

Contra Costa County California Employment & Human Services

Kathy Gallagher, Director
40 Douglas Dr., Martinez, CA 94553 ★ Phone: (925) 313-1579 ★ Fax: (925) 313-1575 ★ www.cccounty.us/ehsd.

DATE: December 1, 2014

TO: The Family and Human Services Committee
Contra Costa County Board of Supervisors

FROM: Wendy Therrian, Workforce Services Bureau Director
Roxane Foster, Lead Division Manager, Health Care Reform
Angela Bullock-Hayes, 7Cs Call Center Site Director

SUBJECT: Update on the Affordable Care Act (ACA) including the Contra Costa County Covered California Call Center (7Cs)

I. AFFORDABLE CARE ACT (ACA) IMPLEMENTATION AND UPDATE

A. Background

On October 1, 2013, the Employment and Human Services Department (EHSD) implemented the Affordable Care Act (ACA) in Contra Costa County which expanded health care to individuals previously unable to access coverage. We were tasked with completing eligibility determinations and converting new enrollees into our County electronic system of record known as CalWIN.

Although system and technical glitches were and continue to be experienced especially with the CalHEERS system interface, the launch of ACA was an exciting period for EHSD especially with our ability to better meet the needs of customers who were new to health care coverage and specifically those single adults in poverty between the ages of 19 and 64. Mental health, behavioral health and dental coverage were especially attractive for this underserved population. The Department began to see expanded groups of individuals applying for health care insurance and was able to assist these individuals and families with both Medi-Cal and Covered California health care coverage.

During the initial Open Enrollment period of ACA (from October 1, 2013 through March 31, 2014), the State experienced a tremendous demand for medical coverage with the newly eligible population reaching over 800,000 individuals statewide. For Contra Costa County, we experienced an unprecedented surge in the number of Medi-Cal applications which almost doubled over the last year rising from an average of 3,463 applications a month to 6,733. Based on the number of applications we received and processed, ***our Medi-Cal caseload grew from 59,495 cases in September 2013 to now 103,206 – a 73.4 % increase.***

B. Preparing for the Implementation of ACA

To prepare for the challenge we knew lay before us in rolling-out the ACA last October, resources were shifted and considerable time was spent by many staff throughout the Department to plan, develop, and institute a number of new organizational efforts, changes, programs, and processes to best position us to most effectively implement the ACA. Our goal was to provide the most efficient access to health care coverage as could be possible to the newly eligible population under ACA while maintaining service levels in all our other programs. Our focus was to provide exceptional customer service while enhancing our customers' overall experience through a "no-wrong" door approach.

Primary efforts included:

1. Business Process Changes

- a. **Business Process Redesign:** to accommodate health care coverage application processes, expand access points, and adopt hours mirroring those of Covered California. This re-design was also based on former efforts enacted to decrease customer wait times in the District Office reception areas which included the re-design of district office lobbies, implementation of customer kiosks and dedicated computers, and point of entry scanning;
- b. **Horizontal Customer Service Integration:** introduced the "no wrong door" initiatives whereby applications for all benefits programs are accepted at the point of contact, or, if necessary transferred to the appropriate point of contact;
- c. **Telephony Improvement Initiatives:** improved areas of telephony in order to enhance and streamline the customer experience including changing call flows, deliberate shifting of calls between organizations with increased call volume, established auto callback functions, and included estimated wait time announcements;
- d. **Addition of toll free numbers:** to use for marketing campaigns which resulted in focused messaging to identified customers, decreased call wait times for other customers, and increased customer satisfaction measurement capability;
- e. **Medi-Cal Service Center (MCSC) business process changes:** changed the telephone coverage scheduling protocol to provide greater utilization of resources and support to all ongoing Medi-Cal and CalFresh customers; and,
- f. **Quality Monitoring and Workforce Management tools:** implemented to measure and encourage quality call handling and superior customer experience in our Call Center environments.

2. New ACA Position Acquisition

With the availability of new ACA funding of \$6,399,032, the Department was able to acquire 107 new eligibility worker and other staff support positions to support the implementation and ongoing services of health care reform.

3. Establishment of the Health Care Access Center (HCAC)

The Department launched a new Call Center, known as the Health Care Access Center (HCAC) located in Richmond which is designed to be the hand-off point of Covered California Contra Costa County resident callers to the Department. The Call Center, made possible by ACA funding for new eligibility and support staff, managed calls during regular and extended business hours mirroring those of Covered California.

