



COVERED
CALIFORNIA

Navigator Program Request for Application

Draft 12/2/13

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1 EXECUTIVE SUMMARY

The California Health Benefit Exchange, hereafter referred to as Covered California, is announcing the availability of \$5 million Navigator Program grant funds through a competitive application process. Qualified organizations may apply for funds to conduct outreach, education, and enrollment activities to California's uninsured populations eligible for Covered California Health Plans as authorized under the Patient Protection and Affordable Care Act of 2010 (the "Affordable Care Act"). Covered California operates a marketplace for individual consumers and small businesses to enroll in affordable health insurance plans (Covered California Health Plans).

The grant award period is June 1-Dec. 31, 2014. The Navigator Program is a requirement of the Affordable Care Act, which prohibits the use of federal grant dollars for the implementation of the program. The Navigator Program will be funded from revenue generated by Covered California.

The Affordable Care Act provides California with the opportunity to significantly reduce the millions of uninsured individuals and to transform the health insurance marketplace. The new marketplace is consumer-focused and will allow Californians to shop online, over the phone, by mail or receive in-person assistance, in order to find the health insurance plan best meeting the consumer's needs. Individuals will be able to compare different health insurance plans to determine which will be affordable to them. In addition, consumers can learn if they qualify for Covered California Program tax credits and cost sharing reductions, collectively known as subsidies. Small businesses will also be able to shop and compare different health insurance plans, to determine which will be affordable to them and their employees, and learn whether they qualify for tax credits.

Covered California's Navigator Program targets California's diverse populations and includes a "no wrong door" enrollment approach where health insurance programs are easy for consumers to understand and purchase. Through this grant opportunity, Navigator Certified Enrollment Entities will develop regional and target market segment plans. Navigator-affiliated Certified Enrollment Counselors (CECs) will deliver outreach, education, and enrollment services. Navigator Program activities consist of informing consumers of the availability and benefits of obtaining health care coverage, promoting the value of purchasing health care coverage, motivating consumers to act, helping consumers to shop and compare plans and facilitating enrollment into Covered California Health Plans and other affordable coverage options, including Medi-Cal. By delivering fair and impartial information, Certified Enrollment Counselors will protect the rights and interests of consumers and promote Covered California as a trusted marketplace.

Through this grant opportunity, Covered California is looking to engage organizations with experience in developing and implementing a coordinated outreach plan and proven success enrolling consumers in health care programs. All eligible California consumers will be able to enroll in Covered California Health Plans during the annual Open Enrollment period. Only those with qualifying life events will be able to enroll outside of the Open Enrollment period during the Special Enrollment period. The Open Enrollment period will begin on October 15, 2014 and end on December 7, 2014. Navigator Grantees engaged through this funding opportunity will conduct enrollments from July 1, 2014 through December 31, 2014, with the majority of enrollments occurring during the Open Enrollment period.

Covered California will direct Navigator Program grant funds to entities with demonstrated capacity and organizational readiness to drive enrollments during the seven (7) week Open

Enrollment period. **Funds will be directed to organizations with trusted relationships with eligible consumers and viable staffing plans for achieving aggressive enrollment goals.**

The Navigator Grant Program will reach eligible consumers with two key funding strategies:

- **Regional Funding Pool:** \$3-4 million to conduct outreach, education, and enrollment activities within six established regions; and
- **Targeted Funding Pool:** \$1-2 million to conduct outreach, education, and enrollment activities to target market populations

2 BACKGROUND AND INFORMATION

2.1 BACKGROUND

Soon after the passage of national health care reform through the Patient Protection and Affordable Care Act of 2010 (the “Affordable Care Act”), California initiated a multi-agency, coordinated effort to implement actively its provisions and establish a new health care marketplace. California enacted the first state legislation to establish a health benefit exchange (Chapter 655, Statutes of 2010-Perez and Chapter 659, Statutes of 2010-Alquist). The Exchange is a public entity within state government with a five-member board appointed by the Governor and the Legislature. The Exchange administers Covered California, the public name of the new health care marketplace.

Covered California offers subsidized health care coverage in the form of Advanced Premium Tax Credits and Cost Sharing Reductions, collectively known as subsidies, to individuals and families with incomes above the upper limits for Medi-Cal, California’s Medicaid program (138% of the federal poverty level). Subsidies are only available to consumers through Covered California. Covered California also offers access to coverage for individuals who are not subsidy-eligible.

Covered California operates a Small Business Health Options Program (SHOP) that offers small businesses (1 to 50 employees) and their employees, new health insurance choices. SHOP lets businesses easily compare and contrast a variety of Covered California Health Plans offered by private insurers.

2.1.1 COVERED CALIFORNIA’S VISION, MISSION, AND VALUES

- **Vision** – The vision of Covered California is to improve the health of all Californians by assuring their access to affordable, high quality care.
- **Mission** – The mission of Covered California 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.
- **Values** – Covered California is guided by the following values:
 - **Consumer-focused** – At the center of Covered California’s efforts are the people it serves, including patients and their families, and small business owners and their employees. Covered California will offer a consumer-friendly experience that is accessible to all Californians, recognizing the diverse cultural, language, economic, educational and health status needs of those we serve.
 - **Affordability** – Covered California will provide affordable health insurance while assuring quality and access.

- **Catalyst** – Covered California will be a catalyst for change in California’s health care system, using its market role to stimulate new strategies for providing high quality, affordable health care, promoting prevention and wellness and reducing health disparities.
- **Integrity** – Covered California will earn the public’s trust through its commitment to accountability, responsiveness, transparency, speed, agility, reliability and cooperation.
- **Partnership** – Covered California welcomes partnerships, and its efforts will be guided by working with consumers, doctors and hospitals, health insurance plans, employers and other purchasers, government partners and other stakeholders.
- **Results** – The impact of Covered California will be measured by its contributions to expanding coverage and access, improving health care quality, promoting better health and health equity and lowering costs for all Californians.

2.1.2 COVERED CALIFORNIA’S UNINSURED POPULATION DATA

U.S. citizens, nationals and individuals lawfully present in the U.S. who meet eligibility requirements may enroll in the coverage available through Covered California. In most circumstances, federal health care reform provides Advanced Premium Tax Credits and Cost Sharing Reductions to consumers with incomes above 138% and up to 400% of the Federal Poverty Level. In 2013, a family of four’s annual income would range from approximately \$32,520 to \$94,200 to qualify for Covered California’s subsidized program. **The Navigator Program will focus on consumers with incomes above 138% of the Federal Poverty Level who qualify for enrollment in Covered California’s subsidized and non-subsidized health coverage options in the individual Exchange.**

COVERED CALIFORNIA TARGET POPULATIONS

	Individual Exchange
Target Markets	Individual consumers newly eligible for Covered California’s subsidized and non-subsidized programs (above 138% of the Federal Poverty Level).
Enrollment Goals	<p>Year-end estimates:</p> <p>2014 – 1.4 million Californians</p> <p>2015 – 1.9 million Californians</p> <p>2016 – 2.3 million Californians</p>

The chart below shows Covered California’s target populations based on Federal Poverty Levels (FPL) of households.

2013 Monthly Income by Household Size*		
Household size (number of persons living within)	138% FPL	400% FPL
1	\$1,321	\$3,830
2	\$1,784	\$5,170
3	\$2,247	\$6,510
4	\$2,710	\$7,850
5	\$3,173	\$9,190
6	\$3,636	\$10,530
7	\$4,099	\$11,870
8	\$4,562	\$13,210

*Calculations by U.S. Department of Health and Human Services

2.1.3 OVERVIEW OF THE STATEWIDE MARKETING AND OUTREACH PLAN

In June 2012, the Board of the California Health Benefit Exchange approved the comprehensive Statewide Marketing, Outreach and Education Program and the Enrollment Assistance Program. Current Marketing Strategies include:

- Creative development and advertising production in multiple languages (e.g., television, radio, bulletins, posters, print ads, digital/mobile, direct mail and grass roots);
- Paid media planning;
- Public relations efforts;
- Social media efforts;
- Enrollment Assistance Program
- Outreach and Education Grant Program;
- Ongoing Advisory group meetings
- Stakeholder Feedback Webinars and Solicitations
- NORC Marketing Consumer Baseline/Segmentation Study (Appendix D); and
- Community Outreach Network that will serve as the community relations arm of Covered California helping to coordinate public and private partnerships, and complement Outreach and Education Grantees and Certified Enrollment Counselors.

2.1.3.1. COVERED CALIFORNIA'S MULTILINGUAL SERVICE CHANNELS

Covered California has dedicated customer service representatives available over the phone and online to turn the healthcare user into informed consumers. In partnership with local county workers, there are additional representatives serving consumers to ensure fair, accurate and concise information about health options. The service channels educate consumers in their preferred language about the value and necessity of health insurance and in turn, enable them to make decisions about a health plan that best suits their unique needs. Covered California's service channels also include:

- Certified Insurance Agents
- Community Outreach Network Partners
- Outreach and Education Grant Partners
- Enrollment Assistance Program Partners (including the In-Person Assistance Program and Navigator Program Certified Enrollment Entities and Counselors).

2.1.3.2. OUTREACH AND EDUCATION GRANT PROGRAM

The overall intent of the Outreach and Education Grant Program is to raise awareness among eligible consumers about Covered California health insurance plans by engaging trusted organizations to conduct outreach and education activities. The list of organizations selected and a description of the grant application and award process can be found here: <http://www.healthexchange.ca.gov/Pages/OutrchandEdProg.aspx>

The guiding principles of the Outreach and Education Grant Program are to:

- Target resources based on the greatest opportunity to reach the highest number of uninsured and subsidy eligible consumers where they live, work, play and shop.
- Ensure that all regions and markets in the state, including the hard-to-move (e.g. rural and limited English proficient populations) receive the Covered California message.

Navigator Grant Program is expected to complement the efforts of the Outreach and Education Grant Program.

2.1.4 ENROLLMENT ASSISTANCE PROGRAM

Covered California established an Enrollment Assistance Program that includes both the Navigator and In-Person Assistance Programs to provide assistance to individual consumers when they apply for and select health care coverage through Covered California. The primary distinctions between the In-Person Assistance and Navigator programs are outlined below.

**ENROLLMENT ASSISTANCE PROGRAM: IN-PERSON ASSISTANCE PROGRAM &
NAVIGATOR PROGRAM ROLES AND RESPONSIBILITIES**

ROLES & RESPONSIBILITIES:	In-Person Assistance Program	Navigator Program
➤ Conduct coordinated, large-scale outreach and education activities to raise awareness of the availability of Covered California products.		✓
➤ Distribute information concerning enrollment into Covered California health plans.	✓	✓
➤ Facilitate enrollment into Covered California health plans.	✓	✓
➤ Provide referrals to Consumer Assistance Programs.	✓	✓
➤ Provide information that is culturally and linguistically appropriate.	✓	✓
COMPENSATION:	In-Person Assistance Program	Navigator Program
➤ Per Successful Application (\$58) ➤ Per Successful Renewal (\$25)	✓	
➤ Awarded funds through Covered California competitive Grant Program.		✓

2.1.4.1. CERTIFIED ENROLLMENT ENTITY (CEE) AND CERTIFIED ENROLLMENT COUNSELOR (CEC)

CEC can only receive compensation from either the In-Person Assistance Program or the Navigator Program, but in no instance would they be allowed to receive compensation from both.

2.1.4.2 NAVIGATOR PROGRAM GOALS

The Navigator Program will support Covered California’s goal of increasing the number of Californians that access and retain affordable health insurance. The goals of the Navigator Program are to:

1. Maximize enrollment of eligible consumers in subsidized and unsubsidized Covered California Health Plans.
2. Prioritize enrollment assistance to areas with the largest concentrations of uninsured individuals.
3. Engage entities that maintain trusted relationships with target markets as defined by geography, employment sector, culture, language, or other shared characteristics, and possess the capacity to serve as an integral part of Covered California’s service channels.

4. Coordinate with the In-Person Assistance Program and Outreach and Education Grant Program to ensure alignment and cost-effectiveness.

3 PURPOSE OF THIS REQUEST FOR APPLICATION

The purpose of this Request for Applications is for Covered California to solicit Applications from interested organizations to participate in the Navigator Program. Organizations selected will provide Covered California with a strategic plan for their region and/or target market segments that will leverage existing relationships within their communities to reach eligible consumers to enroll them in Covered California Health Plans. To achieve successful enrollment and retention of coverage, another goal of the Navigator Program is to educate consumers about the value of insurance and the range of affordable health insurance programs and subsidies available to them, including Covered California Health Plans, Medi-Cal, and other programs.

Covered California plans to award **\$5 million** to organizations that will organize, promote and hold enrollment events and activities. The grant term is from June 1, 2014 through December 31, 2014.

Covered California has identified two distinct funding priorities for the allocation of Navigator grant funds.

- **Regional Funding Pool:** \$3-4 million to conduct outreach, education, and enrollment activities within six established regions; and
- **Targeted Funding Pool:** \$1-2 million to conduct outreach, education, and enrollment activities to target market populations

3.1 TARGET POPULATIONS OF THE NAVIGATOR PROGRAM

The target populations for the Navigator Program are consumers eligible for enrollment in Covered California Health Plans. The Navigator Program will focus on consumers with incomes above 138% of the Federal Poverty Level (FPL) who qualify for enrollment in Covered California's subsidized and non-subsidized health coverage options in the individual Exchange. Covered California also encourages enrollment of any eligible individual, including those consumers eligible for Medi-Cal (below 138% of the FPL) and consumers above 400% of the FPL.

Navigator Grantees will focus entirely on providing outreach, education, and enrollment services to the individual consumer market. Although Navigators will not provide enrollment assistance to small businesses, they will be required to provide referrals to other entities, agents, and resources that can help small businesses shop and compare affordable coverage options for them and their employees through Covered California's SHOP (Small Business Health Options) Program. Navigators will be expected to maintain familiarity with SHOP and provide information to small businesses about the benefits of purchasing insurance through SHOP and options for enrollment assistance.

3.2 GRANT AWARD PERIOD

The grant award period is from June 1, 2014 through December 31, 2014. Navigator grantees will conduct the majority of enrollment activities during the 7-week Open Enrollment period beginning on October 15, 2014 through December 7, 2014 for enrollments effective on January 1, 2015. Applicant work plans and budgets should reflect the concentration of activity during this period and are strongly encouraged to present staffing plans that demonstrate capacity to achieve aggressive enrollment goals during the

Open Enrollment period. Covered California may elect to extend the Navigator Agreement based on an assessment of performance and program priorities.

Navigator Program	Date
Navigator Grant Application Release	Feb. 3, 2014
Navigator Applications Due	March 3, 2014
Special Enrollment Period	April 1 – Oct. 14, 2014
Announcement of Intent to Award	April 23, 2014
Contract Negotiations	April 24 – May 14, 2014
Navigator Affiliation & Background Check	May 16 – June 5, 2014
Navigator Grantee Training & Certification Begins	June 2014
Draft Work Plan and Strategic Plan Due	June – July, 2014
Navigators Begin Enrollment Assistance	July 1, 2014
Final Work Plan Due	September, 2014
Open Enrollment Period	Oct. 15 – Dec. 7, 2014
End of Grant Award Period	Dec. 31, 2014

Navigator Grantees will facilitate enrollment of individuals with qualifying life events (“Special Enrollments”). Qualifying life events may include, but are not limited to, the loss of minimum essential coverage due to divorce, unemployment, cessation of dependent status, or other conditions; exhaustion of COBRA continuation coverage; an individual gains citizenship or legal residency in the United States; and more.

Applicants must demonstrate their ability to ramp up activities during a short period of time. Grantees will be expected to conduct distinct activities during the following phases of the grant award period.

Phase	Time Period	Activities
Special Enrollment period	April 1, 2014 – October 14, 2014	Enrollment events targeted toward individuals with qualifying life events
Program Initiation and Planning	April 23, 2014 – June 30, 2014	<ul style="list-style-type: none"> • Contract negotiations • Navigator Affiliation & Background Check • Training & Certification
Open Enrollment period	October 15, 2014- December 7, 2014	<ul style="list-style-type: none"> • Aggressive outreach, education, and enrollment efforts to drive enrollments among target populations

3.3 FUNDING POOLS

Applicants are invited to submit proposals to conduct outreach, education, and enrollment activities to individual consumers eligible for enrollment in Covered California Health Plans. Covered California has established two funding pools for the Navigator Program:

- **Regional Funding Pool:** \$3-4 million to conduct outreach, education, and enrollment activities within six established regions; and
- **Targeted Funding Pool:** \$1-2 million to conduct outreach, education, and enrollment activities to hard-to-reach populations

	Targeted Funding Pool	Regional Funding Pool
Purpose	Engage entities or collaboratives with access to targeted segments of eligible consumers that share common characteristics such as language, ethnicity or employment sector	Engage collaboratives or entities to reach eligible consumers in each of the six established regions of the state.
Target Populations	<ul style="list-style-type: none"> • Targeted populations with high levels of uninsured, such as hard-to-reach, young invincibles, Limited English Proficient, etc. 	<ul style="list-style-type: none"> • Eligible consumers • Six regions: North, Bay Area, Central, Los Angeles/Orange County, Inland, and San Diego
Funding Allocation	\$1-2 million	\$3-4 million, Total
Grant Award Sizes	\$250,000 - \$500,000	\$250,000 - \$2,000,000
Expected # of Awards	Minimum 2; Maximum 8	Maximum 6 (one per region)

Applicants may submit separate Applications to both the Regional and Targeted Funding Pools. Please see Section 3.4 Number of Applications for more information.

3.3.1 ACCESS TO TARGET MARKETS

Covered California is particularly interested in innovative Applications that demonstrate an established and trusted relationship with consumers eligible to enroll in affordable health insurance options offered by Covered California.

- Applicants must demonstrate knowledge of the barriers, motivators, and preferences of their target market(s).
- Applicant must demonstrate their capacity to deliver outreach, education, and enrollment in-language to target markets.
- Applicants with a demonstrated presence in each county that the Applicant proposes to serve will be highly considered. (Refer to Appendix B for Counties by Region.)

Covered California will make exceptions for entities proposing to serve rural areas of the state. The office location must be conducive to conducting enrollments, as described in **Section 4.2.4—Venues for Enrollment Activities**.

3.3.2 REGIONAL FUNDING POOL

Covered California has established a Regional Funding Pool to support outreach, education, and enrollment campaigns that target eligible consumers in the following six regions: North, Bay Area, Central California, Los Angeles, Inland, and San Diego. The Regional Funding Pool ensures that all regions of the state benefit from outreach, education, and enrollment services through the Navigator Program, while also directing resources to those regions with the greatest number of Californians eligible to enroll.

The Regional Funding Pool is intended to encourage regional collaborations, including established and emerging partnerships, to submit joint proposals to reach Covered California’s target markets in a single region. Collaborative Applications must identify a lead organization, and list all other Collaborative partners as subcontractors. Applicants that can clearly demonstrate the capacity to serve the region without the use of subcontractors will also be considered. **Applicants may propose to serve more than one region, but must submit separate Applications for each region.**

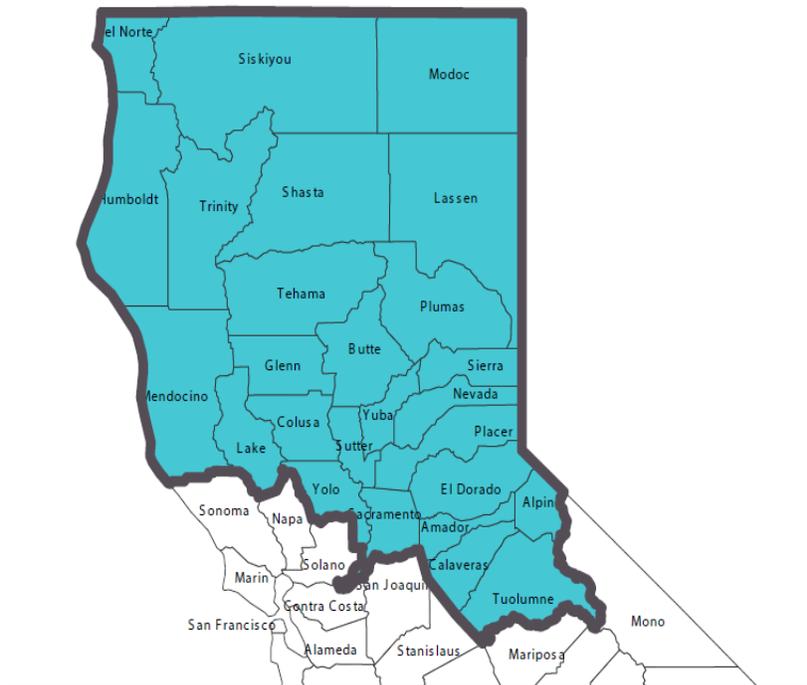
Applicants that propose to serve the entire region, or areas of the region with the highest concentrations of uninsured and eligible individuals, will be highly considered. Applicants will be required to identify uninsured markets in each region (e.g. ethnicity, language, employment sector, etc.), and describe their strategies for meeting these diverse markets within the region. If the Applicant intends to serve a specific target population(s) regardless of geographic factors, they should apply under the Targeted Funding Pool.

The map below outlines the six regions in the Regional Funding Pool, and the counties in each region. Applicants must identify the counties that they propose to serve within the region, the requested funding amount in each county, the number of successful consumer applications that they expect to achieve in each county, and the strategies that they will implement to reach diverse markets in each county.

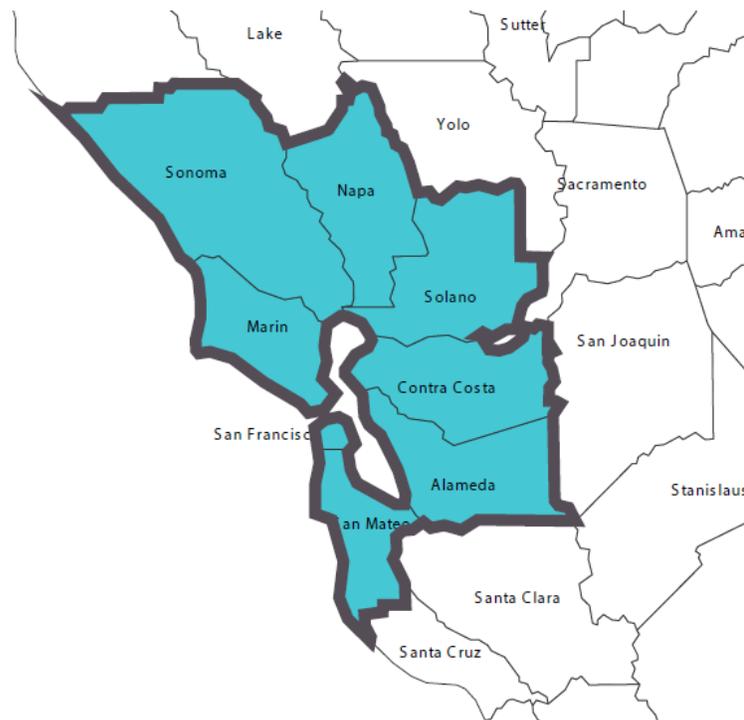
Region	% of State
North	7%
Bay Area	10%
Central CA	17%
Los Angeles/Orange County	49%
Inland	10%
San Diego	7%



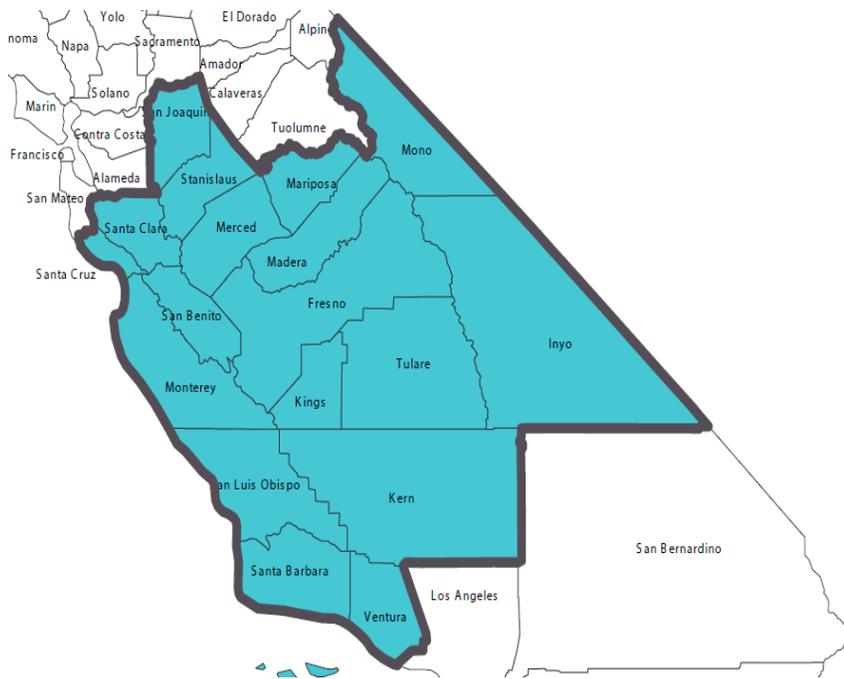
NORTH REGION



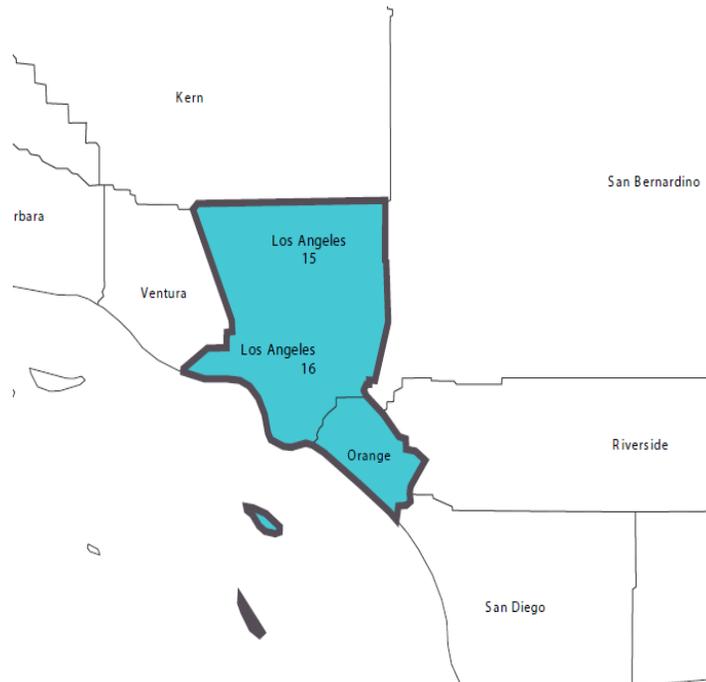
BAY AREA REGION



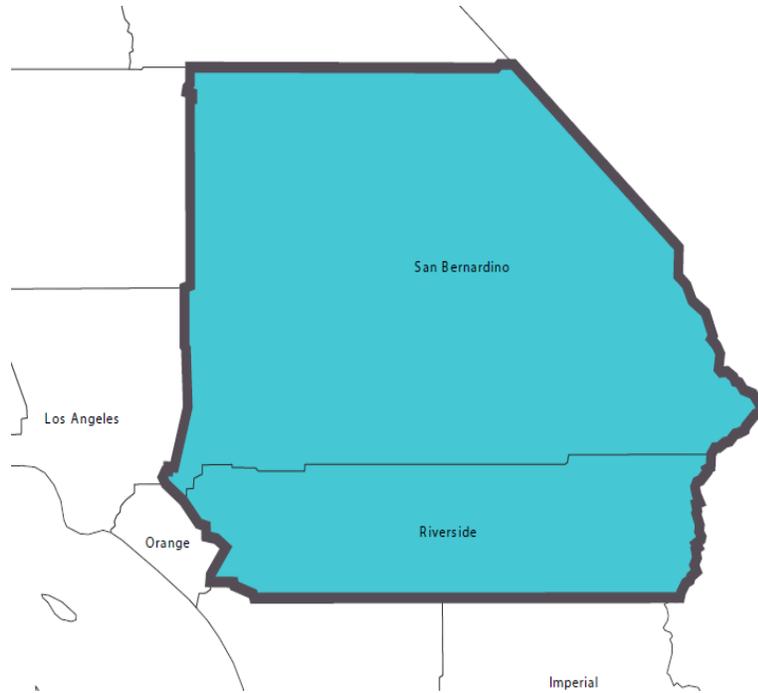
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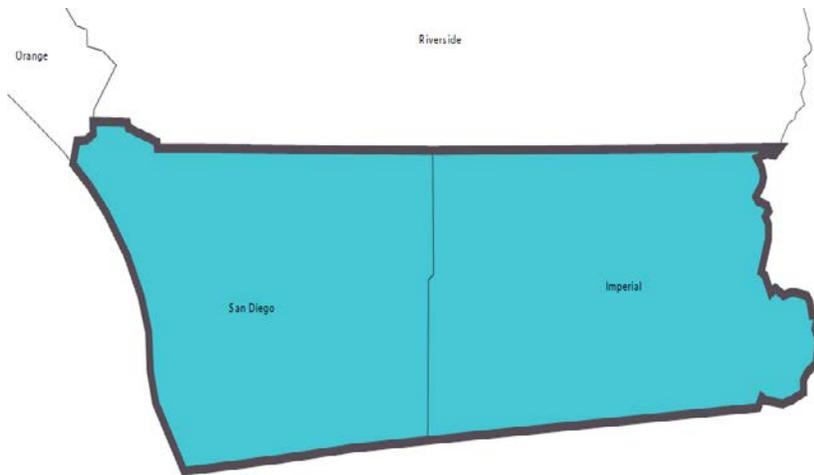
LOS ANGELES/ORANGE COUNTY REGION



INLAND REGION



SAN DIEGO REGION



Covered California developed anticipated funding allocations for each region based on the number of consumers likely to enroll. These are only estimates and Covered California reserves the right to modify these estimates during the Grant evaluation and selection process. Applicants are encouraged to review the table below and submit proposals that are aligned with the distribution of the target uninsured populations and the anticipated enrollment numbers in their target region. Please see Appendix B for a list of counties included in each region.

Rating Region	Subsidy-Eligible Individuals	% of State	Potential Grant Range
North	195,000	7.5%	\$240,000 - \$360,000
Bay Area	257,400	10%	\$316,000 - \$474,000
Central CA	434,200	17%	\$534,000 - \$801,000
Los Angeles/Orange County	1,279,200	49%	\$1,573,000 - \$2,360,000
Inland	262,600	10%	\$324,000 - \$486,000
San Diego	171,600	7%	\$212,000 - \$319,000

4.1.2.1. REGIONAL FUNDING POOL FUNDING REQUEST GUIDELINES

Regional Funding Pool Applicants must conform to the following guidelines:

- Applicants are encouraged to submit one comprehensive Application for the region they intend to serve. **The Applicant may apply to serve up to six (6) regions, but a separate Application must be submitted for each region.**
- The Application must clearly demonstrate the requested funding for each County within the Region the Applicant proposes to reach and the total combined funding request for the Region.
- The funding request should not exceed the higher end of the Potential Grant Range for the region, as outlined in **Section 3.3.2—Regional Funding Pool** above.
- In developing budgets, Applicants should refer to guidelines on expected successful applications for each award size. Please see **Section 5.2—Work Plan and Budget Guidelines**.

3.3.3 TARGETED FUNDING POOL

Covered California established a Targeted Funding Pool to reach those market segments and populations that experience significantly high rates of uninsured individuals, based on non-geographic factors. The Targeted Funding Pool is intended for Applicants with trusted relationships with one or more target populations that share a common characteristic, such as age, ethnicity, language, employment sector, etc. Applicants proposing to serve target populations must clearly describe the characteristics of their target markets and demonstrate established relationships with each population they propose to serve. Applicants must also demonstrate knowledge of the barriers, motivators, and preferences of their target market(s), and the Applicant’s ability to deliver outreach, education, and enrollment in

person and in the preferred language of target markets. Examples of target markets include, but are not limited to, the following:

- Hard-to-move populations with high numbers of uninsured (e.g. young invincibles) who are unlikely to obtain health care coverage because they do not understand the importance of having coverage;
- Populations with Limited English Proficiency (e.g. Spanish, Cantonese, Mandarin, Vietnamese, Korean, Cambodian/Khmer, Hmong, Tagalog, Russian, Armenian, Farsi, Arabic, etc. speaking populations);
- College students;
- LGBT individuals;
- Culturally diverse populations and communities, such as Native American Indians, Latinos, Asians, Pacific Islanders, African Americans, etc.;
- Families with mixed immigration status;
- Employment sectors in which there are high numbers of uninsured workers. These include:
 - Construction
 - Restaurant and other food services
 - Crop Production
 - Elementary and secondary schools
 - Services to buildings and dwellings (except construction)
 - Grocery stores
 - Truck Transportation
 - Real Estate
 - Automotive Repair and Maintenance
 - Child day care services
 - Traveler Accommodation
 - Hospitals
 - Investigation and security services
 - Independent artists, performing arts, spectator sports and related industries.
- Other markets defined by gender, income, age, etc. with high rates of uninsured.

3.3.3.1 TARGETED FUNDING POOL FUNDING REQUEST GUIDELINES

Targeted Funding Pool Applicants must conform to the following guidelines:

- Applicants are encouraged to submit one comprehensive Application for the target population(s) they intend to serve. **Covered California will only accept one (1) Application per entity for the Targeted Funding Pool.**
- In developing budgets, Applicants should refer to guidelines on expected successful applications for each award size. Please see **Section 5.2—Work**

Plan and Budget Guidelines for anticipated number of applications to be reached by award size.

- **The minimum total funding request is \$100,000. The maximum total funding request is \$500,000.** Covered California will not consider Targeted Funding Pool proposals whose total funding request exceeds \$500,000.

3.4 NUMBER OF APPLICATIONS

Applicants may submit separate Applications to both the Regional and Targeted Funding Pools. An Applicant may submit one or more Applications as follows:

- Submit a single Application to the Regional Funding Pool to serve one region;
- Submit up to 6 Applications to the Regional Funding Pool to serve multiple regions;
- Submit a single Application to the Targeted Funding Pool; or,
- Submit a single Application to the Targeted Funding Pool and up to 6 Applications to the Regional Funding Pool.
- The maximum number of Applications that an entity may appear on is seven (7).

3.5 ELIGIBLE ENTITIES

All Navigator Program Applicants must meet the following eligibility criteria:

- Demonstrate that the entity has existing relationships, or could readily establish relationships, with consumers (including uninsured and underinsured consumers), or self-employed individuals likely to be eligible for enrollment in a Covered California Health Plan;
- Meet any licensing, certification or other standards prescribed by Covered California;
- Not have a conflict of interest during the term as a Navigator Grantee;
- Comply with the privacy and security standards adopted by Covered California.

Covered California welcomes Applications from organizations and entities that meet these criteria and also demonstrate proven experience enrolling consumers in programs. For Collaborative Applicants, it is the responsibility of the lead agency to verify that all sub-contractors meet the eligibility requirements of this grant. According to the Affordable Care Act, at least one Navigator Grantee must be a community-focused nonprofit and an additional qualified entity as identified by the list below.

Entities Eligible for Navigator Grants

American Indian Tribes or Tribal Organizations
Chambers of Commerce
City, County or Local Government Agencies
Commercial Fishing, Industry Organizations
Community Colleges and Universities
Faith-Based Organizations
Indian Health Services Facilities
Labor Unions
Licensed Attorneys
Non-Profit Community Organizations
Ranching and Farming Organizations
Resource Partners of the Small Business Administration
Safety-Net Clinics (including Community Clinics, Free Clinics, FQHC, FQHC Look-Alikes, IHS Direct Services Clinics, IHS 638 Contracting or Compacting Clinics, IHS Urban Indian Health Centers)
School Districts
Tax Preparers as defined in Section 22251(a)(1)(A) of the Business and Professions Code
Trade, Industry, and Professional Organizations

4 SERVICES SOLICITED AND SUPPORTED BY COVERED CALIFORNIA

Covered California is soliciting the following services to maximize enrollment of eligible individual consumers in Covered California Health Plans and other affordable coverage options:

- Developing and implementing outreach plans for the purposes of promoting Grantee organized enrollment events and activities;
- Conducting outreach and education activities to eligible, uninsured consumers to raise awareness of opportunities for affordable coverage through Covered California.
- Organizing and convening enrollment events to facilitate enrollment of eligible consumers in Covered California Health Plans during the Open Enrollment period;
- Facilitating the enrollment of consumers who experience a qualifying life event and become eligible to purchase Covered California Health Plans during the Special Enrollment period;
- Facilitating renewal applications for interested consumers; and,
- Responding to enrollment leads provided by Covered California.

Covered California will only consider plans that are innovative, effective, and evidence-based. When presenting plans, the Applicant must:

- Describe the Applicant's innovative strategies for promoting, organizing, and staffing enrollment events and activities during Open Enrollment and Special Enrollment periods;
- Describe the Applicant's staffing plan for the program, and demonstrate operational readiness to meet aggressive enrollment goals during the 7-week Open Enrollment period;
- For Collaborative Applications, describe the role of each partner in implementing the work plan;
- Describe how the work plan will be monitored and adjusted as necessary to meet target goals during the short grant award period.

4.1 ROLES AND RESPONSIBILITIES OF NAVIGATOR GRANTEE

The minimum duties and responsibilities of Navigator Grantees are to:

- Maintain expertise in Covered California Health Plans, and conduct outreach and education activities to raise awareness.
- Provide information and services in a fair, accurate and impartial manner to consumers. Such information and services shall include assistance with all other insurance affordability programs (i.e. Medi-Cal and Children's Health Insurance Program).
- Facilitate enrollment of a Covered California Health Plan, and other insurance affordability programs including Medi-Cal and Premium Assistance Options available through Covered California.
- Provide referrals to any applicable office of health insurance consumer assistance or health insurance ombudsman established under section 2793 of the PHS Act, or any other appropriate State agency or agencies, for any enrollee with a grievance, complaint, or question regarding their health insurance plan, coverage, or a determination under such plan or coverage.
- Provide information in a manner that is culturally and linguistically appropriate to the needs of the population being served, including individuals with Limited English Proficiency, and ensure accessibility and usability of Navigator outreach, education and enrollment tools for individuals with disabilities in accordance with the Americans with Disabilities Act and § 504 of the Rehabilitation Act.
- Comply with privacy and security standards established by Covered California and comply with any related confidentiality standards.

Navigators must provide enrollment services in accordance with the program standards, roles and responsibilities defined in the Agreement. Grantees are required to:

- Conduct all enrollments in-person and in-language (in the preferred language of the consumer).
- Utilize messaging and collateral materials approved by Covered California. Materials will be provided free and in threshold languages as needed.
- Conduct all enrollments in locations that meet the venue standards described in **Section 4.2.4 —Venues for Enrollment Activities**.
- Comply with the all Privacy and Security laws including those pertaining to Personally Identifiable Information and the Health Insurance Portability and Accountability Act (HIPAA).

- Represent themselves in professional attire.
- The Grantee must not make any political comments in any presentation, nor convey any messages inconsistent with Covered California's policies or state law.

4.2 APPROACH TO OUTREACH, EDUCATION AND ENROLLMENT

The primary role of Navigators will be to maximize enrollment in Covered California Health Plans by organizing, promoting and holding enrollment events and activities. Covered California is soliciting innovative proposals to conduct outreach, education and enrollment as follows:

- **Outreach and Education** is defined as the provision of program information and message points to increase an individual's understanding of health insurance opportunities offered by Covered California with the end goal of facilitating enrollment of the individual in a Covered California Health Plan.
- **Enrollment** is defined as the enrollment of a consumer not currently enrolled in a Covered California Health Plan into a Covered California Health Plan, regardless of timing, plan selection, or prior insurance coverage source. CECs will distribute fair and impartial information concerning enrollment into Covered California Health Plans, help consumers shop for and compare plans, and facilitate the consumer's enrollment using CoveredCA.com. CECs must conduct enrollments in accordance with the list of Prohibited Activities, as described in **Section 4.3.2**.

The majority of effort will be spent on facilitating enrollment in Covered California Health Plans. Outreach and education efforts should be focused on driving consumers to enrollment events and other enrollment opportunities organized by the Grantee.¹ Grantees will need to develop and execute targeted marketing and program development strategies in the months leading up to the Open Enrollment period. Activities during this ramp up time include establishing partnerships with employers or other organizations with access to uninsured individuals, planning and organizing enrollment events, promoting enrollment opportunities and events, and educating consumers about upcoming opportunities to enroll.

4.2.1 APPROACH TO OUTREACH AND EDUCATION

The purpose of outreach and education is to promote in-person enrollment events and opportunities that are organized by the Grantee.

Outreach and Education activities consist of the provision of in-depth program information, checking for understanding, answering consumer questions and motivating consumers to enroll. Activities include:

- Promoting consumer awareness about their options to obtain affordable health coverage through Covered California, including informing consumers of available no-cost, subsidized, and non-subsidized programs, and other health care affordability programs, including Medi-Cal;
- Communicating the value of purchasing health coverage;

¹ The approach to outreach and education in the Navigator Program is different from the approach in the Outreach & Education program. In the Navigator Program, outreach and education is the first step toward the Navigator's provision of enrollment assistance. In the Outreach & Education Program, education is provided to generate leads that are then distributed to In-Person Assistants.

- Educating consumers about health coverage costs and options, including co-insurance, co-pays, and benefit designs;
- Educating consumers about the opportunities to enroll during the Open Enrollment period;
- Promoting the Special Enrollment period for consumers who experience a change of circumstances, e.g. marriage, birth, adoption, divorce, loss in health care coverage, etc.;
- Promoting Grantee sponsored enrollment events and activities.

Covered California assumes that Grantees will need to provide outreach and education to a much greater number than their enrollment targets in order to reach enrollment goals.

Grantees may define their own strategies for conducting outreach and education; however, these efforts should focus on promoting enrollment events or other enrollment opportunities offered by the Grantee. Covered California encourages

Applicants to propose innovative and evidence-based strategies that effectively reach target populations. Examples of effective strategies include:

- Formal presentations or booths at local community and/or trade events, ethnic media events, or other community-focused venues like libraries, community colleges, supermarkets, health and fitness clubs, etc.;
- Distributing brochures, flyers, and collateral materials that promote enrollment events to target populations likely to be eligible;
- Establishing partnerships with the key local stakeholders including the local media to raise awareness and promote enrollment events among target populations.

4.2.2 APPROACH TO ENROLLMENT

Navigators will facilitate consumer enrollment in a Covered California Health Plan or other affordable health care coverage options (i.e. Medi-Cal). Facilitating enrollment consists of helping the consumer to evaluate plan options and complete the application. Navigators will conduct enrollments online through the CoveredCA.com enrollment portal. Paper applications will also be available in areas with limited internet access. Covered California expects enrollment activities will take one (1) hour on average per application.

4.2.3 ENROLLMENT ACTIVITIES

Applicants should focus their work plan on the 7-week Open Enrollment period (October 15, 2014 - December 7, 2014), as the bulk of enrollments will occur during this period. Applicants should also explain how they intend to reach populations during the Special Enrollment period (April 1 - October 14). Based on aggressive enrollment goals, Covered California anticipates that successful Grantees will need to use more than one of the strategies listed below.

