Ready, Set, Enroll

June 2014 Update

Community Health Center Enrollment Successes, Challenges and Lessons Learned During the First Phase of Coverage Expansion

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Pacific Health Consulting Group

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Introduction

During the first six months of coverage expansion, California enrolled 3.3 million residents into Medi-Cal or a Covered California health plan. Community health centers (CHCs) actively conducted community outreach, piloted new and expanded enrollment strategies and played a lead role in monitoring and informing improvements in enrollment pathways.

In this update we review enrollment outcomes from the first Covered California Open Enrollment period; discuss ongoing issues impacting community health centers, including the Medi-Cal backlog and proposed changes to the Certified Enrollment Counselor reimbursement structure; and spotlight the enrollment experiences and best practices from health centers and clinic consortia in California.

Funded by Blue Shield of California Foundation, this brief is the second of four quarterly updates describing enrollment trends, California enrollment policy and implementation issues, CHC enrollment experiences and early enrollment innovations among California CHCs. All of the reports can be found at pachealth.org.

California Enrollment Trends

Open Enrollment Results. California's first open enrollment period was marked by very strong Covered California enrollment, as well as similarly high enrollment in Medi-Cal. During the first Open Enrollment period, 1.4 million individuals enrolled into Covered California and selected a health plan representing 241% of the base projections for year one enrollment.[i] Additionally, an estimated 1.9 million individuals enrolled into Medi-Cal, including 650,000 through the Low Income Health Program (LIHP), 180,000 through Express Lane Eligibility and 27,000 through Hospital Presumptive Eligibility.[ii] Other notable facts from the first Open Enrollment period include:

- 14.7%, or 205,685, of enrollments were completed during the last two weeks of Open Enrollment[iii]
- 88% of enrolled individuals received subsidies[iv]
- 62% of enrollees selected a Silver Plan, 26% a Bronze Plan or Minimum Coverage, and 11% a Gold or Platinum Plan[v]

Every racial/ethnic group, age group and geographic region exceeded base enrollment projections for Covered California, though some populations enrolled more aggressively than others.

Race/Ethnicity Enrollment Trends. Asians and Whites were the two ethnic groups that most exceeded projections. White and Asian enrollment was 199% and 177% of base projections, respectively. Although Latino and African American enrollment exceeded base projections, it was at a much lower rate compared to other ethnic groups. Therefore, Latinos and African Americans represent a smaller proportion of the Covered California enrollment than projected. Late efforts to increase outreach, marketing and in-person enrollment assistance to the Latino community appeared to be successful. Whereas Latinos represented just 18% of applicants from October to December 2013, they comprised 39% of applicants in the last two weeks of Open Enrollment.[vi]

Table 1. Race/Ethnicity of Covered California Enrollees

Race/Ethnicity	Actual Enrollment With Plan Selection (as of 4/15/14)		Percent of Base Projection
	#	%	%
White	386,501	35.4%	199%
Asian	230,352	21.1%	177%
Latino	305,106	28.0%	115%
Black or African American	30,774	2.8%	140%
Other*	137,875	12.6%	862%
Total	**1,090,608**	**100%**	
Unknown Race/ Unknown Ethnicity	305,321		

** Includes Mixed Race, American Indian/Alaska Native, Native Hawaiian/Other Pacific Islander, Other and Unknown Race/Non-Latino*

Source: Covered California Executive Director's Report, April 17, 2014 Board Meeting

Age Group Enrollment Trends. Not surprisingly, adults aged 45-64 represented an even larger proportion of enrollment than projected. However, enrollment was similarly strong for adults 26-34 and children under 18. Although enrollment of young adults 18-25 was just 11.6% of total enrollment compared to a projected share of 17.7%, enrollment for this age group was 158% of the base projection.[vii]