4. Re-organization of the Workforce Services (WFS) Bureau

a. ***To provide for enhanced managerial oversight and to achieve resource economies and customer service efficiencies:***

- 1) the new Health Care Access Center (HCAC), the existing Medi-Cal Service Center (MCSC), the Medi-Cal Mail-in Unit (MMIU), and the Benefits CalWIN Unit (BCW) which receives on-line applications were organized reporting to the Bureau's Lead Division Manager for Health Care, Roxane Foster.
- 2) All CalWORKs and Welfare-to-Work cases were moved under the Bureau's new Deputy Director, Rebecca Darnell.
- 3) All District Office and Intake functions became the sole responsibility of the District Office Division Managers
- 4) The Bureau's Policy Division Manager, Cheryl O'Brien, maintained policy oversight for all the Bureau's primary and tertiary benefit programs inclusive of Medi-Cal, CalFresh, CalWORKs, and Welfare-to-Work.

5. Outreach and Education Efforts

- a. Established a special ACA Outreach and Marketing Committee to focus and organize all ACA outreach, marketing, and education efforts
- b. Conducted strategic outreach to community organizations and various agencies and enrollment entities targeting the underserved populations, and participated in these community events
- c. Created a dedicated channel and unit including designated points of contact for accelerated application processing
- d. Used ACA staff outreach tools, supported by the Department's IT Division, including iPads and wireless laptops at health care reform enrollment events to provide application process timeframe updates to customers
- e. Conducted ACA "Road Shows" which entailed presentations for all Department staff and others regarding the ACA and on the Department's efforts to improve the customer experience

- f. Provided Customer Service training to all WFS Bureau staff in anticipation of the cultural and other organizational changes to be implemented with the ACA

C. Initial ACA Enrollment Experiences and Performance

1. Health Care Access Center (HCAC) Overall Performance

During the initial ACA Open Enrollment period, the HCAC met mandated service levels by answering calls transferred from Covered California (known as Quick Sort calls or those determined to be Medi-Cal eligible that are to be transferred to their county of residency) within 30 seconds or less. The HCAC received 27,098 calls during this initial enrollment period.

After the initial Open Enrollment period, the call volume at the HCAC decreased slightly, but customers continued to call with questions on health plans, health plan coverage, household changes, and pending applications with both Covered California and the Department. During this period, the HCAC continued to mirror the Covered California Call Centers post Open Enrollment hours of six days per week, Monday through Friday, 8:00 a.m. to 6:00 p.m., and Saturdays, 8:00 a.m. to 5:00 p.m.

2. Success in Processing the Medi-Cal Application Backlog created as a result of ACA

With the ending of the initial Open Enrollment period (March 31, 2014) and during the period from April through October 2014, the Department's primary challenge (as that of other counties) was to process the very large number of approximately 32,945 application transactions received from Covered California as well the approximate 10,000 individuals transferring from the Low Income Health Program (LIHP).

Staff and other resources were focused and re-shifted to this purpose with much overtime granted for these application processing efforts. In approximately a six (6) month period, our Department staff was successful in processing over 33,000 application transactions and approximately 6,000 of the LIHP cases. With this concerted effort, the primary backlog was processed well before the expected timeframe and ahead of other counties. We are continuing to focus on processing the remaining 4,000 LIHP cases.

3. Tremendous Caseload Rise and Allocation and Staffing Needs

At the same time as Department staff worked through the Medi-Cal application/transaction backlog, we continued as we do currently to process newly received and expanded Medi-Cal and other program applications. As previously stated, the number of applications received during and after the initial and current Open Enrollment period has resulted in a 73.4% increase in the number of Medi-Cal

cases managed at the Medi-Cal Service Center (MCSC) which is currently 103,206 cases compared to the 59,495 at the end of September 2013.

Even with the new ACA funding and positions, our current Medi-Cal allocation and staffing levels are inadequate to address and manage this significant increase in caseload. This coupled with the systemic inability to readily and permanently fill vacated positions means we will continue to struggle to manage this level of work thereby adversely impacting accessibility and services to those in need.

4. Community Partnerships and New Efforts for Expediting Applications

EHSD continues to partner with community organizations and agencies including other County Departments in conducting education and outreach efforts especially focused on entities targeting underserved populations.