Enrollment strategies may include, but are not limited to, the following:

- Enrollment events focused on specific target populations and/or geographies.
- One-on-one sessions, group sessions, or workshop formats that also offer one-on-one, on-site enrollment assistance for interested individuals;
- Establishing partnerships with employers and other organizations with large numbers of uninsured and eligible consumers (i.e. employers with large numbers of part-time

workers) for the purposes of co-hosting an enrollment event at the employment site or other appropriate venue for enrollment activities. Examples of employment sectors with high uninsured rates include construction, restaurants and other food services, crop production, grocery stores, truck transportation, child day care, and security services, etc.;

- Partnering with mayors, other local officials, community leaders or local media to sponsor or promote enrollment days or events;
- Partnering with faith-based organizations to facilitate enrollment opportunities among congregations;
- Leveraging an organization's existing customer base and/or intake processes to facilitate enrollment.

4.2.4 VENUES FOR ENROLLMENT ACTIVITIES

Applicants must propose to conduct enrollment services requested in this Application in locations that are conducive to one-on-one enrollment sessions and the proper handling of consumer information and documentation. Grantees may conduct activities in the office locations of the Grantee, at locations of community partners, or through other innovative channels.

All enrollment activities must be conducted with the individual consumer in a one-on-one session that protects the consumer's privacy and confidentiality. Any proposed location that will be used for the delivery of enrollment services must meet the following venue standards:

- Quiet and confidential space to conduct one-on-one enrollment sessions;
- Conducive to handling income verification documents;
- Accessible to CoveredCA.com (requires a secured or encrypted Wi-Fi or wired internet connection);
- Complies with the applicable privacy and security laws including the Health Insurance Portability and Accountability Act (HIPAA) to protect all consumer identifiable health information;
- Ensures accessibility and usability for people with disabilities in accordance with the Americans with Disabilities Act and § 504 of the Rehabilitation Act.;
- Enrollments must not be conducted in locations that would reflect negatively upon Covered California or the State of California, or in locations where illicit or illegal activities occur; and
- Responsive to the preferences and needs of the outlined target population or region identified in the Application.

4.3 RECRUITMENT, TRAINING AND CERTIFICATION

Navigator Grantees are required to recruit and retain Certified Enrollment Counselors (CECs) that reflect the cultural, linguistic and consumer preferences of the markets or populations targeted by the Navigator Program. All Grantees will receive Navigator Training from Covered California prior to conducting outreach, education, and enrollment activities. Navigator Grantees are required to complete the Certified Enrollment Entity Training, which will be offered via webinar.

Individual CECs will be required to complete the Navigator Training in order to prepare them for successful dissemination of outreach and education about Covered California and facilitating enrollment in Covered California Health Plans. Navigator Training will be delivered as Instructor Led Training (ILT) and Computer Based Training (CBT). At the completion of training, CECs will have to pass a certification test in order to become certified by Covered California. The ILT will be administered at various locations throughout California in the summer of 2014.

Grantees must participate in updates and special topic trainings, webinars, forums and meetings provided throughout the grant award period. Grantees must ensure that CECs are knowledgeable of program standards, policies and procedures. While CECs will not enroll small businesses in insurance coverage, they will receive training about Covered California's SHOP program.

4.3.1 NAVIGATOR STAFFING

Navigator Grantees will be required to hire individuals for the purposes of conducting outreach, education, and enrollment activities that meet Covered California program standards for Navigators. CECs must be affiliated with a registered Navigator Certified Enrollment Entity—the Grantee—and complete training and certification prior to serving as a CEC. CECs eligible for affiliation include employees of the Applicant and its subcontractors.

Navigator Grantees must ensure that staff complete the Certified Enrollment Counselor Application with the proper Entity Identification Number and satisfy the Certified Enrollment Counselor Fingerprinting and Criminal Record Check requirements as described in **Section 6.3.1**.

Applicants with demonstrated capacity to deploy existing staff members as CECs will be highly considered. However, Covered California expects that many Grantees will need to hire additional staff upon Grant Award.

4.3.2 PROHIBITED ACTIVITIES

The Navigator Certified Enrollment Entity and Certified Enrollment Counselors shall never:

- Have a conflict of interest as defined in **Section 6.3—Conflict of Interest**.
- Mail the paper application for the consumer;
- Coach the consumer to provide inaccurate information on the application regarding income, residency, immigration status and other eligibility rules;
- Coach or recommend one plan or provider over another;
- Accept any premium payments from the consumer;
- Input any premium payment information on behalf of the consumer;
- Pay any part of the premium or any other type of consideration to or on behalf of the consumer.
- Induce or accept any type of direct or indirect remuneration from the consumer;
- Intentionally create multiple applications from the same household, as defined in 45 CFR 435.603(f); or
- Invite, influence, or arrange for an individual whose existing coverage through an eligible employer-sponsored plan is affordable and provides minimum value, as

described in 26 USC § 36B(c)(2)(C)) and in 26 CFR § 1.36B-2(c)(3)(v) and (vi), to separate from employer-based group health coverage.

4.4 NAVIGATOR PROGRAM OVERSIGHT

4.4.1 DATA MANAGEMENT SYSTEMS

Navigator Grantees will use the CoveredCA.com web-based enrollment portal to enroll individuals in Covered California Health Plans. Consumer information, including primary language, ethnicity, income and financial information, and other identifying information will be collected by the CEC and entered in CoveredCA.com. Because of the sensitive and confidential nature of handling consumer information, CECs must conduct enrollments on CoveredCA.com using a secured and/or encrypted Internet connection.

The Navigator Certified Enrollment Entity will maintain up to date and current contact information for the Entity and CECs affiliated with the Entity in CoveredCA.com, including contact information for the Entity's identified contacts; site contact information for all locations in which services are delivered; and staff changes, including newly affiliated or terminated CECs. CECs will be trained to use CoveredCA.com during their certification process.

In addition, Grantees will be required to complete required grant reporting in a web-based administrative management system. Grantees will enter and update work plans, submit invoices, and document other allowable expenditures and activities in this system.

4.4.2 PROGRAM MONITORING AND QUALITY ASSURANCE

Performance of Grantees will be closely monitored. Grantees must comply with monitoring and evaluation requirements established by Covered California. This includes, but is not limited to, completing required reports as described in the subsequent section, cooperating with all mandated monitoring and evaluation activities, including monthly site visits by grant monitors, providing requested data to Covered California in a timely matter, and participating in research projects related to the effectiveness of the Covered California statewide campaign. In addition, Grantees must attend meetings, webinars and convenings organized by Covered California.

Grantees will be required to meet monthly benchmarks that will include number of consumer applications completed, number of outreach and education activities, number of partnerships established, and number of enrollment events. Grantees must submit performance and fiscal documentation to the State demonstrating their progress toward meeting agreed upon deliverables and established program outcomes according to the agreed upon timelines. Grantees must maintain comprehensive records of program expenditures and activities throughout the period of the grant and provide them to Covered California upon request.

Failure to deliver the agreed upon targets for number of consumers enrolled may result in a modification to the Grantee's scope of work and award level. At the sole discretion of Covered California, Grantees that are not performing their scope of work or meeting pre-established goals and deliverables may be terminated.

Grantees must also establish an internal system for overseeing and managing program quality and progress, including evaluating the performance of individuals responsible for conducting outreach, education, and enrollment activities (CECs). This includes verifying that outreach, education, and enrollment activities are delivered as planned, accurate

messages and information are provided to consumers, and overall compliance with program standards and guidelines is maintained. Grantees must immediately report instances of non-compliance to Covered California.

Covered California seeks to use monitoring and evaluation data to learn about what strategies and approaches most effectively motivate California's uninsured consumers to enroll in coverage.

Examples of criteria that could be used to measure Grantee success include:

- The number of consumers that enroll in Covered California Health Plans with the assistance of the Grantee.
- Residential location of enrolled individuals.
- Progress toward meeting agreed upon enrollment deliverables.
- Grantee's ability to provide accurate, fair and impartial information and to deliver high quality customer service.

Covered California will conduct a quality assurance review to identify any anomalies. Navigator CEE and CEC activity will be compared to the averages for entities and CECs overall. Some examples of potential anomalies include:

- Excessive number of applications completed by a CEC in a single day (significantly higher than network average per day).
- Re-enrollment of the same individual.
- Multiple enrollments (and subsequent disenrollment) of the same consumer in a relatively short amount of time.
- Multiple enrollments submitted by the same CEC on the same day from two remote locations (measured by IP Address).
- Proportionately higher enrollments into a single Covered California Health Plan carrier, by CECs affiliated with the same Navigator Certified Enrollment Entity.

If fraudulent or abnormal activities are identified, payment for identified activities will be suspended while an investigation is conducted. The Grantee and its affiliated CECs must understand and acknowledge that failure to comply with program standards may result in the decertification of CECs, and/or termination of their Agreement with Covered California.

4.4.2.1 REPORTING

Grantees must maintain compliance with established reporting requirements. Grantee activities, progress toward deliverables and program outcomes will be tracked real-time in a web-based information management system managed by Covered California. If project benchmarks are not met, Grantees may be required to submit additional ad hoc reports upon Covered California's request. Grantees will also be required to report any proposed adjustments to their approved work plan using the information management system.

Initial Reporting Requirements: Grantees will be required to deliver a strategic plan and work plan outlining their approach for the grant term. The draft work plan and strategic plan should be completed during the months of June and July 2014, and the final work plan due by September 2014.

Routine Reporting Requirements: During the award period, Grantees will be required to provide weekly and monthly reports documenting fiscal and performance-based metrics related to education and enrollment activities. Grantees will enter these reports through an established database system and are expected to document progress toward meeting program deliverables and outcomes, challenges and successes and any changes to an approved work plan. Invoices must be submitted on a monthly basis.

Closeout Report: Grantees will be required to submit a final fiscal and narrative closeout report, outlining their progress and impact during the entire funding period, documenting successes, challenges, best practices, and lessons learned.

4.4.3 MANAGEMENT OF MATERIALS

Covered California will provide organizations with training, standard message points and collateral materials free of charge. Navigator Grantees will be required to order and track collateral materials from Covered California or their designated entity.

Grantees must utilize approved materials with Covered California's branding when conducting outreach, education, and enrollment activities during the award period.

Grantees must maintain adequate supply levels of collateral materials at all times. Grantees must maintain compliance with established policies regarding the ordering and use of collateral materials.

5 NAVIGATOR GRANT FUNDING

As noted in **Section 3—Purpose of this Request for Application**, Covered California plans to allocate up to \$5 million in Navigator Program awards. Applicants may propose to enroll individual consumers in one or more of the six established regions of the state and/or targeted populations based on non-geographic factors, as described in **Section 3.3 – Funding Pools**. The term of this award under this Grant Application is from June 1, 2014 through December 31, 2014.

Funding for the Navigator Grant Program comes from Covered California operational funds and plan participation fees. The Navigator Program is not funded by federal dollars. Grant funds will be awarded based on the criteria set forth in **Section 9 – Evaluation Process and Criteria**.

5.1 COLLABORATIVE APPLICATIONS AND USE OF SUBCONTRACTORS

Covered California encourages Collaborative Applications for Applicants to the Regional Funding Pool or Targeted Funding Pool. Collaborative Applications must identify existing or emerging partnerships that can demonstrate operational readiness and the ability to meet aggressive enrollment goals during the 7-week Open Enrollment period from October 15, 2014 through December 7, 2014. Collaborative Applications must identify a lead organization, and list all other Collaborative partners as subcontractors. Subcontractors must meet all eligibility criteria outlined in this Grant Application and mandated by the Affordable Care Act, as described in **Section 6—Grantee Qualifications**. It is the sole responsibility of the Grantee (lead agency) to ensure that such standards are met.

If a prospective Applicant plans to subcontract any part of this effort, the Grant Application must include the information detailed in **Section A.2 Subcontractor Information** of the Electronic Grant Application (**Attachment I**). In addition, the Applicant and each Subcontractor must sign the Memorandum of Understanding in **Attachment II**. There is no

provision for re-granting. The use of any subcontractor(s) must be fully explained in the Grant Application.

The Applicant will be required to submit proof of general liability insurance with coverage of not less than \$1,000,000 per occurrence with the Exchange named as an additional insured, automobile insurance of not less than \$1,000,000 per occurrence with the Exchange named as an additional insured, and workers compensation insurance. The Applicant shall maintain a Certificate of Insurance for all of its Subcontractors, and ensure that all of its Subcontractors maintain adequate insurance coverage for general and automobile liability.

5.2 WORK PLAN AND BUDGET GUIDELINES

Covered California strongly encourages cost-effective proposals that are likely to achieve significant enrollment of eligible consumers in Covered California Health Plans. The table below depicts potential award amounts and the projected number of enrollments by award size. Applicants are encouraged, but not required to utilize these figures as budget guidelines in defining their grant proposals. Applicants should consider a range of \$50-\$100 per successful application when determining the cost-effectiveness of their proposal. Covered California anticipates that an average of two (2) consumers will enroll on each application, based on historical data.

Grant Size	Admin Allowance	Equipment Fund	Outreach & Education	Enrollment Activities	Successful Applications*	Potential Number of Enrollments
	15%	10%	11%	64%	# of Applications	2 People Per App
\$100,000	\$15,000	\$10,000	\$11,000	\$64,000	1,000 - 2,000	2,000 - 4,000
\$250,000	\$37,500	\$25,000	\$27,500	\$160,000	2,500 - 5,000	5,000 - 10,000
\$500,000	\$75,000	\$50,000	\$55,000	\$320,000	5,000 - 10,000	10,000 - 20,000
\$1,000,000	\$150,000	\$50,000	\$117,333	\$682,667	10,000 - 20,000	20,000 - 40,000
Total \$5,000,000	\$750,000	\$500,000	\$550,000	\$3,200,000	50,000 - 100,000	100,000 - 200,000

*Based on a range of \$50 - \$100 per successful application derived from the total grant award

5.2.1 APPROPRIATE USE OF FUNDS

Grantee's award funding must only be used to conduct the Navigator Program activities and services contained within the Agreement. Funds may be used to perform the following activities: outreach, education, and enrollment to eligible consumers.

The majority of grant funds (75%) should be used to drive toward suggested enrollment targets. Grantees must concentrate most enrollment-related expenditures during the Open Enrollment period that starts on October 15, 2014 and ends on December 7, 2014.

Applicants will be required to develop a weekly work plan in their Grant Application that includes specific strategies, activities and expected enrollments.

Equipment Expenses

Grantees may procure equipment with grant funding needed to carry out outreach, education, and enrollment activities funded through the Navigator Program. **Equipment requests must not exceed 10% of the Grantee's total grant award, and in no instance shall exceed \$50,000.** Equipment acquired through grant funding must be used solely to carry out the activities and services contained within the Agreement.

Examples of types of equipment that may be necessary to carry out program activities include, but are not limited to: laptops, desktop computers or printers. Applicants should consider ease of enrollment; laptops are suggested as the most viable option. These types of technology enable Grantees to assist consumers with enrollment, and provide Grantees with access to web-based Grantee information management systems where required reporting is completed.

Use of equipment must conform to Equipment Use Policies established by Covered California. All Agreements in which equipment is procured with Navigator Program grant funds must be in compliance with federal and state laws.

Administrative Overhead or Indirect Expenses

Administrative overhead or indirect expenses must not exceed 15% of the total grant award. Covered California will cover the cost of fingerprinting and background checks for all Certified Enrollment Counselors.

Marketing Costs

Grantees may allocate a portion of their total grant award toward marketing expenses, for the sole purpose of marketing enrollment opportunities to target populations. Marketing expenses must align with the Grantee's enrollment strategies, as described in their work plan. An example of an appropriate marketing expense would be to advertise a scheduled enrollment event in a local newspaper. Mass marketing or large-scale media buys are prohibited. Marketing expenses must be explained in the **Budget Worksheet** (section B.5 of the Electronic Grant Application). Marketing expenses may not supplant other efforts.

Award Payment

Grantees will be required to submit invoices on a monthly basis. Payment will be disbursed for services provided within 45 days of receipt of the invoice. No upfront payment will be provided. Covered California reserves the right to withhold payment or reduce the grant award size if deliverables are not achieved.

5.2.2 INAPPROPRIATE USE OF FUNDS

Grantees shall not claim payment for any services not contained within the Agreement. Grantees shall not use grant funds to purchase mass media buys. (Allowable marketing expenses are described in **Section 5.2.1—Appropriate Use of Funds** above). Grantees shall not use grant funds for consultant services for the purpose of enrolling consumers or any other services associated with the execution of their work plan. Grantees shall not claim reimbursement for any services claimed under any other State and federal agency or other governmental entity contract or grant, any private contract or agreement, or from the Medi-Cal program. Any acquisitions made with grant funding shall be in compliance with federal law.

The State shall recoup or withhold all or part of a Grantee's funding for failure to comply with the standards set forth in the Standard Agreement (Exhibit A of the Draft Agreement) upon which the award was based. Navigator Program Grant funds shall not supplant federal, state or private funds allocated to conduct the same or similar Statement of Work contained within

the Standard Agreement. Entities who receive funds from third-party sources for the purpose of enrolling consumers in Covered California's health care programs are not eligible for the grant program.

6 GRANTEE QUALIFICATIONS

6.1 MINIMUM QUALIFICATIONS

At a minimum, Applicants must demonstrate the following qualifications:

- Prior experience and demonstrated success with providing outreach, education, and enrollment activities to target populations who are newly eligible for coverage through Covered California;
- Demonstrated management, administrative and fiscal infrastructure to plan, implement and manage a complex project as planned;
- Demonstrated organizational and staffing capacity to ramp up program quickly and meet aggressive enrollment goals within a short timeframe;
- An established presence, network of relationships, and demonstrated trusted source for information to the target populations and communities, including uninsured and underinsured consumers or self-employed individuals;
- Direct experience in prior projects that resulted in increased awareness of a new program, a change of attitudes and behaviors, and persuaded consumers to act and purchase a product;
- Knowledge of the cultural, linguistic and other preferences of the target populations and communities that the Applicant proposes to reach through this grant, as well as the barriers that prevent consumers from enrolling in or purchasing health coverage;
- Staffing that reflects the cultural and linguistic background(s) of the target uninsured population(s) the Applicant proposes to serve through this grant;
- Entities with direct experience serving hard-to-reach populations including Latino, African American, Asian Pacific Islander, Native American/Alaska Native, LGBT, limited English proficient, young "invincible", and other populations.
- Direct experience providing culturally and linguistically appropriate services to individuals with Limited English Proficiency, including the provision of oral or written translation or interpretation services;
- Demonstrated ability to deliver cost-effective grant activities which are in line with the purpose of the Grant Program and established goals, objectives and guiding principles;
- Direct experience in social marketing to millennial population and general population through use of email, Twitter, Facebook, etc.;
- Basic knowledge of the Affordable Care Act, the new health care coverage options that will be available to Californians, and HIPAA privacy and confidentiality requirements;
- Alignment of the entity's purpose or mission with the goals of Covered California; and
- Ability to comply with all applicable federal and state codes, rules, and regulations.

6.2 DESIRED QUALIFICATIONS

Covered California is seeking Applications from entities that demonstrate the following desirable qualifications:

- Demonstrated presence in each county that the Applicant proposes to serve, including a physical office location in each county. Covered California will make exceptions for entities proposing to serve rural areas of the state;
- Proven experience producing a high number of enrollments in the In-Person Assistance program;
- Proven experience meeting outreach and education benchmarks through other programs;
- Proven experience conducting innovative and evidence-based outreach and education strategies that engage target populations;
- Established partnerships, or demonstrated ability to partner with, other entities or organizations with access to target populations;
- Direct experience organizing, marketing, and promoting enrollment events;
- Demonstrated experience managing networks of subcontractors or collaborative members (for Collaborative Applications);
- Five or more years of demonstrated experience enrolling consumers in programs, benefits, products or services; and/or experience developing and implementing enrollment programs for other private and public health insurance programs in California;
- Direct experience conducting enrollment activities to both English and limited English proficient populations whose primary language is one of the following languages: Spanish, Arabic, Armenian, Chinese, Farsi, Hmong, Khmer (Cambodian), Korean, Lao, Russian, Tagalog and Vietnamese; and
- Direct experience providing consumer assistance to people with disabilities, including the provision of auxiliary aids and services for effective communication and accessibility of consumer education materials for people with disabilities, including those with sensory impairments (e.g. visual or hearing impairments), and those with mental illness, addiction, and physical, intellectual, and developmental disabilities.

6.2.1 ELIGIBILITY OF IN-PERSON ASSISTANCE PROGRAM CERTIFIED ENROLLMENT ENTITIES AND OUTREACH & EDUCATION GRANTEES

Registered Covered California In-Person Assistance (IPA) Program Certified Enrollment Entities (CEE) are **strongly encouraged** to apply to the Navigator Program provided they meet the following conditions:

- In the event that existing IPA Program CEEs are awarded Navigator Grant Program funds, the CEE will be required to forfeit their IPA designation for the term of the grant period.
- Navigator Program Grant funds shall not supplant federal, state or private funds allocated to conduct the same or similar Statement of Work contained within the Agreement.

Eligible entities that are current Grantees of Covered California's Outreach & Education Grant Program are eligible to receive Navigator Program Grant Funds. In the event that an Outreach & Education Grantee receives a Navigator Program Grant, Covered California will work with the Entity to revise and align the entity's Agreements and Work Plans to ensure that services are not duplicated.

6.3 CONFLICT OF INTEREST AND INELIGIBLE ENTITIES

Applicants are responsible for complying with conflict of interest standards and contractor limitations as described in the Agreement. Conflict of Interest is defined as a private or personal interest sufficient to influence, or appear to influence, the objective exercise of a Navigator's official duties. It is the responsibility of each Applicant to consult with their legal advisors to determine if a conflict of interest exists. Entities that have a conflict of interest or other disqualifying factor are ineligible to receive a Navigator Grant.

Covered California will only consider submissions from eligible entities. The following entities are ineligible to serve as Navigator Certified Enrollment Entities:

Entities Ineligible for Navigator Grants
Any entities or individuals concurrently licensed by the Department of Insurance
Associations that include members of, or lobby on behalf of, the insurance industry
Health insurance issuers or stop loss insurance issuers
Subsidiaries of health insurance issuers or stop loss insurance issuers
Recipients of any direct or indirect consideration from any health insurance issuer or stop loss insurance issuer in connection with the enrollment of any individuals or employees in a Covered California Health Plan or other health plan
Licensed Health Care Clinics (except for Safety Net Clinics)
Licensed Health Care Institutions
Licensed Health Care Providers

CEEs and CECs will be required to submit to the Exchange a written attestation that the entity or individual is not an ineligible entity as outlined above. In addition CEEs and CECs must:

- Create a written plan to remain free of conflicts of interest while carrying out consumer assistance functions under this Article which shall be made available upon request to the Exchange.
- Provide information to consumers about the full range of QHP options and insurance affordability programs for which they are eligible.
- Disclose to the Exchange and to each consumer who receives application assistance from the entity or individual:
 - (A) Any lines of insurance business, not covered by the restrictions on participation and prohibitions on conduct in this section which the entity or individual intends to sell while carrying out the consumer assistance functions;
 - (B) Any existing employment relationships, or any former employment

relationships within the last five years, with any health insurance issuers or issuers of stop loss insurance, or subsidiaries of health insurance issuers or issuers of stop loss insurance, including any existing spouse or domestic partner and any health insurance issuers or issuers of stop loss insurance, or subsidiaries of health insurance issuers or issuers of stop loss insurance; and

- (C) Any existing or anticipated financial, business, or contractual relationships with one or more health insurance issuers or issuers of stop loss insurance, or subsidiaries of health insurance issuers or issuers of stop loss insurance.

6.3.1 CERTIFIED ENROLLMENT COUNSELOR FINGERPRINTING AND CRIMINAL RECORD CHECK

Covered California requires fingerprint images and associated criminal history information from individuals working for the Navigator Certified Enrollment Entity (Grantee) whose duties would include access to federal tax information, personally identifiable information, personal health information, other confidential or sensitive information provided by consumers including social security numbers, development and maintenance of CoveredCA.com, and other Covered California information technology systems.

All individuals intending to participate as CECs must submit fingerprint images for processing through the criminal databases maintained by the Department of Justice (DOJ) and Federal Bureau of Investigation (FBI) for the purpose of obtaining criminal history information including:

- The existence and content of a record of state or federal convictions;
- The existence and content of a record of state or federal arrests for which DOJ and/or FBI established that the person is free on bail or on his or her own recognizance pending trial or appeal; and
- Criminal history information from the DOJ or FBI subsequent arrest notification service.

Covered California will review this criminal history information to make a determination of an individual's fitness to perform the minimum and required duties of the Navigator Program. If the state or federal level criminal records contain a conviction of a felony, misdemeanor, or pending criminal charge related to a crime of moral turpitude that is substantially related to the qualifications, functions, or duties of the Navigator Program, it shall be justification for denial of an individual's application to serve as a Certified Enrollment Counselor in Covered California's Navigator Program.

7 GRANT APPLICATION PROCESS, INSTRUCTIONS AND SCHEDULE

Enabling statutes exempt Covered California from certain provisions of the state law related to competitive bidding. While this is the case, Covered California is committed to assuring a fair, open and rigorous competition for the awards of grants and will use a competitive process to select Grantees. The Grant Application Process is a competitive process through which Covered California can evaluate and test the strengths and weaknesses of the Applicants and their Applications, and make final selections based on the criteria contained in this Grant Application document. The goal of the competitive Grant Application Process is to identify Grantees that provide the maximum levels of activities to successfully execute cost-effective plans that meet the goals, objectives and guiding principles of the Navigator Program. The goal

of the competitive Grant Application Process is to ensure that Covered California obtains the overall best value.

All Applicants are encouraged to offer their best method of how to provide services in order to achieve Covered California's desired outcomes. Applicants should make use of their best individual business practices and knowledge of successful tactics when proposing their target populations and strategies. Applicants who have demonstrated their experience to effectively provide the services as described in the Services Solicited with a competitive price will be considered for grant funding.

Applicants applying as a lead agency for a collaborative may subcontract with other entities to provide services under this Agreement. Please refer to **Section 5.1—Collaborative Applications and Use of Subcontractors**.

To submit a Grant Application to provide outreach, education, and enrollment activities, Applicants must:

- Comply with the instructions contained in this Grant Application document;
- Submit the Grant Application by the due date;
- Meet the organizational eligibility and minimum qualification requirements;
- Comply with and propose approaches to target population(s) who are eligible for health care coverage through the new health insurance marketplace, as set forth in this Request for Applications; and
- Agree to the Agreement Terms and Conditions, which are set forth in the Agreement.

All Grantees and designated staff will be required to undergo the Certified Enrollment Counselor Fingerprinting and Criminal Record Check as described in **Section 6.3.1**, receive Navigator Grantee Training, and obtain certification prior to conducting Navigator services. Training, certification, and fingerprinting will be provided to Grantees free of charge.

During the Grantee selection process, Covered California will evaluate all Applications as described in **Section 9— Evaluation Process and Criteria**.

Covered California reserves the right to:

- Accept grant Applications as submitted;
- Reject a grant Application, in whole or in part; and/or
- Reject all grant Applications.

7.1 SINGLE POINT OF CONTACT

Applicants may only contact the Single Point of Contact as noted in Table below for any matters related to this Grant Application. Comments or questions must be submitted in writing.

GRANT APPLICATION SINGLE POINT OF CONTACT

Physical Address	Richard Heath and Associates, Inc. 7625 N. Palm Ave #107 Fresno, CA 93711
Mailing Address	Richard Heath and Associates, Inc. Attn: Covered California Program 7775 N. Palm Ave. Suite 102 - 66 Fresno, CA 93711
Email Address	grantinfo@ccgrantsandassistors.org

7.2 GRANT APPLICATION PROCESS

A multi-step Grant Application process will be used to select the Navigator Grantees. The major steps include:

- Letter of Intent to Respond
- Grant Applicant Conference/Webinar (Optional)
- Grant Application Submission (Required)
- Grant Application Evaluation and Selection Process (Required)
- Grant Award (Required)

To learn more about the **Grant Application Content Requirements**, please refer to **Section 8.3**.

7.2.1 GRANT APPLICATION SCHEDULE

The following table outlines the tentative schedule for important Activities and Dates. Unless otherwise stated, **the deadline for all scheduled Activities is 5:00 p.m. (PST)** on the specified date. If Covered California finds it necessary to change any of the dates prior to the Final Application submission, it will be accomplished through an addendum to this Grant Application. Addendums will be posted on Covered California's website. All dates subsequent to the Final Application submission date are approximate and may be adjusted as conditions dictate, without an addendum to this Grant Application. The Grant Application Schedule is as follows:

TABLE 8 – GRANT APPLICATION SCHEDULE

Activity	Approximate Date
Release of Request for Applications	February 3, 2014
Letter of Intent to Respond Due	February 7, 2014
Grant Applicant Webinar with Questions and Answers	February 12, 2014
Round 1 Response to Questions Received through February 12 th Posted on Exchange Website	February 19, 2014
Last Day to Submit Inquiries and Questions	February 21, 2014
Round 2 Response to Questions Received through February 21 st Posted on Exchange Website	February 28, 2014
Final Application Submission	March 3, 2014
Grant Application, Evaluation and Selection Process	March 4 – April 22, 2014
Notification of Intent to Award Posted on the Exchange’s Website	April 23, 2014
Last Day to Submit Protest	April 30, 2014

7.2.2 LETTER OF INTENT TO RESPOND

Potential Applicants should submit the Letter of Intent to the Project Sponsor’s Single Point of Contact identified in **Section 7.1**, by February 7, 2014. The Letter of Intent should conform to the following guidelines:

- Provided on the organization’s letterhead;
- Identify a single contact person, including their first and last name, title, email address and direct phone number;
- Signed and sent from a person who is authorized to contractually bind the organization in a potential future Agreement;
- Indicate the number of estimated consumers that the Applicant will enroll during the grant award period; and
- Indicate the funding pool(s) for which the Applicant intends to apply, including identification of the target population(s) and/or region(s). Applicants that intend to submit more than one Application should only submit a single Letter of Intent identifying funding pools, regions and/or target populations. Please note that Applicants are not required to apply to the funding pools and/or regions identified in the Letter of Intent.
- Provide written attestation that the Applicant is an eligible entity and that no conflicts of interest exist for the Applicant and its subcontractors (if applicable).

A list of organizations that have submitted a Letter of Intent will be posted unless an organization stipulates otherwise in the letter. The Letter of Intent may be submitted via

email or by mail to the Single Point of Contact. Organizations should send a Letter of Intent to demonstrate their interest in submitting a Grant Application. Covered California encourages organizations to send the letter as soon as the entity believes that they will be applying for the Grant Program to aid in Covered California's administrative planning purposes. **In addition, Applicants that submit a Letter of Intent will receive updates via email to any changes to the Request for Applications, addendums or modifications to the timeline.**

7.2.3 OPTIONAL GRANT APPLICATION WEBINAR

A Grant Applicant Webinar will be held, and potential Applicants are strongly encouraged to attend; however, attendance is not required.

Date: February 12, 2014

Time: TBD

Location: Webinar

Covered California strongly encourages Grant Applicants to submit questions prior to the Webinar date on a flow basis as questions arise. Covered California will:

- Make reasonable attempts to provide answers to written questions that were received prior to the date of the webinar. (These questions will also receive a written response as part of the question and answer list to be posted on the Exchange website); and
- Post responses to questions asked during the conference/webinar on the Exchange website by February 28, 2014.

Covered California will provide reasonable accommodations, including the provision of informational material in an alternative format, for qualified individuals with disabilities upon request. Requests for such accommodations must be made at info@hbex.ca.gov in advance of the conference/webinar.

7.2.4 GRANTEE QUESTIONS AND CLARIFICATION

Covered California will accept written questions or concerns related to this Grant Application and/or its accompanying materials, instructions, or requirements, until the date and time specified in **Section 7.2.1 – Grant Application Schedule**. Applicants are encouraged to send questions on a flow basis.

Organizations may submit questions by completing the Grant Program Question Submission Form, located in Appendix C, and sending the Form via e-mail or by mail, to the Single Point of Contact listed in **Section 7.1**. The last day to submit inquiries is February 21, 2014. During the Grant Application Process, the Single Point of Contact will coordinate responses with staff. When submitting inquiries, please reference the "Navigator Program Grant Application" in the subject line.

All questions and comments regarding this Grant Application must be submitted by completing the Grant Program Question Submission Form, located in Appendix C. Applicants are responsible for confirming that their questions have been received by Covered California. Covered California will not accept or respond to inquiries outside of the question and answer timeframes outlined in the Grant Application Schedule.

Covered California will not respond to questions received after the deadline, unless it is in the best interest of Covered California to do so. Covered California will post responses to

inquiries on the Exchange’s website two times: Responses to the first round of questions will be posted on February 19, 2014 and responses to the second round of questions will be posted on February 28, 2014 as set forth in **Section 7.2.1 – Grant Application Schedule**.

Applicants must notify the Single Point of Contact of any ambiguity, conflict, discrepancy, exclusionary specification, omission, or other error in this Grant Application by the deadline for submitting questions and comments. If an organization fails to notify Covered California of these issues, the organization will submit an Application at their own risk, and if awarded a Grant, the organization:

- Shall have waived any claim of error or ambiguity in this Grant Application or resultant Agreement;
- Shall not contest the Exchange’s interpretation of such provision(s); and
- Shall not be entitled to additional compensation, relief, or time by reason of the ambiguity, error, or later correction.

If questions or concerns indicate significant problems with the requirements of this Grant Application, Covered California may, at its sole discretion, amend this Grant Application accordingly through a formal written Addendum.

7.3 PROTEST PROCESS

A protest may be submitted according to the procedures set forth below. If an organization has submitted an Application which it believes totally to be responsive to the requirements of the solicitation process and believes the Applicant should have been selected, according to **Section 9 – Evaluation Process and Criteria**, and the Applicant believes Covered California has incorrectly selected another Applicant for the award, the Applicant may submit a protest of the selection as described below. Protests regarding selection of the “successful Grantee” will be heard and resolved by Covered California’s Executive Director.

All protests must be made in writing, signed by an individual who is authorized to contractually bind the proposer, and contain a statement of the reason(s) for protest, citing the law, rule, regulation or procedures on which the protest is based. The protester must provide facts and evidence to support their claim. Certified or registered mail must be used unless delivered in person, in which case the protester should obtain a receipt of delivery. The final day to receive a protest is five business days after the date on the Letter of Notification of Intent to Award.

Protests must be mailed or delivered to:

Physical Address	Richard Heath and Associates, Inc. 7625 N. Palm Ave #107 Fresno, CA 93711
Mailing Address	Richard Heath and Associates, Inc. Attn: Covered California Program 7775 N. Palm Ave. Suite 102 - 66 Fresno, CA 93711

7.4 GRANTEE RESOURCES

Applicants are required to review the CalSIM 1.8 Model to obtain a better understanding of the eligible populations that qualify for health care coverage. This information is very important for Applicants to understand when identifying their geographic areas and/or target populations in their Grant proposal. The UCLA CalSIM 1.8 model is included as Appendix A. Additionally, the NORC Marketing Consumer Baseline/Segmentation Study (Appendix D) provides further information on consumers in the Covered California marketplace.

TABLE 6 – GRANTEE RESOURCES

Description	Source
Covered California	www.CoveredCA.com
Federal health care reform	www.healthcare.gov www.healthcare.gov/center/regulations/index.html
The Centers for Medicare and Medicaid Services' Center for Consumer Information and Insurance Oversight	http://cciio.cms.gov/
California state law enabling a California Health Benefit Exchange (CA-ACA,) and the current status of the Exchange operation California Health Benefit Exchange Planning and Establishment Grants	www.healthexchange.ca.gov
Department of Health Care Services (DHCS) (Administers Medi-Cal)	www.dhcs.ca.gov
Medical Risk Management and Insurance Board (MRMIB) and its programs	www.mrmib.ca.gov
Information about health reform and its impact on health insurance plans regulated by the Department of Managed Health Care and the Department of Insurance can be found at:	
Department of Managed Health Care	www.dmhc.ca.gov
Department of Insurance	www.insurance.ca.gov

8 GRANT APPLICATION SUBMISSION

All interested Applicants are invited to submit a Grant Application for consideration. Applicants may apply to both the Regional and Targeted Funding Pools, but they must submit separate Applications and conform to the guidelines described in **Section 3.4—Number of Applications**. Responses to this Grant Application require thoroughness, the ability to recognize and understand all the details necessary for performing the required work, and a detailed evaluation of the personnel requirements and costs for performing outreach, education, and enrollment activities on behalf of Covered California. Submission of an Application indicates that an Applicant has read and understands this entire grant Application, including the Grant Program's purpose, goals, objectives, guiding principles, all schedules, requirements, attachments, and addenda (if applicable).

Applicants must ensure that their Application complies with the instructions contained in this Grant Application document. Materials submitted by proposed Applicants will be kept confidential to the extent provided by law. Requests to view and/or obtain copies of Applications submitted by other organizations are exempt from disclosure under the Public Records Act. In addition, Government Code Section 100508(a) (1) exempts from disclosure under the Public Records Act all deliberative processes, communications, or portions of negotiations with entities contracting or seeking to enter into an Agreement with the Exchange and entities with which the Exchange is considering an Agreement. Included within the exemption are evaluation materials, forms and score sheets which are produced during the evaluation process.

Applicants must respond to each narrative question completely, and should not reference other sections of the Application to supplement their responses, as each section will be scored independently. Content that is provided beyond the stated character limits for each section will not be reviewed or scored.

Applicants must clearly describe the characteristics of eligible and uninsured consumers within the Regional and/or Targeted Funding Pool and demonstrate established relationships with the markets they propose to enroll.

Applicants will need to develop a Navigator Program Activity Work Plan to deliver outreach, education, and enrollment services, including monitoring and evaluation tools that measure the total number of households they plan to enroll. Applicants are required to submit innovative plans to conduct outreach, education, and enrollment in accordance with established guidelines. Innovative plans give Applicants the opportunity to present creative strategies that will result in more effective approaches to reach their target population(s). Covered California will only consider plans that are effective, measurable and evidence-based.

Applicants must clearly demonstrate dedicated resources to the services solicited through this Grant Program. This includes demonstrating the Applicant's capacity to deliver most services during the Open Enrollment period. **Applicants with strategic staffing plans that demonstrate how they plan to meet aggressive enrollment goals during the 7-week time period will be highly considered.**

Information included as part of **Attachment I – Electronic Grant Application Worksheets** will be referenced when evaluating narrative responses in applicable sections.

The Application must be completed in its entirety and must include required signatures. Grant Applications are due and **must be received by** March 3, 2014.

In the event an organization submits their Grant Application prior to the due date, the organization may revise their Application, **so long as the revision is received by the due date.** When submitting the revised Grant Application, the revised document will completely replace the prior submission. Organizations must re-submit their Grant Application in its entirety. Replacement pages will not be accepted.

8.1 SUBMISSION METHOD

Covered California will only accept Applications that are submitted electronically. **Paper copy submissions will not be accepted.** Electronic submission reduces waste and includes safeguards to help ensure that the Application includes all materials outlined in the Grant Application Submission Structure identified in **Section 8.2.1.**

Applicants will need to refer to this document for direction on providing narrative elements, as outlined in **Section 8.3 Grant Application Content Requirements.**

The electronic grant Application link and an electronic copy of this document will be available on February 3, 2014 on Covered California’s website at www.healthexchange.ca.gov.

8.2 GRANT APPLICATION ORGANIZATION AND FORMAT

This section prescribes the required organization and format for the Grant Application. The Grant Application must adhere to the format described in the following subsection. Grant Applications should be prepared in such a way that provides a straightforward, concise description of the proposing Applicant’s capabilities and target populations, in order to satisfy the requirements of this Grant Application.

8.2.1 GRANT APPLICATION SUBMISSION STRUCTURE

This section identifies the prescribed Applicant Submission Structure and maximum character limits allowed by section. Covered California is interested in receiving thorough, yet concise, responses. Applicants are advised to adhere to the maximum character limits per section as noted in the following table. Sections submitted that exceed the character count may be rejected. Character limits do not include spaces or paragraph breaks.

The Applicant must submit their Applications in accordance with the outline structure reflected in the following table.

TABLE 9 – GRANT APPLICATION SUBMISSION STRUCTURE

Section #	Title	Maximum Character Count By Section
A.1	General Applicant Information	N/A
A.2	Subcontractor Information (if applicable)	N/A
B.1	Narrative Sections	N/A
B.1.1	Cover Letter	3,000 (~1 page)
B.1.2	Qualifications and References	6,000 (~2 pages)
B.1.3	Project Personnel	6,000 (~2 pages)
B.1.4	Approach to Statement of Work	27,000 (~9 pages)
	Target Population	N/A
	Work Plan	N/A
	Approach to Project Management and Quality Assurance Reporting	N/A
B.1.5	Project Costs	3,000 (~1 page)
B.2	County Funding Information	N/A
B.3	Experience with Target Population	N/A
B.4	Applicant Organization Information Worksheet	N/A
B.5	Applicant Worksheets	N/A

Section #	Title	Maximum Character Count By Section
	Budget Worksheet	N/A
	Navigator Activity Work Plan	N/A
	Navigator Staffing Plan Worksheet	N/A

8.3 GRANT APPLICATION CONTENT REQUIREMENTS

This section describes the content Applicants must include in their proposal. The content follows the structure defined in the Grant Application Submission Structure.

Please answer each question comprehensively. Each section of the Application will be evaluated and scored separately. For planning purposes, please note that 3,000 characters is approximately one (1) page of text.

Narrative responses must contain text only and may not include graphs, charts, pictures or other graphic images.

8.3.1 COVER LETTER (MAXIMUM 3,000 CHARACTERS)

Include a cover letter (on company letterhead) with the following information:

- A. Title of this grant Application;
- B. Submission date of the proposal;
- C. Funding Pool;
- D. Requested funding amount;
- E. A summary of proposed project, including a description of the populations, and communities targeted by the project, proposed approach and likely impact; and
- F. Signature of an individual authorized to enter into contracts on behalf of the proposer.

8.3.2 QUALIFICATIONS AND REFERENCES (MAXIMUM 6,000 CHARACTERS)

The following sections shall be provided in a written narrative in a succinct manner that demonstrates that the Applicant meets the minimum and desired qualifications identified in **Section 6.1** and **Section 6.2**. For lead agencies applying as a collaborative with subcontractors, please provide a response that addresses the **qualifications of the collaborative** for each question below. Please order and number your responses as follows:

8.3.2.1. QUALIFICATIONS

1. Provide an overall description of the Applicant's organization for the purposes of providing on-site, walk-in, and appointment-based in-person enrollment assistance. Describe how the Applicant's established physical sites facilitate access to the communities targeted by this project. If the Applicant is applying as a collaborative lead agency with subcontractors, describe the nature of the

collaborative, the mission, qualifications, experience, and role of each partner and established physical sites providing service.

