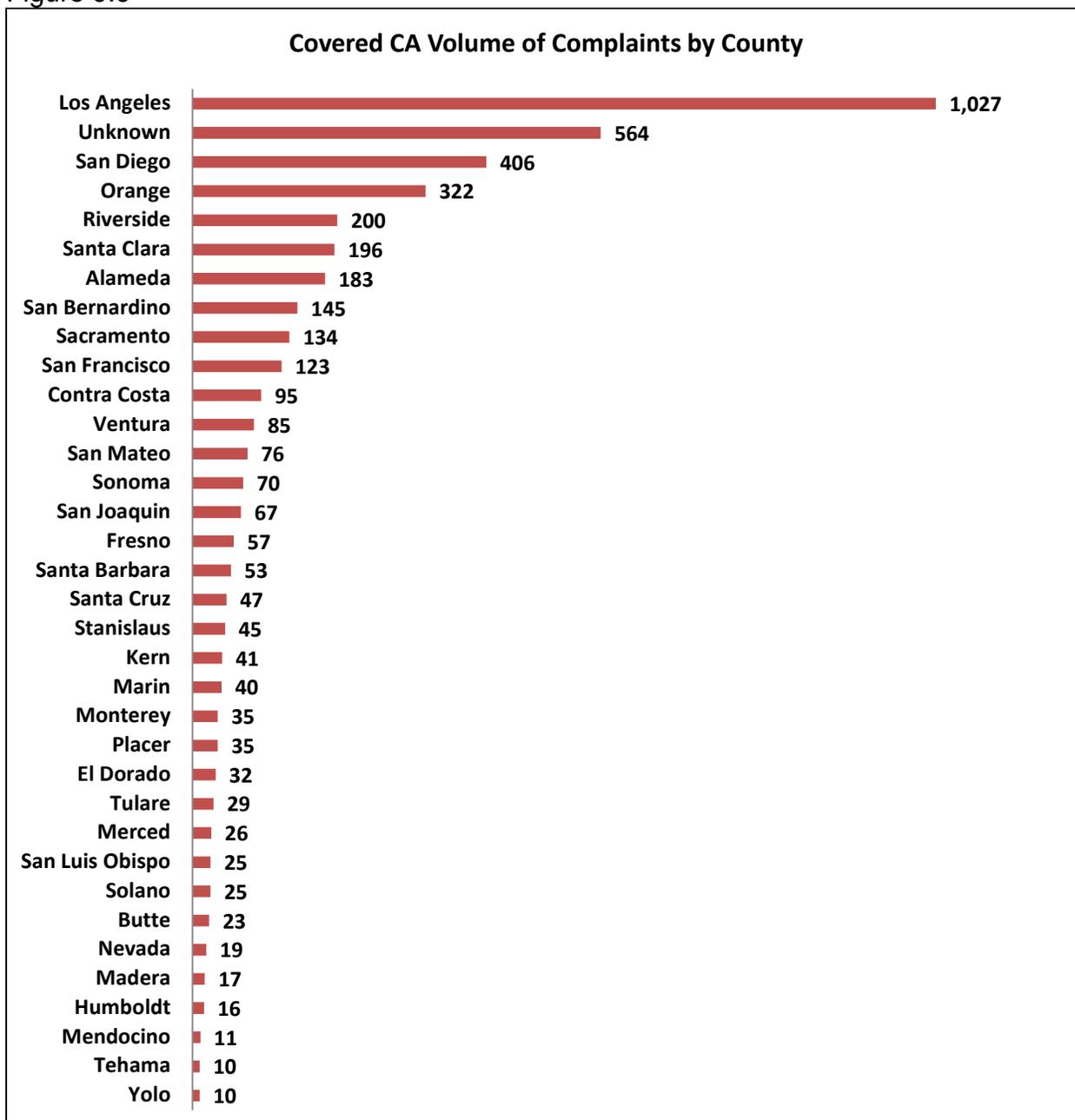
Figure 9.8



## Volume of Complaints by County

The following chart displays the volume of complaints by county. The counties not shown each have fewer than ten complaints. There were 600 complaints with an Unknown county.