Table 2. Age of Covered California Enrollees

Age	Actual Enrollment With Plan Selection (as of 4/15/14)		Percent of Base Projection
	#	%	%
Less than 18	77,963	5.6%	269%
18 to 25	161,762	11.6%	158%
26 to 34	241,066	17.3%	221%
35 to 44	238,801	17.1%	214%
45 to 54	338,439	24.2%	330%
54 to 64	336,525	24.1%	274%
Total	**1,395,929**	**100%**	**241%**

Source: Covered California Executive Director's Report, April 17, 2014 Board Meeting

The Role of Agents and Certified Enrollment Counselors (CECs). Individuals utilized multiple avenues to enroll into Covered California during the first Open Enrollment period: 41% self-enrolled, 40% worked with a Certified Insurance Agent, 9% with a Certified Enrollment Counselor, 9% with a Covered California Service Center Representative, and 1% with a plan based enroller or county eligibility worker.[viii] Importantly, these estimates exclude the significant number of individuals enrolled into Medi-Cal by CECs.

At the end of Open Enrollment there were 12,347 Certified Insurance Agents and 5,776 Certified Enrollment Counselors (CECs) associated with 831 Certified Enrollment Entities (CEE). Community health centers and clinics accounted for 39%, or about 2,250, of all CECs. Whereas

agents were more likely to speak an Asian or Pacific Islander language (19%), CECs were much more likely to speak Spanish (58%).[ix]

Some important trends included the following:

- **Ethnic communities utilized different enrollment avenues.** Asian enrollees were much more likely to work with an insurance agent than other communities. Fifty-four percent of Asian enrollees used an agent compared to just 40% of the entire population. Only 28% of Latinos and 19% of African Americans worked with an agent. In contrast, 20% of Latinos utilized a CEC compared to just 9% of the total population. Lastly, 59% of African Americans and 58% of Whites self-enrolled compared to just 41% of the total population.[x]

- **CECs played a larger role in Medi-Cal enrollment.** Of the 338,897 individuals who enrolled with the help of a CEC, 68%, or about 230,000, were enrolled into Medi-Cal.[xi]

- **A few CEEs accounted for the majority of CEC enrollments.** Of 831 total CEEs, the top 150 were responsible for 80% of all CEC-supported Covered California enrollments. The top five Covered California CEEs were community health centers or regional clinic consortia.[xii]

Enrollment and Churn Projections. Of the 1.4 million individuals that enrolled and selected a health plan, Covered California has assumed that 85%, or 1.19 million, will pay their premiums. Looking forward, Covered California has developed projections for enrollment growth during both the Special Enrollment period and following Open Enrollment in 2015 and 2016.
The Special Enrollment period is in place between April 15 and September 30, 2014. Individuals are eligible for special enrollment if they experience a qualifying life event, such as loss of health insurance, marriage, birth or death in the household or gain legal residence/citizenship, among others. During the 2014 Special Enrollment period, Covered California anticipates a net enrollment growth of 160,000. However, this includes a much higher volume of movement in and out of Covered California during that period, including 450,000 new enrollments into Covered California and an expected loss of 290,000 enrollees moving into employer sponsored coverage or Medi-Cal.[xiii]

Table 3. Projected Change in Enrollment During 2014 Special Enrollment Period

	2014 Projected Special Enrollment Transitions
Gains *from* Medi-Cal or Employer Sponsored Insurance	+ 370,000
Other Gains (i.e. marriages, births, deaths)	+80,000
Gross Special Enrollment Losses (i.e. transition to Employer Sponsored Coverage, Medi-Cal, etc.)	-290,000
Net Special Enrollment Gain	**+160,000**

Source: "Enrollment Forecast: Description and Key Assumptions," Covered California, May 20, 2014

Covered California further projects that enrollment will grow by 510,000, or 43%, between the end of the 2013-14 Open Enrollment period and the end of the 2014-15 Open Enrollment period, and another 340,000, or 20%, by the end of the 2015-16 Open Enrollment period. These projections assume a high level of "churn," or movement out of Covered California by individuals

who obtain employer sponsored coverage, transition to Medi-Cal or decide to go without insurance. Specifically, Covered California has projected that 37% of enrollees will leave coverage each year.[xiv]