2. Describe the Applicant's operational readiness to meet aggressive enrollment goals during the seven-week Open Enrollment period, including the Applicant's program management experience and administrative and fiscal capacity to manage a project of this scope. Describe and provide examples of the Applicant's ability to ramp up quickly, experience meeting aggressive goals in a short time frame and managing subcontractors (if applying as a collaborative).
3. Describe the Applicant's knowledge of and experience with the Affordable Care Act and the role of Covered California.

Complete the **Applicant Organization Information Worksheet**, A.1; and

Complete the **Applicant Experience with Target Population Worksheet**, B.3.

If the Applicant is applying as the lead agency for a collaborative, complete the **Subcontractor Information Worksheet**, and the **Memorandum of Understanding (MOU)** – Sections A.2 and B.4.

8.3.2.2. REFERENCES

1. Following the Qualifications section above, attach two (2) letters of recommendation from organizations that have successfully collaborated in the past with the Lead Applicant. These letters must be presented on the referring organization's letterhead and contain the name and contact information of the person signing the letter. Letters of recommendation from any Subcontractor performing services as part of the Applicant's proposal, or any entity that might have a financial interest in the Award, **will not** be accepted. The two reference letters are **not** included in the character limit for this section.

Each letter should address:

- The nature and length of the relationship between the entities;
- Applicant's strengths and examples of success;
- A statement recommending the Applicant for Covered California's Navigator Program.

8.3.3 PROJECT PERSONNEL (MAXIMUM 6,000 CHARACTERS)

Please order and number your responses as follows:

1. Describe the Applicant's strategy to staffing enrollment activities and why this approach is effective in meeting aggressive enrollment goals.
2. Describe the Applicant's current staffing capacity to perform the services requested in this grant Application and the hiring schedule for additional staff.
3. Describe current staffing capacity of all subcontractors to perform the services requested in this grant application and the hiring schedule for additional staff.
4. Include brief biographical statements for the project manager and senior staff members who will be responsible for oversight of the project.
5. If the Applicant is applying as a collaborative with a lead agency and

subcontractors, describe the role of each partner in this project and the value added to the proposed enrollment campaign.

6. Describe how the proposed staffing for this project reflects the cultural, linguistic, and other characteristics/preferences of the target populations that the Applicant proposes to serve.
7. Describe the education level – including specialized certifications such as Certified Health Education Specialists (CHES) – and relevant training related to health care, the Affordable Care Act, and/or outreach, education, and enrollment that the Applicant’s staff members have undergone and how this preparation will further the goals and objectives of the Navigator Program.

8.3.4 APPROACH TO STATEMENT OF WORK (MAXIMUM 27,000 CHARACTERS)

Please order and number your responses as follows:

8.3.4.1. TARGET POPULATION (MAXIMUM 12,000 CHARACTERS)

1. Describe how the Applicant assessed the needs of the target population and how the design of the proposed approach and strategy is meeting the needs of the target population based on age, ethnicity, culture, language proficiency, income, geography, and other defining characteristics.
2. Identify the influencers and potential partners in the target population(s) and what motivators are likely to compel them to partner with the Applicant to design and implement enrollment campaigns.
3. Describe the nature of the Applicant’s relationship with the target population(s), how many consumers are reached annually, and how the Applicant proposes to leverage these relationships for the proposed project. Describe the Applicant’s approach, and demonstrated ability to eliminate barriers in order to motivate them to enroll in Covered California Health Plans or other affordable insurance programs.
4. Describe and provide examples of how the Applicant will be viewed as a trusted source for information.
5. Describe the Applicant’s approach and strategy to reaching the target market segments (i.e. college students, senior citizens, unemployed or those seeking employment, male focused, female focused, family focused, LGBT, disabled, American Indian/Native American, special employment industries or sectors, or individuals with chronic conditions or other target populations).

8.3.4.2. NAVIGATOR WORK PLAN (MAXIMUM 12,000 CHARACTERS)

1. Describe the Applicant’s proposed approach and strategy for reaching uninsured and eligible consumers. Describe the plan for marketing and promoting the proposed enrollment activities in order to drive consumers to the Applicant organization and how this approach will increase awareness and drive enrollments. (Refer to **Section 2.1.4.2 – Navigator Program Goals**).
2. Describe the Applicant’s proposed approach and strategy for maximizing enrollments during the Open Enrollment period of October 15, 2014 through December 7, 2014 and how goals will be achieved.

3. Describe enrollment events and activities and the settings and venues in which they will be delivered.
4. Describe why these venues are appropriate to reaching the target populations, and how they comply with the requirements in **Section 4.2.4—Venues for Enrollment Activities**.
5. Describe the Applicant's existing infrastructure and/or relationships that would facilitate the Applicant's ability to address the needs of the target population(s).

8.3.4.3. APPROACH TO PROJECT MANAGEMENT AND QUALITY ASSURANCE (MAXIMUM 3,000 CHARACTERS)

1. Describe the Applicant's project management plan for the proposed project.
 - Describe the Applicant's plan for establishing enrollment goals, and managing and monitoring outreach, education, and enrollment staff (Certified Enrollment Counselors).
 - If the Applicant is applying as a collaborative (lead agency with subcontractors), describe how the lead agency will monitor progress toward accomplishing project goals. Describe any anticipated challenges with managing the collaborative and how the Applicant proposes to overcome them.
2. Describe the Applicant's understanding of the challenges with meeting aggressive enrollment goals, how these challenges will be proactively addressed and contingency plans if anticipated benchmarks are not met.
3. Describe the Applicant's confidentiality policy and approach to complying with HIPAA standards.

8.3.5 PROJECT COSTS (MAXIMUM 3,000 CHARACTERS)

Provide a budget narrative, describing the cost-effectiveness of the proposed Navigator Activity Work plan and why the costs are appropriate to accomplishing the goals and objectives. If marketing costs are identified in the budget, describe how these activities will reach communities not already reached through larger media buys and how they will promote the Applicant's enrollment events and activities. If the purchase of laptops or computers is identified in the budget, describe the cost effectiveness of purchasing this equipment, compared to leasing or renting it. In addition, Outreach and Education Grantees should describe how they plan to leverage equipment purchases made with Outreach and Education grant funds. The budget narrative should not exceed **3,000 characters**. Applicants must ensure that all budget amounts provided in Application response align (cover letter, budget worksheet and budget narrative).

8.3.6 APPLICANT WORKSHEETS

The Applicant shall complete and submit all applicable Applicant Worksheets as described in this section as part of the electronic application. The electronic application includes:

A.1 General Applicant Information

- A.1.1 Organization Information
- A.1.2 Primary Contact

- A.1.3 Organization Entity Type
- A.1.4 Previous Applicant Experience
- A.1.5 Additional Funding
- A.2** Subcontractor Information
- B.1** Narrative Sections
- B.2** Funding Information
- B.3** Experience with Target Population
- B.4** Subcontractor Assignment
- B.5** Application Worksheets

9 EVALUATION PROCESS AND CRITERIA

Covered California's funding decisions will be informed by the composition of the current Covered California sales force and enrollment data to identify gaps in reaching targeted populations. Grants will be directed to organizations that demonstrate capacity to achieve aggressive enrollment goals during the seven-week Open Enrollment period with on-going application assistance during the Special Enrollment period. Covered California reserves the right to revise the Navigator Program Grant Application and related standards to comply with any additional federal guidance at any time.

9.1 NAVIGATOR GRANT APPLICATION SELECTION CRITERIA

Covered California will select Grantees based on an assessment of the best overall value to implement outreach, education, and enrollment activities to the target populations. Covered California is not required to select the lowest priced Application submitted.

Covered California will thoroughly review responses to this Application. During the evaluation process, Covered California will consider the following:

- Covered California will award grants to a variety of organizations, in which the funding allocation reflects and represents the diversity of those eligible for coverage in California in the Regional and Targeted Funding Pools.
- Applications will be evaluated based on approaches that align with the Navigator Program's purpose, goals, and objectives.
- Applicants with innovative proposals that demonstrate how they plan to maximize enrollments in their target areas will be highly considered.
- Applicants must have innovative staffing plans that demonstrate their ability to meet the surge in enrollments that will occur during the Open Enrollment period.
- Applications must propose to conduct outreach, education, and enrollment activities in locations and venues conducive to one-on-one enrollment assistance and confidentiality standards.
- The Applicant's proposed approach to the Statement of Work is effective, innovative, and evidence-based.
- Navigator Grant activities must be distinctive activities from other funded activities.

- Only organizations that conduct outreach, education and enrollment activities to populations who are eligible for subsidized or unsubsidized (i.e. above 138% of FPL) coverage available through Covered California will be considered for grant funding.

9.2 NAVIGATOR GRANT APPLICATION EVALUATION TEAM

Covered California will establish a formal Evaluation Team to assist in completing all steps of the evaluation process and in making a final recommendation for selection to Covered California. The Evaluation Team will be responsible for reviewing and evaluating the Application and preparing the final report that recommends funding allocation for Grantees. To bring the appropriate expertise to the selection process, the Evaluation Team will be comprised of management, program, procurement, and technical staff designated by Covered California. Covered California reserves the right to designate other appropriate experts to assist in the process or to alter the composition of the Evaluation Team, as deemed necessary.

9.3 NAVIGATOR GRANT APPLICATION EVALUATION PROCESS

The evaluation process will use a 100-point rating using the following factors:

- (20 Points) Desired Qualifications and References (Section 8.3.2)
- (25 points) Proposed Personnel (Section 8.3.3)
- (30 points) Statement of Work (Section 8.3.4)
- (25 points) Project Costs (Section 8.3.5)

9.4 NAVIGATOR GRANTEE SELECTION AND NOTIFICATION

Awards shall be based on a thorough review of all grant Applications, based on the evaluation criterion identified in **Section 9**. Notification of Intent to Award will occur on or about April 23, 2014. The Notification of Intent to Award will be posted on the California Health Benefit Exchange's website at www.healthexchange.ca.gov.

Appendix A:
Extract from
CalSIM 1.8 DATA BOOK, 2014-2019

Source: UC Berkeley / UCLA CalSIM version 1.8

Appendix A

1. Characteristics of Californians under Age 65 Eligible for Exchange Subsidies

2014	
Exchange Subsidy Eligible	Eligible
All	2,600,000
Race and Ethnicity	
Latino	1,190,000
Asian	370,000
African American	100,000
White	870,000
Other	70,000
Gender	
Male	1,390,000
Female	1,200,000
Age	
0-18 years	140,000
19-29 years	690,000
30-44 years	760,000
45-64 years	1,010,000
Income	
138% FPL or less	140,000
139-200% FPL	840,000
201-250% FPL	580,000
251-400% FPL	1,030,000
Limited English Proficiency (18 and older)	
18+ Limited English Proficiency	1,030,000
18+ Speaks English Very Well	1,430,000

2015	
Exchange Subsidy Eligible	Eligible
All	2,680,000
Race and Ethnicity	
Latino	1,220,000
Asian	370,000
African American	100,000
White	910,000
Other	70,000
Gender	
Male	1,440,000
Female	1,240,000
Age	
0-18 years	150,000
19-29 years	700,000
30-44 years	790,000
45-64 years	1,040,000
Income	
138% FPL or less	140,000
139-200% FPL	870,000
201-250% FPL	600,000
251-400% FPL	1,070,000
Limited English Proficiency (18 and older)	
18+ Limited English Proficiency	1,050,000
18+ Speaks English Very Well	1,480,000

Source: UC Berkeley / UCLA CalSIM version 1.8

Appendix A

2. Characteristics of Californians under Age 65 who Take Up Coverage without Subsidies in the Exchange and Individual Market

	2014	2015
Race and Ethnicity		
Latino	430,000	480,000
Asian	220,000	230,000
African American	80,000	90,000
White	930,000	940,000
Other	60,000	60,000
Gender		
Male	890,000	940,000
Female	830,000	850,000
Age		
0-18 years	280,000	300,000
19-29 years	640,000	700,000
30-44 years	290,000	280,000
45-64 years	510,000	510,000
Income		
138% FPL or less	210,000	220,000
139-200% FPL	120,000	110,000
201-250% FPL	100,000	100,000
251-400% FPL	310,000	300,000
401%+ FPL	970,000	1,070,000
Limited English Proficiency		
18+ Limited English proficiency	190,000	210,000
18+ Speaks English very well	1,320,000	1,370,000

Source: UC Berkeley/UCLA CalSIM version 1.8

Appendix A

3. REGION: Northern California and Sierra Counties

2014	
Exchange Subsidy Eligible	Eligible
All	99,000
Gender	
Male	52,000
Female	47,000
Race and Ethnicity	
Latino	16,000
Asian	5,000
African American	0
White	73,000
Other	5,000
Age	
0-18 years	4,000
19-29 years	32,000
30-44 years	19,000
45-64 years	45,000
Income	
138% FPL or less	2,000
139-200% FPL	39,000
201-250% FPL	27,000
251-400% FPL	31,000
Limited English Proficiency (18+)	
18+ Speaks English Very Well	82,000
18+ Limited English Proficiency	13,000
Employment Status	
Not Employed	23,000
Employed	76,000

Source: UC Berkeley/UCLA CalSIM version 1.8

Includes the following Counties: Butte, Shasta, Humboldt, Lake, Mendocino, Yuba, Nevada, Sutter, Colusa, Glenn, Tehama, Del Norte, Lassen, Modoc, Plumas, Sierra, Siskiyou, Trinity, Alpine, Amador, Calaveras, Inyo, Mariposa, Mono, Tuolumne

Appendix A

REGION: Greater Bay Area

2014	
Exchange Subsidy Eligible	Eligible
All	393,000
Gender	
Male	197,000
Female	196,000
Race and Ethnicity	
Latino	126,000
Asian	100,000
African American	16,000
White	134,000
Other	15,000
Age	
0-18 years	23,000
19-29 years	101,000
30-44 years	118,000
45-64 years	150,000
Income	
138% FPL or less	27,000
139-200% FPL	115,000
201-250% FPL	90,000
251-400% FPL	161,000
Limited English Proficiency (18+)	
18+ Speaks English Very Well	217,000
18+ Limited English Proficiency	155,000
Employment Status	
Not Employed	141,000
Employed	252,000

Source: UC Berkeley/UCLA CalSIM version 1.8

Includes the following Counties: Santa Clara, Alameda, Contra Costa, San Francisco, San Mateo, Sonoma, Solano, Marin, Napa

Appendix A

REGION: Sacramento Area

2014	
Exchange Subsidy Eligible	Eligible
All	126,000
Gender	
Male	65,000
Female	61,000
Race and Ethnicity	
Latino	35,000
Asian	18,000
African American	6,000
White	62,000
Other	5,000
Age	
0-18 years	6,000
19-29 years	40,000
30-44 years	30,000
45-64 years	50,000
Income	
138% FPL or less	8,000
139-200% FPL	41,000
201-250% FPL	32,000
251-400% FPL	44,000
Limited English Proficiency (18+)	
18+ Speaks English Very Well	84,000
18+ Limited English Proficiency	36,000
Employment Status	
Not Employed	32,000
Employed	94,000

Source: UC Berkeley / UCLA CalSIM version 1.8

Orange text indicates data that may be unreliable due to data limitations

Includes the following Counties: Sacramento, Placer, Yolo, El Dorado

Appendix A

REGION: San Joaquin Valley

2014	
Exchange Subsidy Eligible	Eligible
All	255,000
Gender	
Male	147,000
Female	108,000
Race and Ethnicity	
Latino	142,000
Asian	23,000
African American	5,000
White	78,000
Other	6,000
Age	
0-18 years	12,000
19-29 years	82,000
30-44 years	58,000
45-64 years	102,000
Income	
138% FPL or less	16,000
139-200% FPL	91,000
201-250% FPL	58,000
251-400% FPL	89,000
Limited English Proficiency (18+)	
18+ Speaks English Very Well	132,000
18+ Limited English Proficiency	112,000
Employment Status	
Not Employed	67,000
Employed	187,000

Source: UC Berkeley / UCLA CalSIM version 1.8

Orange text indicates data that may be unreliable due to data limitations

Includes the following Counties: Fresno, Kern, San Joaquin, Stanislaus, Tulare, Merced, Kings, Madera

Appendix A

REGION: Central Coast

2014	
Exchange Subsidy Eligible	Eligible
All	143,000
Gender	
Male	75,000
Female	69,000
Race and Ethnicity	
Latino	72,000
Asian	9,000
African American	2,000
White	57,000
Other	3,000
Age	
0-18 years	9,000
19-29 years	46,000
30-44 years	35,000
45-64 years	54,000
Income	
138% FPL or less	11,000
139-200% FPL	44,000
201-250% FPL	33,000
251-400% FPL	56,000
Limited English Proficiency (18+)	
18+ Speaks English Very Well	81,000
18+ Limited English Proficiency	54,000
Employment Status	
Not Employed	47,000
Employed	97,000

Source: UC Berkeley / UCLA CalSIM version 1.8

Orange text indicates data that may be unreliable due to data limitations

Includes the following Counties: Ventura, Santa Barbara, Santa Cruz, San Luis Obispo, Monterey, San Benito

Appendix A

REGION: Los Angeles

2014	
Exchange Subsidy Eligible	Eligible
All	779,000
Gender	
Male	430,000
Female	349,000
Race and Ethnicity	
Latino	472,000
Asian	101,000
African American	37,000
White	151,000
Other	17,000
Age	
0-18 years	40,000
19-29 years	200,000
30-44 years	241,000
45-64 years	297,000
Income	
138% FPL or less	44,000
139-200% FPL	262,000
201-250% FPL	172,000
251-400% FPL	301,000
Limited English Proficiency (18+)	
18+ Speaks English Very Well	324,000
18+ Limited English Proficiency	418,000
Employment Status	
Not Employed	238,000
Employed	541,000

Source: UC Berkeley / UCLA CalSIM version 1.8

Appendix A

REGION: Other Southern California

2014	
Exchange Subsidy Eligible	Eligible
All	749,000
Gender	
Male	399,000
Female	350,000
Race and Ethnicity	
Latino	372,000
Asian	87,000
African American	22,000
White	249,000
Other	18,000
Age	
0-18 years	49,000
19-29 years	206,000
30-44 years	208,000
45-64 years	286,000
Income	
138% FPL or less	34,000
139-200% FPL	249,000
201-250% FPL	158,000
251-400% FPL	308,000
Limited English Proficiency (18+)	
18+ Speaks English Very Well	397,000
18+ Limited English Proficiency	307,000
Employment Status	
Not Employed	236,000
Employed	513,000

Source: UC Berkeley / UCLA CalSIM version 1.8

Include the following Counties: San Diego, Orange, San Bernardino, Riverside, Imperial

APPENDIX B: COUNTIES BY REGION

NORTH REGION COUNTIES

Alpine, Amador, Butte, Calaveras, Colusa, Del Norte, El Dorado, Glenn, Humboldt, Lake, Lassen, Mendocino, Modoc, Nevada, Placer, Plumas, Sacramento, Shasta, Sierra, Siskiyou, Sutter, Tehama, Trinity, Tuolumne, Yolo, Yuba

BAY AREA REGION COUNTIES

Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Solano, Sonoma

CENTRAL CA REGION COUNTIES

Fresno, Kern, Kings, Madera, Mariposa, Merced, Monterey, San Benito, San Joaquin, San Luis Obispo, Santa Barbara, Santa Cruz, Stanislaus, Tulare, Ventura, Inyo, Mono, Santa Clara

LOS ANGELES/ORANGE COUNTY REGION COUNTIES

Los Angeles, Orange

INLAND REGION COUNTIES

Riverside, San Bernardino

SAN DIEGO REGION COUNTIES

Imperial, San Diego

Covered California Navigator Program
Question Submission Form

Utilize this form to submit questions to Covered California regarding the Navigator Grant Application. Please refer to **Section 6.2.4** of the Grant Application for instructions on completing and submitting this form.

Please complete the following information:

Date:			
Organization Name:			
Contact Name:		Title:	
Email:			
Phone Number:			

Please provide a description of the subject or issue in question or discrepancy found and reference the specific section and page number:

Please email this completed form to: grantinfo@ccgrantsandassistors.org

Thank you for your interest in Covered California's Navigator Grant Program.



FINAL REPORT

Covered California

Consumer Market

Baseline/Segmentation Study

SEPTEMBER, 2013

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Executive Summary

A baseline survey of approximately 2700 uninsured and privately insured Californians was conducted in order to inform the development of the Covered California marketing/outreach campaign. The survey collected data on consumer awareness, knowledge, attitudes and purchase intentions prior to the launch of the campaign. The study also explored market segmentation issues. Data were collected by telephone in multiple languages from May 15-June, 22, 2013.

Major findings from the study are summarized below.

Aided Awareness of the Affordable Care Act (ACA)

Aided awareness of the Affordable Care Act (ACA) is quite high among uninsured and privately insured Californians. Seventy-nine percent said they had heard or read about the law that was passed by Congress and signed by President Obama in 2010. Among the uninsured subsidy-eligible, 75% were aware of the ACA.

Basic Stance toward the ACA

Forty-five percent of uninsured and privately insured Californians believe that the ACA will be good for them, twice as many as the 23% who believe that it will be bad for them. Seventeen percent believe that it will have no effect. Fifteen percent are undecided. Among the subsidy-eligible, opinions are more positive: 53% believe that the ACA will be good for them compared with 18% who say it will be bad. Eleven percent said it will be bad. Eighteen percent are undecided.

Attitudes toward the ACA will undoubtedly improve as consumers become more informed about the benefits of the law, a major goal of the marketing/outreach campaign.

Awareness of Covered California

Not surprisingly, unaided awareness of Covered California is very low at baseline, only 3%. Aided awareness of Covered California (unaided + aided) is 12%. Among the subsidy-eligible, unaided awareness is only 1%. Aided awareness is 9%.

Knowledge about Covered California

Study respondents were asked a series of questions to elicit their level of knowledge about Covered California and what it will offer beginning in the fall. Each question addresses some fact about Covered California that is basic to understanding what it will offer and how it will operate. Overall, baseline levels of knowledge are low. Changing them is a critical priority for the campaign about to be launched.

Consumers are most knowledgeable about the availability of coverage for people with pre-existing conditions. Fifty-nine percent were able to answer this question correctly in the survey. Almost all the rest said that they were unsure. On this, and all the other items, the proportion of consumers giving the incorrect answer was greatly exceeded by those giving the unsure response, indicating that the challenge going forward is not to correct consumer misconceptions but instead to initially define Covered California for consumers.

About half of study respondents knew that “they could get information, compare plans and get insurance by going to a Covered California website” (54%), that there was a penalty for not enrolling in an insurance plan (53%) and that people with lower incomes will pay lower out-of-pocket costs when they use health care under the new plans (48%).

Fewer knew that people with low and moderate incomes will receive tax credits to reduce monthly premiums (38%), that private plans will compete for their business (37%) and that Covered California is not a welfare program (28%). Only 23% knew that Covered California is the only place low and moderate income people can get tax credits to help to reduce their costs and that the plans were comparable in quality to those available elsewhere. About the same proportion knew that Covered California will not offer only government health insurance plans (27%) and will not be operated by the insurance industry (22%).

Among the uninsured with incomes in the subsidy-eligible range, the findings were similar.

Importance of Facts about Covered California

During the interview, respondents were presented with eight facts about Covered California and asked to rate each in terms of its importance in their decision-making about whether to purchase a plan from Covered California. The facts mirror many of the knowledge items included in the survey. Each is essentially a reason or argument for purchasing health insurance at Covered California.

The following were rated as very important to consumers (about 8 or higher on a 10 point scale): no one will be denied coverage, ease of plan comparison and selection, and the screening of plans for quality. Three others ranked as somewhat less important (7 on the scale): the choice of private plans available, limits for some on out of pocket costs and that availability of premium assistance. Two were rated as not important (6 or lower): state government operation of Covered California and individual mandate/penalty.

Among the subsidy-eligible, the findings were generally similar.

Purchase Intent

Twenty-two percent of consumers are committed to purchasing a plan from Covered California with an additional 47% saying they are receptive to doing so. This is after exposing them to what the approximate price would be based on their age, income and family composition as well as important facts about Covered California. Twenty-nine percent are resistant to purchasing a plan from Covered California. Only 3% are undecided. These are very positive data and indicate that Covered California is likely to be successful in enrolling large numbers of consumers in new health plans.

Among the subsidy-eligible, there is greater interest in purchasing a plan. One quarter (26%) are committed and an additional 56% are receptive. Seventeen percent are resistant to plan purchase. Only 1% is unsure.

Purchase Motivations

Three motivations were most often cited by those committed to purchasing a plan: a desire to take advantage of the good prices that will be available, the security and peace-of-mind that comes from being insured and a simple need for coverage/care. These data were the same for the sample as a whole as well as the subsidy-eligible.

Barriers to Purchase

High prices were by far the most commonly mentioned barrier among those who said they would not purchase a plan. A much smaller group said that they did not need insurance because they were in good health or could get care without insurance. Opposition to the ACA and concern about the quality of the plans were only infrequently mentioned.

Among the subsidy-eligible, the findings were similar although opposition to the ACA was mentioned slightly more often.

Modes of Shopping/Enrollment

Six-in-ten (63%) say they will most likely to go online to shop for health insurance at Covered California. Nineteen percent say they will make use of a neighborhood counselor. Fifteen percent will make use of the telephone service center. Among subsidy-eligible customers, more will make use of a counselor (26%) although the majority (57%) will go online. As with consumers in general, 17% will make use of the telephone service center.

Customers using the online enrollment portal are likely to be younger, more Internet comfortable and more proficient in English. The other two portals, particularly the counselors, will be important for those who are older and less comfortable with the Internet and English.

Attitudes of the Uninsured Subsidy-Eligible

The study uncovered the following important attitudinal characteristics of the uninsured subsidy-eligible group, the primary market for Covered California:

- *Importance of health information.* The group believes that it is very important to be informed about health matters and many report recently seeking information on health topics.
- *Worry about money.* The group worries about money a lot as well as their ability to take on another financial obligation right now.
- *Strong concern about ability to pay for care.* They are concerned about their ability to pay for care and strongly believe that major illness would be a financial disaster for them.
- *Despite this, some ambivalence about the risk of being uninsured.* On the one hand, many worry about their health and/or that of a family member and reject the idea that “health insurance is for sick people.” On the other hand, many also reported in the survey that they aren’t sure about whether they want to “spend money insuring against things that probably won’t happen.” They were also divided on whether they “know how to get along without a doctor” if they get sick and on whether they need to worry about health care since they “take good care of themselves.”
- *Conflict about the value of insurance.* They strongly believe that it is smart to get insurance. They’re also willing to make financial sacrifices in order to have the peace-of-mind it would bring. However, at the same time, they are not sure about whether you can insure against life risks, whether insurance costs more than paying for care, and whether overall it’s worth the money it costs.
- *Primary value of insurance viewed as the protection against catastrophic costs.* When asked to identify the main value of health insurance, protection against catastrophic bills was believed to be more important than minimizing day-to-day costs of care and even peace-of-mind. In fact, peace-of-mind seems to be defined by consumers as relief from the fear of adverse financial consequences associated with the serious illness or injury.
- *Undecided about the complexity of getting insurance.* The subsidy-eligible are divided about how complex it is to get insurance. This suggests that complexity may not be a barrier for as many consumers as we have feared.
- *Conflicted normative influences.* The subsidy-eligible are conflicted about the social acceptability of getting insured. They don’t see themselves as “the type of person who has health insurance” but also believe that people who care about them want them to become insured.

Seven Segments of the Subsidy-Eligible

Seven segments of the subsidy-eligible uninsured emerged from the segmentation analysis that was performed as part of the study. The analysis has broad implications for campaign strategic planning efforts.

Three of the segments are mostly composed of older Californians:

- *Non-English-Speaking Families/Seldom Online* (23%): The largest single segment is composed primarily of non-English-speaking Hispanics. These Californians don't speak or read English well and seldom use the Internet. Two-thirds have incomes in the 139-199% FPL income range and hence will qualify for significant assistance. This is the segment most likely to be committed or receptive to plan purchase. About one-third (32%) are committed and 58% are receptive. Eight-in-ten believe the ACA good for them, the highest proportion of any group.
- *Mostly Hispanic/Seldom Online* (11%): This segment is also predominantly Hispanic but much more English proficient than the *Non-English-Speaking Families/Seldom Online* segment. They speak and read English well. Most do not use the Internet or are infrequent users. Thirty percent are committed to purchasing a plan and 51% are receptive. Almost six-in-ten (57%) believe that ACA will be good for them. They often have family members with fair to poor health and are concerned about being denied for insurance because of a pre-existing condition. Despite their interest in purchasing a plan, they are very conflicted about the value of insurance.
- *At Risk and Denied Insurance* (6%): This small segment is the most likely to report a chronic condition, a disability and having been denied health insurance because of a pre-existing health condition. They are most likely to be in the 55-64 year old group that is likely to have difficulty getting insurance regardless of health status. The majority of this group is non-Hispanic White. Surprisingly, only 40% believe that the ACA good for them; 34% say it will be bad. Despite this ACA stance, about one-in-five (21%) is committed to plan purchase and six-in-ten (59%) are receptive.

Four segments are mostly composed of young people:

- *Realistic and Motivated* (12%): This segment is well educated, majority-female and Internet savvy. Hispanics are the largest ethnic group. Unlike many other younger Californians, they have positive attitudes toward health insurance. Six-in-ten (62%) say ACA will be good for them. Nearly half will be eligible for the most generous Federal subsidies. Twenty-seven percent are committed to purchasing a health plan from Covered California and an additional 61% are receptive.

- *Self-Sufficient and Open to Change* (15%): There are more Hispanics than any other race/ethnicity in this group, which has slightly higher incomes than the *Realistic and Motivated* segment. They also report better health and less worry about both health and money problems. As a result they are more conflicted about the value of insurance. Nevertheless, 36% are committed to purchasing a plan, the largest proportion of any segment. Fifty-three percent are receptive. The majority, 56%, say that the ACA will be good for them. They are very frequent Internet users.
- *Risk Takers* (16%): The majority of this segment is White. They are well educated, have relatively high incomes and are frequent Internet users. The segment is divided on the ACA: 38% say it will be good for them but 31% say it will be bad. The youngest of the youth segments, this group does not feel a need for insurance because they are in good health and have learned to live without it. Only 9% are committed to purchasing a plan but, surprisingly, 66% say they are receptive, suggesting a high level of ambiguity about whether they will respond to the campaign or not.
- *Risk Deniers* (16%): This segment is mixed in terms of race/ethnicity. Along with the *Risk Takers*, it is the youngest of the four youth segments. Like the *Risk Takers*, they are well educated, have relatively high incomes and are frequent Internet users. Also like the *Risk Takers*, they do not feel the need for insurance but, unlike their counterparts, this segment more clearly denies the risk that exists. They are most likely to hold a negative view of the ACA and are most resistant to enrolling in Covered California; 35% say they will not enroll in a plan. This is the only segment where more say that the ACA will be bad (32%) than say it will be good (26%) for them.

Study Background and Objectives

Covered California is about to launch a large-scale marketing and outreach campaign in order to promote the purchase of health insurance under the provisions of the Patient Protection and Affordable Care Act. The goal of the campaign is reach millions of uninsured and privately insured Californians with information about what will be available to them commencing in January of 2014. In order to plan the campaign, NORC has completed a series of studies for Covered California. The earlier studies, all qualitative in nature, have assessed knowledge and attitudes toward the coming changes to the health insurance system, interest in using Covered California to shop for insurance as well as motivations and barriers related to purchasing a plan. These studies have been exploratory in nature. While they have generated valuable planning information the qualitative methods make it difficult to draw definitive conclusions about optimal marketing/outreach campaign strategies.

There were three main goals in undertaking this study. First, we are seeking to validate the insights developed from the previous qualitative efforts, insights that have been guiding planning efforts to date. A second goal is to understand how the market can best be segmented for planning and campaign implementation purposes. Segmentation is a powerful tool that can contribute greatly to the effectiveness of marketing campaigns. It requires the use of sophisticated methods and large survey samples. The third goal is to provide a baseline assessment of consumer awareness, knowledge, attitudes and intentions prior to the launch of the campaign so the progress over time can be measured and the effectiveness of the campaign can be assessed.

The specific objectives of this study were to assess:

- The baseline level of awareness and knowledge concerning the changes coming to health care/insurance system,
- The baseline level of awareness of Covered California as well as knowledge about how to enroll in a plan,
- The ability to enroll online without assistance and, if assistance is needed, consumer needs and preferences in this area,
- Drivers of interest in enrollment, and barriers to enrollment, including expected positive and negative outcomes, the perceived risk of being uninsured, economic constraints and general attitudes toward the health industry and government,
- Differences in the above based on race/ethnicity, geography and other important demographic characteristics,

- The number of *ready enrollees*, who will likely enroll as soon as open enrollment begins in the fall of 2013; the *receptive*, who are receptive but not yet ready to enroll; and the *resistant*, who do not intend to enroll in a plan,
- How to define market segments based on factors that illuminate the reasons for their interest, receptivity or resistance including expected positive and negative outcomes, perceptions about health risks, and other facilitators and barriers to enrollment as well as lifestyles, economic constraints, social influences and demographics, and,
- How the segmentation varies across four main race/ethnicity groups—Hispanics, African Americans, Asian/Pacific Islanders and Non-Hispanic Whites.

Study Methodology

This section of the report describes the methods used to complete the study.

Study Population

The study included two main populations: uninsured and individually, or privately, insured Californians. Uninsured Californians are those who are not currently covered by any health insurance including insurance obtained through an employer, purchased directly or a government program. Individually insured Californians are those who purchase private insurance without any assistance from an employer or the government.

In addition, qualified respondents had to meet the following selection criteria:

- 18 – 64 years of age
- Legal resident of California
- Makes decisions about healthcare for themselves or family
- Total family income above 100% Federal Poverty Level (FPL)

Study/Sample Design

In order to sample the study populations, we developed a statewide sample of the general household population as well as targeted samples of two groups that would not be captured in large enough numbers in the statewide sample—African Americans and Asian/Pacific Islanders. The general population sample included both a landline and cell telephone random digit dial component. The two race/ethnic oversamples included households randomly selected from a list of state households thought to be made up of populations of interest. This list was developed by Marketing Systems Group (MSG), a leading supplier of high quality survey samples, using a variety of databases containing information on the demographic characteristics of U.S. households. In some cases, the use of data on ethnic surnames is also incorporated into the database development process. It is important to recognize that, since not all California Asian Pacific Islander and African American households are represented in these databases it is possible that the households captured in our samples are not fully representative of the two race/ethnic groups. Nevertheless, this approach is a cost-effective one that is often used to ensure sufficient diversity in survey samples.

Survey Questionnaire Development

In conjunction with Covered California and Ogilvy West, an advertising contractor to Covered California, the NORC study team developed the survey questionnaire. The final questionnaire included eleven main sections devoted to the following topics:

- Overall satisfaction with current health insurance plan (if already insured)
- Reasons for being uninsured along with perceived risks
- Psychographics, including orientations to planning, risk and finance as well as health/health care and insurance
- Awareness and basic attitudinal stance toward the ACA
- Knowledge about where to get insurance in 2014 including awareness of Covered California
- Knowledge about shopping for insurance at Covered California
- Decision making importance of key facts about shopping for insurance at Covered California
- Purchase intentions along with related motivations
- Cell phone and Internet usage
- Checking account access
- Classification variables (e.g., zip code, age, health status)

Data Collection

Data were collected using NORC's computer-assisted telephone interviewing (CATI) system. This system supports industry-standard dialing procedures and allows for online audio and visual monitoring and audio recording to guarantee high data quality. Data collection began on May 16, 2013 and continued through June 22, 2013. Interviews were conducted in English and Spanish with live real time translation services available for those respondents who wanted to complete the interview in another language.

The number of calls placed to get an interview with each sampled household varied based on a number of factors, including the history of previous attempts to contact the household and sample type. In general, we attempted to make at least 8 calls to non-responding households at different times of day and on different days of the week over at least a two-week period. Except in cases where a household request to be taken off our calling list or where a respondent was hostile, we attempt at least one refusal conversion attempt. There were no financial incentives offered for participation in the study.

A total of 2,756 interviews were completed. Approximately 64% (n=1,773) of all completes came from the base sample. An additional 983 additional interviews were completed; 629 with African Americans and 354 with Asian/Pacific Islanders.

Response Rates

Response rates were calculated using AAPOR standards for RR3. The final response rate was 24.8%

Data Validation

On an ongoing basis throughout the data collection period, NORC reviewed CATI data and other quality indicators to ensure that data were collected according to the study protocol. After all of the editing and validation work was completed, the open-ended responses were coded and the data sets were prepared for weighting and analysis.

Weighting

In order to maximize efficiency, most of the general population interviews were conducted on landline telephones. Landline interviews are less labor intensive to complete which reduces study costs. However, the large number of landline interviews resulted in the completion of too few interviews with Hispanics, Non-English-speakers and uninsured individuals, populations more likely to be cell phone users. In addition, the use of the telephone mode of data collection made it a challenge to capture young people, particularly young men, in large numbers since they are difficult to reach in surveys conducted by the telephone.

As a result of the imbalances the distribution of the interviews, prior to beginning analysis, the data were weighted to population control totals. The population control totals were derived from the CalSIMS data supplied to Covered California by the University of California-Berkeley. In addition to adjusting the sample to known population totals, the purpose of the weighting was to adjust for the complex sample design (i.e. within-household selection and the inclusion of landline, cell, and listed samples). These adjustments allow unbiased inferences to be made from the sample to the population of interest.

Weighting involved four main steps:

- *Create a baseweight:* Due to the complex nature of the sample design, each sample case was given a baseweight of 1.
- *Adjustment for multiple chance of selection:* Most households that own at least one cell phone are more likely to have multiple cell phones associated with the household, as a cell phone is considered more a personal device. Therefore, households from the cell phone frame are adjusted to account for multiple chances of selection in the cell phone frame. Since a large majority of households only have one landline number, this adjustment was not needed on the landline frames.
- *Adjustment for overlap between the cell phone and landline frames:* Cases that were deemed eligible from both the landline and cell phone frames were adjusted to account for the multiple chance of selection. These cases had their weights adjusted in half to account for this overlap in frames.
- *Raking to Population Control Totals:* The adjusted weights are raked to known population control totals. The control total variable used for raking were age, sex, insurance status, race/ethnicity, household poverty level, English proficiency, and telephone status. This allows for subgroups within the sample to sum to known subgroup totals within the target population. These raked weights are the final weight that was used in analyses.

Table 1 presents the impact of weighting on the sample demographics. It displays the un-weighted and weighted totals for variables used in the raking.

Table 1. Un-weighted and Weighted Totals for Raking Variables

	Un-weighted			Weighted			Control totals
	Privately insured	Uninsured	All	Privately insured	Uninsured	All	
Insurance Status	1,474	1,282	2,756	1,505,391	3,042,277	4,547,668	4,547,668
Uninsured	NA	100%	47%	NA	100%	67%	67%
Insured	100%	NA	53%	100%	NA	33%	33%
Household Poverty Level	1,474	1,282	2,756	1,505,391	3,042,277	4,547,668	4,547,668
100%-138% FPL	9%	26%	17%	4%	16%	12%	12%
139%-299% FPL	28%	53%	40%	18%	55%	43%	43%
300%-399% FPL	22%	10%	16%	15%	11%	12%	12%
400%+	41%	11%	27%	63%	18%	33%	33%

	Un-weighted			Weighted			Control totals
	Privately insured	Uninsured	All	Privately insured	Uninsured	All	
Age	1,439	1,274	2,713	1,485,066	3,017,788	4,502,854	4,547,668
18-34	11%	22%	16%	34%	49%	44%	44%
35-54	40%	45%	42%	38%	35%	36%	36%
55-64	50%	33%	42%	28%	16%	20%	20%
Race	1,474	1,282	2,756	1,505,391	3,042,277	4,547,668	4,547,668
Hispanic	11%	28%	19%	31%	49%	43%	43%
Asian	14%	14%	14%	16%	12%	13%	14%
Black	12%	13%	12%	5%	4%	4%	4%
White /other	64%	45%	55%	48%	35%	39%	39%
Gender	1,474	1,282	2,756	1,505,391	3,042,277	4,547,668	4,547,668
Male	41%	47%	43%	45%	54%	51%	51%
Female	59%	53%	57%	55%	46%	49%	49%
Primary Language	1,474	1,282	2,756	1,505,391	3,042,277	4,547,668	4,547,668
English	95%	80%	88%	95%	78%	84%	47%
Spanish	1%	12%	6%	2%	18%	13%	38%
Other	4%	7%	5%	3%	4%	4%	15%
English Proficiency	1,474	1,282	2,756	1,505,391	3,042,277	4,547,668	4,547,668
Speak English Very Well	81%	66%	74%	78%	62%	67%	67%
Speak English Less Than Very Well	19%	34%	26%	22%	38%	33%	33%

Note: The FPL categories used for weighting differ from those used in the analysis of the study. For the latter, we broke the uninsured into the following FPL groups: 100%-138%, 139%-199%, 200%-399%, and 400% and above.

Analysis of Baseline Data on Awareness, Knowledge, Attitudes and Intentions

One main focus of data analysis work was the assessment at baseline of the following:

- Awareness of and stance toward the Affordable Care Act (ACA),
- Aided and unaided awareness of Covered California,
- Knowledge about Covered California,
- Importance of key facts about Covered California in consumer decision making about insurance,
- Purchase intent, motivations, and barriers, and
- Covered California access preferences

For the measures in each of these areas, descriptive analyses were conducted for each demographic category of interest: insurance status/income level, race/ethnicity, geographic region and age) and the selected substantive variables. With regard to region, the state was divided into five areas: Los Angeles County, Other Southern California, Central Valley, San Francisco Bay Area and Other Northern California. See Appendix for a list of the counties included in each area.

The Chi-Square test was used to assess the statistical significance of any differences that were observed.

Segmentation Analysis

The second main focus was the market segmentation analysis which was focused on the uninsured subsidy-eligible part of the consumer market.

The overall purpose of the segmentation analysis is to identify meaningful segments of uninsured “eligibles,” that is uninsured Californians eligible for federal subsidies to reduce the cost of their premiums. By meaningful, we mean segments that provide insights on targeting through owned, paid and earned media, as well as other channels of communication; messaging strategies for each segment; and strategies to facilitate enrollment of segments with special needs, such as personal and/or in-language assistance.

Eligibles include those whose total household incomes are between 139% and 399% of the Federal Poverty Level (FPL). Eligibles whose incomes are between 139% and 199% of the FPL will receive a considerably larger segment than will those whose incomes are between 200% and 399%.

We describe the segments in terms of the psychological, sociological, cultural and economic factors that could affect enrollment in Covered California, including:

- **Contextual factors**, such as demographics, race/ethnicity, health status, Internet use, access to a checking account, and other variables that reflect the person’s life situation.
- **Psychographics**, such as orientations to planning, risk and finance; health and health care; and health insurance.
- **Reasons for being uninsured**
- **Perceived risks of being uninsured**
- **Knowledge of and importance of facts about Covered California**
- **Motivators and barriers to enrollment**

The Analytic Method: NeuroClustersm

NeuroClustersm is a powerful high-resolution clustering method that allows segments to be defined *empirically* rather than *a priori*, providing an entirely *data driven solution*.¹ This robust method analyzes a large number of variables and classifies respondents into relatively homogenous segments. Based on neural network technology, NeuroClustersm mimics human pattern recognition by finding the

¹ Developed by Robert W. Schnurr of QSA Analytics

variables that best differentiate between the segments. The analyst then defines and describes each segment according to the variables that make it unique.