To create a dedicated channel for accelerated application processing, the Department recently established an expedited Medi-Cal application processing unit designed to process high priority applications received under the new County Detention facility Inmate Health Care enrollment program (AB720), and other high priority inpatient/in-clinic Medi-Cal applications. Established in September/October, this new unit known as the Expedited Medi-Cal Application Processing (EMCAP) unit has received approximately 186 applications with an average of seven (7) days disposition upon receipt of completed applications.

The Department continues to explore and enter into partnerships with other agencies to further the effort of expedited processing.

5. Key Performance Measures – Month of October 2014

Call Center	Number of Calls Handled	Average Speed in which calls are answered (ASA) in minutes*	Average Talk/Handle Time (AHT) in minutes**
HCAC - Quick Sort	370	:10	13:00
HCAC - General Intake	2,683	:53	9:00
MCSC	19,573	2:43	11:50
MMIU/AIU	4,922	:47	2:07
Total	27,548	1:01	8:53

*This is the average amount of time callers wait in the queue before calls are answered by staff

**This is the average amount of talk time, hold time, and wrap time necessary to complete the phone transaction

6. Best Practices Recognition – California Welfare Directors Association (CWDA)

On November 5, 2014, and as part of their visits to counties throughout the State, members of the California Welfare Directors Association (CWDA) toured the HCAC and other various EHSD customer service operations meeting with staff from across the Department. The purpose of these CWDA visits is to review and share county best practices in the implementation and delivery of customer services under ACA. The thrust of the reviews is to determine how and to what extent counties have enhanced their culture and delivery of customer services with the objective to provide the “quintessential customer experience”.

Based on this CWDA visit, we were recently informed that our County will be used as a “best practices model” county with CWDA sharing what we have accomplished and are doing under ACA with other counties throughout the State. Their findings will also be used to further develop training in the area of Customer Experience.

II. CONTRA COSTA COUNTY COVERED CALIFORNIA CALL CENTER (7Cs)

A. Background

Since the last report to your Committee in April 2014, the Department has continued to successfully operate the Contra Costa County Covered California Call Center which is otherwise known as the “7Cs” Call Center. As your Committee is aware, the 7Cs Call Center is the only County-operated Covered California Call Center in the State and has been operated by the Department under contract with the Health Benefit Exchange (HBEX) since March 2013.

The first launch of Covered California Call Centers was initiated by the Employment & Human Services Department (EHSD) when the Department undertook the first “soft” launch of the 7Cs Call Center in August 2013 taking informational statewide calls from interested Covered California customers. On October 1, 2013, the Center (one of three Covered California Call Centers in the State) began all operational activities by taking statewide calls and in providing health care coverage plan enrollment during this initial Open Enrollment period under the Affordable Care Act (ACA).

With the ending of the initial Open Enrollment period on March 31, 2014, and while health plan enrollment was extended for those who met special circumstances identified as a life changing event, a systems problem allowed Californians to continue to enroll without having to meet the special circumstance criteria. This occurred through July 2014 when the systems error was corrected and enrollment became non-accessible through the system. Also during this period and while the call volume decreased slightly, consumers continued to call with questions about health plans, health plan billing and services, household changes, and pending applications with either Covered California or with various California counties.

B. Overall Performance

1. Number and Type of Calls Received

Between the ending and beginning of the initial and current Open Enrollment periods, the 7Cs Call Center continued to answer statewide calls and provide ongoing assistance to Covered California customers. The top five (5) types of calls taken at the Call Center during this period included consumers either renewing their health plans for 2015, reporting a change, reinstating their cancelled plans, obtaining open enrollment information, and/or requesting issue escalation.

The 7Cs Call Center team also focused on lessons learned and met with Covered California leadership to discuss planned improvements including the development of new procedures to support the phone agents in preparation for the current Open Enrollment period which commenced on November 15, 2014.

During the post initial Open Enrollment period of April through October 2014, **approximately 1,114,508 calls** were handled by the Covered California Call Centers. This represents about 57% of the total calls of 1,954,474 received during the initial open enrollment period from October 1, 2013 through March 31, 2014. Of the total calls received of 1,114,508, the **7Cs Call Center handled approximately 14% or 158,490**. Eighty-two (82%) of the calls were English, 15% Spanish, 2% Asian, and 1% Other.