Current Issues Impacting Community Health Centers

Medi-Cal Application Backlog. California has had a tremendous response to new and expanded coverage offered by the Affordable Care Act (ACA). Approximately 1.9 million individuals enrolled in Medi-Cal, including 1.1 million who came through Covered California and county offices. This tremendous volume, however, has also created a significant application processing backlog. As of April 2014, there were 900,000 applications pending approval. Pending applications encompass several categories, including those within the 45-day period allowed to counties to determine eligibility, duplicate applications and current Medi-Cal enrollees pending Modified Adjusted Gross Income (MAGI) eligibility in the California Healthcare Eligibility, Enrollment and Retention System (CalHEERS) as part of the renewal process. Several factors have contributed to the significant number of pending applications:

- **High Application Volume.** Both high overall application volume and a surge in applications at the end of March 2014 contributed to the backlog. As of the end of April 2014, an estimated 50% of pending Medi-Cal applications were still within the 45-day period for counties to determine eligibility.

- **CalHEERS Performance Challenges.** The CalHEERS system, which includes three Statewide Automated Welfare Systems (SAWS) interfaces and an interface to the Federal Data Services Hub, has been hampered by technical challenges. County social service agencies have reported CalHEERS challenges including intermittent functionality, eligibility rules processing errors (e.g. mixed status family eligibility, incorrect denials) and incomplete income verifications. Application data exchange between CalHEERS and the SAWS systems has experienced some problems and the Federal Services Data Hub has not performed up to expectations.

- **County Eligibility Workflow and Capacity.** Counties are struggling to process applications for a number of reasons in addition to the high application volume. Eligibility workers are working with new eligibility rules for Medi-Cal and Covered California, learning new workflows resulting from the CalHEERS-SAWS interfaces, and managing workflows when unexpected technical issues arise with CalHEERS. In addition, there is a high volume of inquiries by applicants and CECs confused and concerned about application status.

- **Inaccurate, Incomplete and Duplicate Applications.** New Medi-Cal eligibility rules and the introduction of the self-enrollment option have contributed to a higher rate of incomplete or incorrect application information that requires additional follow up (e.g. income, household information). Additionally, some counties report an increase in duplicate applications or applications by individuals already enrolled in Medi-Cal. A number of factors have contributed to these duplicates including multiple application pathways, the option for individuals to self-enroll, long wait times for a determination, and concerns by CECs that applications are not being processed accurately.

The Medi-Cal backlog has created practical challenges for health centers and their patients, such as delay in access to medications or health services not provided by the health center, patient uncertainty about whether Medi-Cal benefits are active and a very high volume of patient requests to health centers to troubleshoot pending applications/renewals or clarify benefit status. These challenges are expected to intensify as existing Medi-Cal enrollees begin receiving renewal packets and as new applications remain in pending status for a longer period of time.

Backlog Resolution. California has prioritized working on both automated solutions and manual workarounds to address the backlog. The Department of Health Care Services (DHCS) is working collaboratively on solutions with key state and local partners, including Covered California, CalHEERS, Accenture (the CalHEERS administrative vendor), Office of System Integration, three County SAWS consortia, and the County Welfare Directors Association (CWDA).

Solutions include automated handling of paper verifications submitted to Covered California, desk aids to support county eligibility workers' application processing and on-line application improvements to aid consumer data entry. This last effort, informed by input by various stakeholders, resulted in clearer explanations of income reporting, better organized drop-down menus and more help tools. DHCS is also providing ongoing policy guidance on verification flexibilities for income, residency and citizenship/immigration status. Furthermore, improvements to the CalHEERS-SAWS interfaces and application data exchange are planned for this summer.