Neural network technology is a proven method has been used in automatic steering and targeting (by the military), control of robots and automated production equipment, de-coding, recognition of subversive or criminal activities filmed by surveillance cameras, business process improvements, and intelligence gathering by national security agencies, as well as marketing and social research.

An Overview of Variables Used in the NeuroClustersm Analysis

The cluster algorithm included variables that are relatively **enduring** characteristics of the individual, including:

- Psychographics, e.g., orientations to risk-taking, finances, health and health insurance
- Race/ethnicity and English language skills
- Reasons for being uninsured
- Perceived risks of being uninsured
- Motivators and barriers to enrolling via Covered California
- Internet use
- Access to a checking account
- Health status
- Selected demographics, e.g., income as a percentage of the federal poverty level (FPL), age, gender

The cluster algorithm did not include more **ephemeral** characteristics that could change as the campaign progresses, such as purchase intent, the Knowledge Index (based on the accuracy of perceptions about Covered California) and the Resonance Index (based on the perceived importance of facts about Covered California). However, since these more ephemeral variables predict and explain enrollment, they are included in the segment descriptions.

Psychographic Measures

Psychographics measure attitudes, values, lifestyles and opinions. These are central to good segmentation analyses. NORC developed a custom psychographic inventory for this study. The items comprising this inventory are listed below grouped by the major concepts they are intended to measure. Please note that the text of some of the longer items will be shortened in the tables and charts included in segmentation chapter of the report.

Complexity
<i>Getting health insurance is too complicated</i>
Denial/Acceptance of Risk
<i>I don't worry about health care because I take good care of myself.</i>
<i>(I am/all the people in my immediate family are) healthy and unlikely to need much medical care in the foreseeable future.</i>
<i>I am worried about (my health/my health or the health of someone in my immediate family).</i>
<i>I know how to get along without going to a doctor if I get sick.</i>
<i>Health insurance is for sick people.</i>
<i>Don't want to spend money insuring against problems that probably won't happen.</i>
Early Adoption
<i>I'm usually among the first to try new things.</i>
Fear of Financial Consequences
<i>A major illness or injury would be a financial disaster for me.</i>
<i>I'm concerned about not being able to pay for health care.</i>
Value of Health Information
<i>It's very important for me to be informed how to best take care of my health.</i>
<i>I have looked for information on health topics recently.</i>
Value of Insurance
<i>Life is full of risks that you can't plan for or insure against. You just have to take your chances.</i>
<i>I focus on the challenges I face today, not the ones I might face in the future.</i>
<i>It's smart to get insurance in case you get sick in the future.</i>
<i>Health insurance can cost more than paying for health care.</i>
<i>Health insurance is well worth the money it costs</i>
<i>I am willing to sacrifice now to have peace-of-mind about the future.</i>
Just Starting Out
<i>I am just starting out in life.</i>
Money Problems
<i>I worry about money a lot.</i>
<i>There is no way that I could take on another financial burden right now.</i>
<i>It is a challenge for me to pay my bills every month.</i>
Primary Decision-Maker Status
<i>Someone else takes care of my health care so I really don't need to think about health insurance.</i>
Reliance on Others
<i>I have other people I can turn to if I need help.</i>
Social Norms
<i>A lot of people who didn't have health insurance before are getting it now because it is the right thing to do.</i>
<i>The people I care most about want me to get health insurance.</i>
<i>Most people like me don't have health insurance.</i>

Study Team

Larry L. Bye, NORC Senior Fellow, headed the study team. Along with Dr. Rebecca Quarles, of QSA Analytics, he designed the survey questionnaire and actively participated in data analysis and report writing work. In addition to assisting with questionnaire development, Dr. Quarles and Robert W. Schnurr of QSA led the segmentation analytical efforts. Senior Survey Director Margrethe Montgomery provided project support and monitored costs. Martin Barron, Senior Research Scientist provided methodological support and oversight of many aspects of the data analysis effort. Kim Williams, Survey Director II, managed data collection and participated in data analysis efforts. Hildie Cohen, Survey Director I, provided additional project and analytic support.

Baseline Findings: Consumer Awareness, Knowledge, Attitudes and Intentions

This section of the report presents study findings related to consumer awareness, knowledge, attitudes and intentions. Findings are presented for each of the insurance status groups in the sample. Tables presenting subgroup differences (defined by race/ethnicity, age and region of the state) appear in the report appendix.

The segmentation findings follow in the next chapter of the report.

Awareness and Stance toward the Affordable Care Act (ACA)

A variety of survey items assessed consumers' awareness and perception of the ACA. Over three-quarters (79%) of all consumers reported that they had seen, heard or read about the ACA (see Table 2). Age, race/ethnicity, geographic area and insurance status were significantly related to awareness (age race/ethnicity, and geography tables are included in Appendix C). The privately insured and those at 400%+ FPL reported the highest percentage of awareness with the ACA. Awareness declined as household income declined (that is, respondents in households with income 100% - 138% FPL had lower awareness than those in households with income 139% - 199% FPL, and so on) However, the majority of consumers in each insurance status reported awareness with ACA. In terms of age, over three-quarters of respondents in each age category expressed awareness with the ACA. By race/ethnicity, two-thirds of respondents in each category were aware of the ACA; the White and "other" groups reported the highest percentages of awareness at 89% and 88% respectively. Geographically, respondents in Southern California (including LA County) indicate the lowest awareness of the ACA (76-77%) while the Central Valley and Other Northern California areas reported the highest awareness (85-86%). As noted at the beginning of this chapter, tables displaying the age, race/ethnic and geographic differences appear in the report appendix.

Table 2. Percent Heard, Seen, or Read Anything about the Affordable Care Act by Insurance Status (n=2,658)

	Insurance Status					
	Privately insured	Uninsured				All
		100%-138% FPL	139%-199% FPL	200%-399% FPL	400%+	
Yes	89%	66%	68%	82%	89%	79%
No	10%	32%	30%	18%	11%	19%
Don't know	1%	2%	2%	0%	0%	1%

Among those who were aware of the ACA, 45% believed it would have a positive impact on their lives, 23% anticipated a negative impact and 17% predicted no impact (see Table 3). Age, race/ethnicity, geographic area and insurance status were significantly related to consumers’ stance toward the ACA. The majority of uninsured consumers at 100-138% FPL, 139-199% FPL and 200-399% FPL believed that the ACA would have a positive impact on their lives. Nearly one-third of the privately insured and uninsured consumers at 400%+ FPL believed that ACA would have a negative impact. Over 40% of consumers in each age category anticipated a positive impact. Hispanic and African American respondents were the most optimistic about the impact of the Affordable Care Act with 52% and 57% respectively reporting the ACA will have a positive impact. Northern Californian respondents are most negative on the ACA, with 45% reporting that it will be bad for them. In contrast, only 14% of those in the San Francisco Bay Area and 16% of those in LA County view the ACA as being bad for them.

Table 3. Among Those Who Have Heard of the ACA, Percent Who Think The Affordable Care Act Will Be Good, Bad or Will Have No Impact by Insurance Status (n=2,262)

	Insurance Status					
	Privately insured	Uninsured				All
		100%-138% FPL	139%-199% FPL	200%-399% FPL	400%+	
Good	35%	60%	62%	46%	41%	45%
Bad	27%	18%	13%	22%	29%	23%
No impact	24%	8%	9%	12%	18%	17%
Don't know/refused	13%	15%	16%	20%	11%	15%

Covered California Awareness

Before any mention of Covered California, respondents were asked to indicate where Californians could go to get health insurance under the ACA. Only 3% of consumers reported that they could go to Covered California to purchase insurance (see Table 4). Race and insurance status were significantly related to awareness of Covered California; however, age and geographic area were not. The uninsured at 400%+ FPL reported the highest percentage of awareness of Covered California of any insurance category (7%) whereas the privately insured reported the highest percentage of awareness of the California Health Benefit Exchange (6%). The age group 18-25 reported the lowest percentage of awareness for Covered California while 45-54 year olds reported the highest (1%). White and “other” racial categories reported the highest percentages of awareness of Covered California and the California Health Benefit Exchange (4-7%). Respondents in the San Francisco Bay Area were most likely (5%) to be able to name Covered California.

Table 4. Percent Able to Specify the Organization Where ACA Coverage Can Be Obtained by Insurance Status (n=2,658)

	Insurance Status					All
	Privately insured	Uninsured				
		100%-138% FPL	139%-199% FPL	200%-399% FPL	400%+	
Covered CA	4%	1%	1%	2%	7%	3%
California Health Benefit Exchange	6%	1%	2%	3%	4%	4%
California State Government	3%	0%	1%	2%	4%	2%
Other	11%	5%	5%	6%	10%	8%
Don't know	8%	2%	5%	7%	7%	7%

Table 5 summarizes the overall awareness of Covered California, combining both unaided and aided awareness. Very few people (3%) expressed an unaided awareness of Covered California. Slightly more (9%) expressed an aided awareness. However, the vast majority of respondents (88%) expressed neither aided nor unaided awareness of Covered California. Overall awareness (unaided + aided awareness) was significantly associated with insurance status, age, race/ethnicity, and geography. Overall, awareness, increased with household income (from 4% among those 100%-138% FPL to 16% among those 400%+ FPL) and age (from 3% among 18-25 year olds to 21% among those 55-64. Asian and Hispanic respondents expressed the lowest overall awareness of Covered (9% and 8% respectively). Geographic differences ranged from 9% overall awareness in Southern California to 19% in the San Francisco Bay area.

Table 5. Percent That Demonstrated Aided Awareness, Unaided Awareness, or No Awareness of Covered California by Insurance Status (n=2,658)

	Insurance Status					All
	Privately insured	Uninsured				
		100%-138% FPL	139%-199% FPL	200%-399% FPL	400%+	
Aided awareness	14%	2%	9%	8%	10%	9%
Unaided awareness	4%	1%	1%	2%	7%	3%
Aided + unaided	18%	4%	9%	10%	16%	12%
Not aware	82%	96%	91%	90%	84%	88%

Knowledge about Covered California

The survey assessed consumers’ knowledge of Covered California with a series of statements about the new marketplace (see Table 6 for the 11 items); consumers were asked to state whether these statements were true or false. Each statement addressed some fact about Covered California that is basic to understanding what it will offer and how it will operate. In order to evaluate overall knowledge, a composite score based on correct responses to these 11 true/false items was calculated.

In Table 6 we display consumer knowledge on each of the 11 items by insurance status. As anticipated, knowledge levels are low at baseline. Overwhelmingly, those not giving correct answers were unsure as opposed to incorrect in the answers they gave. Therefore, the challenge going forward is not to correct misconceptions but to define for the first time what Covered California is. The items with the highest proportion of incorrect (as opposed to unsure) responses were those having to do with Covered California as a welfare program (20% giving the actual incorrect response), the relatively poor quality of the plans being offered (27% incorrect) and the idea that the insurance industry runs Covered California (22% incorrect).

Knowledge levels are consistently low across all the insurance categories with a few notable exceptions. Generally, those privately insured or uninsured with income 400%+FPL were more likely give correct answers than the lower income groups. However in some circumstances this was reversed. Most notably, those earning 100%-138% FPL were more likely to correctly state that Covered California would provide a means of comparing plans and acquiring coverage.

Several questions consistently showed large sub-group differences in responses. Large differences between insurance groups, age groups, race/ethnicities, and regions were particularly apparent when

respondents were asked if Covered California was a welfare program and whether not acquiring insurance would result in a penalty.

Table 6. Overall Knowledge of Covered California - Percent Correct by Item and Insurance Status (n=2,658)

	Insurance Status					
	Privately insured	Uninsured				All
		100%-138% FPL	139%-199% FPL	200%-399% FPL	400%+	
You will be able to get health insurance through Covered California even if you have a pre-existing condition. (True)	68%	50%	52%	55%	67%	59%
You can get information, compare plans and get health insurance by simply going online to the Covered California website. (True)	54%	65%	55%	45%	58%	54%
Most people who don't get health insurance will have to pay a penalty. (True)	55%	44%	48%	53%	66%	53%
People with lower incomes will pay less for out-of-pocket costs when they use health care. (True)	53%	55%	42%	48%	48%	48%
People with low and moderate incomes will receive a tax credit to reduce their monthly cost or premium. (True)	40%	33%	39%	36%	41%	38%
Covered California will offer private health insurance plans that will compete for your business. (True)	41%	27%	35%	35%	44%	37%
Covered California is a welfare program. (False)	44%	20%	25%	32%	51%	34%
Covered California will offer only government health insurance plans. (False)	39%	23%	16%	22%	29%	27%
The health plans will meet people's basic needs but generally won't be as good as the plans sold elsewhere. (False)	27%	23%	20%	19%	28%	23%
Covered California is the only place low- and moderate-income people can get tax credits to help to reduce the cost of a health plan. (True)	20%	28%	26%	23%	23%	23%
Covered California will be operated by the health insurance industry. (False)	29%	22%	14%	21%	26%	22%

For each respondent, a Knowledge Index was calculated as the proportion of the 11 knowledge questions answered correctly. On average, respondents answered 3.8 questions correctly. Among age groups, the highest average knowledge score was found among those ages 55-64. Knowledge did not increase linearly with age, however. Instead, high knowledge scores were found among both the young and the old while the lowest knowledge scores were found among those ages 35-44. Among racial subgroups, Whites, African Americans, and Asians all scored relatively highly (with average correct scores ranges from 4.0-4.2) while Hispanics and Other races/ethnicities showed relatively low knowledge scores (3.4 and 3.6 respectively).

Both the privately uninsured and the uninsured earning 400%+ FPL demonstrated relatively high knowledge scores (4.3 and 4.4, respectively) while the remaining lower income uninsured had lower relative knowledge scores (3.4-3.6). Little variation in knowledge scores existed geographically with the exception of the San Francisco Bay Area, which scored relatively highly (4.4).

Important Factors in Consumer Decision Making

Consumers were presented with a series of eight facts about Covered California and asked to rate how important these facts would be to them in their decision about whether or not to shop for health insurance at Covered California. The facts are similar to those presented in the knowledge questions discussed above. Essentially, each represents a different reason to purchase health insurance at Covered California. The rating scale ranged from 0 to 10 with 0 indicating not important at all and 10 indicating an extremely important factor in the decision to shop.

Table 7 shows the mean importance rating for each of the eight important factors by insurance status. The most important factor in decision-making across all groups was the new coverage of pre-existing conditions (an average importance of 8.4). Consumers also reported that the screening of plans for quality (8.2) and the ease of comparing plans (7.9) were very important. Three others ranked as somewhat less important: the choice of private plans available, limits on out of pocket costs and the availability of premium assistance. The least important factor in decision-making was the penalty for those who do not get health insurance (5.8). With minor exceptions, this pattern was seen across all insurance statuses, age, and race/ethnicity, and geographic subgroups.

Table 7. Important Factors in Consumer Decision Making by Insurance Status (n=2,658)

	Insurance Status					All
	Privately insured	Uninsured				
		100%-138% FPL	139%-199% FPL	200%-399% FPL	400%+	
You cannot be denied because of a pre-existing condition.	8.7	8.6	8.2	8.2	8.5	8.4
All plans will be screened to make sure they offer the services people need, including preventive care.	8.2	8.8	8.5	7.8	8.2	8.2
It will be easy to compare insurance plans and select the one that is best for you.	8.0	8.1	7.8	7.9	8.3	7.9
People with lower incomes will also pay less for out-of-pocket costs when they use health care.	6.6	8.2	8.2	7.4	7.0	7.3
People with low and moderate incomes will receive a tax credit to reduce their monthly cost or premium.	6.5	7.8	8.1	7.3	7.0	7.2
Covered California will offer a number of private health insurance plans.	7.2	7.5	7.2	7.1	7.3	7.2
The California State Government will operate Covered California.	5.9	7.5	6.8	6.7	5.9	6.4
Most people who don't get health insurance will have to pay a penalty.	5.7	6.2	6.3	5.9	5.2	5.8

A Resonance Index, was computed for all respondents as a measure of how well all the important reasons or arguments resonate with California consumers. The Resonance Index is the average importance ratings of the eight facts about Covered California.

Overall, the average resonance score was 7.3 (that is, respondents, on average, gave a response of 7.3 to the eight items shown in Table 7). This indicates that the group of reasons or arguments resonates reasonably well with consumers. Little variation was seen in the resonance scores given by different age groups (ranging from 7.2 for those ages 45-54 to 7.5 for those ages 35-44). Slightly more variation was seen by race/ethnicity, insurance status, and region. Hispanics had the highest resonance score (7.6) while Whites and other races/ethnicities had the lowest (6.9). When examined by insurance status, the poorest uninsured had the highest resonance score (7.8) while the privately insured and those earning 200% FPL or more had the lowest resonance score (7.1-7.3). The Los Angeles County region had the highest resonance score (7.5) while the Northern California region had the lowest (6.9).

Purchase Intent

Using details provided by the respondent—in particular their age, income, and the number of people who would be covered by their insurance—an estimated monthly premium cost was calculated and presented to the respondent². After consumers heard the monthly premium cost of obtaining health insurance through Covered California, they were asked about their intent to enroll. This question was asked well into the interview after respondents had learned the facts about Covered California. Based on their responses, we classified consumers into three main categories: committed consumers, who will get health insurance through Covered California as soon as possible, receptive consumers who may get insurance through Covered California, and resistant consumers, who will not get health insurance through Covered California.

Table 8 displays the results. Two-thirds of all consumers were receptive or committed to obtaining health insurance through Covered California. Only 29% were resistant. These data are very positive and suggest that Covered California will be successful in its efforts to enroll consumers in new health plans. Insurance status, age, geographic area and race/ethnicity were each significantly related to purchase intent. Resistance increased with income with the most resistant respondents being uninsured with 400%+FPL or privately insured (47% and 46% respectively).

By age, the 18 to 25 year old group was the most committed with 33% electing to purchase. Consumers above age 45 were the most resistant with 33% in the 45 to 54 age group and 35% in the 55 to 64 age group refusing to purchase. Hispanic consumers were the most committed of any racial group with 30% committing to purchase whereas White consumers were the most resistant with 39% refusing to purchase. Relatively small differences in the likelihood of purchasing insurance were observed by geographic region. The committed percentage ranged from 18% in the San Francisco Bay Area to 23% in LA County and the Other Southern California Region. Slightly more variation was observed in the percentage resistant, ranging from 25% in the San Francisco Bay Area to 39% in the Other Northern California regions.

Among the receptive, 44% were between 26 and 44 years of age and 42% were Hispanic. Half of all receptive respondents fell within 139% - 399% FPL. In terms of geographic region, 50% lived in LA County or Other Southern CA.

² Because the premium depended upon age, income, and number household members, a respondent refusing to provide any of this information was not presented an estimated monthly premium.

Table 8. Among Respondents Who Heard Monthly Premium Cost, Likelihood of Purchasing Insurance through Covered California by Insurance Status (n=2,592)

	Insurance Status					
	Privately insured	Uninsured				All
		100%-138% FPL	139%-199% FPL	200%-399% FPL	400%+	
Committed	11%	60%	34%	17%	6%	22%
Receptive	41%	33%	52%	60%	41%	47%
Resistant	46%	3%	13%	21%	47%	29%
Don't know/refused	3%	4%	1%	2%	6%	3%

Purchase Motivations and Barriers

Consumers were asked to provide up to three reasons why they would or would not purchase health insurance through Covered California. In Table 9 we present the motivations among those who are committed to purchasing health insurance by insurance status.

Committed consumers most frequently (41%) cited the money they could save (that it was a “good deal”) as the reason they would purchase health insurance through Covered California. This was the most frequently reported response across all insurance statuses; the percent of respondents who reported this reason ranged from 30% among those earning 100%-138% of the FPL to 73% among the privately insured. Taking advantage of a good deal was also cited as the most important motivator across age, race/ethnicity, and geographic subgroups.

Two other motivations were also important—the desire for the security and peace-of-mind that comes from being insured and satisfying a felt need for coverage and care.

Table 9. Purchase Motivators among the Committed, by Insurance Status (n=605)

	Insurance Status					
	Privately insured	Uninsured				All
		100%-138% FPL	139%-199% FPL	200%-399% FPL	400%+	
Take advantage of a good deal	73%	30%	34%	41%	60%	41%
Security/peace-of-mind	5%	24%	28%	33%	30%	24%
Need coverage/care	22%	18%	21%	35%	7%	22%
Family benefits	9%	23%	19%	11%	0%	16%
Preventative benefits	2%	19%	12%	14%	0%	12%
Other	17%	8%	12%	9%	9%	11%

Among those resistant to purchasing a plan, cost was by far the most frequently cited barrier (see Table 10). Almost two-thirds (63%) of resistant consumers stated that they would not purchase health insurance through Covered California because it was too expensive. This was the most often reported barrier for all insurance statuses except those earning 100-138%FPL (who would get a fully subsidized plan). Among those earning 100-138% FPL the primary barrier was that they felt they don't need insurance and that they were concerned about the quality of the plans that would be available. Expense was the most frequently given barrier across age, race/ethnicity, and regions. Among those age 18-25 the lack of need for insurance was also given as a barrier with almost the same frequency as expense (46% and 48% respectively). Opposition to the ACA and concern about plan quality did not emerge as significant barriers within the sample as a whole.

Table 10. Purchase Barriers among the Resistant, by Insurance Status (n=724)

	Insurance Status					
	Privately insured	Uninsured				All
		100%-138% FPL	139%-199% FPL	200%-399% FPL	400%+	
Too expensive	60%	0%	49%	77%	71%	63%
Don't need it	29%	42%	37%	18%	13%	25%
Concern about quality of plans	15%	39%	9%	1%	12%	12%
Oppose ACA	3%	4%	5%	6%	1%	3%
Other reasons	2%	1%	9%	3%	4%	3%
Don't know how to apply	1%	0%	4%	1%	0%	1%
Moving out of state	0%	14%	0%	0%	0%	0%

Covered California Access Preferences

Consumers were asked how they would prefer to shop for health insurance through Covered California. The majority of consumers (63%) preferred to shop online, 19% preferred to shop at a Neighborhood assistance provider and 15% preferred to shop by phone (see Table 12). Insurance status, age, geographic area and race/ethnicity were each significantly related to access preference. The percentage of respondents preferring the Internet to access Covered California increased as income increased and decreased with age. Young consumers ages 18-25 reported the highest preference for online shopping (71%); however the majority of each age group also preferred the online option. Among race/ethnicity subgroups, Whites were most likely to want to access Covered California via the Internet (74%) while 53% of Hispanics wished to use the Internet. Little variation existed with respect to Internet preferences geographically, with 63% or more preferring to shop online in all regions.

Table 11. Covered California Access Preference by Insurance Status (n=2,658)

	Insurance Status					All
	Privately insured	Uninsured				
		100%-138% FPL	139%-199% FPL	200%-399% FPL	400%+	
Online	73%	49%	55%	60%	77%	63%
Phone	13%	16%	18%	15%	7%	15%
Neighborhood assistance provider	9%	35%	27%	24%	13%	19%
None of these	4%	0%	1%	0%	1%	2%
Don't know/refused	0%	0%	0%	0%	1%	0%

In Table 13 we show Internet usage and English fluency by the preferred mode of contact with the exchange. Internet usage, speaking and reading English were all significantly related to access preference. Of those consumers who prefer to go online to shop for health insurance, 89% also use the Internet to shop or pay bills, 78% speak English very well and 81% read English very well. Consumers who prefer to use a neighborhood assistance provider are more equally distributed across Internet usage and proficiency in speaking and reading English. These findings indicate that Internet usage and English proficiency are important factors in consumers' preference to shop online.

Table 12. Covered California Access Preference by Internet Usage (n=2,494) and English Proficiency (n=2,756)

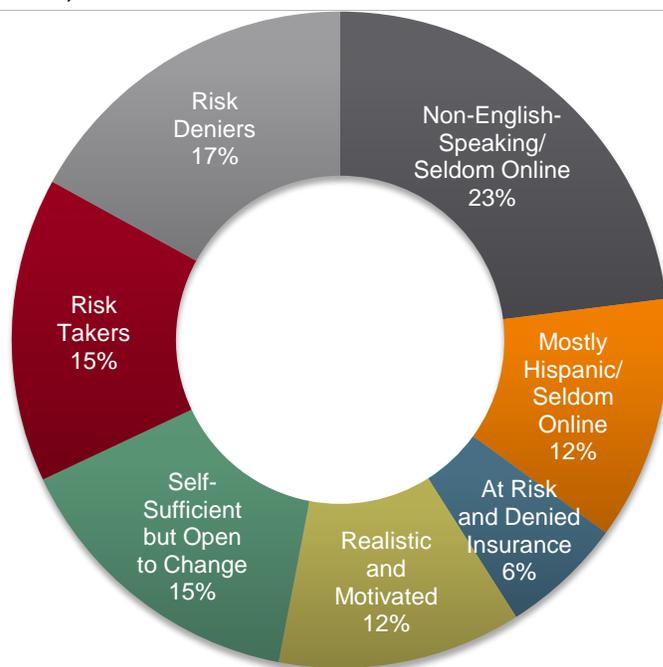
	Online	Phone	Neighborhood assistance provider	None of these	Don't know/refused
Internet Usage					
Yes	89%	65%	59%	85%	71%
No	11%	35%	41%	15%	29%
Speak English					
Very well	78%	55%	41%	76%	68%
All others	22%	45%	59%	24%	32%
Read English					
Very well	81%	63%	45%	78%	69%
All others	19%	37%	55%	22%	31%

Segmentation Analysis

Overview of the Segments of Uninsured Californians

The NeuroClustersm analysis identified seven segments of uninsured eligibles based on a wide array of psychographic, attitudinal and demographic variables. Uninsured eligibles represent an estimated 2,000,805 adults, or approximately 66% of all uninsured California adults and 44% of the combined market of uninsured and privately insured California adults.

Exhibit 1. Segments of Uninsured Eligibles (n=742)



Non-English-Speaking Families/Seldom Online comprise the largest single segment of California uninsured eligibles. This segment consists primarily of non-English-speaking families who are infrequent Internet users. The *Mostly Hispanic/Seldom Online* are also predominately Hispanic, but they are much more proficient in English than the *Non-English-Speaking Families/Seldom Online*. More fully English proficient and online active Hispanics are represented in all of the other segments, particularly the *Realistic and Motivated* and the *Self-Sufficient but Open to Change*. These two segments, along with the *At Risk and Denied Insurance*,

the majority of whom are over 55 years of age, comprise the three “older” segments.

The other four segments are “young,” in that majorities are under 35 years of age. The youngest segments are the *Risk Takers* and the *Risk Deniers*. These two segments do not think they need health insurance because they are healthy and self-sufficient. In this, they bear a striking resemblance to the “Young Immortals” or “Invincibles” identified in some other state studies. However, this segmentation shows one cannot equate youth with resistance to health insurance: Two of the young segments – the *Realistic and Motivated* and the *Self-Sufficient but Open to Change* – have positive attitudes toward health insurance. Together these two “positive” segments account for almost as many eligibles as the two more negative “young” segments, the *Risk Takers* and the *Risk Deniers*.

The following sections describe the demographic, psychographic and behavioral factors that differentiate each segment from other insured eligibles.

Overview of Factors That Differentiate the Segments

Non-English-Speaking Families/Seldom Online

Non-English-Speaking Families/Seldom Online families are cut off from much of American culture because they do not speak or read English well, and they seldom use the Internet. All read their primary language (mostly Spanish but also Asian languages) well or very well. This is the least well-educated segment: six-in-ten have not graduated from high school and fewer than one-in-ten have graduated from college. Families tend to be large and incomes modest. This combination means that two-thirds have incomes that are 139% to 199% of the FPL and, thus, would pay relatively low premiums and have only limited out-of-pocket costs if enrolled in a plan through Covered California. These savings are key motivators for this segment, which – of all the segments – has the most positive attitudes toward the Affordable Care Act, and is the most likely to be committed or receptive to enrolling in a Covered California plan.

Although the great majority is under age 55, most report only fair or good health. Moreover, they are worried about their health and the health of others in their families. *Non-English-Speaking Families/Seldom Online* families are also more likely than other eligibles to say that they don't have health insurance because they would be denied because of a pre-existing condition, are not sure how to get it, and view the process of getting it as "too complicated."

Mostly Hispanic/Seldom Online

Like *Non-English-Speaking Families/Seldom Online*, the *Mostly Hispanic/Seldom Online* are predominately Hispanic, but they are somewhat more proficient in English, better educated and somewhat older. They tend to speak and read English well (although not very well). None have a primary language other than English that they are able to read well or very well. Most do not use the Internet or, if they do, use it infrequently.

Although their own health is good to excellent, they often have family members with fair to poor health, and they are likely to say they would be denied health insurance because of a pre-existing condition. This segment is very conflicted about the idea of getting health insurance. They worry about family health and being able to pay for health care on their own. Counterbalancing those felt needs are more immediate worries about money and being able to pay their monthly bills. Lack of knowledge is another barrier: Of all the segments, they are the most likely to say they are not sure how to get health insurance and that they

don't know if the Affordable Care Act will be good or bad for them. Social norms are another barrier since this segment is particularly likely to say that most people like them don't have insurance. Perhaps as a consequence of uncertainty and negative social norms, the *Mostly Hispanic/Seldom Online* are less likely to be committed or receptive than the *Non-English-Speaking Families/Seldom Online* to enrollment in Covered California.

At Risk and Denied Insurance

This very small segment is by far the most likely to report chronic conditions, a disability that limits their activities, and having been denied health insurance because of a pre-existing condition. They are also the most likely to be age 55-64, an age group that often finds it difficult to get insurance on their own, regardless of health status. Mainly Caucasians and couples or female singles, this segment is relatively well educated (most have at least some college). Virtually all speak English well or very well. Like the *Mostly Hispanic/Seldom Online*, the *At Risk and Denied Insurance* worry about their health and their ability to pay for health care on their own, and they fear the financial consequences of illness or injury. But money is a barrier, as is the idea that most people like them don't have health insurance. Still, they are among the most likely to say that the people they care most about want them to get it, suggesting that social pressure may reinforce outreach campaign messages. However, despite a clear need for health insurance, this segment is nearly split on the probable impact of the Affordable Care Act on them and is the least committed to enrollment in Covered California of any of the three "older" segments.

Realistic and Motivated

Despite youth and relative good health (most good or very good), the *Realistic and Motivated* are almost as likely to be committed or receptive to enrolling in Covered California as the *Non-English-Speaking Families/Seldom Online*. They are also one of most likely segments to say the Affordable Care Act will be good for them. They are correct: Although their incomes are relatively high, their large families make nearly half of them eligible for the most generous federal subsidies. Their ethnicities are mixed, but almost all speak English well or very well.

All the members of this young³, well-educated, majority-female segment use the Internet, including use for shopping and bill payment, and more than eight-in-ten use it frequently. However, relatively few use smartphones and tablets. They are aware of the risks, especially the financial risks, of being uninsured and are unlikely to cite reasons other than affordability for not being insured, suggesting that they would get insurance if they could this barrier were removed. This segment is concerned about being able to pay for

³ The term "young" refers to the 18-34 age group

care and say that a major illness or injury would be a financial disaster for them. However, they also worry about money a lot and say that they couldn't take on another financial burden, suggesting that affordability is a key concern and possible barrier. Still, they have looked for health information recently and say health insurance is a smart investment for future peace-of-mind. In addition to their realistic beliefs and positive outlook, The *Realistic and Motivated* are subject to social pressure to get health insurance from the people they care about most. All of this makes them very strong prospects for Covered California.

Self-Sufficient but Open to Change

The *Self-Sufficient but Open to Change* segment is also one of most committed or receptive segments. They are similar to the *Realistic and Motivated*, but there are several important differences. *First*, although their incomes are similar, they are less likely to have larger families. Consequently, they are less likely to be in the 139%-199% FPL group, which will receive the greatest benefit from federal subsidies. *Second*, they are more likely to be in very good or excellent health. This combination makes health, money and health insurance topics less salient for them than they are for the *Realistic and Motivated*; they are less worried about their health and less worried about money problems. It also gives them a feeling of self-sufficiency that makes them more resistant to the idea of getting health insurance. For example, they are more likely than the *Realistic and Motivated* to say they take good care of themselves, know how to get along without a doctor, and don't want to spend money insuring against something that probably won't happen.

However, of all the segments, the *Self-Sufficient but Open to Change* are the most open to trying new things, most likely to say they are willing sacrifice now in order to have peace-of-mind in the future and are one of the most likely to say that the people they care about most want them to get health insurance. This segment's interest in newness and being on-trend is illustrated by their Internet use. They are even more likely to be very frequent Internet users than the *Realistic and Motivated* and they tend to use multiple modes to access the Internet, including smartphones and tablets. This openness to change makes the *Self-Sufficient but Open to Change* a promising segment even though they will need to be convinced that they need health insurance.

Risk Takers and Risk Deniers

The *Risk Takers* and the *Risk Deniers*, are the only segments that are uninsured by choice. Both of these relatively resistant segments think they don't need insurance because they are in very good or excellent health and have learned to live without it. Both segments are well educated, have relatively high incomes

and are frequent Internet users. The *Risk Takers* have more education and use the Internet more frequently, while the *Risk Deniers* are younger and more likely to be in excellent health.

The critical difference, however, is that the *Risk Takers* seem to know that they are taking some risk in remaining uninsured, while the *Risk Deniers* are more likely to deny all risk. Consequently, of all the segments, the *Risk Deniers* have the most negative attitudes toward the Affordable Care Act and are the most resistant to enrolling in Covered California. Still even this most-resistant segment is more receptive and committed than resistant.

The following sections present more detail on the differences between the segments.

Who They Are: Age and Health Status

All Eligibles

Nearly half (46%) of eligibles are under age 35, and the great majority is in good, very good or excellent health. Only 22% are in fair or poor health, and just 23% have family members in fair or poor health. Still, 28% have a chronic condition and 14% have a disability that limits their activity. Nine percent have been denied health insurance in the past.

The Segments

The great majority of the *Non-English-Speaking Families/Seldom Online* are age 35 to 54 and have good to fair health, but – of all the segments – they are the most likely to report that a family member has only fair or poor health. Although most *Mostly Hispanic/Seldom Online* over age 45, the overwhelming majority has good health or better. A sizeable minority of family members, however, has only fair or poor health. Of all the segments, the *At Risk and Denied Insurance* are by far the most likely to report that they or a family member have a chronic condition, a disability that limits their activity, or that they or a family member have been denied insurance because of a pre-existing condition. They are also the most likely segment to be to be age 55 or older. This, combined with their poor health, makes them especially vulnerable to being denied for traditional health insurance.

Table 13. Health Status and Age by Segment (n=742)

	Non-English-Speaking Families/ Seldom Online	Mostly Hispanic/ Seldom Online	At Risk and Denied Insurance	Realistic and Motivated	Self-Sufficient but Open to Change	Risk Takers	Risk Deniers
Excellent Health (20%)⁴	4%	24%	4%	8%	21%	34%	43%
Very Good Health (28%)	13%	35%	10%	24%	40%	49%	24%
Good Health (29%)	26%	25%	51%	61%	25%	6%	31%
Fair Health (19%)	50%	13%	22%	5%	13%	9%	2%
Poor Health (3%)	7%	2%	12%	3%	1%	2%	0%
Family with fair or poor health (23%)	41%	32%	22%	16%	15%	0%	8%
Disability that limits activity⁵ (14%)	15%	19%	64%	10%	9%	8%	2%
Chronic condition¹ (28%)	33%	28%	83%	25%	24%	21%	13%
Denied: pre-existing condition¹ (9%)	8%	6%	44%	7%	5%	10%	4%
Age 18-25 (14%)	0%	5%	2%	25%	24%	12%	31%
Age 26-34 (32%)	10%	19%	25%	32%	40%	60%	42%
Age 35-44 (17%)	29%	19%	9%	14%	23%	6%	6%
Age 45-54 (21%)	36%	25%	25%	21%	9%	14%	14%
Age 55-64 (16%)	25%	32%	38%	8%	4%	8%	7%

Large majorities of the “young” segments are under 35 and in relatively good health. The youngest segment is the *Risk Deniers*, who are also the most likely to be in excellent health. . However, the oldest “young” segment, the *Risk Takers*, is also in good health, with most reporting very good to excellent health. Very few *Risk Takers* or *Deniers*, most of whom are single, report having family with only fair to poor health. Most *Self-Sufficient but Open to Change* are also under age 35 and have very good to excellent health, but the *Realistic but Motivated* have only good to very good health. Both of these segments are more likely than the *Risk Takers* and *Deniers* to report having family members with only fair to poor health.

⁴ Percentages for all eligibles are shown in parentheses.

⁵ Refers to either the respondent or a family member

Who They Are: Income, Family Size, Gender and Education

All Eligibles

With a median income of \$35,000 and mixed family sizes, eligibles are about equally divided between the 139%-199% and 200-399% FPL groups, and there is a nearly equal gender split. Nearly six-in-ten have some college education, and nearly a quarter of them are college graduates.

The Segments

Non-English-Speaking Families/Seldom Online have relatively high median incomes but they also have large families, a combination that places them in the 139%-to-199% FPL group and makes them eligible for the most generous federal subsidies for Covered California health insurance plans. This is the least well-educated segment: The majority has not completed high school. The *Mostly Hispanic/Seldom Online* are over age 45 and likely to be singles or couples with low median incomes. About half qualify for the most generous federal subsidies for health insurance. The majority is male, and 9% report that they are gay, lesbian or bisexual, compared to just 2% of all eligibles (not shown on table). Nearly half has completed high school and another one-third has some college education.

Table 14. Income, Family Size, Gender and Education by Segment (n=742)

	Non-English-Speaking Families/Seldom Online	Mostly Hispanic/Seldom Online	At Risk and Denied Insurance	Realistic and Motivated	Self-Sufficient but Open to Change	Risk Takers	Risk Deniers
Income 139-199% FPL (51%)	66%	53%	56%	47%	36%	52%	43%
Income 200-399% FPL (49%)	34%	47%	44%	53%	64%	48%	57%
Median Income (\$35K)	\$38K	\$27K	\$29K	\$39K	\$37K	\$28K	\$30K
Family Size: 1 (39%)	23%	38%	42%	26%	30%	54%	60%
Family Size: 2 (18%)	16%	22%	21%	21%	16%	16%	15%
Family Size: 3 (12%)	15%	12%	25%	15%	21%	9%	4%
Family Size: 4 (29%)	46%	27%	12%	37%	33%	21%	15%
% Female (49%)	46%	34%	57%	62%	54%	58%	37%
< High school (15%)	60%	6%	7%	2%	2%	3%	1%
High school grad (21%)	21%	48%	21%	13%	13%	15%	26%
Vocational/tech (6%)	3%	6%	9%	9%	12%	2%	2%
Some college (34%)	6%	32%	45%	46%	49%	35%	41%
College grad plus (24%)	9%	9%	19%	31%	24%	45%	30%

The *At Risk and Denied Insurance* are predominately female. Nine percent of the *At Risk and Denied Insurance*— but only 0.5% of all eligibles – report being transgender (not shown on table). Family sizes are small, and many are single. Although the majority has at least some college education, incomes tend to be low. The *Motivated and Realistic* is predominantly female, well-educated and has incomes that are relatively high, but their large families make nearly half of them eligible for the most generous federal subsidies. The *Self-Sufficient but Open to Change* segment has incomes similar to those of the *Realistic and Motivated*, but they are less likely to have large families. Consequently, they are less likely to be in the 139%-199% FPL group. The *Risk Takers* and the *Risk Deniers*, are the only segments that are uninsured by choice. Both segments are well educated and have relatively high incomes, but the *Young Risk Takers* have more education.

Who They Are Race: Ethnicity and Language Skills

All Eligibles

Together Hispanics (52%) and Caucasians (31%) represent 83% of all eligibles. Asians and Pacific Islanders represent another 12%, while African Americans represent just 4%. Close to one-quarter (23%) speak only “a little” English, and another 16% speak it well (but not very well), indicating that there is a substantial minority that cannot be effectively reached by English-language communications.

The Segments

The *Non-English-Speaking Families/Seldom Online* segment is overwhelmingly (91%) Hispanic. The balance are Asians and Pacific Islanders (8%) and Caucasians (1%). The *Mostly Hispanic/Seldom Online* segment is also dominated by Hispanics, but there are also some Asians and Caucasians. These two segments might seem almost alike. However, the great majority of the *Mostly Hispanic/Seldom Online*, but almost none of the *Non-English-Speaking Families/Seldom Online*, is able to speak English at well or very well.

The results for English reading ability are similar: almost none (10%) of the *Non-English-Speaking Families/Seldom Online*, but 93% of the *Mostly Hispanic/Seldom Online* English well or very well. More than nine-in-ten (91%) of the *Mostly Hispanic/Seldom Online* have a primary language other than English and read it well or very well. By contrast, none of the *Non-English-Speaking Families/Seldom Online* have another primary language they can read well.

All of the other segments have a mix of racial groups and Hispanics. Caucasians constitute a majority only among the *At Risk and Denied Insurance* and the *Risk Takers*. Asians and Pacific Islanders are most evident in the “young” segments, where they make up 11-18%, depending on the segment. African Americans represent between 3 and 6% of each segment; they are underrepresented in the *Non-English-Speaking* segment. The ability to speak English well or very well is almost universal among the *At Risk and Denied Insurance* and all of the “young” segments.

