

Per California Code of Regulations, title 2, section 548.5, the following information will be posted to CalHR's Career Executive Assignment Action Proposals website for 30 calendar days when departments propose new CEA concepts or major revisions to existing CEA concepts. Presence of the department-submitted CEA Action Proposal information on CalHR's website does not indicate CalHR support for the proposal.

A. GENERAL INFORMATION

1. Date

July 15, 2016

2. Department

California Health Benefit Exchange

3. Organizational Placement (Division/Branch/Office Name)

Office of the Ombudsman

4. CEA Position Title

Director, Office of the Ombudsman

5. Summary of proposed position description and how it relates to the program's mission or purpose. (2-3 sentences)

Under the general direction of the General Counsel, the Chief, Office of the Ombudsman, functions as an Ombudsman or Special Advisor on complex and sensitive policy issues, and helps to resolve complaints or answer questions about Covered California's policies or practices. The Ombudsman seeks to resolve sensitive and critical health care issues affecting departmental policies, procedures and divisions in a fair, thorough, and timely manner and to ensure that individuals are treated fairly, and respectfully to successfully carry out the mission of the Exchange/CC. This position serves as a key policy and public relations expert and has extensive contact with a wide variety of individuals inside and outside of state government.

6. Reports to: (Class Title/Level)

General Counsel/Exempt

7. Relationship with Department Director (Select one)

- Member of department's Executive Management Team, and has frequent contact with director on a wide range of department-wide issues.
- Not a member of department's Executive Management Team but has frequent contact with the Executive Management Team on policy issues.

(Explain):

8. Organizational Level (Select one)

- 1st
- 2nd
- 3rd
- 4th
- 5th (mega departments only - 17,001+ allocated positions)

B. SUMMARY OF REQUEST

9. What are the duties and responsibilities of the CEA position? Be specific and provide examples.

Under the general direction of the General Counsel, the Chief, Office of the Ombudsman, functions as an Ombudsman or Special Advisor on complex and sensitive policy issues, and helps to resolve complaints or answer questions about Covered California's policies or practices. The Ombudsman seeks to resolve sensitive and critical health care issues affecting departmental policies, procedures and divisions in a fair, thorough, and timely manner and to ensure that individuals are treated fairly, and respectfully. This position serves as a key policy and public relations expert and has extensive contact with a wide variety of individuals inside and outside of state government.

Conflict Resolution - Provides the public and consumers of Covered California an opportunity to be heard by listening to complaints, identifying issues, and coordinating options for managing or resolving concerns/complaints. Collaborates with program managers, supervisors and staff in developing or revising processes or procedures to reduce or eliminate potential issues. Provides timely responses to the public, consumers, Directors, Board, General Counsel, and Executive staff when necessary prior to or transition to Administrative Appeals. Develops complaint resolution protocols, forms and tracking systems to identify trends and patterns to illuminate opportunities for system changes and improvements. Ensures that all complaints, calls and contacts are responded to timely and that complainants are informed of the status of their complaints. Refers individuals toward appropriate resources. Responds to staff, consumers, representatives of various special interest groups, legislative bodies, and community groups regarding problems or potential areas of critical concern.

Policy Advisor - Advises executive leadership of new and changing complaint trends within the Covered California consumer community. Provides annual reports to present data on the complaints received by the Ombudsman Program. Provides advice and recommendations on the development and implementation of policies and procedures consistent with executing the Exchange/CC's mission and vision such as cost sharing reduction, accessibility and readability in the Exchange/CC applications, minimum essential coverage and verification of eligibility to enroll in a Qualified Health Plan. Serves as a member of the Exchange/CC management team, contributing to development of long and short-term strategic goals and in the development and execution of program business operational objectives. Directs staff in the strategic and business plans, strategic initiatives, goals and related objectives Collaborates with the division management team in the development and continuous improvement of the Exchange/CC and divisional organization and processes.

Program Planning - Plans, organizes, coordinates, and directs the work of the Ombudsman Program. Establishes procedures for disclosure of information from the Ombudsman Program while ensuring the protection of confidential information. Plans and provides informational seminars and organizes work groups for training purposes. Directs administrative activities of the Ombudsman Program including budget expenditures and controls, performance tracking, contract and grant monitoring, and managing human resources from recruitment and recognition to discipline. Mentor, evaluate, recruit, and retain staff. Provide annual evaluation, including IDP to all eligible staff. Ensures effective use and maximization of staff resources across the Division. Establishes working relationship with all Division areas and external partner to ensure prompt resolution of cross functional issues.

Ensure adequate resources are available and deployed to support the Board meetings and policy making by the Board. Attends Board meetings. Provide input on sensitive and complex issues, and make presentations to the five-member Board as required. Represent the Exchange/CC at various meetings. Travel throughout the state to attend trainings, meetings, and conferences.

B. SUMMARY OF REQUEST (continued)

10. How critical is the program's mission or purpose to the department's mission as a whole? Include a description of the degree to which the program is critical to the department's mission.

- Program is directly related to department's primary mission and is critical to achieving the department's goals.
- Program is indirectly related to department's primary mission.
- Program plays a supporting role in achieving department's mission (i.e., budget, personnel, other admin functions).

Description: The Exchange/CC's mission is to increase the number of insured Californians, improve health care quality, lower costs, and reduce health disparities through an innovative, competitive marketplace that empowers consumers to choose the health plan and providers that give them the best value. The executive leadership team has developed, as part of the strategic plan, strategic pillars which includes: Affordable Plans, Getting Needed Care, Outreach and Education, Positive Consumer Experience, and Organizational Excellence.