Applications submitted prior to January 1, 2014 were provided presumptive eligibility until final determinations are made. DHCS has also indicated that a significant number of pending applications have already been determined eligible by the CalHEERS system but are awaiting processing by county social services agencies. DHCS is testing a "batch" processing approach to move these applications into active status with correct aid codes.

California is now proceeding with Medi-Cal renewals after granting a five-month delay to mitigate the county workload impact and consumer confusion during the first Open Enrollment period. Counties are now sending renewal packets to Medi-Cal beneficiaries and will continue to send out renewal packets on a monthly basis throughout 2014. It is unclear how significantly the restarting of renewals will impact the processing time of pending applications or how quickly renewals will be processed.

Table 4. Strategies to Alleviate Medi-Cal Backlog

Strategy	Description
Application Processing	Automated processing of paper applications, eligibility worker desk aids, other process improvements
Verification Flexibility	Paper verifications for residency suspended until August 1, 2014 Providing 90-day conditional eligibility while immigration, income and residency information are verified and applicants are given reasonable opportunity to resolve discrepancies between information they submitted and information provided by a verifying entity
Website and Interface	On-line application improvements to support accurate and complete self-enrollment CalHEERS-SAWS interface improvements planned Summer 2014

Strategy	Description
Presumptive Eligibility	Provided presumptive eligibility for 60 days or until final eligibility determination has been made for applications received prior to January 1, 2014
"Batch" Processing of Eligibility	Testing options for a one-time batch process to move pending applications with confirmed eligibility in CalHEERS into active status
Renewals	Renewals delayed until April 2014 for beneficiaries with renewal dates between October 2013 and March 2014 Renewals delayed until July 2014 for new beneficiaries transitioning into Medi-Cal from LIHP programs and whose renewals would have started in April 2014

County social service agencies are also taking a number of steps to manage the pending application backlog. For example, some counties are expanding their ability to respond to application status questions from applicants and CECs. This includes adding dedicated phone lines and repurposing staff to accommodate walk-ins and respond to questions about application status. In other instances, counties are creating triage criteria to prioritize pending applications (e.g. urgent health needs), promoting temporary enrollment options like hospital presumptive eligibility, using crisis response teams to address issues in real-time and developing workarounds to deal with interface and verification issues.

Outreach and Enrollment Program Changes. In June 2014, Covered California approved changes to how outreach and enrollment activities are structured and funded:

- **Navigator Grant Expansion.** Resources will be increased to integrate Outreach, Education and Enrollment Navigator Grant into one program by increasing the Navigator Grant Program from $5 million to $16.9 million. Eligibility will also be expanded to include 2013 Outreach and Education grantees and Certified Enrollment Entities. Additional funding will be authorized by the Board in June 2015.

- **CEC Payment Phase-Out.** Following the 2015 Open Enrollment period the CEC per new/renewal application payments ($58/$25) will be eliminated. Going forward CECs can continue to complete applications as "Certified Application Counselors" without compensation.

Overall, the changes indicate Covered California's intent to move away from per application payments to CECs and toward targeted grant awards over the next 2-3 years. It is also not anticipated that Medi-Cal application payments will continue. The evolution of these enrollment funding streams along with yet unknown changes in payer mix highlight an evolving sustainability calculation for health centers to maintain and target enrollment services.

California State Budget. The state budget, passed by the California Legislature and signed by the Governor on June 20, 2014, includes several components that impact coverage expansion and enrollment. The budget includes funding to continue implementation of the Affordable Care Act, including $438 million to expand Medi-Cal. The budget does not include $6 million in grant funding to support Medi-Cal renewals offered by The California Endowment (TCE), nor corresponding federal matching funding that would also be available.

Additionally, the state budget establishes full-scope Medi-Cal coverage for women up to 138% of the Federal Poverty Level (FPL) and provides women with incomes between 139% and 213% FPL with the option to enroll in a Covered California qualified health plan with pregnancy-related Medi-Cal as a "wrap" program. Medi-Cal will pay their Covered California premiums.