Please see the charts below:

Exhibit 2. Race/Ethnicity by Segment (n=742)

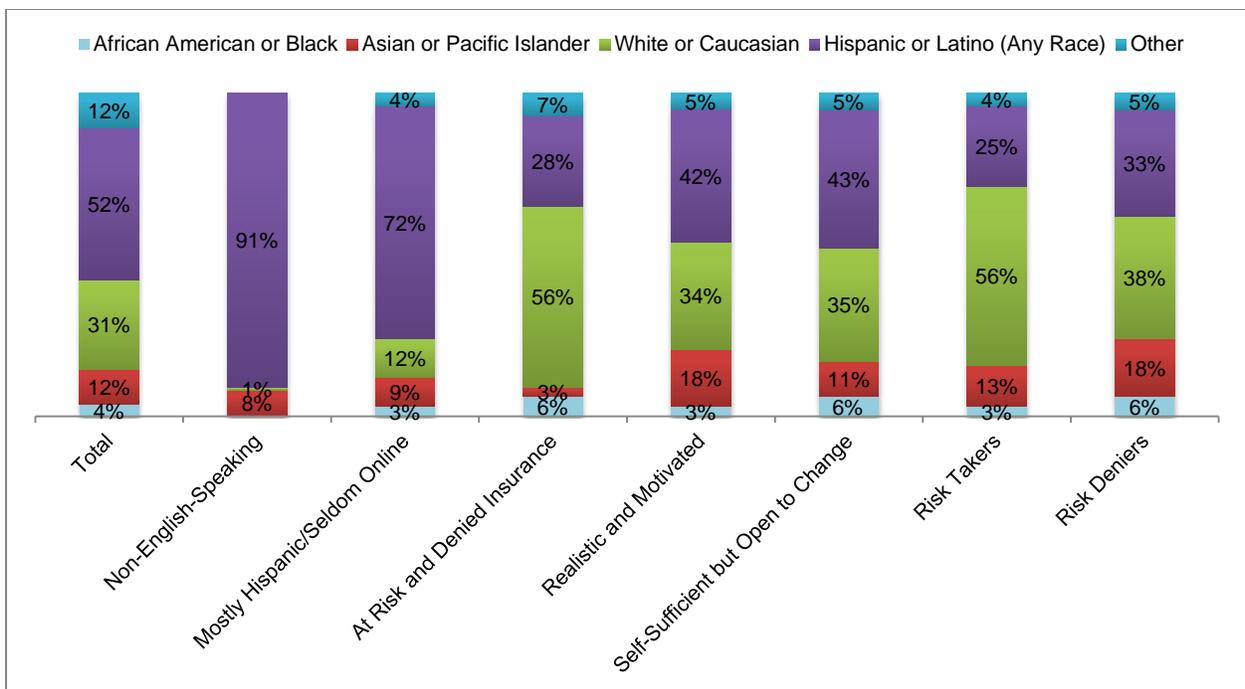
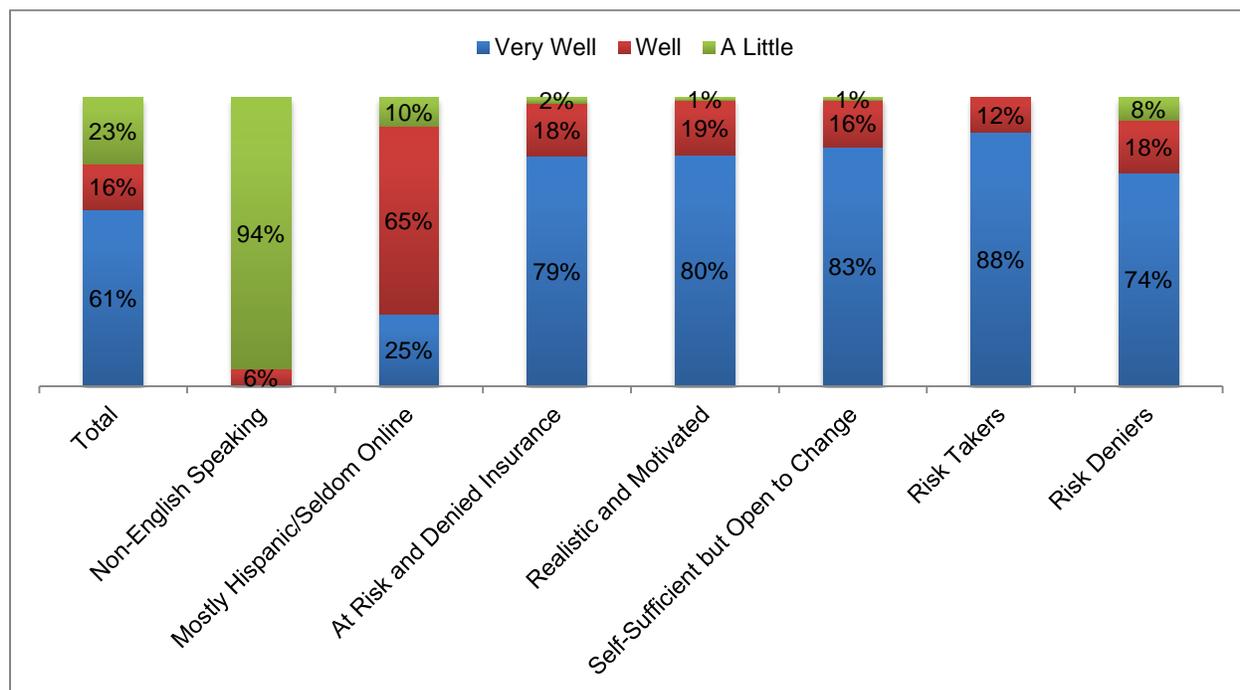


Exhibit 3. Self-Reported English-Speaking Ability by Segment (n=742)



Segment Profiles: Race/Ethnicity

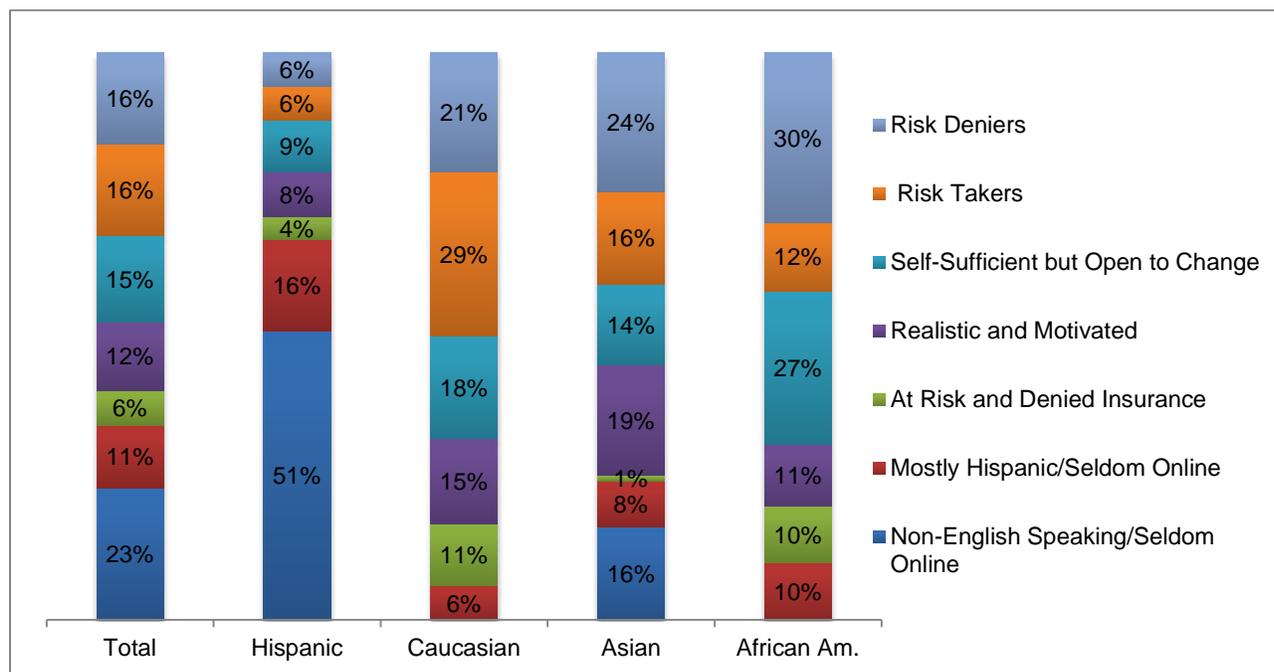
All Eligibles

The two overwhelmingly Hispanic segments – the *Non-English-Speaking Families/Seldom Online* and the *Mostly Hispanic/Seldom Online* – together comprise 34% of all eligibles.

Half of Hispanics are *Non-English-Speaking Families/Seldom Online*. Those who are somewhat more English proficient tend to be in the *Mostly Hispanic/Seldom Online* segment, while those who are considerably more English proficient and frequently online are present in all of the other segments.

African-Americans are more likely to be *Risk Deniers* and *Self-Sufficient But Open to Change* and less likely to be *Non-English-Speaking Families/Seldom Online*. Caucasians are more likely to be represented in all four youth segments as well as the *At Risk and Denied Insurance*; they are less likely to be *Non-English-Speaking Families/Seldom Online* and *Mostly Hispanic/Seldom Online*. Asians are more likely to be *Realistic and Motivated* and less likely to be *At Risk and Denied*, *Non-English Speaking Families/Seldom Online*, and *Mostly Hispanic/Seldom Online*.

Exhibit 4. Segments by Race Ethnicity (n=742)



Use of the Internet

All Eligibles

The overwhelming majority of eligibles (84%) use the Internet, and 62% use it every day or almost every day. Three-quarters access the Internet via computers, but four-in-ten use smartphones, and about one-in-five use tablets.

The Segments

Almost everyone in the “young segments” uses the Internet every day or almost every day using a computer, and some use more than one device to access it. The *Self-Sufficient but Open to Change* are the most likely to use multiple devices: Large majorities of this segment use tablets and smartphones, as well as computers. The only other segment that makes significant use of smartphones is the *Risk Deniers*. The “young” segments not only go online frequently but they also go online to shop and pay bills using the same types of devices they use for other online activities.

Table 15. Internet Use by Segment (n=742)

	Non-English-Speaking Families/Seldom Online	Mostly Hispanic/Seldom Online	At Risk and Denied Insurance	Realistic and Motivated	Self-Sufficient but Open to Change	Risk Takers	Risk Deniers
Frequency of Internet Use							
Every/almost every day (62%) ⁶	19%	19%	48%	84%	94%	95%	81%
Several days a week (10%)	7%	22%	27%	13%	6%	4%	8%
Once a week or Less (11%)	29%	17%	17%	3%	0%	1%	8%
Never uses Internet (16%)	45%	42%	8%	0%	0%	0%	3%
How They Use the Internet							
Computer (76%)	41%	45%	85%	97%	92%	96%	93%
Tablet (19%)	3%	6%	3%	7%	66%	12%	30%
Smartphone (40%)	17%	30%	22%	22%	89%	36%	54%
How They Shop or Pay Bills Online							
Computer (58%)	26%	15%	51%	94%	87%	76%	68%
Tablet (14%)	1%	1%	1%	5%	61%	7%	18%
Smartphone (24%)	6%	9%	7%	1%	78%	16%	40%

Non-English-Speaking Families/Seldom Online and the *Mostly Hispanic/Seldom Online* the least likely segments to go online and to shop and pay bills online. Despite their low online profile, nearly one-in-five of the *Non-English-Speaking Families/Seldom Online* and three-in-ten of the *Mostly Hispanic/Seldom Online* use smartphones to go online, suggesting that smartphones may help bridge gaps in Internet access for some Hispanic eligibles.

Ownership of a Checking Account

All Eligibles

Overall, 84% of eligibles have a checking account, leaving 16% without access to a convenient way to pay monthly bills. Bill payment without a checking account is not only an inconvenience but is costly if a neighborhood bill payment service is used. This may be barrier to enrollment.

⁶ Percentages for the all uninsured eligibles are shown in parentheses.

The Segments

About nine-in-ten of all the “young” segments have checking accounts, as do about eight-in-ten of the *Mostly Hispanic/Seldom Online* (80%) and the *At Risk and Denied Insurance* (79%). But checking account ownership is just 69% for the *Non-English-Speaking Families/Seldom Online*, a segment that consists primarily of Non-English-Speaking Hispanics.

Reasons Given for Being Uninsured

All Eligibles

Most uninsured believe that they are prevented from getting health insurance by factors outside their control. Named by more than eight-in-ten eligibles, not being able to afford health insurance is an almost universal reason for not having it. Not being able to get health insurance through an employer is another key constraint (59%), as is the belief that they would be denied because of a pre-existing condition (33%) and uncertainty about how to get it (24%). However, other reasons suggest that there is also an element of choice. Nearly six-in-ten say they don’t have health insurance because they have learned to live without it, and another three-in-ten say they are in good health and don’t need it.

The Segments

Large majorities of all the segments say they don’t have health insurance because they can’t afford it, but it is most important to the *At Risk and Denied Insurance* and the *Realistic and Motivated* and least important to the *Risk Deniers*. The second most important reason, not being able to get health insurance through an employer, is most important to the *At Risk and Denied Insurance*; the *Self-Sufficient but Open to Change*; and *Non-English-Speaking Families/Seldom Online*.

Table 16. Reasons for Being Uninsured by Segment (n=742)

	Non-English-Speaking Families/Seldom Online	Mostly Hispanic/Seldom Online	At Risk and Denied Insurance	Realistic and Motivated	Self-Sufficient but Open to Change	Risk Takers	Risk Deniers
Cannot afford (82%) ⁷	81%	90%	98%	95%	87%	76%	66%
Cannot get through employer (59%)	65%	57%	79%	56%	69%	52%	45%
Have learned how to live without health insurance (57%)	56%	56%	57%	23%	50%	83%	62%

⁷ Percentages for the all uninsured eligibles are shown in parentheses.

	Non-English-Speaking Families/Seldom Online	Mostly Hispanic/Seldom Online	At Risk and Denied Insurance	Realistic and Motivated	Self-Sufficient but Open to Change	Risk Takers	Risk Deniers
Would be denied because of pre-existing condition (33%)	63%	54%	69%	15%	20%	8%	9%
Good health, don't need (31%)	22%	22%	9%	13%	20%	60%	54%
I am not sure how to get health insurance (25%)	56%	44%	22%	8%	11%	11%	11%
Would be denied because of age (17%)	33%	27%	44%	11%	4%	6%	4%
Not eligible for parent's plan (8%)	0%	5%	2%	15%	16%	8%	11%

Concerns about being denied health insurance because of a pre-existing condition are important reasons for majorities of the older segments. A majority of the *Non-English-Speaking Families/Seldom Online* and nearly half of the *Mostly Hispanic/Seldom Online* (both of which are heavily Hispanic) also indicated that they are not sure how to get health insurance.

Not needing health insurance because of good health is a factor only for the *Risk Takers* and the *Risk Deniers*.

Sizeable minorities of all the older segments indicated they would be denied health insurance because of their age.

Not being eligible for their parents' plan is a reason only for small minorities, but it is somewhat more prevalent among the *Realistic and Motivated* and the *Self-Sufficient but Open to Change*.

Having learned to live without health insurance is the third most important reason. It is most important to the *Risk Takers* and the *Risk Deniers*.

Perceived Risks of Being Uninsured

All Eligibles

When asked directly, most eligibles acknowledge a number of risks of being uninsured. Just 15% say there is no risk. The primary risk is worry about being able to pay medical bills if they get sick or are injured (77%). This worry is followed closely by the actuality of running up medical bills and ruining their credit ratings (70%). Health concerns are also important, with majorities acknowledging that they

could get a major illness because they can't afford checkups (66%), that they have trouble getting quality health care (63%), and that they could have to spend too much time waiting to get health care (53%).

The survey further explored risk-related beliefs more generally in the psychographic items. We report on these items in the section on psychographic profiles below. Taking into account all of the survey measures, it is clear that some of the segments are quite conflicted about the risk(s) of being uninsured. On some of measures they seemed to be appreciative of the risk while on others did not.

The Segments

When asked directly, *Risk Deniers* do not believe they are taking any risk by not being insured. Other segments are most likely to say they are taking financial risks. Among all of the segments except the *Risk Deniers*, there is very strong agreement that they are at risk of both running up medical bills and ruining their credit and worrying about medical bills if they got sick or injured. These perceived risks are almost universal among the *Realistic and Motivated* and lowest among the *Risk Takers*.

The *At Risk and Denied Insurance* are most likely to say they are vulnerable to risks related to health and health care, although the *Realistic and Motivated* are almost as concerned about getting a major illness because they can't afford checkups.

Table 17. Perceived Risks of Being Uninsured by Segment (n=742)

	Non-English-Speaking Families/ Seldom Online	Mostly Hispanic/ Seldom Online	At Risk and Denied Insurance	Realistic and Motivated	Self-Sufficient but Open to Change	Risk Takers	Risk Deniers
Worrying about medical bills if you got sick or injured (77%) ⁸	89%	95%	87%	100%	92%	94%	0%
Running up medical bills/Ruining credit rating (70%)	85%	73%	89%	97%	87%	75%	0%
Major illness because couldn't afford checkups (66%)	81%	78%	95%	92%	79%	59%	1%
Trouble getting health care (63%)	81%	68%	90%	80%	77%	65%	0%
Spending too much time waiting to get care (53%)	73%	59%	89%	76%	63%	34%	0%
There is no risk in being insured (15%)	7%	0%	3%	0%	0%	0%	79%

⁸ Percentages for the all uninsured eligibles are shown in parentheses.

Psychographic Profiles

All Eligibles

Table 18 on the following page shows mean ratings of agreement with the psychographic items rated on a 1-5 scale, where “5” means strong agreement, “1” means strong disagreement, and a “3” is a neutral rating. In table, the highest ratings (mean of “4” or more) are highlighted in orange, while those that are not quite as high (mean of 3.5 to 3.9) are black and bolded.

Overall, the following profile of the eligibles emerges:

- *Importance of health information:* The group believes that it is very important to be informed about health matters and many report recently seeking information on health topics.
- *Worry about money and taking on another financial obligation:* The group worries about money a lot as well as their ability to take on another financial obligation right now.
- *Strong concern about ability to pay for care and deal with a major illness/injury:* They are concerned about their ability to pay for care and strongly believe that major illness would be a financial disaster for them.
- *Despite this, some ambivalence about the risk of being uninsured:* One on the one hand, many worry about their health and/or that of a family member and reject the idea that “health insurance is for sick people.” On the other hand, many also reported that they aren’t sure about whether they want to “spend money insuring against things that probably won’t happen.” They were divided on whether they “know how to get along without a doctor” if they get sick and on whether they need to worry about health care since they “take good care of themselves.” There was also ambivalence on about whether they or family members are likely to need to medical care in the future.
- *Conflict about the value of insurance:* They strongly believe that it is smart to get insurance. They’re also willing to make financial sacrifices in order to have the peace-of-mind it would bring. However, at the same time, they are not sure about whether you can insure against life risks, whether insurance costs more than paying for care, and whether overall it’s worth the money it costs. The group is also divided on whether they focus on today’s challenges rather than the ones they might face in the future.
- *Undecided about the complexity of getting insurance:* The typical subsidy-eligible Californian is unsure about the complexity of getting insurance. This suggests that complexity may not be a barrier for as many consumers as we have been feared.

- *Conflicted normative influences:* The subsidy-eligible are conflicted about the social acceptability of getting insured. They don't see themselves as "the type of person who has health insurance" but also believe that people who care about them want them to become insured. They aren't sure whether many uninsured "are getting it now because it is the right thing to do."

The data for all eligibles appear in Table 18 below.

Table 18. Overall Ratings of Agreement with Psychographic Items (n=742)

	Mean Rating ⁹
Complexity	
<i>Getting health insurance is too complicated</i>	3.1
Denial/Acceptance of Risk	
<i>I don't worry about health care because I take good care of myself.</i>	2.8
<i>(I am/all the people in my immediate family are) healthy and unlikely to need much medical care in the foreseeable future.</i>	3.2
<i>I am worried about (my health/my health or the health of someone in my immediate family).</i>	3.5
<i>I know how to get along without going to a doctor if I get sick.</i>	3.2
<i>Health insurance is for sick people.</i>	1.6
<i>Don't want to spend money insuring against problems that probably won't happen.</i>	2.6
Early Adoption	
<i>I'm usually among the first to try new things.</i>	3.2
Fear of Financial Consequences	
<i>A major illness or injury would be a financial disaster for me.</i>	4.5
<i>I'm concerned about not being able to pay for health care.</i>	4.2
Value of Health Information	
<i>It's very important for me to be informed how to best take care of my health.</i>	4.5
<i>I have looked for information on health topics recently.</i>	3.5
Value of Insurance	
<i>Life is full of risks that you can't plan for or insure against. You just have to take your chances.</i>	3.4
<i>I focus on the challenges I face today, not the ones I might face in the future.</i>	3.4
<i>It's smart to get insurance in case you get sick in the future.</i>	4.6
<i>Health insurance can cost more than paying for health care.</i>	3.3

⁹ Respondents were asked to agree or disagree with the psychographic statements using the following scale: Agree strongly (1), agree somewhat (2), disagree somewhat (3), and disagree strongly (4). There was also a response for "no opinion." To create a more logical scale, this question was recoded as follows: agree strongly (5), agree somewhat (4), no opinion (3), disagree somewhat (2) and disagree strongly (1).

	Mean Rating ⁹
Health insurance is well worth the money it costs	3.0
I am willing to sacrifice now to have peace-of-mind about the future.	3.8
Just Starting Out	
I am just starting out in life.	2.4
Money Problems	
I worry about money a lot.	3.7
There is no way that I could take on another financial burden right now.	3.9
It is a challenge for me to pay my bills every month.	3.4
Primary Decision-Maker Status	
Someone else takes care of my health care so I really don't need to think about health insurance.	1.5
I have other people I can turn to if I need help.	2.9
Social Norms	
A lot of people who didn't have health insurance before are getting it now because it is the right thing to do.	3.4
The people I care most about want me to get health insurance.	3.9
Most people like me don't have health insurance.	3.7

The Segments

Psychographic Profiles of the Older Segments

The two predominately-Hispanic segments – *Non-English-Speaking Families/Seldom Online* and the *Mostly Hispanic/Seldom Online*– have similar psychographic profiles. Both are worried about their health and conflicted about the value of having health insurance. They tend to agree with positive statements, such as “it’s smart to get health insurance in case you get sick in the future” and “health insurance is well worth the money it costs,” but they also tend to agree with negative statements, such as “life is full of risks that you can’t plan for or insure against” and “health insurance can cost more than paying for my own health care.” They are also concerned about the complexity of getting health insurance and say that it is a challenge to pay the monthly bills they have now.

Positive social norms should help resolve some of this conflict for *Non-English-Speaking Families/Seldom Online*. Of all the segments, they are the most alert to changes in social norms due to changes in the health care system: They are by far the most likely to agree that “many people who didn’t have health insurance before are getting it now . . . it’s the right thing to do.” The *Mostly Hispanic/Seldom Online* segment, on the other hand, are the most likely to agree with the negative normative statement,

“Most people like me don’t have health insurance.” This, of course, could change as they become more aware of the Affordable Care Act and Covered California.

The *At Risk and Denied Insurance* are also worried about their health and say it’s smart to get insurance in case they get sick in the future. They are also concerned about not being able to pay for care and agree that a major illness would be a financial disaster for them. However, their current money problems could be a barrier to enrolling in Covered California. For example, they worry about money a lot, find it challenging to pay their monthly bills and say they couldn’t take on another financial burden. Social norms pull them in opposite directions. On one hand, they are likely to say “the people I care about most want me to get health insurance.” On the other hand, they are likely to say, “Most people like me don’t have health insurance,” which gives them a convenient rationalization for not having health insurance when they talk to the people who want them to get it.

Psychographic Profiles of the Young Segments

The *Risk Takers* and the *Risk Deniers* do not think they need health insurance because they have very good or excellent health, take good care of themselves, and know how to get along without a doctor when they get sick. They also don’t want to insure themselves against problems that probably won’t happen. Both of these segments worry about money less and seem to have fewer money problems than other segments, and they are more likely to say they have other people to turn to for help if they need it.

By contrast, the *Realistic and Motivated* and the *Self-Sufficient but Open to Change* are better prospects for health insurance. Both segments have looked for health information recently and are subject to positive social pressure to get health insurance. Affordability is the key issue for the *Realistic and Motivated*. They worry about money a lot and say they cannot take on another financial burden. However, they are also very aware of the possible adverse financial consequences of being uninsured. Thus, their decision to enroll in a plan via Covered California will depend on their financial calculus of costs and benefits. Affordability is not as much of an issue for the *Self-Sufficient but Open to Change*. They are not only early adopters but they are also willing to sacrifice now to get peace-of-mind in the future. This, combined with an interest in health information and positive social pressure, makes this segment especially promising.

Table 19. Psychographics Related to Risks, Financial Consequences, Money Problems and the Value of Insurance by Segment (n=742)

	Non-English-Speaking Families/Seldom Online	Mostly Hispanic/Seldom Online	At Risk and Denied Insurance	Realistic and Motivated	Self-Sufficient but Open to Change	Risk Takers	Risk Deniers
Denial/Acceptance of Risk							
I don't worry; I take good care of myself. (2.8)	2.6	2.5	2.6	2.0	2.4	3.5	3.9
Healthy and unlikely to need medical care. (3.2)	2.7	2.9	2.9	2.8	3.1	3.9	3.8
Worried about health. (3.5)	4.7	4.0	4.3	3.9	3.3	2.3	2.5
Know how to get along without doctor. (3.2)	2.6	3.1	3.3	2.6	3.1	4.0	3.9
I don't want to spend money insuring for problems that probably won't happen. (2.6)	2.2	2.4	2.3	2.0	2.6	3.2	3.3
Health insurance is for sick people. (1.6)	2.0	1.9	1.4	1.2	1.3	1.6	1.8
Fear of Financial Consequences							
Concern about not being able to pay for care. (4.2)	4.1	4.5	4.9	4.7	4.4	3.7	3.5
Major illness would be financial disaster. (4.5)	4.6	4.5	4.8	4.8	4.6	4.4	4.0
Value of Insurance							
Life is full of risks you can't plan for/insure against. (3.4)	3.8	4.0	3.0	2.8	2.7	3.5	3.4
Focus on today's challenges.(3.4)	3.8	3.9	3.2	2.9	3.1	3.1	3.4
Health insurance can cost more than paying for my own health care. (3.3)	3.1	3.7	3.2	3.0	3.3	3.1	3.5
Health insurance is well worth the money it costs. (3.0)	3.4	3.3	2.4	3.3	3.2	2.7	2.5
It's smart to get insurance in case you get sick in the future. (4.6)	4.8	4.8	4.8	4.8	4.5	4.3	4.2
Willing to sacrifice for peace-of-mind. (3.8)	3.9	3.9	3.9	3.6	4.1	3.5	3.7
Money Problems							
Worry about money a lot. (3.7)	3.9	4.1	4.4	4.2	3.8	3.4	3.0
Couldn't take on another financial burden. (3.9)	3.6	3.9	4.6	4.4	4.1	3.9	3.8
Challenge to pay monthly bills. (3.4)	3.8	4.2	4.0	3.4	3.2	2.9	2.9

Table 20. Psychographics Related to General Orientations and Lifestyles (n=742)

	Non-English-Speaking Families/ Seldom Online	Mostly Hispanic/ Seldom Online	At Risk and Denied Insurance	Realistic and Motivated	Self-Sufficient but Open to Change	Risk Takers	Risk Deniers
Complexity							
Getting health insurance is too complicated. (3.1) ¹⁰	3.7	3.5	3.3	2.5	2.8	2.4	3.0
Early Adoption							
Among the first to try new things. (3.2)	3.1	3.2	2.9	2.8	3.6	3.0	3.2
Value of Health Information							
Important to be informed about taking care of health. (4.5)	4.7	4.6	4.7	4.8	4.5	4.2	4.3
Looked for health information. (3.5)	3.6	3.3	4.1	4.0	3.7	2.9	3.2
Just Starting Out							
Just starting out in life. (2.4)	2.5	2.5	1.9	2.0	2.5	2.3	2.5
Reliance on Others							
Someone else takes care of my health care. (1.3)	1.5	1.4	1.2	1.3	1.2	1.2	1.4
Other people to turn to for help. (2.9)	2.4	2.9	2.0	2.6	3.0	3.5	3.6
Social Norms							
The people I care most about want me to get health insurance. (3.9)	3.9	4.0	4.3	4.5	4.3	3.6	3.3
People who didn't have health insurance before are getting it now. (3.4)	4.2	3.6	2.7	3.4	3.1	2.6	3.1
Most people like me don't have health insurance. (3.7)	3.8	4.3	4.2	3.5	3.6	3.2	3.5

The Primary Value of Health Insurance

All Eligibles

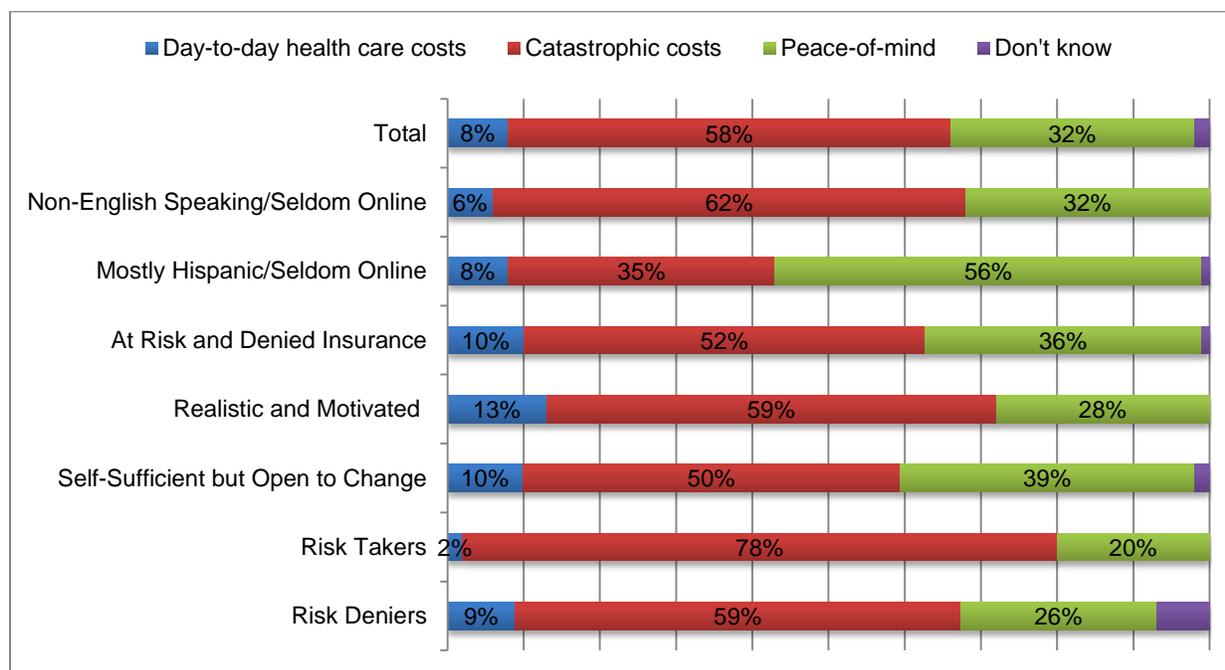
Most uninsured eligibles think the primary value of health insurance is to protect them against the catastrophic cost of an unexpected major illness or injury, but nearly one-third say that the primary value is peace-of-mind. Very few think of health insurance as a way to pay for their expected day-to-day health care costs.

¹⁰ Means for the all uninsured eligibles are shown in parentheses.

The Segments

Peace-of-mind is the primary value of health insurance for by only one segment: the *Mostly Hispanic/Seldom Online*. It is least important for the *Risk Takers*, the great majority of whom value health insurance as protection against catastrophic costs.

Exhibit 5. The Primary Value of Health Insurance by Segment (n=742)



Awareness of the ACA

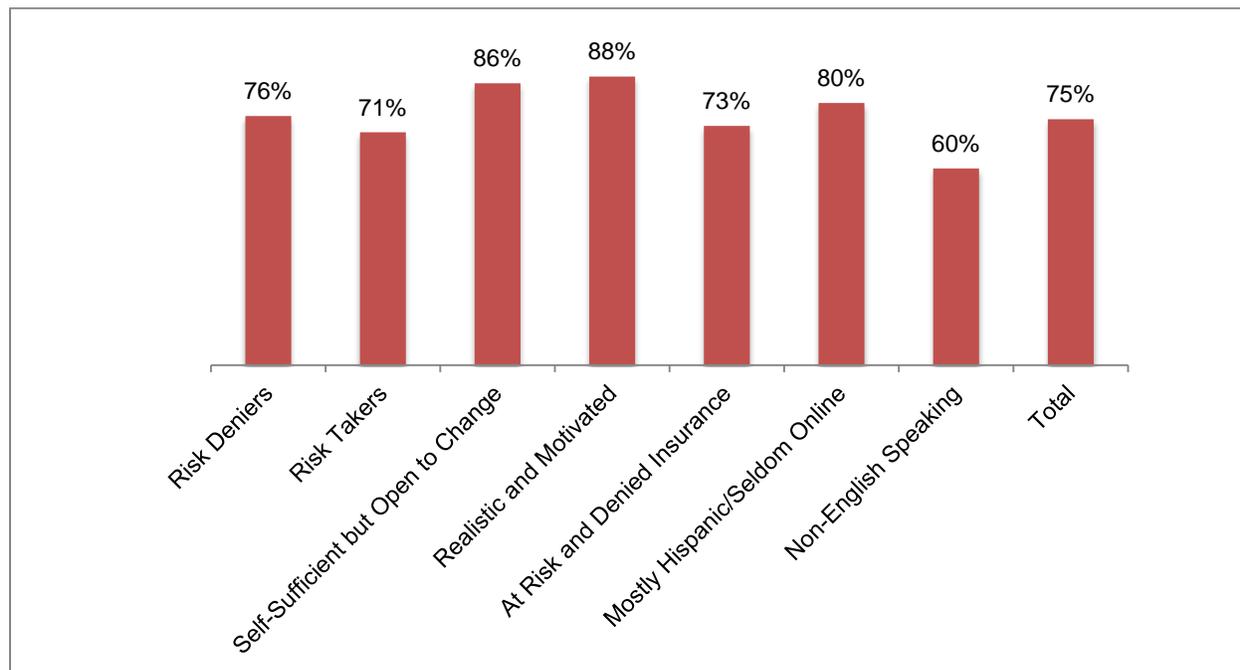
All Eligibles

Three-quarters of all uninsured eligibles say they have heard, seen or read something about the Affordable Care Act.

The Segments

Awareness of ACA is highest for the two more receptive “young” segments – the *Realistic and Motivated* and the *Self-Sufficient but Open to Change* and lowest among the *Non-English-Speaking Families/Seldom Online*.

Exhibit 6. Awareness of the Affordable Care Act (n=742)



Attitudes toward the Affordable Care Act

All Eligibles

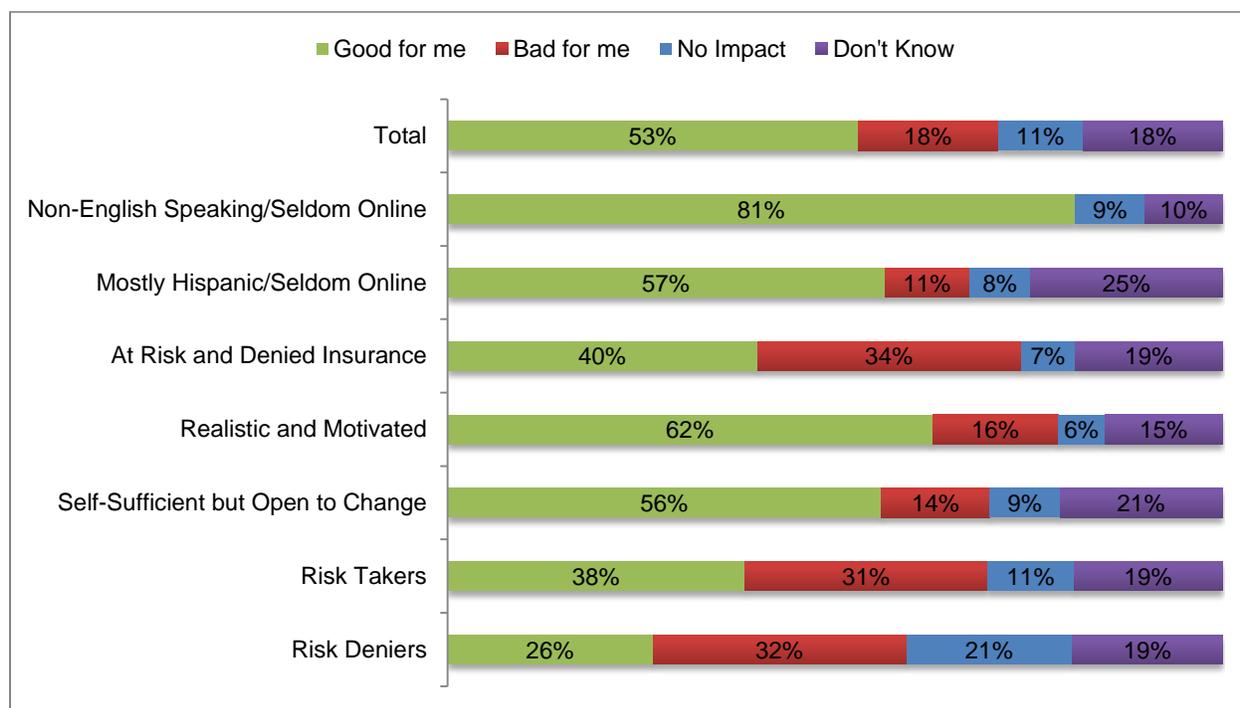
Overall, uninsured eligibles are almost three times more likely to say that the Affordable Care Act will be good for them than to say it will be bad for them.

The Segments

Non-English-Speaking Families/Seldom Online have the most favorable attitudes toward ACA: Eight-in-ten say it will be good for them and none say it will be bad for them. Majorities of two of the “young segments” – the *Realistic and Motivated* and the *Self-Sufficient but Open to Change* – and the *Mostly Hispanic/Seldom Online* say the law will be good for them.

The most negative segments are the *Risk Deniers*, the *Risk Takers* and, surprisingly, the *At Risk and Denied Insurance*, since they are at the greatest risk of both illness and being denied traditional health insurance and, thus, could benefit from ACA more than any other segment.

Exhibit 7. How They Expect the Affordable Care Act to Affect Them by Segment (n=742)



Awareness of Covered California

After being asked about the Affordable Care Act, respondents were asked if they had “heard or heard anything about where Californians can go to get health insurance when the law takes effect in 2014.” Those who said “yes,” were asked a follow-up question: “Where can you go?” Those who did not mention Covered California unaided were asked an aided awareness question: “Have you heard or read anything about an organization called Covered California?”

At 9%, total awareness of Covered California is very low. Overall just 1% of eligibles are aware of Covered California unaided and another 8% are aware when aided. (However, another 4% mentioned the California Health Benefits Exchange unaided.) Total awareness is highest among the *Mostly Hispanic/Seldom Online* and lowest among the *At Risk but Denied Insurance* and the *Risk Deniers*.

Table 21. Awareness of Covered California by Segment (n=742)

	Aware Unaided	Aware Aided	Total Aware	Not Aware
Total	1%	8%	9%	90% ¹¹
Non-English-Speaking Families/Seldom Online	0%	9%	9%	91%
Mostly Hispanic/Seldom Online	0%	18%	18%	82%
At Risk and Denied Insurance	1%	4%	5%	95%
Realistic and Motivated	3%	9%	12%	88%
Self-Sufficient but Open to Change	4%	5%	9%	92%
Risk Takers	0%	9%	9%	91%
Risk Deniers	1%	4%	5%	95%

Knowledge about Covered California

All Eligibles

A majority of the uninsured eligibles gave a correct answer to the question about non-denial of pre-existing conditions and half gave a correct answer to questions about plan comparison/selection and the individual mandate. Nevertheless, knowledge levels are low across the board underscoring the urgent need to educate consumers. Very large numbers of respondents were not sure what the correct answers were to the knowledge questions.

The Segments

Although they are the least educated segment, *Non-English-Speaking Families/Seldom Online* are as well or better informed about the financial benefits for people with low and moderate incomes as the better-educated segments, and they are the most likely to know that Covered California is not a welfare program and that it is the only place low and moderate income people can get tax credits to reduce the cost of health insurance.

¹¹ Percentages for “total aware” and “not aware” do not always sum to 100% because of rounding.

Table 22. Percentage of Correct True/False Answers to Knowledge Questions (n=742)

	Non-English-Speaking Families/ Seldom Online	Mostly Hispanic/ Seldom Online	At Risk and Denied Insurance	Realistic and Motivated	Self-Sufficient but Open to Change	Risk Takers	Risk Deniers
You will be able to get health insurance through Covered California even if you have a pre-existing condition. (True: 54% Correct) ¹²	57%	54%	60%	70%	48%	48%	44%
You can get information, compare plans and get health insurance by simply going online to the Covered California website. (True: 50% Correct)	40%	60%	51%	49%	57%	49%	52%
Most people who don't get health insurance will have to pay a penalty. (True: 50% Correct)	34%	57%	40%	62%	57%	49%	59%
People with lower incomes will pay less for out-of-pocket costs when they use health care. (True: 45% Correct)	51%	30%	44%	49%	51%	35%	46%
People with low and moderate incomes will receive a tax credit to reduce their monthly cost or premium. (True: 37% Correct)	43%	45%	23%	36%	37%	28%	39%
Covered California will offer private health insurance plans that will compete for your business. (True: 35% Correct)	27%	40%	26%	37%	35%	38%	39%
Covered California is a welfare program. False: 28% Correct)	7%	31%	23%	35%	37%	43%	32%
Covered California is the only place low- and moderate-income people can get tax credits to help to reduce the cost of a health plan. (True: 25% Correct)	39%	24%	7%	17%	18%	17%	30%
The health plans will meet people's basic needs but generally won't be as good as the plans sold elsewhere. (False: 20% Correct)	13%	20%	16%	26%	20%	28%	16%
Covered California will offer only government health insurance plans. (False: 19% Correct)	17%	18%	14%	19%	24%	20%	19%
Covered California will be operated by the health insurance industry. (False: 17% Correct)	8%	24%	7%	22%	22%	12%	27%

¹² Totals for All Eligibles are in Parentheses.

Resonance: The Importance of Facts about Covered California

All Eligibles

The non-denial policy and screening plans for quality are the two most important facts about Covered California, but ease of comparison of plans, the tax subsidy, and lower out-of-pocket costs for people with lower incomes are almost as important.

The Segments

In general, all of the facts about Covered California are less important to the *Risk Deniers* and – to a lesser extent – to the *Risk Takers* than they are to other eligibles. The fact that you cannot be denied because of a pre-existing condition is most important to the *At Risk and Denied Insurance*, but it is also important to the *Risk Takers*. Screening plans for quality is most important to the *Risk Takers*. Easy comparison of plans is especially important to the two young and receptive segments – the *Realistic and Motivated* and the *Self-Sufficient but Open to Change*. As expected, facts about tax credits and lower-out-of-pocket costs are most important to the groups with lower incomes relative to the FPL, particularly *Non-English-Speaking Families/Seldom Online*.