On October 13, 2014, Covered California renewals began which had been delayed one week due to system (CalHEERS) functionality problems. After initial roll-out, the renewals was unproblematic with the exception of those with changes to report (these updates could not be made in CalHEERS) who were required to call back after November 15, 2014 (the start of the second and current Open Enrollment period). This system issue is scheduled to be corrected in an upcoming release and staggered notifications were issued to consumers to avoid long wait times when calling to renew their health care plans. As we expected, a large increase in call volume occurred in October with the health care plan renewals.

2. Key Performance Measures

Based on the data reports received from Covered California, the following represents the primary metrics of performance for all three Centers.

Month	Number of Calls Handled	Average Speed in which Calls are answered (ASA) in Minutes*	Average Call Talk/Handle Time (AHT) in Minutes**
April	236,444	11	17
May	187,058	13	15
June	189,123	1	15
July	148,880	10	15

August (see note below)	76,450	53	17
September	98,668	44	17
October	177,885	23	19
<i>Overall Total/ Average</i>	1,114,508	22 minutes	17 minutes
7Cs Center	158,490	25 minutes***	19 minutes****

* This is the average amount of time callers wait in the queue before calls are answered by agents

** This is the average amount of talk time, hold time, and wrap time necessary to complete the phone transaction

*** No stipulated contract performance requirement

**** Contract performance measure allows for up to 51 minutes of handle time per call

Special Note: *Although phone volumes went down following the post initial open enrollment period which primarily ended in July 2014, the Average Speed of Answer (ASA) went up significantly due to the fact that all other Covered California call agents were taken off the phones and resourced to Covered California back office activities which included processing the large number of backlogged and paper applications. Contra Costa County's Customer Service Agents (CSAs) were primarily the only call agents answering the incoming phones during August, September, and part of October 2014.*

With the reduced call volumes experienced after the initial Open Enrollment period (from 10/1/13 through 3/31/14); the Average Speed of Answer (ASA) of Covered California calls was also shortened for several months. However, in August through October 2014 other Covered California Call Center agents were moved off the phones to "back office" operations to assist with several activities including processing the backlog of applications received during open enrollment. This left the 7Cs CSAs as the primary call agents for Covered California which lengthened the ASA from August through October. Also during this time, the 7Cs Call Center lost CSAs to other positions and did not receive approval to hire to our full 162 FTE capacity until the middle of October.

For the most part, the same issues continue as those experienced during the initial start-up primarily ongoing system, process, and technology problems; and challenges with policy and business procedure development and implementation. These challenges continue to impact the service delivery of all three Centers. Targeted efforts to find workable and permanent solutions/resolutions to these issues have been ongoing with some success, and Covered California continues to work with us and its other contractors to address these continued system and telephony challenges.

Staffing levels also continue to have an impact on performance particularly the variance of Call Center agents available at all three (3) Centers to answer phones and meet customer demand.

Our partnership with Covered California to provide access to affordable healthcare has continued to be strong, open and collegial; and the 7Cs Call Center management and support staff continue to be involved in regular conference calls and meetings.

3. Contracted Performance Measures

We have consistently maintained hours of operation and staffing ratios as required/approved by the Health Benefit Exchange. Based on our own internal performance assessment including informal feedback received from Covered California (not yet formally measured), we believe the other key performance measures as outlined below are being met.

- Schedule Adherence (measures the percentage of time an agent is actively logged into the Automated Call Distribution (ACD) system compared to the forecasted schedule): **97%**
- Quality Adherence (overall quality of agent interactions with customers, adherence to established procedures, overall accuracy of information provided and data entered): **91%**
- Customer Satisfaction (independent customer surveys on courtesy, understanding, knowledge, and problem resolution): **87%**

The 7Cs Call Center has implemented the new Quality Action Team (QAT) which is comprised of Customer Service Agent (CSA) II's and their respective Supervisors. This team was developed and implemented to assist with the more difficult calls and consumer escalations providing a better quality of service to our customers.

Based on the Quality Assurance Pilot implemented by Covered California in June of this year, all agents are monitored and scored based on Covered California guidelines which include verbatim scripts as well as mandatory customer authentication procedures. The 7Cs QAT meets weekly and has been able to work with all Agents and Supervisors to ensure compliance. Since the implementation of the QAT in October, we have seen significant improvement with Agents and their scores within the tolerance guidelines.