Community Health Center Enrollment Experiences

The following section spotlights two health centers in Southern California and the Central Valley, as well as the perspective of one regional consortium representing health centers in rural Northern California. Although each reported unique enrollment strategies and experiences, several common themes resonated across organizations:

High Demand for Application Support. Each of the interviewed health centers supported more than four times the number of coverage applications than in previous years, as well as significant numbers of Covered California and non-patient applications. They also supported many individuals seeking help or trouble-shooting on previously submitted Covered California and Medi-Cal applications.

Need to Flex Staffing During Open Enrollment. Despite adding staff and enrollment assistance options for patients, interviewed health centers were not able to accommodate increased enrollment demand during peak periods, such as the end of Open Enrollment. Going forward they expressed plans to train more existing staff to "flex" as CECs during peak enrollment periods.

Innovative Enrollment Strategies Are Working. New strategies, such as recurring enrollment events, community located CECs, after hours enrollment sessions at clinic sites and stand-alone resource centers were markedly successful during Open Enrollment. Interviewees confirmed that these strategies will be ongoing during the Special Enrollment period.

Still Waiting on Payer Mix Changes. Despite supporting a very high number of Medi-Cal and Covered California applications, interviewed health centers have not yet seen major changes in payer mix. This appears to be primarily due to the significant Medi-Cal backlog that has slowed enrollment and, to a lesser degree, the need to continue expanding Covered California contractual arrangements.

Medi-Cal Stigma is a Barrier. Many new applicants were surprised to learn they were eligible for Medi-Cal. Negative views of Medi-Cal, including concerns about the quality of care, association of the program with "poor" people and resistance to providing extensive information to the government contributed to resistance to Medi-Cal enrollment. Interviewees highlighted this as an important messaging challenge going forward.

Patient Education and Utilization Support Are Priorities Going Forward. Interviewees are evaluating strategies to build education for newly insured patients and incorporate direct outreach to support initial appointment scheduling by newly assigned patients. These efforts are in the early stages.

About North County Health Services

North County Health Services (NCHS) provides medical, dental and mental health services to 57,000 low-income patients at 10 sites throughout northern San Diego County. During the first Open Enrollment period, NCHS experienced a surge in demand and provided enrollment assistance to over 6,000 individuals, of whom 35% were non-patient community members. An estimated 70% of individuals applied for Medi-Cal and 30% for a Covered California plan. NCHS implemented several new enrollment strategies to complement existing one-on-one enrollment services.

Beyond Traditional Enrollment Assistance

As an alternative to one-on-one enrollment assistance appointments, individuals were given the option to attend group **sessions at the clinic** two evenings per week. Intended as a class to walk people through the application process, these group sessions quickly evolved into enrollment events due to participant interest in individual support. These sessions provided a convenient enrollment alternative to participants and alleviated some demand for one-on-one appointments, which often had wait times of three weeks or more.

Other NCHS enrollment efforts included establishing a Covered California computer lab, where applicants can receive guidance on self-submission of applications, as well as sponsorship of seven community enrollment events at libraries and schools. Leveraging marketing through local media and its existing relationships with libraries and schools, NCHS averaged over 40 applications per event.

Patient Demand and Utilization

NCHS hasn't yet experienced much increased demand for primary care services since most Medi-Cal applications are still being processed and about 65% of applicants were already patients. NCHS has also taken a number of steps to absorb new demand including expanding facilities and hours, adding providers and constructing a new facility. An increasing focus is being directed to supporting patient utilization. Each individual that completes an application is sent a postcard encouraging an initial appointment and those with confirmed enrollments are called. A staff utilization task force is currently developing additional strategies to support patient utilization and access.