Figure 9.9



*Note: Counties not shown, which each received fewer than ten complaints, are: Alpine, Amador, Calaveras, Colusa, Del Norte, Glenn, Imperial, Inyo, Kings, Lake, Lassen, Mariposa, Modoc, Mono, Plumas, San Benito, Shasta, Sierra, Siskiyou, Sutter, Trinity, Tuolumne, and Yuba.*

## Age

Covered California submitted 4,268 complaints with an age identified. The majority of complaints are from consumers aged 35 – 54. There were 98 Unknown age complaints. The complaint reasons for age groups from under age 18 through 74 were identical in order of frequency as follows:

1. Denial of Covered California Coverage
2. Eligibility Determination

### 3. Cancellation

Consumers over age 74 did not have a third complaint reason.

#### Gender

Covered California submitted 4,366 complaints with gender identified. For both male and female the complaint reasons were in the same order of frequency, as follows:

1. Denial of Covered California Coverage
2. Eligibility Determination
3. Cancellation

#### Race

Covered California submitted 2,851 complaints with race information. Consumers identified as White or Caucasian at 40 percent, Asian at nine percent, Multi-Racial at four percent, Black or African-American at three percent, Native Hawaiian or Other Pacific Islander at two percent, and American Indian or Alaska Native at one percent. There were 1,515 complaints where race was Unknown.

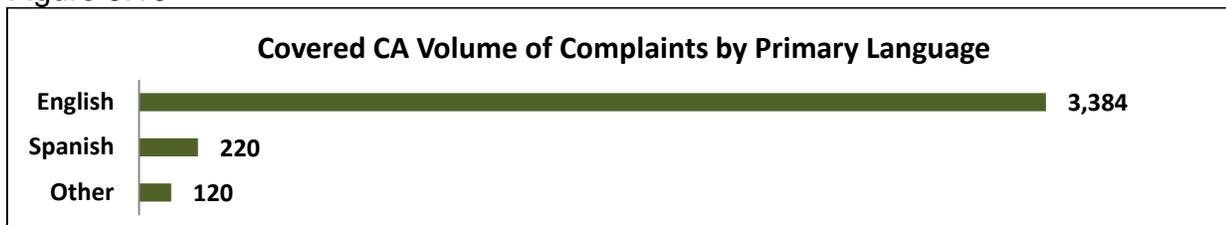
#### Ethnicity

Of the 3,100 complaints submitted by Covered California with ethnicity information, 2,421 (78%) were Not Hispanic or Latino consumers and 679 (22%) were Hispanic or Latino consumers. There were 1,266 Unknown complaints by ethnicity.

#### Language

Covered California submitted 3,724 complaints that identified a primary language displayed in the chart below. There were 642 complaints recorded as Unknown by primary language.

Figure 9.10



#### Mode of Contact

4,305 complaints submitted by Covered California with an identified mode of contact. Consumers contacted Covered California by telephone 2,225 times (51%), followed by 769 emails (18%), 686 faxes (16%), 333 mail (8%), and 235 "Other" contacts (5%). There were 61 complaints where an initial mode of contact was Unknown.