C. Staffing

There are currently eighty (80) Customer Service Agents (CSAs), (seventy-seven (77) permanent full-time and three (3) permanent intermittent CSAs), eight (8) CSA Supervisors (six (6) permanent full-time and two (2) permanent intermittent), a Quality Assurance Monitor, a Trainer, a Quality Control Manager, a Site Director and a Lead Division Manager. These staff are supported by a six (6) member clerical/administrative team.

Thirty (30) 7Cs CSA I and II staff applied and were selected for permanent, full-time Eligibility Worker positions in August 2014, leaving the 7Cs Call Center. CSA I staff currently on the CSA II list have been given the opportunity to promote into permanent, full-time CSA II positions which were vacated due to attrition. Some of the thirty (30) CSA I and II staff who left the Call Center in August to become Eligibility Workers have since returned to the 7Cs.

In October 2014, your Board approved the conversion of two (2) permanent, intermittent CSA Supervisor positions to full-time permanent, and recent approval was received from Covered California to convert the remaining two (2) of our permanent, intermittent CSA Supervisor positions to permanent, full-time. With your Board's approval of this second conversion of CSA Supervisor positions, ten (10) of our CSA Supervisor positions at the 7Cs will be full-time allowing for enhanced operational stability and supervisory oversight capability at the Center.

Based on recent direction received from Covered California, we are in the process of hiring to the full 162 FTEs as currently specified under our existing contract. As of the writing of this report an approximate fifty (50) CSAs (42 permanent, intermittent CSAs and 8 permanent, full-time) are planned to start effective December 1, 2014. This leaves us with an approximate twenty-five (25) CSA positions left to fill.

With the non-open enrollment period beginning April 1, 2014, our schedule changed to adhere to the new operational hours of Monday through Friday, 8:00 a.m. to 6:00 p.m.; and Saturday, 8:00 a.m. to 5:00 p.m. However, with the commencement of the second Open Enrollment period which began November 15, 2014, our current operational hours at the Center changed back to Monday through Friday, 8:00 a.m. to 8:00 p.m.; and Saturday, 8:00 a.m. to 6:00 p.m. The Center is not open on Sunday as are other Covered California Call Centers.

During the latter part of November right after the commencement of the current Open Enrollment period, approximately forty-five (45) temporary Call Center Agents from the temporary West Sacramento Call Center have been housed at the 7Cs Call Center. This action was based on a request from Covered California given the telephony problems they are experiencing at their new site in West Sacramento.

D. Media Campaigns and other Covered California Events

Covered California has consistently praised the 7Cs Center for its level of performance, cooperation, dedication and enthusiasm. Peter Lee, the Executive Director of Covered California, recently visited the 7Cs to express his appreciation and to motivate staff for the current open enrollment period.

Mr. Lee discussed some of the ongoing concerns and plans to improve customer experiences including the hiring of approximately 800 new temporary Call Center Agents contracted to work in a new temporary Call Center located in Roseville which had been established to support Call Center staff during the current Open Enrollment period. To improve the CalHEERS system functionality over 20 million in funding has been invested to increase the system's performance and capability.

Covered California estimates that enrollment in health insurance through the State's insurance exchange will increase by 43% during this second Open Enrollment period. About 1.2 million state residents enrolled in coverage through Covered California during the initial open enrollment period, the most of any State in the country. Covered California estimates that 500,000 more individuals will sign-up during this second enrollment period bringing total enrollment to 1.7 million Californians.

With the new Open Enrollment period, Covered California is focusing on the following efforts:

- *Improve the Exchange System*: Reduce wait times by hiring 1,300 assisters to assist with enrollment, extend hours over the evenings and weekends, and add agents with multiple language skills. Approximately \$22.6 million is planned to be expended to add capacity to the enrollment portal.
- *Educate Consumers*: Plans are to provide enrollment counselors and insurance agents with additional tools to educate consumers such as an updated glossary of exchange-related terms, bi-monthly newsletters, and bi-weekly webinars.
- *Making Enrollment Easier*: Plans are to add 200 retail locations, 12,000 certified insurance agents, and 6,400 certified enrollment counselors.

A primary media event to outreach and promote health plan coverage enrollments includes a statewide, ten day bus tour targeting the African American and Latino communities. Covered California hopes to make stops in 20 cities across the state to spread the word and assist people with the enrollment process. This bus tour is part of a \$95 million community outreach campaign supported by federal funding. There is a link on the Covered California website to view the new ad campaign “I’m In” which highlights individuals and their true stories of how their lives have changed with having affordable health care coverage.