Medi-Cal Enrollment Challenges

Since enrollment for Medi-Cal is ongoing, NCHS is continuing its efforts to enroll residents. During Open Enrollment, about 70% of applications were for Medi-Cal. Many applicants, including current patients, expressed negative perceptions of Medi-Cal, such as the belief that the program delivered inadequate care and was only for "poor" people, concern about asset seizure and uneasiness about the information and document requirements. Going forward, the NCHS outreach team is seeking to establish a positive Medi-Cal message by providing in-depth presentations to employers, schools, and others, as well as continued traditional outreach.

Medi-Cal enrollment has also been slowed by operational issues, including inconsistent CalHEERS functionality and very high application backlogs at the County. For example, many applicants who were previously eligible for Medi-Cal were denied under CalHEERS. Additionally, NCHS has struggled to get application status updates from the County and has received inconsistent guidance from different staff. Many residents are coming to NCHS for help on previously submitted applications. NCHS is evaluating options to more efficiently screen and serve these individuals and more effectively utilize application appointments.

Spotlight: The Health Alliance of Northern California

About The Health Alliance of Northern California

The Health Alliance of Northern California (HANC) provides training, technical assistance and advocacy support to 11 community clinics and health centers across a 30,000 square mile region of rural Northern California. During the ACA coverage expansion, HANC has played a lead role in educating members about ACA components, facilitating collaborative activities with other stakeholders, tracking outcomes, interviewing members about coverage transition experiences and advocating on their behalf.

Challenges in a Rural Environment

According to HANC, community health centers in the rural north faced distinctive challenges in developing their CEC workforce, engaging residents in the application process and accommodating new demand for services resulting from expanded Medi-Cal and Covered California enrollment. As a result, rural Northern California health centers were challenged in supporting Covered California and Medi-Cal applications in their communities in ways that health centers in other geographic areas were not.

Rural Northern California health centers faced a number of unique barriers developing the CEC workforce that prevented many from providing enrollment support early in the Open Enrollment period. In particular, CEC application requirements, such as fingerprinting and in-person trainings were not geographically accessible. Required CEC fingerprinting services were initially only available in Redding, which is a three-hour one-way drive for many health centers. CEC in-person trainings were offered in the Bay Area or Sacramento, which is more than five hours each way for some health centers. There was also a perception that Covered California was somewhat less responsive due to the emphasis on urban communities and unfamiliarity with the challenges of a rural environment.

Many of the small rural health centers also lacked the administrative capacity to quickly manage the CEC certification and training process, or develop a staffing model that was both financially feasible and effective in engaging patients. Looking ahead, the small health centers have expressed a lot of uncertainty about how they will continue staffing CEC positions.

Messaging to Residents in a Resistant Environment

Political opposition to the ACA and a historical resistance to government involvement contributed to a lack of engagement in many rural Northern California communities. Standard Covered California marketing materials, though appropriate in other communities, simply did not resonate. Many health centers focused their efforts on “in-reach” to current patients rather than broader public campaigns. According to HANC, even current patients had low response rates to marketing efforts. Patients amenable to “in-reach” were often skeptical about the products available in the pricing region. Three plans were technically offered, but only two were functionally available – one of which had very narrow accessibility. HANC emphasized the need to develop a more thoughtful and local approach to messaging and plan availability in the region for future Open Enrollment periods.

Additionally, permissive Sliding Fee Scale (SFS) policies that do not require patients to apply for coverage when eligible may be contributing to low enrollment rates by patients. Often the only providers in the community, health centers balance a welcoming environment with incentivizing coverage enrollment, but may need to develop stricter SFS requirements to effectively move patients into coverage.

About Family Health Care Network

Family Health Care Network (FHCN) serves 188,413 patients at 14 clinical sites in Tulare and Kings County, and is the largest Medi-Cal provider in the region. During the ACA coverage expansion, FHCN has played a significant role in providing enrollment support to both health center patients and the community at large. Stated one staff member, "We became the face of the [Covered California] product."