The Office of the Ombudsman will serve as a central location in an effort to to create a direct line of communication from the consumer, and concerned public to provide education and advice regarding policy and resolution avenues through direct contact. Concerned consumers, stakeholders, and the general public may contact the Office of the Ombudsman to voice concerns with the Exchange/CC regarding policy issues, or to make a complaint. The Office of the Ombudsman must resolve issues expediently to decrease the likelihood of future litigation, negative media coverage and provide a Positive Consumer Experience.

The Director, Office of the Ombudsman is responsible for identifying new areas of concern from the consumers, stakeholders and the public and providing information, or making recommendations to revise current policies or develop new policies.

B. SUMMARY OF REQUEST (continued)

11. Describe what has changed that makes this request necessary. Explain how the change justifies the current request. Be specific and provide examples.

The health reform legislation (Patient Protection and Affordable Care Act) signed into law in March 2010 by President Obama creates state-based health insurance exchanges. States can choose to operate their own exchanges or participate in a multi-state exchange.

California early on chose to operate its own exchange, now known as "Covered California." The Exchange/CC was initially funded through federal grants, but will now rely solely on fees collected from health plans. In the short six years the Exchange/CC has been in operation many lessons learned have been implemented, and executive leadership has identified in the strategic plan, strategic pillars which were designed by the Exchange/CC's executive team to guide the organization when making decisions, setting priorities, determining initiatives and preparing an annual plan and includes: Affordable Plans, Getting Needed Care, Outreach and Education, Positive Consumer Experience, and Organizational Excellence. aiming to continually improve. As the Exchange/CC moves away from a "Start Up" department to a fully functioning organization Consumer Support and providing a positive consumer experience is at the forefront of priorities to help ensure Covered California's ability to serve Californians for years to come.

C. ROLE IN POLICY INFLUENCE

12. Provide 3-5 specific examples of policy areas over which the CEA position will be the principle policy maker. Each example should cite a policy that would have an identifiable impact. Include a description of the statewide impact of the assigned program.

The Office of the Ombudsman provides recommendations and consultation to executive leadership in resolving sensitive and critical health care issues that impact a broad spectrum of employees and general public statewide related to the Patient Protection and Affordable Care Act. The Office of the Ombudsman works with and responds to management, staff, consumers, and general public to find resolutions to high level policy issues concerning:

1. Eligibility Requirements - Cost Sharing Reductions- CCR, Title 10, Chapter 12, Article 5, § 6474 defines the eligibility requirements for individuals applying for Advance Payments of Premium Tax Credit (APTC) and Cost Share Reductions (CSR) which reduces an enrollee's out-of-pocket costs for a Qualified Health Plan (QHP). Many issues arise from the eligibility requirements to qualify for these incentives. The Office of the Ombudsman will work with executive leadership to recommend and develop strategies for implementation that would relieve and reduce future issues related to this policy such as educational resources for consumers and additional training for certified enrollment counselors and Service Center Representatives. This policy is one of the driving forces for the mission of the Exchange/CC and aligns with the strategic pillars to provide Affordable Plans, Outreach and Education and a Positive Consumer Experience.

2. Unsubsidized Applications - CCR, Title 10, Chapter 12, Article 5, § 6478 defines criteria necessary to verify eligibility requirements to enroll in a QHP. The Office of the Ombudsman will work with the executive leadership team to develop new policies and procedures or recommend solutions with technology to resolve issues related to the eligibility requirements.

3. Accessibility and Readability Standards - CCR, Title 10, Chapter 12, Article 5, § 6452 defines the requirements to which the Exchange/CC must communicate with its consumers, for example: written documents must be written in plain language and at a ninth grade level, but if possible, at the sixth grade level.

4. Minimum Essential Coverage (MEC) - CCR, Title 10, Chapter 12, Article 5, § 6480 requires the Exchange/CC to verify whether or not an applicant is eligible for the MEC other than through an eligible employer-sponsored plan, Medi-Cal, or CHIP using information from the HHS for consumers to avoid paying a tax penalty for being uncovered.

5. Verification of Eligibility to Enroll in a Qualified Health Plan - CCR, Title 10, Chapter 12, Article 5, § 6472 and § 6478(a) outlines the requirements one must meet in order to enroll in a Qualified Health Plan through the Exchange/CC.

C. ROLE IN POLICY INFLUENCE (continued)

13. What is the CEA position's scope and nature of decision-making authority?

The Director, Office of the Ombudsman will have extensive contact with a variety of individuals related to health care reform inside and outside the Exchange/CC, local, State and Federal governments which provides a wide scope of responsibility. The Director, Office of the Ombudsman is responsible for creating and recommending new policy or revisions to existing policy with the authority to implement it or working with other members of the executive team to implement, while monitoring any issues arising from the implementation and making decisions to resolve them quickly. The Office of the Ombudsman will also be responsible for mediating high level policy issues involving consumers, stakeholders, and the Exchange/CC. The director will be responsible for determining annual priorities for the Office of the Ombudsman. The Director must regularly access complaints and issues and decide the best necessary course of action to resolve the issues or complaints and make recommendations to alleviate those issues in the future.

14. Will the CEA position be developing and implementing new policy, or interpreting and implementing existing policy? How?

The CEA will be developing and implementing new policy and revising or interpreting existing policy in the areas cited and described above.