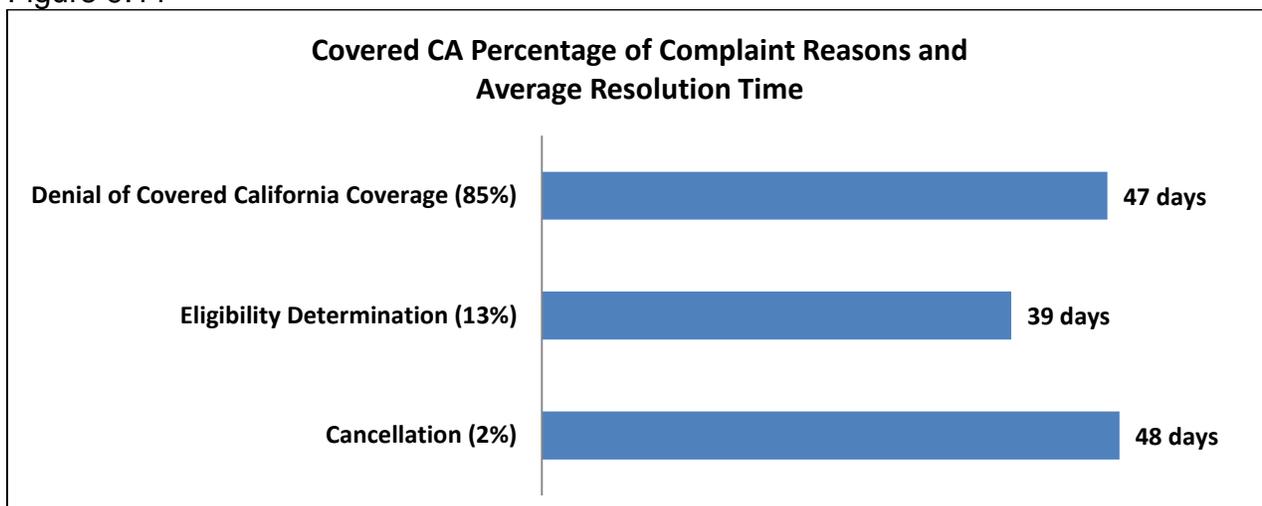
## Regulator

Covered California did not report regulator information.

## Complaint Reasons

All of the 4,366 eligibility and enrollment complaints submitted by Covered California had a complaint reason. The most frequent complaint reason was Denial of Covered California Coverage at 3,724, Eligibility Determination at 563, and Cancellation at 79. The chart below displays the percentage of complaint reasons with corresponding average resolution times.

Figure 9.11



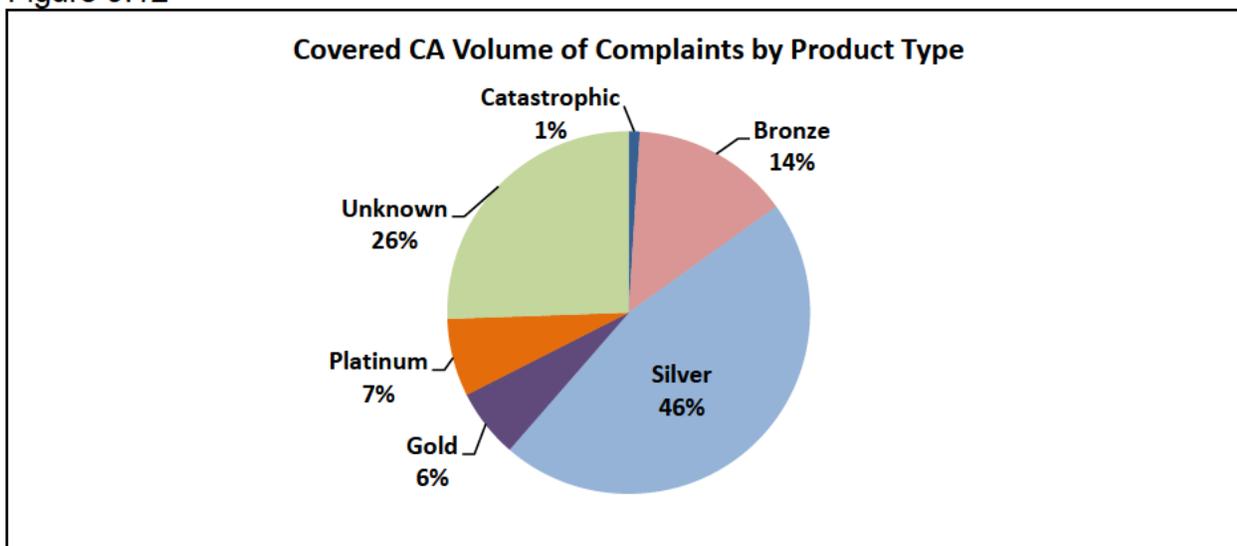
## Source of Coverage

Source of Coverage for all 4,366 Covered California complaints was identified as Covered California/Exchange.

## Volume of Complaints by Product Type

Covered California has a total volume of 3,250 complaints with five identified product types and 1,116 with an Unknown product type. The largest numbers of complaints, 2,022, are regarding Silver plans. The remaining complaints are regarding Bronze at 615, Platinum at 302, Gold at 268, and Catastrophic at 43.

Figure 9.12



#### D. Complaint Data Results

The following table shows all of the 4,366 complaints submitted by Covered California included a complaint result.

Figure 9.13

Covered CA Complaint Results	
Covered CA Position Overturned	755 (17%)
Compromise Settlement/Resolution	608 (14%)
Upheld/Covered CA Position Substantiated	279 (6%)
No Action Requested/Required	604 (14%)
Withdrawn/Complaint Withdrawn	2,120 (49%)