Table 23. Mean Ratings of Importance of Facts about Covered California (0-10 Scale) (n=742)

	Non-English-Speaking Families/Seldom Online	Mostly Hispanic/Seldom Online	At Risk and Denied Insurance	Realistic and Motivated	Self-Sufficient but Open to Change	Risk Takers	Risk Deniers
You cannot be denied because of a pre-existing condition (8.2) ¹³	8.3	8.4	8.8	8.5	8.4	8.7	6.8
All plans will be screened to make sure they offer the services people need, including preventive care (8.2)	8.6	8.3	8.5	9.0	8.3	7.8	6.9
It will be easy to compare insurance plans and select the one that is best for you (7.8)	7.7	8.1	7.5	8.2	8.1	7.8	7.5
People with lower incomes will also pay less for out-of-pocket costs when they use health care (7.8)	8.7	7.3	8.5	8.3	7.8	7.8	6.5

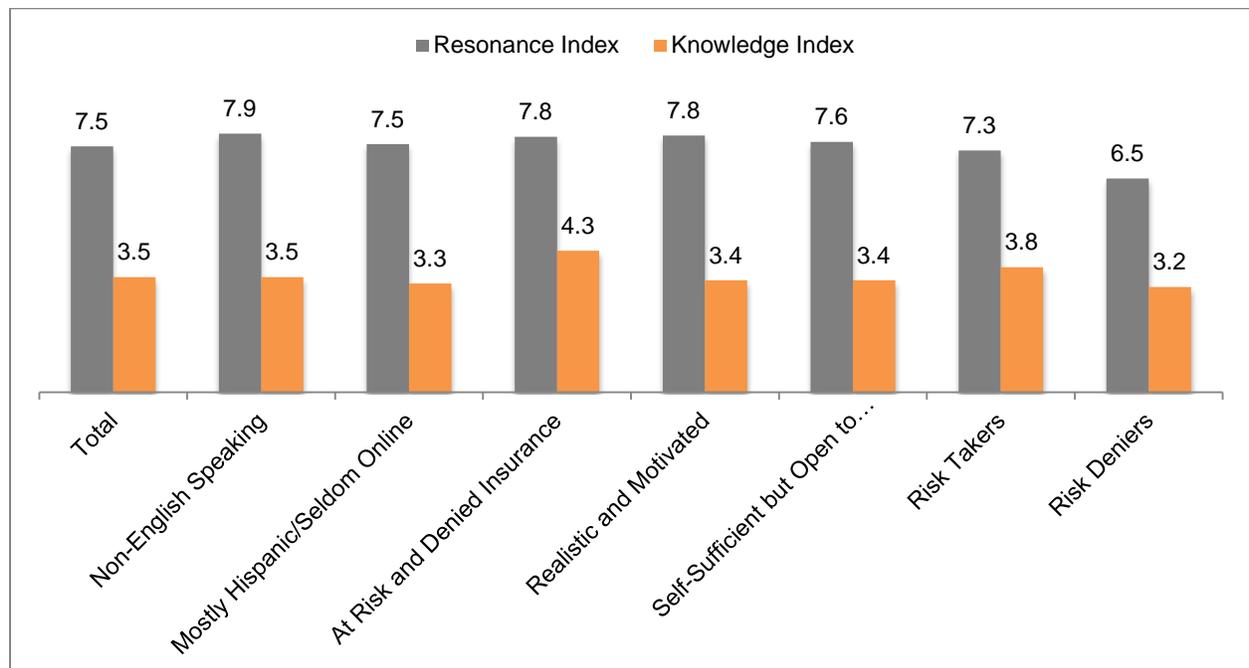
¹³ Means for the all uninsured eligibles are shown in parentheses.

	Non-English-Speaking Families/Seldom Online	Mostly Hispanic/Seldom Online	At Risk and Denied Insurance	Realistic and Motivated	Self-Sufficient but Open to Change	Risk Takers	Risk Deniers
People with low and moderate incomes will receive a tax credit to reduce their monthly cost or premium (7.7)	8.5	7.4	8.2	8.2	7.6	7.8	6.3
Covered California will offer a number of private health insurance plans (7.2)	7.2	7.4	7.6	7.2	7.7	6.9	6.5
The California State Government will operate Covered California (6.7)	8.0	7.2	6.6	6.5	6.9	5.8	5.5
Most people who don't get health insurance will have to pay a penalty (6.1)	5.8	6.3	6.6	6.6	6.0	6.1	6.1

The Knowledge and Resonance Indices

The Knowledge index is based on the average number of correct answers and the Resonance Index is based on the average rating on a 0-10 scale of importance. Among this group of uninsured and subsidy-eligible Californians, Knowledge is very low across all the segments, but is somewhat higher among the Sick & Vulnerable, the segment that is most at risk. Resonance is at least moderately high across all of the segments, except the *Risk Deniers*.

Exhibit 8. Knowledge and Resonance Indices by Segment (n=742)



Most Likely Access Modes for Shopping for Health Insurance

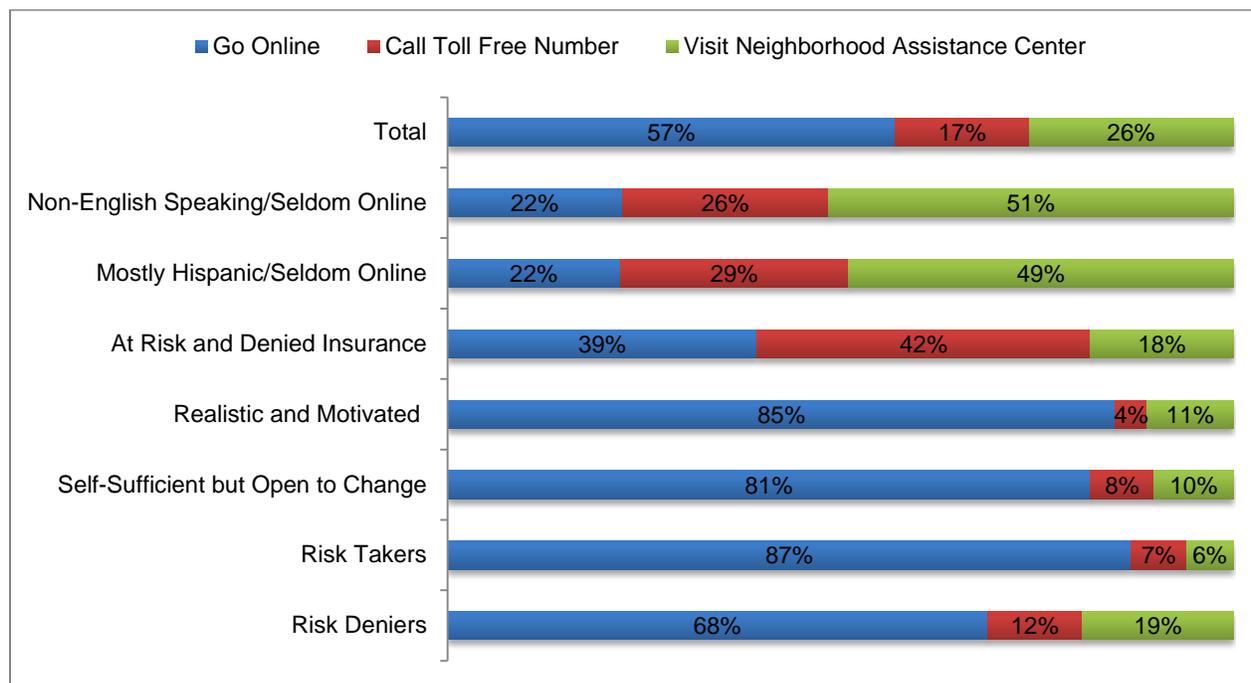
All Eligibles

Nearly six-in-ten say they will go online to get information, compare prices and shop for health insurance via Covered California, but about one-quarter say they will call the toll free number and about one-in-five will visit a neighborhood assistance provider.

The Segments

Large majorities of the “young” segments are most likely to go online to get information, compare prices and shop for health insurance via Covered California, compared to only about one-in-five of the two Hispanic segments and four-in-ten of the *At Risk and Denied Insurance*. About half of the two Hispanic segments would go to neighborhood assistance providers, while a little more than one-quarter would call the toll free number to get assistance. More than four-in-ten *At Risk and Denied Insurance* would call the toll free number for assistance, making it the most likely segment to do so.

Exhibit 9. Preferred Mode of Access for Shopping for Health Insurance (n=742)



Purchase Intent

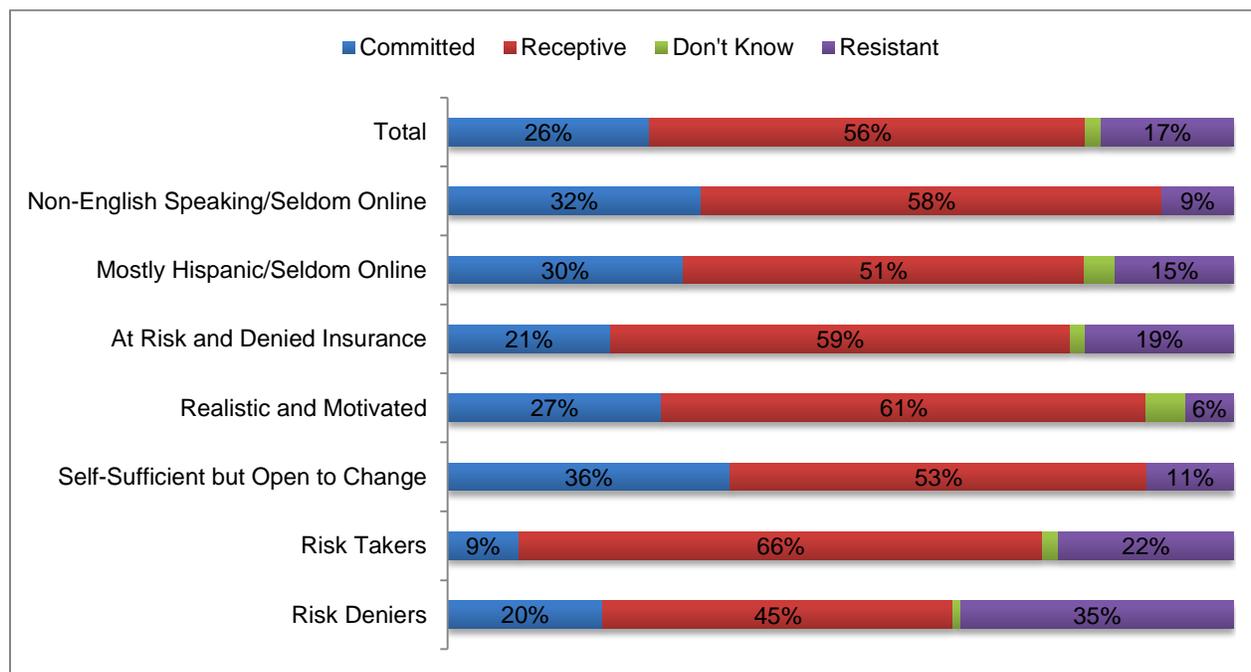
All Eligibles

Overall, 56% of eligibles are receptive to enrolling in a plan via Covered California, but just 26% are committed to doing so. On the other hand, only 17% are resistant.

The Segments

Majorities of all the segments, except the *Risk Deniers*, are receptive to enrolling in Covered California. The *Risk Deniers* are the most resistant segment, but more are receptive than resistant and some are committed to enrollment. The *Realistic and Motivated* are the most likely to be committed, followed closely by *Non-English-Speaking Families/Seldom Online* and *Mostly Hispanic/Seldom Online*. The *Non-English-Speaking Families/Seldom Online* are likely to receive significant federal subsidies because of their low incomes relative to the federal poverty level. The *Mostly Hispanic/Seldom Online* may not be able to get good insurance on their own because of their age and the status of either their health or the health of a family member. The *Realistic and Motivated*, however, face none of these challenges. They are young and healthy, are well educated and have relatively high incomes. They are early adopters who are willing to sacrifice now to gain peace-of-mind in the future; and they are likely to say that the people they care about most want them to get health insurance. The main reason they don't have it now are that they can't afford it on their own and can't get it through an employer or go on their parents' plan.

Exhibit 10. Purchase Intent by Segment (n=742)



What Motivates the Commitment to Enroll?

All Committed Eligibles

Taking advantage of a good deal is the most important motivator for those who are committed to enroll in a plan through Covered California, followed by security/peace-of-mind and a felt need for insurance coverage or health care.

The Segments

Taking advantage of a good deal is most important to the *At Risk and Denied Insurance* and the *Realistic and Motivated*, while security/peace-of-mind is most important to the *Mostly Hispanic/Seldom Online*. The *Realistic and Motivated* and the *At Risk and Denied Insurance* feel the need for coverage and care somewhat more than other eligibles while the *Risk Takers* feel it less. As expected, family benefits are most likely to be motivators among the segments likely to have larger families, *Non-English-Speaking Families/Seldom Online* and the *Realistic and Motivated*. Preventative benefits are most important to *Young Risk Deniers* who are committed to enrolling. This is not surprising since this young, healthy segment has few medical problems and may think that their only health-care need is maintaining their very good to excellent health.

Table 24. Reasons for Planning to Buy Health Insurance through Covered California (Open-Ended Question) (n=209)

	Non-English-Speaking Families/Seldom Online	Mostly Hispanic/Seldom Online	At Risk and Denied Insurance	Realistic and Motivated	Self-Sufficient but Open to Change	Risk Takers	Risk Deniers
Take advantage of a good deal (37%)	27%	20%	59%	38%	55%	47%	33%
Security/peace-of-mind (30%)	36%	54%	27%	4%	26%	16%	29%
Need coverage/care (25%)	24%	24%	33%	35%	26%	10%	25%
Family benefits (16%)	27%	15%	0%	21%	10%	19%	3%
Preventative Benefits (13%)	13%	4%	3%	18%	8%	3%	34%
Other motivators ¹⁴ (11%)	4%	4%	22%	22%	5%	27%	25%
Percent Committed (26%)	32%	30%	21%	27%	36%	9%	20%

What Creates Resistance to Enrolling?

All Resistant Eligibles

Nearly two-thirds of resistant eligibles told us that the cost they were given was too expensive, despite the fact that all of them are eligible for a subsidy, and one-quarter indicated that they do not need insurance.

The Segments

Nearly all of the *Realistic and Motivated* who remained resistant after hearing the facts and the estimated cost of enrolling, cited expense as the reason, as did about eight-in-ten of the two predominately Hispanic segments and the two most-promising “young” segments – the *Realistic and Motivated* and the *Self-Sufficient but Open to Change*.

The *Risk Takers* and, oddly, the *At Risk and Denied Insurance*, were most likely to say they don’t need insurance.

Nearly one-in-five of the most resistant segment – the *Risk Deniers* mentioned opposition to ACA as a reason for their resistance to enrolling. Concern about the quality of the plans is a significant reason for resistance only among the *Mostly Hispanic/Seldom Online*.

¹⁴ The “other” category included a wide array of different responses including: more choices about where to get health care, avoid emergency rooms (except in emergencies), ability to compare plans side by side, believe in the ACA, covers pre-existing conditions, age, and it is mandated.

Table 25. Reasons for Not Planning to Buy Health Insurance through Covered California (Open-Ended Question) (n=112)

	Non-English-Speaking Families/Seldom Online	Mostly Hispanic/Seldom Online	At Risk and Denied Insurance	Realistic and Motivated	Self-Sufficient but Open to Change	Risk Takers	Risk Deniers
Too expensive (66%)¹⁵	83%	77%	34%	95%	80%	47%	67%
Don't need. (25%)	7%	20%	64%	0%	19%	51%	15%
Opposes ACA (6%)	0%	0%	0%	0%	0%	0%	17%
Concerned about the quality of the plans (4%)	11%	20%	0%	0%	0%	3%	1%
Don't know how to apply (2%)	11%	2%	0%	5%	1%	0%	0%
Moving out of state/travel (1%)	0%	0%	0%	0%	0%	1%	0%
Percent Resistant (17%)	9%	15%	19%	6%	11%	22%	35%

Locating the Segments Geographically

As one would expect, 54% of the uninsured eligibles live in either Southern California or Los Angeles. Only 27% live in the San Francisco Bay Area or Far Northern California. Eighteen percent live in the Central Valley.

Nearly half of *Non-English Speaking Families/Seldom Online* live in Southern California.

About six-in-ten of *Mostly Hispanic/Seldom Online* live in either the San Francisco Bay Area or Los Angeles.

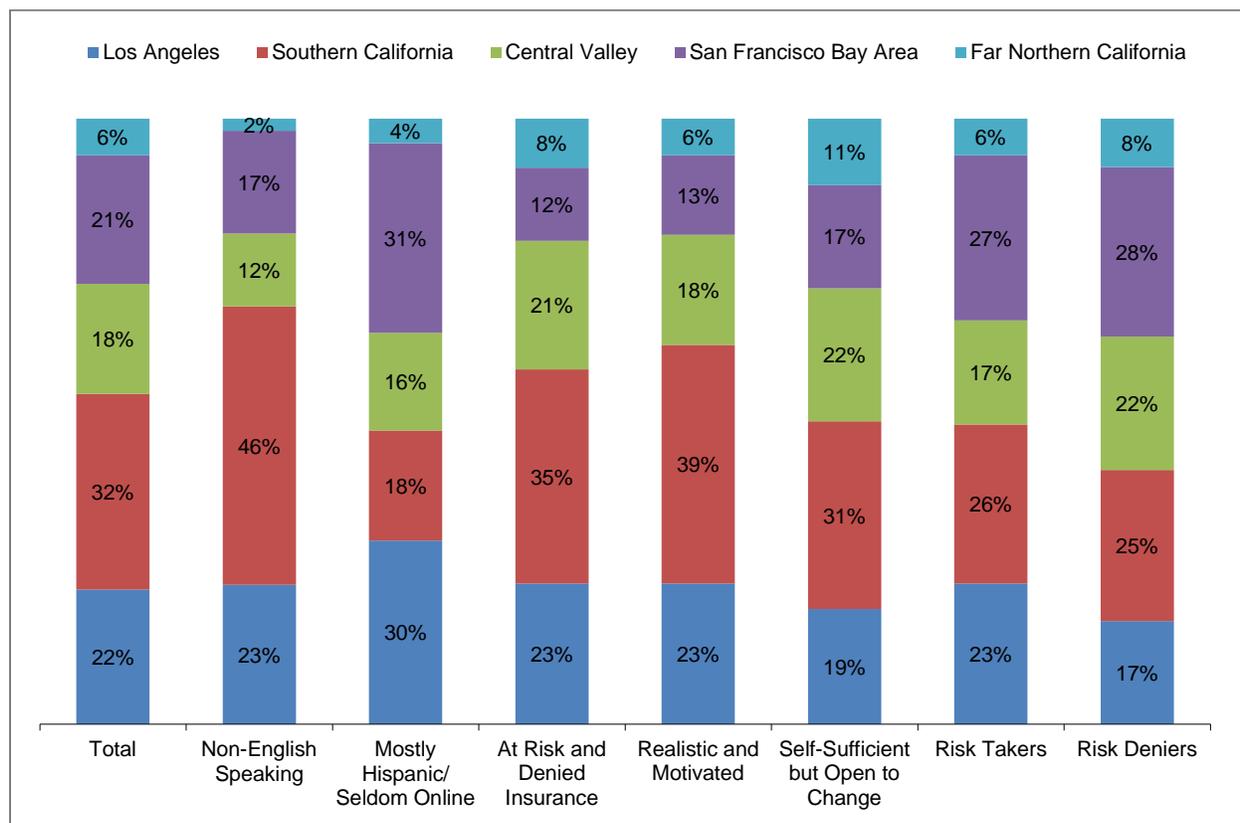
The *At Risk and Denied Insurance* are relatively unlikely to live in the San Francisco Bay Area.

The *Realistic and Motivated* are likely to live in Southern California and unlikely to live in the San Francisco Bay Area, while residences of the *Self-Sufficient but Open to Change* mirror those of eligibles statewide.

Both the *Risk Takers* and *Deniers* are relatively likely to live in the San Francisco Bay Area and unlikely to live in Southern California.

¹⁵ Percentages for the all uninsured eligibles are shown in parentheses.

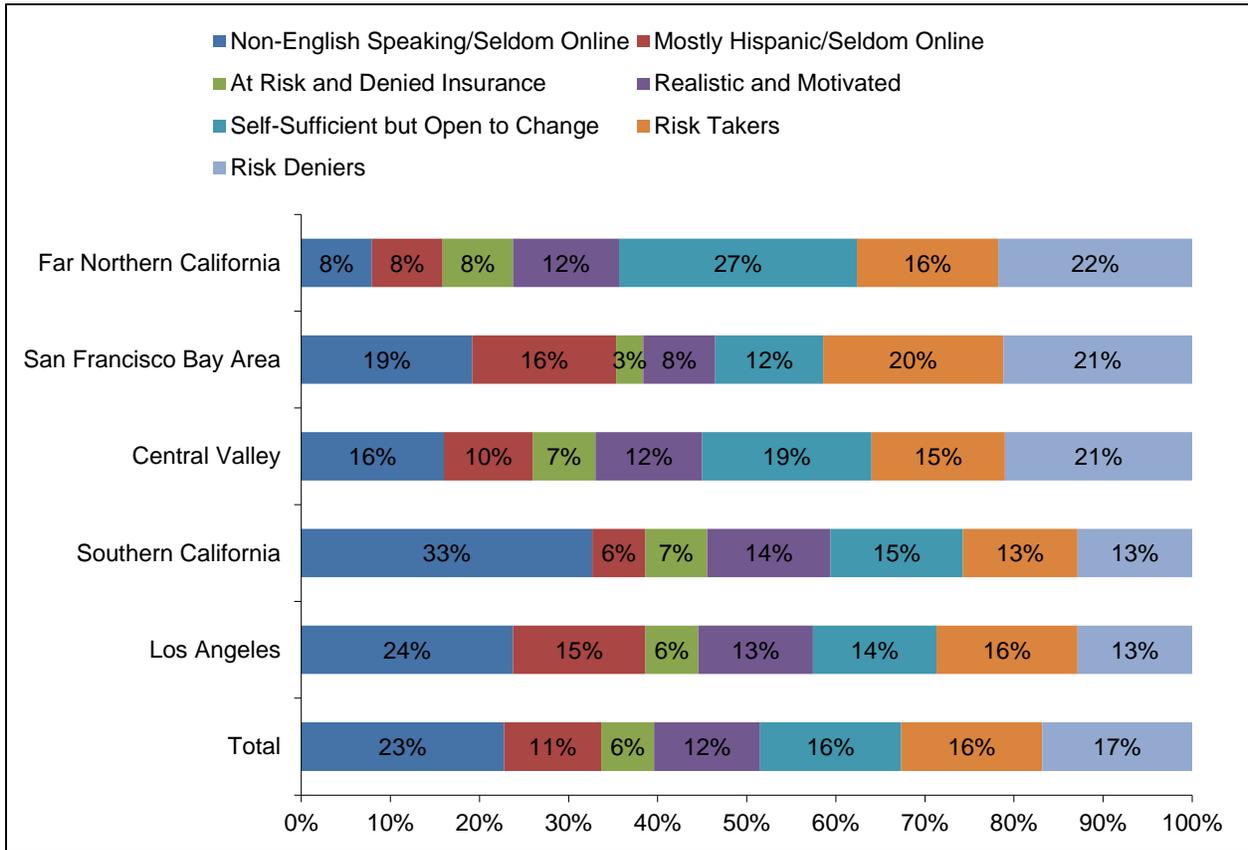
Exhibit 11. Geographical Area by Segment (n=727)



The chart on the following page shows the composition of each geographical area in terms of segments. This chart shows the proportion of each area accounted for by each of the segments. The *Non-English-Speaking Families/Seldom Online* are most important in Southern California and Los Angeles, while the *Mostly Hispanic/Seldom Online* are most important in Los Angeles and the San Francisco Bay Area. The *At Risk and Denied Insurance* are a small fraction of eligibles in all of the areas.

The *Realistic and Motivated* are a small, but – as other analysis has shown – important presence in all areas, with the possible exception of the San Francisco Bay Area. The *Self-Sufficient but Open to Change* also are a small but significant presence in all areas; and they are particularly strong in Far Northern California. Both the *Risk Takers and Deniers* have a somewhat greater presence in the San Francisco Bay Area than other areas.

Exhibit 12. Segment by Geographical Area (n=727)



Conclusions and Recommendations

The following conclusions and recommendations flow from the study:

- **The survey data corroborate the need for a major focus on increasing consumer awareness of Covered California and its brand.**

Not surprisingly, unaided awareness of Covered California is very low at baseline, only 3%. Aided awareness is 12%. Among the subsidy-eligible, unaided awareness is only 1% and aided awareness is 9%. Increasing awareness needs to be a top focus of the campaign.

- **It is urgent that the marketing/outreach campaign act quickly and aggressively to increase consumer knowledge about Covered California and what it is offering to California consumers.**

Overall, baseline levels of knowledge are low. Changing them is a critical priority for the campaign about to be launched. It is critical in order to inoculate against organized efforts to mislead consumers about the benefits and impacts of the ACA and, even more importantly, to build interest in plan enrollment. The study demonstrated that once consumers are informed about Covered California, large numbers are interested in purchasing a health plan. Particular emphasis should be given to those facts that consumers rated as most important in their decision making about whether to shop for a plan at Covered California: non-deniability of pre-existing conditions, availability of a choice of private plans, screening of plans for quality and the ease of plan comparison and selection. In addition, Covered California should emphasize the out-of-pocket limits on health care expenses for low-income people and the availability of assistance with premiums. These facts were rated as most important by respondents in the overall sample as well as the subsidy-eligible.

- **The study suggests that Covered California can enroll almost seven in ten privately insured and uninsured Californians in new health plans commencing in 2014.**

After providing consumers with pricing and other basic information, it is encouraging that seven in ten (69%) said that they are either committed or receptive to enrolling in a Covered California health plan. Among the subsidy eligible more than 80% are committed or receptive to purchasing a plan. A majority (52%) of the privately insured fell into the same category as did 47% of those with incomes above 400% of the FPL. Virtually all Californians (93%) with incomes in the 100-138% of FPL range are committed or receptive to enrolling in a plan.

- **Study data validate the strategic soundness of initially targeting the uninsured subsidy-eligible.**

The study found that the subsidy-eligible are more likely to purchase a plan than those who are not eligible and the privately insured. Eighty six percent of those eligible for the richest subsidies, families with incomes in the 139-199% FPL range, said they were committed or receptive to plan purchase. Seventy seven percent of those in the higher income subsidy-eligible group also did. These percentages are much higher than those for the 400% of FPL and privately insured segments.

- **Campaign messaging should capitalize on what we know about consumer purchase motivations from the study.**

Three motivations were most often cited by those committed to purchasing a plan: a desire to take advantage of the good prices that will be available through Covered California, the security and peace-of-mind that comes from being insured and the simple, felt need for coverage/care. These motivations are most important for both the subsidy-eligible and consumers as a whole. These should primary messages in the marketing/outreach campaign.

- **Whenever possible, the campaign should acknowledge that Covered California understands how financially strapped consumers are.**

As the study makes clear, the subsidy-eligible worry about money a lot as well as their ability to take on another financial obligation right now. The campaign should acknowledge this reality as much as it can in order to build an empathetic relationship with prospective customers.

- **The campaign should reinforce the belief that a major illness or injury can mean going without care or financial disaster, especially to the *Self-Sufficient but Open to Change*, *Risk Taker* and *Risk Denier* market segments, who are most likely to question the risk of being uninsured.**

The subsidy-eligible are concerned about their ability to pay for care and strongly believe that a major injury or illness would be a financial disaster for them. Despite these concerns, however, many consumers are at least somewhat ambivalent about the risk of being uninsured. This ambivalence is most problematic among the *Self-Sufficient but Open to Change* and *Risk Taker* segments and, especially, the *Risk Denier* segment. The campaign should not ignore the need to address risk in its general messaging and especially in efforts targeted to these youth segments.

- **The campaign should stress that getting insurance is a smart way to mitigate the risk and is worth the investment.**

In addition to risk denial or ambivalence, many of the subsidy-eligible are conflicted about the value of insurance. As we reported, they strongly believe that it is smart to get insurance. They're also willing to make financial sacrifices in order to have the peace-of-mind that insurance would bring. However, at the same time, they are not sure about whether you can insure against life risks, whether insurance costs more than paying for care, and whether overall it's worth the money it costs. Conflicted views about the value of insurance are prevalent among all seven of the market segments we identified. This issue needs to be addressed in the campaign.

- **When we communicate about the value of insurance we should emphasize that its main perceived value is the prevention of catastrophic financial consequences rather than minimizing the day-to-day costs of receiving care.**

When asked to identify the main value of health insurance, study respondents said that protection against catastrophic bills was more important than minimizing the day-to-day costs of receiving care and even increasing peace-of-mind. These data suggest that the peace of mind motivation for plan purchase discussed above is heavily tied to relieving fears about the possible financial consequences of a serious illness or injury.

- **Given the high degree of commitment and receptivity across the seven identified market segments, none should be written off including the youth segments.**

Two of the youth segments, the *Risk Takers* and *Risk Deniers* will be the most challenging given their doubts about the risks of being uninsured and the value of insurance. Nevertheless, despite these negative attitudes, the vast majority say they are either committed or receptive to enrolling in a plan. As a result, while conflicted, many are clearly reachable. In addition to emphasizing the risks of being uninsured and the value of insurance, general market messages about cost savings, peace of mind and access to needed coverage/care will be persuasive. So too will be the availability of preventative services, which has particular appeal to the *Risk Deniers*.

- **The largest market segment, *Non-English-Speaking Families/Seldom Online*, will require special outreach and assistance.**

This segment is primed to enroll in Covered California plans once they become available, but many will need in-language personal assistance in order to do so. Bi-lingual promotional materials are essential as well as community-based efforts to enlist key opinion leaders to add legitimacy to Covered California. Since few *Non-English-Speaking Families/Seldom Online* are online, and educational levels are very low, community-based bi-lingual assistance with enrollment will also be necessary. A significant number do not have checking accounts and may need a reliable and reasonably priced vehicle for paying the monthly insurance premium. Encouragement and real help will be necessary to bring this motivated group to full potential.

- **Covered California should prepare for the majority of customers to use the online enrollment portal.**

Six-in-ten consumers will most likely to go online to shop for health insurance at Covered California with 19% making use of a neighborhood counselor and 15% making use of the telephone service center. Among subsidy eligible customers, more will make use of a counselor (26%) although the majority (57%) will go online. Seventeen percent will make use of the telephone service center. Online customers will tend to be younger, more Internet comfortable and more proficient in English. Users of the telephone service center, and particularly the neighborhood counselors, will be more likely to skew older and toward those less comfortable with the Internet and English.

Appendix A: Questionnaire (English language)

Covered California Market Baseline/Segmentation Study

Section 1. Respondent Selection and Screening

INTRO1 Hello, my name is _____. The state of California is conducting an important survey about how the Affordable Care Act may affect California residents beginning January 1, 2014 and we'd like to ask your opinions. We are not selling anything.

S1 Am I speaking to someone who lives in this household who is over 17 years old?

1 Yes

2 This is a business GO TO S1 EXIT

3 No, new person comes to phone GO TO S3

4 No one over 17 lives in this household GO TO S1 EXIT

5 No one over 17 is home right now GO TO S1B

99 Refused GO TO S1B

S3 Hello, my name is _____ and I'm calling from NORC at the University of Chicago. We are conducting a study on important health care issues affecting all Californians and would like to ask your opinions. We are not selling anything. Are you over 17 years old?

1 Yes

2 No GO TO S3B

77 Don't know GO TO S1B

99 Refused GO TO S1B

S3B May I speak to someone over 17 years old?

1 Yes GO TO S3

2 No GO TO S1B

S1B I'll try back again later. Thank you.

S_CELL Am I speaking to you on your cell phone?

1 Yes

2 No GO TO S_CRIT

S_WARM If you are currently driving a car or doing any activity that requires your full attention I need to call you back at a later time.

1 Continue

2 Call back

S_CRIT I would like to speak to a person in your household who is age 18 to 64 and makes decisions about health care for themselves or their family. Would that be you or someone else?

READ IF NECESSARY: Family includes a legal spouse and any children under age 26 who live in your household or for whom you are financially responsible.		
1	Respondent	CONTINUE
2	New person comes to phone	GO TO S3
3	Person not available	GO TO SCB1
4	No one between the ages of 18 and 64 lives here	THANK AND CLOSE
99	Refused	THANK AND CLOSE

1.2 ASK ONLY IF RESPONDENT ANSWERS THE PHONE IN A LANGUAGE OTHER THAN ENGLISH.

Which language do you feel most comfortable speaking?

English
Spanish
Chinese
Korean
Tagalog
Vietnamese
Armenian
Farsi
Hmong
German
Russian
Arabic
Or some other language: specify

1.4 I am going to read some categories. Please stop me when I read the category that best describes your age. Are you 18 to 25 years old, 26 to 49 years old, 50 to 64 years old, or 65 or older?

1	Under 18	PROBE TO DETERMINE WHETHER THERE IS A PERSON AGE 18 TO 64 IN THE HOUSEHOLD. IF NOT, THANK AND CLOSE.
2	18 – 25	CONTINUE TO 1.5
3	26- 49	CONTINUE TO 1.5
4	50 - 64	CONTINUE TO 1.5
5	65+	PROBE TO DETERMINE WHETHER THERE IS A PERSON AGE 18 TO 64 IN THE HOUSEHOLD. IF NOT, THANK AND CLOSE.
77	Don't know	THANK AND CLOSE
99	Refused	THANK AND CLOSE

CLOSE: Those are all the questions I have. Thank you for your time.

1.4B Is there anyone in this household between the ages of 18 and 64?

1	Yes, new person comes to phone	GO TO S5
2	No	THANK AND CLOSE
77	Don't know	THANK AND CLOSE
99	Refused	THANK AND CLOSE

CLOSE: Those are all the questions I have. Thank you for your time.

S5 Hello, my name is _____ and I'm calling from NORC at the University of Chicago. We are conducting a study on important health care issues affecting all Californians and would like to ask your opinions. We are not selling anything.

GO TO S_CRIT

1.5 Are you currently covered by health insurance? This includes health insurance obtained through an employer, purchased directly, HMOs or prepaid plans like Kaiser (KY-ZER), government programs such as Medi-Cal, Healthy Families or Healthy Kids, military programs such as Champus, Champ VA or the Indian Health Service.

1	Yes	CONTINUE
2	No	CLASSIFY AS UNINSURED AND SKIP TO 1.6
77	Don't know	THANK AND CLOSE
99	Refused	THANK AND CLOSE

CLOSE: Those are all the questions I have. Thank you for your time.

1.5A Does an employer or the Government pay some or all of the cost of your health insurance plan?

1	Yes	THANK AND CLOSE
2	No	CLASSIFY AS INDIVIDUALLY INSURED
77	Don't know	THANK AND CLOSE
99	Refused	THANK AND CLOSE

CLOSE: Those are all the questions I have. Thank you for your time.

1.6 To the best of your knowledge, are you a legal resident of California?

READ IF NECESSARY: To be a legal resident of California, you must be a United States citizen or permanent resident, live in California all or most of the year, file a California tax return, and be eligible for State benefits.

1	Yes	CONTINUE
2	No	THANK AND CLOSE
77	Don't know	THANK AND CLOSE
99	Refused	THANK AND CLOSE

CLOSE: Those are all the questions I have. Thank you for your time.

1.7 Your family includes a spouse and any children living at home or away at school or college. By spouse, I mean a person that you are legally married to. Including you, how many people are there in your family?

READ IF NECESSARY: Family includes a legal spouse and any children under age 26 who live in your household or for whom you are financially responsible.

	RECORD NUMBER	IF MORE THAN ONE CLASSIFY AS "FAMILY"
77	DON'T KNOW	THANK AND CLOSE
99	REFUSED	THANK AND CLOSE

CLOSE: Those are all the questions I have. Thank you for your time.

1.8 Your family income includes all the money any family member living in your household brings in from any source before taxes are taken out. To the best of your knowledge was your family income for 2012 under or over [100% PL for family size]?

1	Under	THANK AND CLOSE
2	Over	CONTINUE
77	Don't know	THANK AND CLOSE
99	Refused	THANK AND CLOSE

CLOSE: Those are all the questions I have. Thank you for your time.

1.9 **DO NOT ASK UNLESS UNCERTAIN.** Are you male or female?

1	Male
2	Female
99	Refused

11.9 Are you either Hispanic or Latino?

1	Yes
2	No
77	Don't know
99	Refused

1.10 [IF 11.9 = 1, "Hispanics and Latinos can be of any race."] What is your primary racial heritage?

1	African American or Black	
2	Asian or Pacific Islander	
3	American Indian or Alaska Native	
4	White or Caucasian	
5	Hispanic or Latino	
6	Other: specify	GO TO 11.100TH
77	Don't Know	
99	Refused	

11.100TH ENTER OTHER SPECIFY _____

CONSENT Before I continue, I would like you to know that your participation in this survey is voluntary. Everything you say is completely confidential. You may choose not to answer any questions you don't wish to answer, or end the interview at any time with no impact on the benefits you may receive. The survey will take about 20 minutes. In order to review my work, this call will be recorded and my supervisor may listen as I ask the questions.

READ IF NECESSARY: The survey is about important health care issues that will affect all Californians. If you have any questions about the survey, I can provide you with a free number for you to call.

Section 2. Employment and Employer Health Insurance

2.1 Are you currently employed, self-employed, retired, a full-time homemaker, a student, or unemployed?

1	Employed by someone else	CONTINUE
2	Self-employed (NOTE: Includes independent contractors)	CONTINUE
3	Retired	SKIP TO Q2.2
4	Full-time homemaker	SKIP TO Q2.2
5	Student	SKIP TO Q2.2
6	Unemployed	SKIP TO Q2.2
77	Don't know	SKIP TO Q2.2
99	Refused	SKIP TO Q2.2

2.1A Are you employed full-time or part-time?

1	Full-time (IF NECESSARY: (30 hours per week or more)
2	Part-time (IF NECESSARY: Less than 30 hours per week)
3	Varies
77	Don't know
99	Refused

2.1B IF 2.1 = 1, THEN ASK ["Does your employer offer health insurance?"] IF 2.1 = 2, THEN ASK ["Does your business provide you with health insurance?"]

1	Yes	CONTINUE
2	No	SKIP TO Q2.2
77	Don't know	SKIP TO Q2.2
99	Refused	SKIP TO Q2.2

2.1C Why are you not using your employer's insurance – Is it because you are not eligible for it because of your employment status, because it costs too much, because you don't like the coverage, or are there other reasons? **[ACCEPT UP**

TO 3]

INTERVIEWER INSTRUCTION: IF R SAYS THEY DO USE EMPLOYER'S INSURANCE, SAY "Does your employer pay some or all of the cost of your health insurance plan?" IF YES, SELECT OPTION 6.

1	Not eligible because of employment status	
2	It costs too much	
3	Didn't like the coverage	
4	Other (specify)	
5	I am using my employer's insurance but employer doesn't pay any part of it	GO TO Q3_1
6	I am using my employer's insurance and employer pays some or all of the cost	THANK AND CLOSE
99	Don't know	
77	Refused	

CLOSE: Those are all the questions I have. Thank you for your time.

Q2_1C_OTH ENTER OTHER SPECIFY _____

Check point: SKIP TO Q3.1 IF (INDIVIDUALLY INSURED) Q1.5A=2

2.2 Have you had health insurance – either on your own or through an employer, government program, or a spouse or spouse's employer – anytime within the past 5 years? [ACCEPT UP TO 3]

READ IF NECESSARY: Did you have that insurance on your own, through and employer, through a government program, or something else?

1	Yes, on my own	CONTINUE
2	Yes, through employer	CONTINUE
3	Yes, through government program	CONTINUE
4	Yes, other: specify	CONTINUE
5	No	SKIP TO SECTION 3
77	Don't know	SKIP TO SECTION 3
99	Refused	SKIP TO SECTION 3

2.2A What is the **MAIN REASON** you do not have this health insurance now – Is it because you lost a job, because you left a job or changed jobs, because the cost was too high, because you didn’t like the coverage, or was there another reason? **[SELECT ONLY ONE]**

READ IF NECESSARY: I am referring to the last time you had health insurance.

INTERVIEWER INSTRUCTION: If more than one reason given, say “Which of those would be the main reason?”

1	Lost a job
2	Left a job or changed jobs
3	Cost was too high
4	Other (specify)
77	Don’t know
99	Refused

Q2_2A_OTH ENTER OTHER SPECIFY _____

Check point: SKIP TO Q4.1 IF (UNINSURED) Q1.5=2

Section 3. Questions for the Individually Insured

3.1 How satisfied are you with your current health insurance policy? Are you...**READ?**

1	Very satisfied	ASK Q3.1A
2	Somewhat satisfied	ASK Q3.1A
3	Neither satisfied nor dissatisfied	SKIP TO Q4.1
4	Somewhat dissatisfied	SKIP TO Q3.1B
5	Or very dissatisfied	SKIP TO Q3.1B
77	Don’t know	SKIP TO Q4.1
99	Refused	SKIP TO Q4.1

3.1A Please tell me about the reasons you are **SATISFIED** with your current health insurance policy? Is it because of cost, coverage, access to the right providers, or other reasons? **[MARK ALL THAT APPLY]**

INTERVIEWER INSTRUCTION: If respondent gives just one reason, ask “Are there any other reasons?”

1	Cost
2	Coverage
3	Access to the right providers
4	Other (specify)
77	Don’t know
99	Refused

Q3_1A_OTH ENTER OTHER SPECIFY _____

3.1B Please tell me about the reasons you are DISSATISFIED with your current health insurance policy? Is it because of cost, coverage, lack of access to the right providers, or other reasons? **[MARK ALL THAT APPLY]**

INTERVIEWER INSTRUCTION: If respondent gives just one reason, ask “Are there any other reasons?”

1	Cost
2	Coverage
3	Access to the right providers
4	Other (specify)
77	Don't know
99	Refused

Q3_1B_OTH ENTER OTHER SPECIFY _____

Check point: SKIP TO Q5.1 IF (INDIVIDUALLY INSURED) Q1.5A = 2

Section 4. Risks of Being Uninsured

4.1 What is your opinion: Are you taking a risk by being uninsured?

1	Yes	CONTINUE
2	No	SKIP TO Q4.2
77	Not sure	SKIP TO Q4.2
99	Refused	SKIP TO Q4.2

4.1A Which of the following are serious risks?

4.1A1 Having trouble getting good health care.

READ IF NECESSARY: Is this a serious risk?

- 1 Yes
- 2 No
- 77 Don't know
- 99 Refused

4.1A2 Running up medical bills you can't pay and ruining your credit rating

READ IF NECESSARY: Is this a serious risk?

- 1 Yes
- 2 No
- 77 Don't know
- 99 Refused

4.1A3 Being at risk of major illness because you couldn't afford regular checkups.

READ IF NECESSARY: Is this a serious risk?

- 1 Yes
- 2 No
- 77 Don't know
- 99 Refused

4.1A4 Having to spend too much time waiting to get the care you need.

READ IF NECESSARY: Is this a serious risk?

- 1 Yes
- 2 No
- 77 Don't know
- 99 Refused

4.1A5 Worrying about how you would pay your medical bills if you or someone in your family got sick or was injured.

READ IF NECESSARY: Is this a serious risk?

- 1 Yes
- 2 No
- 77 Don't know
- 99 Refused

4.1A6 Are there any other serious risks?

- 1 Yes (specify)
- 2 No
- 77 Don't know
- 99 Refused

4.1A6OTH ENTER YES, SPECIFY _____

Reasons for Not Having Insurance

4.2 Today, nearly 50 million Americans do not have health insurance. I will read some reasons people have given us for not having health insurance. As I read each one, please tell me whether or not it is a reason you do not have health insurance today.

4.21 I cannot afford health insurance.

READ IF NECESSARY: “Is this a reason you do not have health insurance today?”

- 1 Yes
- 2 No
- 77 Don’t know
- 99 Refused

4.22 I would be denied health insurance or charged a high price for it because of a pre-existing condition

READ IF NECESSARY: “Is this a reason you do not have health insurance today?”