Community Enrollment Resource

With other enrollment resources limited in the community, FHCN planned for and actively marketed its role as an enrollment destination for the entire community, and supported close to 10,000 individuals through the Medi-Cal and Covered California application process. Nearly 60% of applications were for Covered California. FCHN was recently identified as one of the top five Covered California enrollment entities in the State.

To support enrollment efforts, FHCN launched the following new activities:

- Utilized HRSA grant and other funding to fully staff on-site enrollment assistance at each health center site without limiting outreach activities
- Extended enrollment hours to include evenings and weekends
- Co-located a CEC at a local employment connections office once per week to provide enrollment services and educate staff about the ACA
- Actively marketed and launched a stand-alone resource center in September 2013 to provide enrollment assistance and education to community members needing coverage
- Hosted a series of enrollment fairs in rural communities, providing education and enrollment services
- Collaborated with other providers and stakeholders in Tulare County to coordinate Medi-Cal and Covered California education and enrollment assistance efforts. The collaborative remains active with a focus on Medi-Cal enrollment.

Support Beyond Application Assistance

Recognizing that insurance coverage was new for many patients, FHCN staff provided additional assistance, including educating patients about costs, what their coverage included, what notifications they should expect in the mail and how to make their first payment, among other support. They have additionally encouraged Covered California to expand materials and activities to educate new enrollees about their coverage. Looking forward, FHCN anticipates a growing role in supporting patient understanding and navigation of new coverage.

Open Enrollment Lessons Learned

Although pleased with the result of enrollment efforts, FHCN was at times overwhelmed by community demand for services, during brief but intense spikes in demand at the end of December and end of March. FHCN leadership noted that they might have benefited from having more staff trained as CECs and from working more aggressively to support the training of additional CECs in the community.

Additionally, FHCN intends to continue new enrollment strategies now that Open Enrollment is over, including co-location of CECs at community agencies, a stand-alone resource center, fully staffed on-site enrollment services and community enrollment events

Conclusion

California's impressive early success enrolling individuals into both Covered California and Medi-Cal marks an important first step in both expanding health insurance coverage to uninsured Californians and establishing an initial infrastructure to support ongoing enrollment and renewal. Despite this success, many California residents eligible for coverage remain uninsured and many newly insured will require ongoing support to retain coverage.

Community health centers are expected to continue being an essential part of the new enrollment infrastructure, particularly for low-income residents who are eligible for Medi-Cal or Covered California subsidies. As such, health centers will be challenged to learn from early enrollment experiences and evolve enrollment assistance, outreach and education services to ensure coverage retention and utilization of benefits.

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[i] Covered California News Release, "Covered California's Historic First Open Enrollment Finishes with Projections Exceeded…" April 17, 2014. http://news.coveredca.com/2014_04_01_archive.html

[ii] Medi-Cal Outreach and Enrollment Update to the DHCS Stakeholder Advisory Committee, Department of Health Care Services, May 7, 2014. http://www.dhcs.ca.gov/Documents/57SACMedi-CalOutreachEnrollment.pdf

[iii] Covered California Executive Director's Report, April 17, 2014 Board of Director's Meeting. http://board.coveredca.com/meetings/

[iv] Covered California News Release, "Covered California's Historic First Open Enrollment Finishes with Projections Exceeded…" April 17, 2014. http://news.coveredca.com/2014_04_01_archive.html

[v] Ibid.

[vi] Covered California Executive Director's Report, April 17, 2014 Board of Director's Meeting. http://board.coveredca.com/meetings/

[vii] Ibid.

[viii] Covered California Executive Director's Report, May 22, 2014 Board of Director's Meeting. http://board.coveredca.com/meetings/

[ix] Ibid.

[x] Ibid.

[xi] Ibid.

[xii] "Top 150 Certified Enrollment Entity (CEE) Production: Data from October 1, 2013 – April 15, 2014". Covered California, May 2014.

[xiii] "Enrollment Forecast: Description and Key Assumptions", Covered California, May 20, 2014

[xiv] Ibid.