On November 4, 2014, Peter Lee held an All Staff meeting which was available to view on-line for all three (3) Call Centers. Two (2) of Contra Costa’s employees, Antonio Vasquez, CSA Supervisor and Alfonso Diaz, CSA I were recognized for their outstanding achievements in 2013.

E. Contract and Fiscal

1. Contract

We have received official confirmation of Covered California’s intent to renew our existing contract (or enter into a new contract) effective February 1, 2015 through June 30, 2017. This determination was acted upon by the Covered California Board at their August 21, 2014 meeting. The primary direction we received in renewing our contract was to reduce operational and other contract costs.

We are currently awaiting feedback from Covered California on the new contract (or amendment to our existing contract) based on Covered California Board action taken at their November 20, 2014 meeting to approve the contract (with details to be reviewed by their legal counsel). We expect to submit the new or amended contract to your Board for review and approval in early to mid-January 2015.

2. Fiscal

Since the initiation of the 7Cs Center, EHSD has followed the budget detail and payment provisions as specified under the contract and by the Board of Supervisors with there being no outlay of County General funds. All invoices submitted for payment/reimbursement for contract

expenditures incurred from April 2013 to June 2014 have been subsequently paid in full. The composite reimbursement of these twelve (12) fiscal demands totals \$9,999,760.74. The most recent payment demand in the amount of \$865,663.88 was mailed out on 11/24/14.

F. Customer Feedback

Customers continue to provide feedback and share their stories and compliments on the excellent customer service provided at the 7Cs Call Center. Below are a few comments made by Californians now insured as a result of their enrollment assisted by 7Cs staff.

- "Gerilyn was helpful and not only did she have the patience to listen to me, she also had the patience to understand, review and resolve my issue. I have been pursuing this with many different people for a long time and got no resolution. Today, Gerilyn resolved my problem in one hour instead of 5 months. Thank you."
- "McKensey did a wonderful job. First of all he was knowledgeable, second he was patient. He did whatever he could to help out to make my experience one that was as pleasurable as possible. I don't know if you have an incentive program, if you do he is definitely an asset."
- "Her kindness and professionalism was wonderful. I want to thank you for having someone like her on your staff and for getting all my concerns resolved. I truly appreciate her and I would highly recommend her to anyone that has to call into Covered CA because Livia knows her stuff."
- "It was delightful to speak with Kathy. She was polite, professional and thorough. After waiting for so long she was efficient and took care of the problem. We need to clone her and we will be doing just fine."
- "Lino was very helpful today. I have a complicated situation, I am not from this country and I don't understand the health care system. He was very patient and helpful. He sounded very competent. I was much more confident with the information provided by Lino compared to speaking with the representative from Blue Shield."
- "Consumer states he has made several attempts to get his issue resolved with Covered CA regarding getting reinstated with Blue Shield as plan was terminated due to an error. Consumer states his customer service experience was like "day" and "night" in terms of the quality of customer service he received from Jessica and the other attempts he has made to resolve issue. Consumer states that Jessica walked him through the process and informed him that she would forward his issue to our Escalations Team to resolve as soon as possible. He also stated that he understands that it was not Covered CA's fault that he was terminated and is grateful that Jessica is working with him. He stated that the level of customer service she provided was excellent as she listened to his issue attentively and understood his concern quickly. He states that she assisted him to renew his coverage for the following year as well and it's one less thing for him to worry about. Consumer stated it was important for

him to give his feedback to someone at Covered CA as he believes quality customer service such as Jessica's needs to be acknowledged."

G. Important Next Steps

We continue to work with Covered California in taking calls and primarily processing applications and applications for renewals.

We and Covered California are anticipating that enrolling customers in the 2014-15 year will be more difficult due to the condensed three (3) month period for renewals, the three (3) month period for open enrollment, and the mailing of the 1095 IRS Subsidy Tax forms beginning in January 2015. These issues are anticipated to increase call volume and consumer questions thereby adding to the complexity and length of the calls.

We have also been in continued communication with Covered California leadership on the renewal of our existing contract and will continue these communications and negotiations (which are going well) with a planned submission of the amended or new contract to the Board of Supervisors in early to mid-January 2015. Meanwhile, we will continue our efforts to hire CSA staff up to our 162 FTEs as stipulated under our existing contract.

Our goal is to continue our excellent partnership with Covered California in providing and enhancing our services to the residents of California to readily access and obtain affordable health care coverage.