INTERVIEWER INSTRUCTION: A pre-existing condition is an existing health problem.

- 1 Yes
- 2 No
- 77 Don’t know
- 99 Refused

4.24 I cannot get health insurance through an employer

READ IF NECESSARY: “Is this a reason you do not have health insurance today?”

- 1 Yes
- 2 No
- 77 Don’t know
- 99 Refused

4.26 I am in good health so I don’t need health insurance.

READ IF NECESSARY: “Is this a reason you do not have health insurance today?”

- 1 Yes
- 2 No
- 77 Don’t know
- 99 Refused

4.27 I have learned how to live without health insurance. ASK Q4.2A

READ IF NECESSARY: “Is this a reason you do not have health insurance today?”

- 1 Yes
- 2 No
- 77 Don’t know
- 99 Refused

4.28 I am not sure how to get health insurance

READ IF NECESSARY: “Is this a reason you do not have health insurance today?”

- 1 Yes
- 2 No
- 77 Don’t know
- 99 Refused

4.23 (SHOW ONLY IF AGE 50+ IN Q1.4) I would be denied health insurance or charged a high price for it because of my age.

READ IF NECESSARY: “Is this a reason you do not have health insurance today?”

- 1 Yes
- 2 No
- 77 Don’t know
- 99 Refused

4.25 (SHOW ONLY IF UNDER AGE 26 IN Q1.4) I am not eligible for my parents’ plan.

READ IF NECESSARY: “Is this a reason you do not have health insurance today?”

- 1 Yes
- 2 No
- 77 Don’t know
- 99 Refused

4.29 Are there any other reasons you don’t have health insurance? (Specify)

4.29OTH ENTER OTHER SPECIFY _____

Section 5. Psychographics

General Orientations: Planning, Risk-Taking, Finances

5.1 Now, I will read some statements people have made about their life styles. As I read each one, please tell me whether you agree strongly, agree somewhat, disagree somewhat or disagree strongly.

5.11 Life is full of risks that you can't plan for or insure against. You just have to take your chances.

- 1 Agree strongly
- 2 Agree somewhat
- 3 Disagree somewhat
- 4 Disagree strongly
- 77 Don't know/No opinion
- 99 Refused

READ IF NECESSARY: Please tell me whether you agree strongly, agree somewhat, disagree somewhat or disagree strongly.

5.12 I am willing to sacrifice now to have peace-of-mind about the future.

- 1 Agree strongly
- 2 Agree somewhat
- 3 Disagree somewhat
- 4 Disagree strongly
- 77 Don't know/No opinion
- 99 Refused

READ IF NECESSARY: Please tell me whether you agree strongly, agree somewhat, disagree somewhat or disagree strongly.

5.13 I am just starting out in life.

- 1 Agree strongly
- 2 Agree somewhat
- 3 Disagree somewhat
- 4 Disagree strongly
- 77 Don't know/No opinion
- 99 Refused

READ IF NECESSARY: Please tell me whether you agree strongly, agree somewhat, disagree somewhat or disagree strongly.

5.14 I worry about money a lot.

- 1 Agree strongly
- 2 Agree somewhat
- 3 Disagree somewhat
- 4 Disagree strongly
- 77 Don't know/No opinion
- 99 Refused

READ IF NECESSARY: Please tell me whether you agree strongly, agree somewhat, disagree somewhat or disagree strongly.

5.15 There is no way that I could take on another financial burden right now.

- 1 Agree strongly
- 2 Agree somewhat
- 3 Disagree somewhat
- 4 Disagree strongly
- 77 Don't know/No opinion
- 99 Refused

READ IF NECESSARY: Please tell me whether you agree strongly, agree somewhat, disagree somewhat or disagree strongly.

5.16 It is a challenge for me to pay my bills every month.

- 1 Agree strongly
- 2 Agree somewhat
- 3 Disagree somewhat
- 4 Disagree strongly
- 77 Don't know/No opinion
- 99 Refused

READ IF NECESSARY: Please tell me whether you agree strongly, agree somewhat, disagree somewhat or disagree strongly.

5.17 I focus on the challenges I face today, not the ones I might face in the future.

- 1 Agree strongly
- 2 Agree somewhat
- 3 Disagree somewhat
- 4 Disagree strongly
- 77 Don't know/No opinion
- 99 Refused

READ IF NECESSARY: Please tell me whether you agree strongly, agree somewhat, disagree somewhat or disagree strongly.

5.18 I'm usually among the first to try new things.

- 1 Agree strongly
- 2 Agree somewhat
- 3 Disagree somewhat
- 4 Disagree strongly
- 77 Don't know/No opinion
- 99 Refused

READ IF NECESSARY: Please tell me whether you agree strongly, agree somewhat, disagree somewhat or disagree strongly.

5.19 I have other people I can turn to if I need help.

- 1 Agree strongly
- 2 Agree somewhat
- 3 Disagree somewhat
- 4 Disagree strongly
- 77 Don't know/No opinion
- 99 Refused

READ IF NECESSARY: Please tell me whether you agree strongly, agree somewhat, disagree somewhat or disagree strongly.

General Orientations: Health

5.2 Now I'll read some statements people have made about their health. As I do please tell me whether you agree strongly, agree somewhat, disagree somewhat or disagree strongly.

5.20 I'm concerned about not being able to pay for health care.

- 1 Agree strongly
- 2 Agree somewhat
- 3 Disagree somewhat
- 4 Disagree strongly
- 77 Don't know/No opinion
- 99 Refused

READ IF NECESSARY: Please tell me whether you agree strongly, agree somewhat, disagree somewhat or disagree strongly.

5.21 I don't worry about health care because I take good care of myself.

- 1 Agree strongly
- 2 Agree somewhat
- 3 Disagree somewhat
- 4 Disagree strongly
- 77 Don't know/No opinion
- 99 Refused

READ IF NECESSARY: Please tell me whether you agree strongly, agree somewhat, disagree somewhat or disagree strongly.

5.22 It's very important for me to be informed how to best take care of my health.

- 1 Agree strongly
- 2 Agree somewhat
- 3 Disagree somewhat
- 4 Disagree strongly
- 77 Don't know/No opinion
- 99 Refused

READ IF NECESSARY: Please tell me whether you agree strongly, agree somewhat, disagree somewhat or disagree strongly.

5.23 [If Q1.7 = 1 then, "I am"; if Q1.7 > 1 then "All the people in my immediate family are"] healthy and unlikely to need much medical care in the foreseeable future.

- 1 Agree strongly
- 2 Agree somewhat
- 3 Disagree somewhat
- 4 Disagree strongly
- 77 Don't know/No opinion
- 99 Refused

READ IF NECESSARY: Please tell me whether you agree strongly, agree somewhat, disagree somewhat or disagree strongly.

5.24 I am worried about [if Q1.7 = 1 then “my health”; if Q1.7 > 1 then “my health or the health of someone in my immediate family”].

- 1 Agree strongly
- 2 Agree somewhat
- 3 Disagree somewhat
- 4 Disagree strongly
- 77 Don't know/No opinion
- 99 Refused

READ IF NECESSARY: Please tell me whether you agree strongly, agree somewhat, disagree somewhat or disagree strongly.

5.25 A major illness or injury would be a financial disaster for me.

- 1 Agree strongly
- 2 Agree somewhat
- 3 Disagree somewhat
- 4 Disagree strongly
- 77 Don't know/No opinion
- 99 Refused

READ IF NECESSARY: Please tell me whether you agree strongly, agree somewhat, disagree somewhat or disagree strongly.

I know how to get along without going to a doctor if I get sick.

- 1 Agree strongly
- 2 Agree somewhat
- 3 Disagree somewhat
- 5.26 4 Disagree strongly
- 77 Don't know/No opinion
- 99 Refused

READ IF NECESSARY: Please tell me whether you agree strongly, agree somewhat, disagree somewhat or disagree strongly.

5.28 I have looked for information on health topics recently.

- 1 Agree strongly
- 2 Agree somewhat
- 3 Disagree somewhat
- 4 Disagree strongly
- 77 Don't know/No opinion
- 99 Refused

READ IF NECESSARY: Please tell me whether you agree strongly, agree somewhat, disagree somewhat or disagree strongly.

Orientations toward Health Insurance

5.3 Now, I am going to read some statements about health insurance. As I read each one, please tell me whether you agree strongly, agree somewhat, disagree somewhat or disagree strongly.

5.31 Getting health insurance is too complicated.

- 1 Agree strongly
- 2 Agree somewhat
- 3 Disagree somewhat
- 4 Disagree strongly
- 77 Don't know/No opinion
- 99 Refused

READ IF NECESSARY: Please tell me whether you agree strongly, agree somewhat, disagree somewhat or disagree strongly.

5.32 I don't want to spend money insuring against health problems that probably won't happen.

- 1 Agree strongly
- 2 Agree somewhat
- 3 Disagree somewhat
- 4 Disagree strongly
- 77 Don't know/No opinion
- 99 Refused

READ IF NECESSARY: Please tell me whether you agree strongly, agree somewhat, disagree somewhat or disagree strongly.

5.33 Health insurance can cost more than paying for my own health care.

- 1 Agree strongly
- 2 Agree somewhat
- 3 Disagree somewhat
- 4 Disagree strongly
- 77 Don't know/No opinion
- 99 Refused

READ IF NECESSARY: Please tell me whether you agree strongly, agree somewhat, disagree somewhat or disagree strongly.

5.34 Health insurance is well worth the money it costs.

- 1 Agree strongly
- 2 Agree somewhat
- 3 Disagree somewhat
- 4 Disagree strongly
- 77 Don't know/No opinion
- 99 Refused

READ IF NECESSARY: Please tell me whether you agree strongly, agree somewhat, disagree somewhat or disagree strongly.

5.35 It's smart to get insurance in case you get sick in the future.

- 1 Agree strongly
- 2 Agree somewhat
- 3 Disagree somewhat
- 4 Disagree strongly
- 77 Don't know/No opinion
- 99 Refused

READ IF NECESSARY: Please tell me whether you agree strongly, agree somewhat, disagree somewhat or disagree strongly.

5.36 Health insurance is for sick people.

- 1 Agree strongly
- 2 Agree somewhat
- 3 Disagree somewhat
- 4 Disagree strongly
- 77 Don't know/No opinion
- 99 Refused

READ IF NECESSARY: Please tell me whether you agree strongly, agree somewhat, disagree somewhat or disagree strongly.

5.37 The people I care most about want me to get health insurance.

- 1 Agree strongly
- 2 Agree somewhat
- 3 Disagree somewhat
- 4 Disagree strongly
- 77 Don't know/No opinion
- 99 Refused

READ IF NECESSARY: Please tell me whether you agree strongly, agree somewhat, disagree somewhat or disagree strongly.

5.38 A lot of people who didn't have health insurance before are getting it now because it is the right thing to do.

- 1 Agree strongly
- 2 Agree somewhat
- 3 Disagree somewhat
- 4 Disagree strongly
- 77 Don't know/No opinion
- 99 Refused

READ IF NECESSARY: Please tell me whether you agree strongly, agree somewhat, disagree somewhat or disagree strongly.

5.39 Most people like me don't have health insurance.

- 1 Agree strongly
- 2 Agree somewhat
- 3 Disagree somewhat
- 4 Disagree strongly
- 77 Don't know/No opinion
- 99 Refused

READ IF NECESSARY: Please tell me whether you agree strongly, agree somewhat, disagree somewhat or disagree strongly.

5.310 Someone else takes care of my health care so I really don't need to think about health insurance.

- 1 Agree strongly
- 2 Agree somewhat
- 3 Disagree somewhat
- 4 Disagree strongly
- 77 Don't know/No opinion
- 99 Refused

READ IF NECESSARY: Please tell me whether you agree strongly, agree somewhat, disagree somewhat or disagree strongly.

5.4 What do you see as the main value of health insurance? Is it to

- (1) pay for expected day-to-day health care costs,
- (2) protect you against the cost of unexpected major illness or injury, or
- (3) give you peace-of-mind?

[SELECT ONLY ONE]

1	Pay for expected day-to-day health care costs
2	Protect you against the cost of unexpected major illness or injury
3	Give you peace-of-mind
77	Don't know
99	Refused

Section 6. ACA: Awareness and Perceptions

Awareness of and Perceptions about ACA

6.1 Have you heard, seen, or read anything about the Affordable Care Act, which is sometimes called Obamacare? It was passed by Congress and signed by the President in 2010?

1	Yes	CONTINUE
2	No	SKIP TO Q6.2
77	Don't know	SKIP TO Q6.2
99	Refused	SKIP TO Q6.2

6.1B Do you think the Affordable Care Act will be good for you, bad for you, or will it have no impact?

1	Good
2	Bad
3	No Impact
77	Don't know
99	Refused

Awareness of and Perceptions about Covered California

6.2 Under the Affordable Care Act, beginning on January 1, 2014, everyone will be able to get health insurance. Have you heard or read anything about where Californians can go to get health insurance when the law takes effect in 2014?

1	Yes	CONTINUE
2	No	SKIP TO Q6.3
77	Don't know	SKIP TO Q6.3
99	Refused	SKIP TO Q6.3

6.2A	Where can you go? [MARK UP TO 3]	
1	Covered California	SKIP TO Q6.4
2	California Health Benefit Exchange	
3	California State Government	
4	Other: specify	
5	Cannot remember/Not Sure	
77	Don't know	
99	Refused	

6.2AOTH ENTER OTHER SPECIFY _____

6.3B	Have you heard or read anything about an organization called Covered California?	
1	Yes	
2	No	
77	Don't know	
99	Refused	

Knowledge about Covered California

6.4 Californians will be able to get coverage by going to a new health insurance marketplace called Covered California. Here are some statements that people have made about the new marketplace. For each, please tell me whether you think it is true, false or if you are not sure.

6.41 Covered California will be operated by the health insurance industry.

1 True
 2 False
 77 Don't know
 99 Refused

READ IF NECESSARY: This is a statement that people have made about the new marketplace. Please tell me whether you think it is true, false or if you are not sure.

6.42 Covered California will offer only government health insurance plans.

1 True
 2 False
 77 Don't know
 99 Refused

READ IF NECESSARY: This is a statement that people have made about the new marketplace. Please tell me whether you think it is true, false or if you are not sure.

6.44 The health plans will meet people's basic needs but generally won't be as good as the plans sold elsewhere.

- 1 True
- 2 False
- 77 Don't know
- 99 Refused

READ IF NECESSARY: This is a statement that people have made about the new marketplace. Please tell me whether you think it is true, false or if you are not sure.

6.45 People with low and moderate incomes will receive a tax credit to reduce their monthly cost or premium.

- 1 True
- 2 False
- 77 Don't know
- 99 Refused

READ IF NECESSARY: This is a statement that people have made about the new marketplace. Please tell me whether you think it is true, false or if you are not sure.

6.46 People with lower incomes will pay less for out-of-pocket costs when they use health care.

- 1 True
- 2 False
- 77 Don't know
- 99 Refused

READ IF NECESSARY: This is a statement that people have made about the new marketplace. Please tell me whether you think it is true, false or if you are not sure.

6.47 You can get information, compare plans and get health insurance by simply going online to the Covered California website.

- 1 True
- 2 False
- 77 Don't know
- 99 Refused

READ IF NECESSARY: This is a statement that people have made about the new marketplace. Please tell me whether you think it is true, false or if you are not sure.

6.48 Most people who don't get health insurance will have to pay a penalty.

- 1 True
- 2 False
- 77 Don't know
- 99 Refused

READ IF NECESSARY: This is a statement that people have made about the new marketplace. Please tell me whether you think it is true, false or if you are not sure.

Covered California is a welfare program.

6.49

- 1 True
- 2 False
- 77 Don't know
- 99 Refused

READ IF NECESSARY: This is a statement that people have made about the new marketplace. Please tell me whether you think it is true, false or if you are not sure.

6.410 Covered California is the only place low- and moderate-income people can get tax credits to help to reduce the cost of a health plan.

- 1 True
- 2 False
- 77 Don't know
- 99 Refused

READ IF NECESSARY: This is a statement that people have made about the new marketplace. Please tell me whether you think it is true, false or if you are not sure.

6.411 Covered California will offer private health insurance plans that will compete for your business.

- 1 True
- 2 False
- 77 Don't know
- 99 Refused

READ IF NECESSARY: This is a statement that people have made about the new marketplace. Please tell me whether you think it is true, false or if you are not sure.

6.412 You will be able to get health insurance through Covered California even if you have a pre-existing condition.

INTERVIEWER INSTRUCTION: A pre-existing condition is an existing health problem.

- 1 True
- 2 False
- 77 Don't know
- 99 Refused

READ IF NECESSARY: This is a statement that people have made about the new marketplace. Please tell me whether you think it is true, false or if you are not sure.

Most Important Fact about Covered California

6.5 Now I will read you a list of facts about *Covered California*. As I read each one, please tell how important it will be in your decision about whether or not to shop for health insurance at *Covered California*. Please use a scale of zero to 10, where “zero” means that it is not important at all and “10” means that it is extremely important.

6.51 The California State Government will operate Covered California.

ENTER NUMBER _____ (range: 0-10, 77, 99)

READ IF NECESSARY: Please tell me how important this will be in your decision about whether or not to shop for health insurance at Covered California. Please use a scale of zero to 10, where “zero” means that it is not important at all and “10” means that it is extremely important.

6.52 (ALWAYS READ AFTER 01. DO NOT RANDOMIZE.) Covered California will offer a number of private health insurance plans.

ENTER NUMBER _____ (range: 0-10, 77, 99)

READ IF NECESSARY: Please tell me how important this will be in your decision about whether or not to shop for health insurance at Covered California. Please use a scale of zero to 10, where “zero” means that it is not important at all and “10” means that it is extremely important.

6.53 It will be easy to compare insurance plans and select the one that is best for you.

ENTER NUMBER _____ (range: 0-10, 77, 99)

READ IF NECESSARY: Please tell me how important this will be in your decision about whether or not to shop for health insurance at Covered California. Please use a scale of zero to 10, where “zero” means that it is not important at all and “10” means that it is extremely important.

6.54 All plans will be screened to make sure they offer the services people need, including preventive care.

ENTER NUMBER _____ (range: 0-10, 77, 99)

READ IF NECESSARY: Please tell me how important this will be in your decision about whether or not to shop for health insurance at Covered California. Please use a scale of zero to 10, where “zero” means that it is not important at all and “10” means that it is extremely important.

6.55 People with low and moderate incomes will receive a tax credit to reduce their monthly cost or premium.

ENTER NUMBER _____ (range: 0-10, 77, 99)

READ IF NECESSARY: Please tell me how important this will be in your decision about whether or not to shop for health insurance at Covered California. Please use a scale of zero to 10, where “zero” means that it is not important at all and “10” means that it is extremely important.

6.56 (ALWAYS READ AFTER 05. DO NOT RANDOMIZE.) People with lower incomes will also pay less for out-of-pocket costs when they use health care.

ENTER NUMBER _____ (range: 0-10, 77, 99)

READ IF NECESSARY: Please tell me how important this will be in your decision about whether or not to shop for health insurance at Covered California. Please use a scale of zero to 10, where “zero” means that it is not important at all and “10” means that it is extremely important.

You cannot be denied because of a pre-existing condition.

INTERVIEWER INSTRUCTION: A pre-existing condition is an existing health problem.

ENTER NUMBER _____ (range: 0-10, 77, 99)

6.57 READ IF NECESSARY: Please tell me how important this will be in your decision about whether or not to shop for health insurance at Covered California. Please use a scale of zero to 10, where “zero” means that it is not important at all and “10” means that it is extremely important.

6.58 Most people who don’t get health insurance will have to pay a penalty.

ENTER NUMBER _____ (range: 0-10, 77, 99)

READ IF NECESSARY: Please tell me how important this will be in your decision about whether or not to shop for health insurance at Covered California. Please use a scale of zero to 10, where “zero” means that it is not important at all and “10” means that it is extremely important.

Section 7. How to Access Covered California

7.1 You can use Covered California to shop for health insurance by going to the Covered California website, or you can get personal help by calling a toll free telephone number or by going to a neighborhood assistance center. What would you be MOST likely to do – go online, call a toll free number, or visit a neighborhood assistance center?

- 1 Go online
- 2 Call the toll free number
- 3 Visit a neighborhood assistance center
- 4 Wouldn’t do any of these
- 77 Don’t know
- 99 Refused

Section 8: Purchase Intent After Hearing Cost

8.0 I am now going to tell you what your health insurance plan would cost if you got it through Covered California. This cost depends on your age, income and the number of adults and children that would be covered by your health insurance policy, so I need to ask you a few questions.

- 8.1** What is your current age?
ENTER AGE _____ (range: 18-64) GO TO 8.2
- 77 Don’t know
- 99 Refused

8.1A I am only asking for your age so that I can give you a cost estimate for the health insurance plan through Covered California. Would you like to tell me your age?

1	Yes	GO BACK TO 8.1
77	Don't know	GO TO 8.6
99	Refused	GO TO 8.6

Check Point: IF 1.7=1, SKIP TO 8.5. ELSE, ASK 8.2

8.2 Do you have a spouse who would be covered under your policy?

1	Yes	
2	No	SKIP TO Q8.3
77	Don't know	SKIP TO Q8.3
99	Refused	SKIP TO Q8.3
8.2A	How old is your spouse?	
	ENTER AGE _____	
77	Don't know	
99	Refused	

8.3 How many children under age 21 would be covered by your insurance plan?

	RECORD NUMBER _____
77	Don't know
99	Refused

8.4 How many children age 21 to 25 would be covered by your insurance plan?

	RECORD NUMBER _____
77	Don't know
99	Refused

8.5 Total income includes all of the money anyone in your family brought in from any source. About what was your total income for 2012?

	ENTER NUMBER _____	IF FPL 100%-138% GO TO 8.51 IF FPL 139% OR ABOVE, GO TO 8.52
77	Don't know	ASK Q8.5A
99	Refused	ASK Q8.5A

8.5A I only need a rough estimate of your total family income in 2012 to give you an idea of what it would cost you to get health insurance through Covered California. Please stop me when I read the category that best describes your total family income. Was your total family income...[READ CATEGORIES]?

PROGRAMMER: BASE RANGES BELOW ON FAMILY SIZE IN Q1.7)

1	\$XXX-\$XXX	(100%-138% PL)	GO TO 8.51
2	\$XXX-\$XXX	(139%-199% PL)	GO TO 8.52
3	\$XXX-\$XXX	(200%-249% PL)	GO TO 8.52
4	\$XXX-\$XXX	(250%-299% PL)	GO TO 8.52
5	\$XXX-\$XXX	(300%-349% PL)	GO TO 8.52
6	\$XXX-\$XXX	(350%-399% PL)	GO TO 8.52
7	\$XXX OR MORE	(400% OR MORE)	GO TO 8.52
77	Don't know		GO TO 8.6
99	Refused		GO TO 8.6

8.51 Based on your income and the size of your family, [IF 1.7=1, THEN “you”; IF 1.7 > 1, THEN “you and your family”] will not have to pay anything to get health insurance through Covered California.

GO TO 8.6

8.52 The cost of insurance plans will vary according to the level of coverage. Based on your income and the size of your family, it would cost you about [\$XXXX] a month to get a Silver plan, that is, a medium priced one, for [IF 1.7=1, THEN “you”; IF 1.7 > 1, THEN “you and your family”] through Covered California.

READ IF NECESSARY: This monthly cost is the premium cost.

GO TO 8.6

8.6 This question is about getting health insurance. [If 8.51 or 8.52 displayed, “Now that I have told you the estimated cost you could expect to pay for health insurance through Covered California, which of the following statements best describes what you think you will do once Covered California becomes available in 2014?”; ELSE, “Low and moderate income people will receive a tax credit to reduce the monthly cost of insurance and make it affordable. The lower your income, the less the plan will cost each month. Which of the following statements best describes what you think you will do once Covered California becomes available in 2014?”]

- (1) I will get health insurance through Covered California as soon possible.
- (2) I may get health insurance through Covered California but I am not sure that I will.
- (3) I will not get health insurance through Covered California.

1	I will get health insurance through Covered California as soon possible.	SKIP TO Q8.6A
2	I may get health insurance through Covered California but I am not sure that I will.	SKIP TO Q8.8
3	I will not get health insurance through Covered California.	SKIP TO 8.6B
77	Don't know	SKIP TO Q9.1
99	Refused	SKIP TO Q.91

Motivators

8.6A What are the main reasons you plan to get health insurance through Covered California as soon as possible? [ACCEPT UP TO 3] OPEN END.

INTERVIEWER INSTRUCTION: If only one or two reasons given, ask “Are there any other reasons?”

PROPOSED CATEGORIES FOR CODING.

- Save money/Lower cost of health insurance
- Better access to health care
- More choices about where to get health care
- Peace-of-mind
- Shorter time having to wait to get health care
- Safety/security
- Wouldn't have to put off getting health care
- Can cover my family/not just myself
- Avoid emergency rooms (except in emergencies)
- Can get checkups and other preventive care
- Ability to compare plans side by side

Barriers

8.6B What are the main reasons you **DO NOT** plan to get health insurance through the Covered California? **PROBE: Are there any other reasons? OPEN END. PROBE FOR MULTIPLE RESPONSES. ACCEPT UP TO 3.**

PROPOSED CATEGORIES FOR CODING.

Too expensive

Add a monthly expense I might not be able to manage.

Don't want to be forced to get insurance because of the government requirement.

Don't want to pay for something I don't need

I am healthy and don't need health insurance.

I am able to manage my health care without insurance

Section 9. Communications

Internet Access and Use

9.1 Do you use the Internet using a computer, tablet or smart phone? **[MARK ALL THAT APPLY]**

READ IF NECESSARY: Which do you use, a computer, tablet or smartphone?

1 Yes, computer

2 Yes, tablet

3 Yes, Smartphone

4 No, does not use the Internet SKIP TO Q10.1

77 Don't know SKIP TO Q10.1

99 Refused SKIP TO Q10.1

9.1A How often do you use the Internet? Do you use it every day or almost every day, several days a week, once a week, several times a month, once a month, or less than once a month?

1 Every day or almost every day

2 Several days a week

3 Once a week

4 Several times a month

5 Once a month

6 Less than once a month

77 Don't know

99 Refused

9.2 Do you use the Internet to shop or pay bills using a computer, tablet or smart phone?
[MARK ALL THAT APPLY]

READ IF NECESSARY: Which do you use, a computer, tablet or smartphone?

- 1 Yes, computer
- 2 Yes, tablet
- 3 Yes, Smartphone
- 4 No
- 77 Don't know
- 99 Refused

Section 10. Access to Financial Services

10.1 Do you have a checking account that you use to pay bills?

- 1 Yes
- 2 No
- 77 Don't know
- 99 Refused

Section 11. Classification Variables

11.1 In general, would you say your health is excellent, very good, good, fair, or poor?

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor
- 77 Don't know
- 99 Refused

11.2 If Q.7 = 1 GO TO 11.3, ELSE DISPLAY

Are there any family members who would be included on your health insurance whose health is poor or only fair?

- 1 Yes
 - 2 No
 - 77 Don't know
 - 99 Refused
-

11.3A Do [IF 1.7=1, THEN “you”; IF 1.7 > 1 THEN “you or someone in your family”] have a disability that limits [IF 1.7=1, THEN “your”; IF 1.7 > 1, then “his or her”] activities?

- 1 Yes
- 2 No
- 77 Don’t know
- 99 Refused

11.3B Do [IF 1.7=1, THEN “you”; IF 1.7 > 1 THEN “you or someone in your family”] have a chronic or long-lasting condition?

- 1 Yes
- 2 No
- 77 Don’t know
- 99 Refused

11.4 Have [IF 1.7=1, THEN “you”; IF 1.7 > 1 THEN “you or anyone in your family”] ever been denied health care coverage because of a health problem or pre-existing condition?

INTERVIEWER INSTRUCTION: A pre-existing condition is an existing health problem.

- 1 Yes
- 2 No
- 77 Don’t know
- 99 Refused

11.5 What is the highest grade in school or year of college that you have completed?

- 1 No schooling or less than grade school
- 2 Grade/elementary school
- 3 Some high school (did not graduate)
- 4 High school graduate
- 5 Vocational or technical school (not college)
- 6 Some college
- 7 4-year college graduate
- 8 Post-graduate degree
- 77 Don’t know
- 99 Refused

**Check Point: If RDD_NCCELL_CCELL IN (2,3) THEN
ASK SL_LANDLINE, ELSE SKIP TO C11Q15_CELL**

SL_LANDLINE The next few questions are about the telephones in your household.

Do you have a landline telephone in your household?

READ AS NECESSARY: Please do not include:

- modem-only lines,
- fax-only lines,
- lines used just for home security systems,
- beepers,
- Skype
- pagers, or
- cell phones.

Please include Voice Over I.P. or VOIP numbers.

1	Yes
2	No
77	Don't Know
99	Refused

C11Q15_CELL [IF SL_LANDLINE NOT DISPLAYED, THEN DISPLAY: "The next few questions are about the telephones in your household."]

In total, how many working cell phones do you and your household members have available for personal use? Please do not count cell phones that are used exclusively for business purposes.

[If RDD_NCCELL_CCELL=2,3 and NEWPHONE_FLAG=0 then display: "Please include the number we called." ELSE If RDD_NCCELL_CCELL=2,3 and NEWPHONE_FLAG=1 then display: "Please include [OLD_NUMBER]."]

[If RDD_NCCELL_CCELL=2,3 and NEWPHONE_FLAG=1 display "INTERVIEWER NOTE: THE NUMBER FOR THIS CASE WAS CHANGED BY THE RESPONDENT ON A PREVIOUS CALL."]

1	One	
2	Two	
3	Three or more	
4	None	GO TO C11Q16
77	Don't Know	
99	Refused	

C11Q15_CELL_USUALLY	<p>How many of these cell phones do the adults in this household usually use?</p> <p>[If RDD_NCCELL_CELL=2,3 and NEWPHONE_FLAG=0 then display: "Please include the number we called." ELSE If RDD_NCCELL_CCELL=2,3 and NEWPHONE_FLAG=1 then display "Please include [OLD_NUMBER]."]</p> <p>[IF RDD_NCCELL_CELL=2,3 then display: "INTERVIEWER NOTE: THE NUMBER WE CALLED IS ASSUMED TO BE USUALLY USED, SO THE ANSWER MUST BE AT LEAST "ONE""]</p> <p>[If RDD_NCCELL_CCELL=2,3 and NEWPHONE_FLAG=1 display "INTERVIEWER NOTE: THE NUMBER FOR THIS CASE WAS CHANGED BY THE RESPONDENT ON A PREVIOUS CALL.]</p>
1	One
2	Two
3	Three or more
4	None
77	Don't Know
99	Refused

Check Point: IF (RDD_NCCELL_CCELL=2,3 AND SL_LANDLINE=2) THEN SKIP TO 11.8; ELSE ASK C11Q16

C11Q16	<p>Of all the telephone calls that you and your household receive, are nearly all received on cell phones, nearly all received on regular phones, or some received on cell phones and some received on regular phones?</p>
1	Nearly all received on cell phones
2	Nearly all received on landline phones
3	Some received on cell phones and some on landline phones
77	Don't Know
99	Refused

11.8 What is your zip code?

ENTER 77777 FOR Don't know
ENTER 99999 FOR REFUSED

ENTER ZIP CODE _____

11.8A What are the 4 digits that follow your zip code?

ENTER 7777 FOR DON'T KNOW
 ENTER 9999 FOR REFUSED

ENTER NUMBER _____

11.8B In what county do you live?

ENTER DK FOR DON'T KNOW
 ENTER REF FOR REFUSED

11.11 Would you say you speak English very well, well, a little, very little, or not at all?

1 Very well

2 Well

3 A little

4 Very little

5 Not at all

77 Don't know

99 Refused

11.12 Would you say you read English very well, well, a little, very little, or not at all?

1 Very well

2 Well

3 A little

4 Very little

5 Not at all

77 Don't know

99 Refused

11.13 SHOW LANGUAGE OF INTERVIEW

English

SKIP TO Q11.15

Spanish

Chinese

Korean

Tagalog

Vietnamese

Armenian

Farsi

Hmong

German

Russian

Arabic

Other: specify

Don't know/Refused

SKIP TO Q11.15

11.13A Would you say you read (LANGUAGE from 11.13) very well, well, a little, very little, or not at all?

- 1 Very well
- 2 Well
- 3 A little
- 4 Very little
- 5 Not at all
- 77 Don't know
- 99 Refused

11.15 Finally, would you say you are gay, lesbian, straight or heterosexual, bi-sexual, or transgender?

- 1 Gay
- 2 Lesbian
- 3 Straight or heterosexual
- 4 Bi-Sexual
- 5 Or transgender
- 77 Don't know
- 99 Refused

Appendix B: Questionnaire (Spanish language)

Covered California Market Baseline/Segmentation Study

Section 1. Respondent Selection and Screening

INTRO1 Hola, mi nombre es _____ y estoy llamando en nombre de NORC de la Universidad de Chicago. Estamos llevando a cabo un estudio sobre los problemas de salud más importantes que afectan a todos los californianos y nos gustaría pedir sus opiniones. No estamos vendiendo nada.

S1 ¿Estoy hablando con alguien que vive en esta casa que tenga más de 17 años de edad?

1	Yes	
2	This is a business	GO TO S1 EXIT
3	No, new person comes to phone	GO TO S3
4	No one over 17 lives in this household	GO TO S1 EXIT
5	No one over 17 is home right now	GO TO S1B
99	Refused	GO TO S1B

S3 Hola, mi nombre es _____ y estoy llamando en nombre de NORC en la Universidad de Chicago. Estamos llevando a cabo un estudio sobre los problemas de salud más importantes que afectan a todos los Californianos y nos gustaría pedir sus opiniones. No estamos vendiendo nada. ¿Es usted mayor de 17 años de edad?

1	Yes	
2	No	GO TO S3B
77	Don't know	GO TO S1B
99	Refused	GO TO S1B

S3B ¿Puedo hablar con alguien mayor de 17 años de edad?

1	Yes	GO TO S3
2	No	GO TO S1B

S1B Voy a tratar de nuevo más tarde. Gracias.

S_CRIT Me gustaría hablar con una persona en su hogar que tenga entre 18 y 64 años de edad y que pueda tomar decisiones sobre el cuidado de la salud para sí mismo/a o sus familiares. ¿Sería usted u otra persona?

1	Respondent	CONTINUE
2	New person comes to phone	REPEAT INTRO1
3	No one between the ages of 18 and 64 lives here	THANK AND CLOSE ITS = 60
99	Refused	THANK AND CLOSE

1.2 [ASK ONLY IF RESPONDENT ANSWERS THE PHONE IN A LANGUAGE OTHER THAN ENGLISH.]

¿En qué idioma se siente usted más cómodo/a hablando?

English
Spanish
Chinese
Korean
Tagalog
Vietnamese
Armenian
Farsi
Hmong
German
Russian
Arabic
Or some other language: specify

1.4 Voy a leer algunas categorías. Por favor dígame cuando leí la categoría que mejor describa su edad. ¿Tiene 18 a 26 años de edad, de 27 a 49 años de edad, de 50 a 64 años de edad, o 65 años o más?

1	Under 18	PROBE TO DETERMINE WHETHER THERE IS A PERSON AGE 18 TO 64 IN THE HOUSEHOLD. IF NOT, THANK AND CLOSE.
2	18 – 25	CONTINUE TO 1.5
3	26- 49	CONTINUE TO 1.5
4	50 - 64	CONTINUE TO 1.5
5	65+	PROBE TO DETERMINE WHETHER THERE IS A PERSON AGE 18 TO 64 IN THE HOUSEHOLD. IF NOT, THANK AND CLOSE.
77	Don't know	THANK AND CLOSE
99	Refused	THANK AND CLOSE

CLOSE: Esas son todas las preguntas que tengo. Gracias por su tiempo.

1.4B ¿Hay alguien en este hogar que tenga entre 18 y 64 años de edad?

1	Yes, new person comes to phone	GO TO INTRO1
2	No	THANK AND CLOSE – SET ITS = 51
77	Don't know	THANK AND CLOSE – SET ITS = 51
99	Refused	THANK AND CLOSE – SET ITS = 51

CLOSE: Esas son todas las preguntas que tengo. Gracias por su tiempo.

S5 Hola, mi nombre es _____ y estoy llamando de NORC en la Universidad de Chicago. Estamos llevando a cabo un estudio sobre los problemas de salud más importantes que afectan a todos los Californianos y nos gustaría pedir sus opiniones. No estamos vendiendo nada.

GO TO S_CRIT

1.5 ¿Está usted cubierto/a por un seguro de salud? Esto incluye el seguro de salud obtenido a través de un empleador, seguro comprado directamente, HMO o planes prepagados como Kaiser (KY-ZER), los programas de gobierno tales como Medi-Cal, Healthy Families o Healthy Kids, programas militares como Champus, Champ VA o el Servicio de Salud Indígena?

1	Yes	CONTINUE
2	No	CLASSIFY AS UNINSURED AND SKIP TO 1.6
77	Don't know	THANK AND CLOSE – SET ITS = 52
99	Refused	THANK AND CLOSE – SET ITS = 52

CLOSE: Esas son todas las preguntas que tengo. Gracias por su tiempo.

1.5A ¿Es un empleador o es el gobierno el que paga parte o todo el costo de su plan de seguro de salud?

1	Yes	THANK AND CLOSE – SET ITS = 53
2	No	CLASSIFY AS INDIVIDUALLY INSURED
77	Don't know	THANK AND CLOSE – SET ITS = 53
99	Refused	THANK AND CLOSE – SET ITS = 53

CLOSE: Esas son todas las preguntas que tengo. Gracias por su tiempo.

1.6 A lo mejor de su conocimiento, ¿es usted un/a residente legal de California?

READ IF NECESSARY: Para ser un/a residente legal de California, usted debe ser un/a ciudadano/a de los Estados Unidos o un/a residente permanente, vivir en California todo o la mayor parte del año, presentar una declaración de impuestos de California, y ser elegible para los beneficios del Estado.

1	Yes	CONTINUE
2	No	THANK AND CLOSE – SET ITS = 58
77	Don't know	THANK AND CLOSE – SET ITS = 58
99	Refused	THANK AND CLOSE

CLOSE: Esas son todas las preguntas que tengo. Gracias por su tiempo.

1.7 Su familia incluye a su cónyuge y a los hijos viviendo en casa o en el colegio o la universidad. Por cónyuge, me refiero a una persona que está legalmente casado/a con usted. Incluyendo usted mismo/a, ¿cuántas personas hay en su familia?

RECORD NUMBER IF MORE THAN ONE CLASSIFY AS “FAMILY”

77	DON'T KNOW	THANK AND CLOSE
99	REFUSED	THANK AND CLOSE

CLOSE: Esas son todas las preguntas que tengo. Gracias por su tiempo.

1.8 Su ingreso familiar incluye todo el dinero que cualquier miembro de la familia viviendo en su hogar trae de cualquier fuente antes de descontar los impuestos. A lo mejor de su conocimiento ¿ fue su ingreso familiar para el año 2012 por debajo o por encima de [100% PL for family size]?

1	Under [100% of PL]	THANK AND CLOSE – SET ITS = 63
2	Over	CONTINUE
77	Don't know	THANK AND CLOSE– SET ITS = 64
99	Refused	THANK AND CLOSE– SET ITS = 64

CLOSE: Esas son todas las preguntas que tengo. Gracias por su tiempo.

**1.9 DO NOT ASK UNLESS UNCERTAIN.
¿Es usted hombre o mujer?**

1	Male
2	Female
99	Refused

11.9 ¿Es usted hispano o latino?

1	Yes
2	No
77	Don't know
99	Refused

1.10 [IF OVERSAMPLE=1 THEN READ, “¿Cuál es su herencia racial principal?”, ELSE GO TO CONSENT]

1	African American or Black
2	Asian or Pacific Islander
3	American Indian or Alaska Native
4	White or Caucasian
5	Hispanic or Latino
6	Other: specify
77	Don't Know
99	Refused

CONSENT Antes de continuar, quiero que usted sepa que su participación en esta encuesta es voluntaria. Todo lo que diga es completamente confidencial. Usted puede optar por no responder a cualquier pregunta que no desee contestar o terminar la entrevista en cualquier momento sin ningún impacto en los beneficios que usted pueda recibir. La encuesta le tomará aproximadamente 20 minutos. Para revisar mi trabajo, esta llamada será grabada y mi supervisor puede escuchar mientras hago las preguntas.

READ IF NECESSARY:

La encuesta se trata de cuestiones de salud importantes que afectarán a todos los californianos. Si usted tiene alguna pregunta acerca de la encuesta, puedo darle un número de teléfono gratuito al que puede llamar.

Section 2. Employment and Employer Health Insurance

2.1 ¿Está usted actualmente empleado/a, trabaja por cuenta propia, jubilado/a, ama de casa a tiempo completo, un/a estudiante o desempleado/a?

1	Employed by someone else	CONTINUE
2	Self-employed (NOTE: Includes independent contractors)	CONTINUE
3	Retired	SKIP TO Q2.2
4	Full-time homemaker	SKIP TO Q2.2
5	Student	SKIP TO Q2.2
6	Unemployed	SKIP TO Q2.2
77	Don't know	SKIP TO Q2.2
99	Refused	SKIP TO Q2.2

2.1A ¿Trabaja usted a tiempo completo o tiempo parcial?

1	Full-time (IF NECESSARY: (30 horas por semana o más))
2	Part-time (IF NECESSARY: (Menos de 30 horas por semana))
3	Varies
77	Don't know
99	Refused

2.1B IF 2.1 = 1, THEN ASK [“¿Su empleador ofrece seguro de salud?”] IF 2.1 = 2, THEN ASK [“¿Su empresa le proporciona a usted seguro de salud?”]

1	Yes	CONTINUE
2	No	SKIP TO Q2.2
77	Don't know	SKIP TO Q2.2
99	Refused	SKIP TO Q2.2

2.1C ¿Por qué no usa el seguro de su empleador - ¿Es porque usted no es elegible

para él debido a su condición de empleo, porque cuesta demasiado, porque no le gusta la cobertura, o existen otras razones?

1	Not eligible because of employment status	
2	It costs too much	
3	Didn't like the coverage	
4	Other (specify)	
5	I am using my employer's insurance but employer doesn't pay any part of it	GO TO Q3_1
6	I am using my employer's insurance and employer pays some or all of the cost	THANK AND CLOSE
99	Don't know	
77	Refused	

Check point: SKIP TO Q3.1 IF (INDIVIDUALLY INSURED) Q1.5A=2

2.2 Alguna vez ha tenido usted seguro de salud - ya sea por su cuenta o a través de un empleador, un programa del gobierno, o un cónyuge o el empleador de su cónyuge?
READ IF NECESSARY:

¿Tuvo usted ese seguro por su cuenta, a través y de un empleador, a través de un programa del gobierno, o algo más?

1	Yes, on my own	CONTINUE
2	Yes, through employer	CONTINUE
3	Yes, through government program	CONTINUE
4	Yes, other: specify	CONTINUE
5	No	SKIP TO SECTION 3
77	Don't know	SKIP TO SECTION 3
99	Refused	SKIP TO SECTION 3

2.2A ¿Cuál es la RAZÓN PRINCIPAL por la que usted no tiene ese seguro de salud actualmente? ¿Es porque perdió un trabajo, porque usted dejó un trabajo o cambió de trabajo, porque el costo es demasiado alto, porque no le gustaba la cobertura, o hubo otra razón?

READ IF NECESSARY:

Me refiero a la última vez que usted tuvo seguro de salud.

INTERVIEWER INSTRUCTION: If more than one reason given, say

¿Cuál de esas sería la razón principal?

1	Lost a job
2	Left a job or changed jobs
3	Cost was too high
4	Other (specify)
77	Don't know
99	Refused

Check point: SKIP TO Q4.1 IF (UNINSURED) Q1.5=2

Section 3. Questions for the Individually Insured

3.1 ¿Qué tan satisfecho/a está usted con su póliza actual de seguro de salud? ¿Está usted muy satisfecho/a, algo satisfecho/a, ni satisfecho/a ni insatisfecho/a, algo insatisfecho/a, o muy insatisfecho/a?

1	Very satisfied	ASK Q3.1A
2	Somewhat satisfied	ASK Q3.1A
3	Neither satisfied nor dissatisfied	SKIP TO Q4.1
4	Somewhat dissatisfied	SKIP TO Q3.1B
5	Very dissatisfied	SKIP TO Q3.1B
77	Don't know	SKIP TO Q4.1
99	Refused	SKIP TO Q4.1

3.1A Por favor dígame acerca de las razones por las cuales usted está SATISFECHO/A con su actual póliza de seguro de salud? ¿Es debido a su costo, la cobertura, el acceso a los proveedores adecuados, o por otras razones?

INTERVIEWER INSTRUCTIONS: If respondent mentions coverage or services, ask, “¿Hay cosas específicas acerca de la cobertura de salud con las que usted está satisfecho/a?”

If respondent gives just one reason, ask “¿Hay otros motivos?”

1	Cost
2	Coverage
3	Access to the right providers
4	Other (specify)
77	Don't know
99	Refused

3.1B Por favor dígame acerca de las razones por las cuales usted NO ESTÁ SATISFECHO/A con su actual póliza de seguro de salud? ¿Es debido a su costo, la cobertura, el acceso a los proveedores adecuados, o por otras razones?

If respondent gives just one reason, ask “¿Hay otros motivos?”

1	Cost
2	Coverage
3	Access to the right providers
4	Other (specify)
77	Don't know
99	Refused

Check point: SKIP TO Q5.1 IF (INDIVIDUALLY INSURED) Q1.5A = 2

Section 4. Risks of Being Uninsured

4.1 ¿Cuál es su opinión?: ¿Está usted tomando un riesgo al no tener seguro?

1	Yes	CONTINUE
2	No	SKIP TO Q4.2
77	Not sure	SKIP TO Q4.2
99	Refused	SKIP TO Q4.2

4.1A ¿Cuáles de los siguientes son riesgos graves?

RANDOMIZE ORDER 4.11 – 4.15

4.1A1 Tener problemas para obtener buena atención médica.

READ IF NECESSARY: ¿Es este un grave riesgo?

- 1 Yes
- 2 No
- 77 Don't know
- 99 Refused

4.1A2 Corriendo las facturas médicas que no puede pagar y arruinar su calificación de crédito

READ IF NECESSARY: ¿Es este un grave riesgo?

- 1 Yes
- 2 No
- 77 Don't know
- 99 Refused

4.1A3 Estar en riesgo de enfermedades graves, ya que no podía permitirse el lujo de chequeos regulares.

READ IF NECESSARY: ¿Es este un grave riesgo?

- 1 Yes
- 2 No
- 77 Don't know
- 99 Refused

4.1A4 Tener que pasar demasiado tiempo esperando a recibir la atención que necesita.

READ IF NECESSARY: ¿Es este un grave riesgo?

- 1 Yes
- 2 No
- 77 Don't know
- 99 Refused

4.1A5 La preocupación de cómo pagaría sus cuentas médicas si usted o alguien en su familia se enfermara o se lesiona.

READ IF NECESSARY: ¿Es este un grave riesgo?

- 1 Yes
- 2 No
- 77 Don't know
- 99 Refused

4.1A6 ¿Existen otros riesgos graves?

- 1 Yes (specify)
 - 2 No
 - 77 Don't know
 - 99 Refused
-

Reasons for Not Having Insurance

4.2 Hoy en día, casi 50 millones de estadounidenses no tienen seguro de salud. Le voy a leer algunas razones que la gente nos ha dado sobre no tener seguro de salud. A medida que lea cada una, por favor dígame si es o no es un motivo por el que no tiene seguro de salud hoy en día.

4.21 No puedo pagar un seguro de salud.
READ IF NECESSARY: ¿Es esta una razón por la que usted no tiene seguro de salud hoy en día?

- 1 Yes
- 2 No
- 77 Don't know
- 99 Refused

4.22 Me negarían un seguro médico o me cobrarían un alto precio por ello debido a una condición pre-existente
READ IF NECESSARY: Es esta una razón por la que usted no tiene seguro de salud hoy en día?

INTERVIEWER INSTRUCTION: Una condición preexistente es un problema de salud.

- 1 Yes
 - 2 No
 - 77 Don't know
 - 99 Refused
-

4.24 **No puedo obtener seguro de salud a través de un empleador**
READ IF NECESSARY: Es esta una razón por la que usted no tiene seguro de salud hoy en día?

1	Yes
2	No
77	Don't know
99	Refused

4.26 **Estoy en buena salud, así que no necesito un seguro de salud.**
READ IF NECESSARY: Esta una razón por la que usted no tiene seguro de salud hoy en día?

1	Yes
2	No
77	Don't know
99	Refused

4.27 **He aprendido cómo vivir sin seguro de salud. ASK Q4.2A**
READ IF NECESSARY: Es esta una razón por la que usted no tiene seguro de salud hoy en día?

1	Yes
2	No
77	Don't know
99	Refused

4.28 **No estoy seguro/a de cómo obtener un seguro de salud**
READ IF NECESSARY: Es esta alguna razón por la cual usted no tiene seguro de salud hoy en día?

1	Yes
2	No
77	Don't know
99	Refused

4.23 **(SHOW ONLY IF AGE 50+ IN Q1.4) Me negarían un seguro médico o me cobrarían un alto precio por ello debido a mi edad.**
READ IF NECESSARY: Es esta una razón por la que usted no tiene seguro de salud hoy en día?

1	Yes
2	No
77	Don't know
99	Refused

4.25 (SHOW ONLY IF UNDER AGE 26 IN Q1.4) No soy elegible para entrar el plan de mis padres.

READ IF NECESSARY: Es esta una razón por la que usted no tiene seguro de salud hoy en día?

- 1 Yes
- 2 No
- 77 Don't know
- 99 Refused

4.29 ¿Hay otras razones por las que usted no tiene seguro de salud hoy en día? (Specify)

4.29OTH ENTER OTHER SPECIFY _____

Section 5. Psychographics

General Orientations: Planning, Risk-Taking, Finances

5.1 Ahora, voy a leerle algunas afirmaciones que las personas han hecho sobre sus estilos de vida. Al leer cada una, por favor dígame si está muy de acuerdo, algo de acuerdo, algo en desacuerdo o muy en desacuerdo.

5.11 La vida está llena de riesgos y uno no puede planificar, ni asegurarse contra ellos. Uno sólo tiene que tomar ciertos riesgos.

READ IF NECESSARY: Por favor, dígame si está muy de acuerdo, algo de acuerdo, algo en desacuerdo o muy en desacuerdo.

- 1 Agree strongly
- 2 Agree somewhat
- 3 No opinion
- 4 Disagree somewhat
- 5 Disagree strongly
- 77 Don't know
- 99 Refused

5.12 Estoy dispuesto/a a sacrificarme ahora para tener la paz de mente en el futuro.

READ IF NECESSARY: Por favor, dígame si está muy de acuerdo, algo de acuerdo, algo en desacuerdo o muy en desacuerdo.

- 1 Agree strongly
- 2 Agree somewhat
- 3 No opinion
- 4 Disagree somewhat
- 5 Disagree strongly
- 77 Don't know
- 99 Refused

5.13 Yo estoy apenas empezando con mi vida.

READ IF NECESSARY: Por favor, dígame si está muy de acuerdo, algo de acuerdo, algo en desacuerdo o muy en desacuerdo.

- 1 Agree strongly
- 2 Agree somewhat
- 3 No opinion
- 4 Disagree somewhat
- 5 Disagree strongly
- 77 Don't know
- 99 Refused

5.14 Yo me preocupo mucho por el dinero.

READ IF NECESSARY: Por favor, dígame si está muy de acuerdo, algo de acuerdo, algo en desacuerdo o muy en desacuerdo.

- 1 Agree strongly
- 2 Agree somewhat
- 3 No opinion
- 4 Disagree somewhat
- 5 Disagree strongly
- 77 Don't know
- 99 Refused

5.15 No hay ninguna manera en que yo pudiera aceptar otra carga financiera en estos momentos.

READ IF NECESSARY: Por favor, dígame si está muy de acuerdo, algo de acuerdo, algo en desacuerdo o muy en desacuerdo.

- 1 Agree strongly
- 2 Agree somewhat
- 3 No opinion
- 4 Disagree somewhat
- 5 Disagree strongly
- 77 Don't know
- 99 Refused

5.16 Es difícil para mí poder pagar mis cuentas cada mes.

READ IF NECESSARY: Por favor, dígame si está muy de acuerdo, algo de acuerdo, algo en desacuerdo o muy en desacuerdo.

- 1 Agree strongly
- 2 Agree somewhat
- 3 No opinion
- 4 Disagree somewhat
- 5 Disagree strongly

- 77 Don't know
- 99 Refused

5.17 Yo me concentro en los desafíos que enfrentamos hoy en día, no en los que podría enfrentar en el futuro.

READ IF NECESSARY: Por favor, dígame si está muy de acuerdo, algo de acuerdo, algo en desacuerdo o muy en desacuerdo.

- 1 Agree strongly
- 2 Agree somewhat
- 3 No opinion
- 4 Disagree somewhat
- 5 Disagree strongly
- 77 Don't know
- 99 Refused

5.18 Normalmente yo estoy entre los primeros en probar cosas nuevas.

READ IF NECESSARY: Por favor, dígame si está muy de acuerdo, algo de acuerdo, algo en desacuerdo o muy en desacuerdo.

- 1 Agree strongly
- 2 Agree somewhat
- 3 No opinion
- 4 Disagree somewhat
- 5 Disagree strongly
- 77 Don't know
- 99 Refused

5.19 Yo tengo otras personas en quienes puedo acudir si necesito ayuda.

READ IF NECESSARY: Por favor, dígame si está muy de acuerdo, algo de acuerdo, algo en desacuerdo o muy en desacuerdo.

- 1 Agree strongly
- 2 Agree somewhat
- 3 No opinion
- 4 Disagree somewhat
- 5 Disagree strongly
- 77 Don't know
- 99 Refused

General Orientations: Health

5.2 Ahora voy a leerle algunas afirmaciones que las personas han hecho acerca de su salud. Al leer cada una, por favor dígame si usted está muy de acuerdo, algo de acuerdo, algo en desacuerdo o muy en desacuerdo.

5.20 Estoy preocupado/a por no poder pagar el cuidado de salud.

READ IF NECESSARY: Por favor, dígame si está muy de acuerdo, algo de acuerdo, algo en desacuerdo o muy en desacuerdo.

- 1 Agree strongly
- 2 Agree somewhat
- 3 No opinion
- 4 Disagree somewhat
- 5 Disagree strongly
- 77 Don't know
- 99 Refused

5.21 Yo no me preocupo acerca del cuidado de la salud porque me cuido bien de mí mismo.

READ IF NECESSARY: Por favor, dígame si está muy de acuerdo, algo de acuerdo, algo en desacuerdo o muy en desacuerdo.

- 1 Agree strongly
- 2 Agree somewhat
- 3 No opinion
- 4 Disagree somewhat
- 5 Disagree strongly
- 77 Don't know
- 99 Refused

Es muy importante para mí estar informado/a de cómo cuidar bien de mi salud.

5.22 **READ IF NECESSARY:** Por favor, dígame si está muy de acuerdo, algo de acuerdo, algo en desacuerdo o muy en desacuerdo.

- 1 Agree strongly
- 2 Agree somewhat
- 3 No opinion
- 4 Disagree somewhat
- 5 Disagree strongly
- 77 Don't know
- 99 Refused

5.23 [If Q1.7 = 1 then, “Yo soy ”; if Q1.7 > 1 then “Todos los miembros de mi familia inmediata son] saludables y no parecen necesitar tanto cuidado de salud en el futuro inmediato.

READ IF NECESSARY: Por favor, dígame si está muy de acuerdo, algo de

acuerdo, algo en desacuerdo o muy en desacuerdo.

- 1 Agree strongly
- 2 Agree somewhat
- 3 No opinion
- 4 Disagree somewhat
- 5 Disagree strongly
- 77 Don't know
- 99 Refused

5.24 Me preocupa [if Q1.7 = 1 entonces "mi salud"; if Q1.7 > 1 then "mi salud o la salud de alguien de mi familia inmediata].

READ IF NECESSARY: Por favor, dígame si está muy de acuerdo, algo de acuerdo, algo en desacuerdo o muy en desacuerdo.

- 1 Agree strongly
- 2 Agree somewhat
- 3 No opinion
- 4 Disagree somewhat
- 5 Disagree strongly
- 77 Don't know
- 99 Refused

5.25 Una enfermedad grave o lesión sería un desastre financiero para mí.

READ IF NECESSARY: Por favor, dígame si está muy de acuerdo, algo de acuerdo, algo en desacuerdo o muy en desacuerdo.

- 1 Agree strongly
- 2 Agree somewhat
- 3 No opinion
- 4 Disagree somewhat
- 5 Disagree strongly
- 77 Don't know
- 99 Refused

5.26 Sé cómo cuidarme bien sin ir al médico si me enfermo.

READ IF NECESSARY: Por favor, dígame si está muy de acuerdo, algo de acuerdo, algo en desacuerdo o muy en desacuerdo.

- 1 Agree strongly
- 2 Agree somewhat
- 3 No opinion
- 4 Disagree somewhat
- 5 Disagree strongly
- 77 Don't know
- 99 Refused

5.28 Yo he buscado información sobre temas de salud recientemente.

READ IF NECESSARY: Por favor, dígame si está muy de acuerdo, algo de acuerdo, algo en desacuerdo o muy en desacuerdo.

- 1 Agree strongly
- 2 Agree somewhat
- 3 No opinion
- 4 Disagree somewhat
- 5 Disagree strongly
- 77 Don't know
- 99 Refused

Orientations toward Health Insurance

5.3 Ahora voy a leerle algunas afirmaciones acerca de seguro de salud. Al leer cada una, por favor dígame si está muy de acuerdo, algo de acuerdo, algo en desacuerdo o muy en desacuerdo.

RANDOMIZE ORDER 5.31-5.310

5.31 Obtener un seguro de salud es demasiado complicado.

READ IF NECESSARY: Por favor, dígame si está muy de acuerdo, algo de acuerdo, algo en desacuerdo o muy en desacuerdo.

- 1 Agree strongly
- 2 Agree somewhat
- 3 No opinion
- 4 Disagree somewhat
- 5 Disagree strongly
- 77 Don't know
- 99 Refused

5.32 No quiero gastar dinero asegurándome contra problemas de salud que probablemente no van a suceder.

READ IF NECESSARY: Por favor, dígame si está muy de acuerdo, algo de acuerdo, algo en desacuerdo o muy en desacuerdo.

- 1 Agree strongly
- 2 Agree somewhat
- 3 No opinion
- 4 Disagree somewhat
- 5 Disagree strongly
- 77 Don't know
- 99 Refused

5.33 Un seguro de salud puede costar más que pagar por mi propio cuidado de salud.

READ IF NECESSARY: Por favor, dígame si está muy de acuerdo, algo de acuerdo, algo en desacuerdo o muy en desacuerdo.

- 1 Agree strongly
- 2 Agree somewhat
- 3 No opinion
- 4 Disagree somewhat
- 5 Disagree strongly
- 77 Don't know
- 99 Refused

5.34 El seguro de salud vale el dinero que cuesta.

READ IF NECESSARY: Por favor, dígame si está muy de acuerdo, algo de acuerdo, algo en desacuerdo o muy en desacuerdo.

- 1 Agree strongly
 - 2 Agree somewhat
 - 3 No opinion
 - 4 Disagree somewhat
 - 5 Disagree strongly
 - 77 Don't know
 - 99 Refused
-

5.35 Es inteligente obtener un seguro de salud en caso de que usted se enferme en el futuro.

READ IF NECESSARY: Por favor, dígame si está muy de acuerdo, algo de acuerdo, algo en desacuerdo o muy en desacuerdo.

- 1 Agree strongly
- 2 Agree somewhat
- 3 No opinion
- 4 Disagree somewhat
- 5 Disagree strongly
- 77 Don't know
- 99 Refused

5.36 El seguro de salud es para la gente enferma.

READ IF NECESSARY: Por favor, dígame si está muy de acuerdo, algo de acuerdo, algo en desacuerdo o muy en desacuerdo.

- 1 Agree strongly
- 2 Agree somewhat
- 3 No opinion
- 4 Disagree somewhat
- 5 Disagree strongly
- 77 Don't know
- 99 Refused

5.37 Las personas de quienes yo más me preocupo, quieren que yo consiga seguro de salud.

READ IF NECESSARY: Por favor, dígame si está muy de acuerdo, algo de acuerdo, algo en desacuerdo o muy en desacuerdo.

- 1 Agree strongly
 - 2 Agree somewhat
 - 3 No opinion
 - 4 Disagree somewhat
 - 5 Disagree strongly
 - 77 Don't know
 - 99 Refused
-

5.38 Una gran cantidad de personas que no tenían seguro de salud antes lo están consiguiendo ahora, y eso es porque es la cosa correcta de hacer.

READ IF NECESSARY: Por favor, dígame si está muy de acuerdo, algo de acuerdo, algo en desacuerdo o muy en desacuerdo.

- 1 Agree strongly
- 2 Agree somewhat
- 3 No opinion
- 4 Disagree somewhat
- 5 Disagree strongly
- 77 Don't know
- 99 Refused

5.39 La mayoría de las personas como yo no tienen seguro de salud.

READ IF NECESSARY: Por favor, dígame si está muy de acuerdo, algo de acuerdo, algo en desacuerdo o muy en desacuerdo.

- 1 Agree strongly
- 2 Agree somewhat
- 3 No opinion
- 4 Disagree somewhat
- 5 Disagree strongly
- 77 Don't know
- 99 Refused

5.310 Otra persona se encarga del cuidado de mi salud, así que realmente no tengo que pensar en un seguro de salud.

READ IF NECESSARY: Por favor, dígame si está muy de acuerdo, algo de acuerdo, algo en desacuerdo o muy en desacuerdo.

- 1 Agree strongly
- 2 Agree somewhat
- 3 No opinion
- 4 Disagree somewhat
- 5 Disagree strongly
- 77 Don't know
- 99 Refused

5.4	¿Qué es lo que usted ve como el valor principal de un seguro de salud? ¿Es para (1) pagar los costos de cuidado de la salud del día a día, (2) protegerlo/a contra el costo de la enfermedad grave o lesión, inesperados, o (3) darle la paz de mente? [SELECT ONLY ONE]	
1	Pay for expected day-to-day health care costs	
2	Protect you against the cost of unexpected major illness or injury	
3	Give you peace of mind	
77	Don't know	
99	Refused	

Section 6. ACA: Awareness and Perceptions

Awareness of and Perceptions about ACA

6.1	¿Usted ha oído, visto o leído algo acerca de la Ley de Asistencia Accesible, que a veces se llama Obamacare? Fue aprobada por el Congreso y firmada por el presidente en 2010?	
1	Yes	CONTINUE
2	No	SKIP TO Q6.2
77	Don't know	SKIP TO Q6.2
99	Refused	SKIP TO Q6.2

6.1B ¿Cree usted que la Ley de Asistencia Accesible será buena para usted, mala para usted, o no va a tener ningún impacto para usted?

1	Good	
2	Bad	
3	No Impact	
77	Don't know	
99	Refused	

Awareness of and Perceptions about Covered California

6.2	En virtud de la Ley de Asistencia Accesible, comenzando el 1 de enero de 2014, todo el mundo será capaz de obtener un seguro de salud. ¿Usted ha oído o leído algo acerca de dónde los californianos pueden ir para obtener un seguro de salud cuando la ley entre en vigor en 2014?	
1	Yes	CONTINUE
2	No	SKIP TO Q6.3
77	Don't know	SKIP TO Q6.3
99	Refused	SKIP TO Q6.3

6.2A	¿Dónde puede ir usted? [MARK UP TO 3] OPEN END	
1	Covered California	SKIP TO Q6.4
2	California Health Benefit Exchange	
3	California State Government	
4	Other: specify	
5	Cannot remember/Not Sure	
77	Don't know	
99	Refused	

6.2AOTH ENTER OTHER SPECIFY _____

6.3B	¿Usted ha oído o leído algo sobre una organización llamada California Cubierta?	
1	Yes	
2	No	
77	Don't know	
99	Refused	

Knowledge about Covered California

6.4 Los californianos podrán obtener cobertura yendo a un nuevo mercado de seguros de salud llamada California Cubierta. Estas son algunas de las declaraciones que la gente ha hecho sobre el nuevo mercado. Para cada una, por favor dígame si usted piensa que es verdadero, falso o si no está seguro/a.

6.41	California Cubierta será operada por la industria de seguros de salud.
1	True
2	False
77	Don't know
99	Refused

READ IF NECESSARY: Esta es una afirmación que la gente ha hecho sobre el nuevo mercado. Por favor dígame si cree que es verdad, es falso o si no está seguro/a.

6.42	California Cubierta ofrecerá sólo planes de seguro de salud del gobierno.
1	True
2	False
77	Don't know
99	Refused

READ IF NECESSARY: Esta es una afirmación que la gente ha hecho sobre el nuevo mercado. Por favor dígame si cree que es verdad, es falso o si no está seguro/a.

6.43 Habrá muchos planes de diferentes tipos para elegir y los precios van a variar.

- 1 True
- 2 False
- 77 Don't know
- 99 Refused

READ IF NECESSARY: Esta es una afirmación que la gente ha hecho sobre el nuevo mercado. Por favor dígame si cree que es verdad, es falso o si no está seguro/a.

6.44 Los planes de salud satisfacen las necesidades básicas de la gente, pero en general no serán tan buenos como los planes vendidos en otros lugares.

- 1 True
- 2 False
- 77 Don't know
- 99 Refused

READ IF NECESSARY: Esta es una afirmación que la gente ha hecho sobre el nuevo mercado. Por favor dígame si cree que es verdad, es falso o si no está seguro/a.

6.45 Las personas con ingresos bajos y moderados recibirán un crédito fiscal para reducir su costo o cuota mensual.

- 1 True
- 2 False
- 77 Don't know
- 99 Refused

READ IF NECESSARY: Esta es una afirmación que la gente ha hecho sobre el nuevo mercado. Por favor dígame si cree que es verdad, es falso o si no está seguro/a.

6.46 Las personas con ingresos más bajos pagarán menos por los gastos directos de su bolsillo cuando utilizan servicios de salud.

- 1 True
- 2 False
- 77 Don't know
- 99 Refused

READ IF NECESSARY: Esta es una afirmación que la gente ha hecho sobre el nuevo mercado. Por favor dígame si cree que es verdad, es falso o si no está seguro/a.

6.47 Usted puede obtener información, comparar los planes y obtener un seguro de salud con sólo ir a la página web de California Cubierta.

- 1 True
- 2 False
- 77 Don't know
- 99 Refused

READ IF NECESSARY: Esta es una afirmación que la gente ha hecho sobre el nuevo mercado. Por favor dígame si cree que es verdad, es falso o si no está seguro/a.

6.48 La mayoría de personas que no reciben seguro de salud tendrán que pagar una multa.

- 1 True
- 2 False
- 77 Don't know
- 99 Refused

READ IF NECESSARY: Esta es una afirmación que la gente ha hecho sobre el nuevo mercado. Por favor dígame si cree que es verdad, es falso o si no está seguro/a.

6.49 California Cubierta es un programa de bienestar.

- 1 True
- 2 False
- 77 Don't know
- 99 Refused

READ IF NECESSARY: Esta es una afirmación que la gente ha hecho sobre el nuevo mercado. Por favor dígame si cree que es verdad, es falso o si no está seguro/a.

6.410 California Cubierta es el único lugar donde la gente de bajos y moderados ingresos pueden obtener créditos fiscales para ayudar a reducir el costo de un plan de salud.

- 1 True
- 2 False
- 77 Don't know
- 99 Refused

READ IF NECESSARY: Esta es una afirmación que la gente ha hecho sobre el nuevo mercado. Por favor dígame si cree que es verdad, es falso o si no está seguro/a.

6.411 California Cubierta ofrecerá planes de seguro de salud privado que competirán por su negocio.

- 1 True
- 2 False
- 77 Don't know
- 99 Refused

READ IF NECESSARY: Esta es una afirmación que la gente ha hecho sobre el nuevo mercado. Por favor dígame si cree que es verdad, es falso o si no está seguro/a.

- 6.412 Usted será capaz de obtener un seguro de salud a través de California Cubierta incluso si usted tiene una condición pre-existente.

INTERVIEWER INSTRUCTION: Una condición preexistente es un problema de salud existente.

- 1 True
- 2 False
- 77 Don't know
- 99 Refused

READ IF NECESSARY: Esta es una afirmación que la gente ha hecho sobre el nuevo mercado. Por favor dígame si cree que es verdad, es falso o si no está seguro/a.

Most Important Fact about Covered California

- 6.5 Ahora le voy a leer una lista de datos acerca de California Cubierta. Al leer cada uno, por favor diga lo importante que será esto en su decisión sobre si debe o no comprar un seguro de salud de California Cubierta. Por favor, utilice una escala de cero a 10, donde "cero" significa que no es importante en absoluto, y "10" significa que es extremadamente importante.

- 6.51 El Gobierno Estatal de California operará California Cubierta.
ENTER NUMBER _____ (range: 0-10, 77, 99)

READ IF NECESSARY: Por favor, dígame lo importante que será en su decisión sobre si debe o no comprar un seguro de California Cubierta. Por favor, utilice una escala de cero a 10, donde "cero" significa que no es importante en absoluto, y "10" significa que es extremadamente importante.

- 6.52 (ALWAYS READ AFTER 01. DO NOT RANDOMIZE.)
California Cubierta ofrecerá una serie de planes de seguros de salud privados.
ENTER NUMBER _____ (range: 0-10, 77, 99)

READ IF NECESSARY: Por favor, dígame lo importante que será en su decisión sobre si debe o no comprar un seguro de California Cubierta. Por favor, utilice una escala de cero a 10, donde "cero" significa que no es importante en absoluto, y "10" significa que es extremadamente importante.

- 6.53 Será fácil comparar los planes de seguros y seleccionar el que es mejor para usted.

ENTER NUMBER _____ (range: 0-10, 77, 99)

READ IF NECESSARY: Por favor, dígame lo importante que será en su decisión sobre si debe o no comprar un seguro de California Cubierta. Por favor, utilice una escala de cero a 10, donde "cero" significa que no es importante en absoluto, y "10" significa que es extremadamente importante.

- 6.54 Todos los planes serán revisados para asegurarse de que ofrecen los servicios que las personas necesitan, **incluyendo la atención preventiva.**

ENTER NUMBER _____ (range: 0-10, 77, 99)

READ IF NECESSARY: Por favor, dígame lo importante que será en su decisión sobre si debe o no comprar un seguro de California Cubierta. Por favor, utilice una escala de cero a 10, donde "cero" significa que no es importante en absoluto, y "10" significa que es extremadamente importante.

- 6.55 Las personas con ingresos bajos y moderados recibirán un crédito fiscal para reducir su costo o cuota mensual.

ENTER NUMBER _____ (range: 0-10, 77, 99)

READ IF NECESSARY: Por favor, dígame lo importante que será en su decisión sobre si debe o no comprar un seguro de California Cubierta. Por favor, utilice una escala de cero a 10, donde "cero" significa que no es importante en absoluto, y "10" significa que es extremadamente importante.

- 6.56 (ALWAYS READ AFTER 05. DO NOT RANDOMIZE.)

Las personas con ingresos más bajos pagarán menos por los gastos directos de su bolsillo cuando utilizan servicios de salud.

Algunas personas serán elegibles para créditos de impuestos que reducirían aún más el costo de su seguro de salud.

ENTER NUMBER _____ (range: 0-10, 77, 99)

READ IF NECESSARY: Por favor, dígame lo importante que será en su decisión sobre si debe o no comprar un seguro de California Cubierta. Por favor, utilice una escala de cero a 10, donde "cero" significa que no es importante en absoluto, y "10" significa que es extremadamente importante.

- 6.57 A usted, no se le puede negar cobertura debido a una condición pre-existente.

INTERVIEWER INSTRUCTION:

Una condición preexistente es un problema de salud existente.

ENTER NUMBER _____ (range: 0-10, 77, 99)

READ IF NECESSARY: Por favor, dígame lo importante que será en su decisión sobre si debe o no comprar un seguro de California Cubierta. Por favor, utilice una escala de cero a 10, donde "cero" significa que no es importante en absoluto, y "10" significa que es extremadamente importante.

6.58 La mayoría de las personas que no reciben seguro de salud tendrán que pagar una multa.

ENTER NUMBER _____ (range: 0-10, 77, 99)

READ IF NECESSARY: Por favor, dígame lo importante que será en su decisión sobre si debe o no comprar un seguro de California Cubierta . Por favor, utilice una escala de cero a 10, donde "cero" significa que no es importante en absoluto, y "10" significa que es extremadamente importante.

Section 7. How to Access Covered California

7.1 Usted puede utilizar California Cubierta para comprar un seguro de salud al entrar a la página web de California Cubierta o puede conseguir ayuda personal llamando a un número de teléfono gratuito o yendo a un centro de ayuda en su vecindario. ¿Qué es más probable que haga – entrar a la página web, llamar un número gratuito, o visitar un centro de asistencia en su vecindario?

- 1 Ir en línea
- 2 Llamar un número gratuito
- 3 Visitar un centro de ayuda de su vecindario
- 4 Wouldn't do any of these
- 77 Don't know
- 99 Refused

Section 8: Purchase Intent After Hearing Cost

8.0 Ahora voy a decirle lo que su plan de seguro médico costaría si lo consiguiera a través de California Cubierta. Este costo depende de su edad, los ingresos y el número de adultos y niños que estarían cubiertos por su póliza de seguro de salud, por lo tanto tengo que hacerle unas cuantas preguntas.

- 8.1 ¿Cuál es su edad actual?
ENTER AGE _____ (range: 18-64) GO TO 8.2
- 77 Don't know
- 99 Refused

8.1A Sólo le pido su edad, para poder darle un costo aproximado para el plan de seguro de salud a través de California Cubierta. ¿Podría decirme su edad?

1	Yes	GO BACK TO 8.1
77	Don't know	GO TO 9.1
99	Refused	GO TO 9.1

Check Point: IF 1.7=1, SKIP TO 8.5. ELSE, ASK 8.2

8.2	¿Tiene usted un cónyuge que también estaría cubierto por la póliza?	
1	Yes	
2	No	SKIP TO Q8.3
77	Don't know	SKIP TO Q8.3
99	Refused	SKIP TO Q8.3

8.2A	¿Cuántos años tiene su cónyuge?	
	ENTER AGE _____	
77	Don't know	
99	Refused	

8.3	¿Cuántos niños menores de 21 años de edad estarían cubiertos por su plan de seguro?	
	RECORD NUMBER _____	
77	Don't know	
99	Refused	

8.4	¿Cuántos niños entre las edades de 21 a 25 años estarían cubiertos por su plan de seguro?	
	RECORD NUMBER _____	
77	Don't know	
99	Refused	

8.5	Los ingresos totales incluyen todo el dinero que alguien en su familia ganó de cualquier fuente. Aproximadamente, ¿cuánto fueron sus ingresos totales en el año 2012?	
	ENTER NUMBER _____	IF FPL 100%-138% GO TO 8.51 IF FPL 139% OR ABOVE, GO TO 8.52
77	Don't know	ASK Q8.5A
99	Refused	ASK Q8.5A

Check point: Use questions 8.1-8.5 to calculate insurance cost using pricing calculator.

8.5A Sólo necesito un estimado aproximado de los ingresos totales de su familia en el 2012 para darle una idea de lo que le costaría obtener un seguro de salud a través de California Cubierta. Por favor avíseme la categoría que mejor describe su ingreso familiar total. ¿Fue su ingreso total de la familia ... [READ CATEGORIES]?

PROGRAMMER: BASE RANGES BELOW ON FAMILY SIZE IN Q1.7)		
1	\$XXX-\$XXX	(100%-138% PL) GO TO 8.51
2	\$XXX-\$XXX	(139%-199% PL) GO TO 8.52
3	\$XXX-\$XXX	(200%-249% PL) GO TO 8.52
4	\$XXX-\$XXX	(250%-299% PL) GO TO 8.52
5	\$XXX-\$XXX	(300%-349% PL) GO TO 8.52
6	\$XXX-\$XXX	(350%-399% PL) GO TO 8.52
7	\$XXX OR MORE	(400% OR MORE) GO TO 8.52
77	Don't know	GO TO 8.53
99	Refused	GO TO 8.53

8.51 Basado en sus ingresos y en el tamaño de su familia, [[IF 1.7=1, THEN "usted"; IF 1.7 > 1, THEN "usted y su familia"]] no tendrá que pagar nada para obtener un seguro de salud a través de California Cubierta
GO TO 8.6

8.52 El costo de los planes de seguro variará según el nivel de cobertura. Basado en sus ingresos y el tamaño de su familia, le costaría alrededor de [\$XXXX] al mes para obtener un plan de Plateado, un precio medio para [2.8 IF = 1, entonces "usted"; IF 1.7 > 1, entonces "usted y su familia"]] a través de California Cubierta.

READ IF NECESSARY: Este costo mensual es el costo de la prima.

GO TO 8.6

8.6 Esta pregunta es acerca de cómo obtener un seguro de salud. Ahora que le he contado el costo aproximado que tendría que pagar por el seguro de salud a través de California Cubierta, ¿cuál de las siguientes afirmaciones describe mejor lo que usted piensa que va a hacer una vez que California Cubierta esté disponible en el 2014?

- (1) Voy a obtener un seguro de salud a través de California Cubierta lo antes posible.
- (2) Es posible que yo obtenga seguro médico a través de California Cubierta, pero no estoy seguro/a de que lo haré.
- (3) No voy a obtener un seguro de salud a través de California Cubierta.

1	Voy a obtener un seguro de salud a través de California Cubierta lo antes posible.	SKIP TO Q8.6A
2	Es posible que yo obtenga seguro médico a través de California Cubierta, pero no estoy seguro/a de que lo haré.	SKIP TO Q8.6B
3	No voy a obtener un seguro de salud a través de California Cubierta.	SKIP TO Q8.6B
77	Don't know	SKIP TO Q9.1
99	Refused	SKIP TO Q9.1

Motivators

8.6A ¿Cuáles son las razones principales por las que usted planea obtener un seguro de salud a través de California Cubierta tan pronto como le sea posible?[ACCEPT UP TO 3] OPEN END.
INTERVIEWER INSTRUCTION: If only one or two reasons given, ask “¿Hay otros motivos?”

GO TO CHECK POINT

PROPOSED CATEGORIES FOR CODING.

- Save money/Lower cost of health insurance
- Better access to health care
- More choices about where to get health care
- Peace-of-mind
- Shorter time having to wait to get health care
- Safety/security
- Wouldn't have to put off getting health care
- Can cover my family/not just myself
- Avoid emergency rooms (except in emergencies)
- Can get checkups and other preventive care
- Ability to compare plans side by side

Barriers

8.6B ¿Cuáles son las razones principales por las que usted NO planea obtener un seguro de salud a través de California Cubierta tan pronto como le sea

possible? [ACCEPT UP TO 3] OPEN END

PROBE: ¿Hay otros motivos?

PROPOSED CATEGORIES FOR CODING.

Too expensive

Add a monthly expense I might not be able to manage.

Don't want to be forced to get insurance because of the government requirement.

Don't want to pay for something I don't need

I am healthy and don't need health insurance.

I am able to manage my health care without insurance

Section 9. Communications

Internet Access and Use

9.1 ¿Utiliza usted el Internet a través de una computadora, tableta o teléfono inteligente?
[MARK ALL THAT APPLY]

READ IF NECESSARY: ¿Cuál de estos utiliza usted, computadora, tableta o teléfono inteligente?

1 Yes, computer

2 Yes, tablet

3 Yes, Smartphone

4 No, does not use the Internet SKIP TO Q10.1

77 Don't know SKIP TO Q10.1

99 Refused SKIP TO Q10.1

9.1A ¿Con qué frecuencia utiliza usted el Internet? ¿Lo utiliza todos los días o casi todos los días, varios días a la semana, una vez a la semana, varias veces al mes, una vez al mes, o menos de una vez al mes?

1 Every day or almost every day

2 Several days a week

3 Once a week

4 Several times a month

5 Once a month

6 Less than once a month

77 Don't know

99 Refused

9.2 ¿Utiliza usted el Internet para hacer compras o pagar cuentas usando una computadora, tableta o teléfono inteligente?[MARK ALL THAT APPLY]

READ IF NECESSARY: ¿Cuál de estos utiliza usted, computadora, tableta o teléfono inteligente?

- 1 Yes, computer
- 2 Yes, tablet
- 3 Yes, Smartphone
- 4 No
- 77 Don't know
- 99 Refused

Section 10. Access to Financial Services

10.1 ¿Tiene usted una cuenta de cheques que utiliza para pagar las cuentas?

- 1 Yes
- 2 No
- 77 Don't know
- 99 Refused

Section 11. Classification Variables

11.1 En general, ¿diría usted que su salud está excelente, muy buena, buena, regular o mala?

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor
- 77 Don't know
- 99 Refused

11.2 If Q.7 = 1 GO TO 11.3, ELSE DISPLAY

¿Hay algún miembro de su familia que incluiría en su seguro de salud cuyo estado de salud está malo o más o menos?

- 1 Yes
- 2 No
- 77 Don't know
- 99 Refused

11.3A ¿Tiene [IF 1.7 = 1, THEN usted; IF 1.7 > 1 THEN usted o alguien de su familia] una discapacidad que limita [IF 1.7 = 1, THEN su, IF 1.7 > 1, entonces las actividades de él o de ella]?

- 1 Yes
- 2 No

77	Don't know
99	Refused

11.3B ¿Tiene [IF 1.7 = 1, THEN usted; IF 1.7 > 1 THEN usted o alguien de su familia] una condición crónica o de larga duración?

1	Yes
2	No
77	Don't know
99	Refused

11.4 ¿Usted [IF 1.7 = 1, THEN; IF 1.7> 1 THEN " o alguien de su familia"] alguna vez ha sido negado/a cobertura de salud a causa de un problema de salud o una condición pre-existente?

1	Yes
2	No
77	Don't know
99	Refused

11.5 ¿Cuál es el grado más alto en la escuela o año de la universidad que usted ha completado?

1	No schooling or less than grade school
2	Grade/elementary school
3	Some high school (did not graduate)
4	High school graduate
5	Vocational or technical school (not college)
6	Some college
7	4-year college graduate
8	Post-graduate degree
77	Don't know
99	Refused

**Check Point: If RDD_NCCELL_CCELL IN (2,3) THEN
ASK SL_LANDLINE, ELSE SKIP TO C11Q15_CELL**

SL_LANDLINE Las siguientes preguntas son acerca de los teléfonos de su hogar.
¿Tiene usted un teléfono fijo en su hogar?

READ AS NECESSARY:

Por favor no incluya:

- líneas sólo de módem
- las líneas sólo del fax
- líneas utilizadas sólo por los sistemas de seguridad
- buscapersonas
- Skype
- localizadores de personas
- teléfonos celulares.

Por favor incluya Voz Sobre I.P. o números VOIP.

1	Yes
2	No
77	Don't Know
99	Refused

C11Q15_CELL	<p>[IF SL_LANDLINE NOT DISPLAYED, THEN DISPLAY: “Las siguientes preguntas son acerca de los teléfonos de su hogar.”]</p> <p>En total ¿cuántos teléfonos celulares funcionando tienen usted y los miembros de su familia disponibles para su uso personal? Por favor no incluya teléfonos celulares que se utilizan exclusivamente con fines profesionales.</p> <p>[If RDD_NCCELL_CCELL = 2,3 and NEWPHONE_FLAG = 0 then display: y por favor incluya el número al que llamamos. ELSE If RDD_NCCELL_CCELL = 2,3 and NEWPHONE_FLAG = 1, then display: ". y por favor incluya [OLD_NUMBER]"] [If RDD_NCCELL_CCELL=2,3 and NEWPHONE_FLAG=1 display</p> <p>INTERVIEWER NOTE: THE NUMBER FOR THIS CASE WAS CHANGED BY THE RESPONDENT ON A PREVIOUS CALL.]</p>	
1	One	
2	Two	
3	Three or more	
4	None	GO TO C11Q16
77	Don't Know	
99	Refused	

C11Q15_CELL_USUALLY	<p>Normalmente ¿cuántos de estos teléfonos son usados por los adultos en este hogar?</p> <p>[If RDD_NCCELL_CELL = 2,3 and NEWPHONE_FLAG = 0 then display:: "Por favor, incluya el número al que llamamos." Else if RDD_NCCELL_CCELL = 1 then display = 2,3 and NEWPHONE_FLAG Por favor, incluya [OLD_NUMBER]."]</p> <p>[IF RDD_NCCELL_CELL=2,3 then display: "INTERVIEWER NOTE: THE NUMBER WE CALLED IS ASSUMED TO BE USUALLY USED, SO THE ANSWER MUST BE AT LEAST "ONE""]</p> <p>[If RDD_NCCELL_CCELL=2,3 and NEWPHONE_FLAG=1 display "INTERVIEWER NOTE: THE NUMBER FOR THIS CASE WAS CHANGED BY THE RESPONDENT ON A PREVIOUS CALL.]</p>	
1	One	
2	Two	
3	Three or more	
4	None	
77	Don't Know	

99 Refused

**Check Point: IF (RDD_NCCELL_CCELL=2,3 AND SL_LANDLINE=2)
THEN SKIP TO 11.8; ELSE ASK C11Q16**

C11Q16	¿De todas las llamadas telefónicas que usted y su familia reciben, son casi todas recibidas a los teléfonos celulares, casi todas son recibidas en los teléfonos regulares, o algunas son recibidas a los teléfonos celulares y algunas son recibidas en los teléfonos regulares?
1	Nearly all received on cell phones
2	Nearly all received on landline phones
3	Some received on cell phones and some on landline phones
77	Don't Know
99	Refused

11.8 ¿Cuál es su código postal?

ENTER 77777 FOR Don't know
ENTER 99999 FOR REFUSED

ENTER ZIP CODE _____

11.8A ¿Cuáles son los 4 dígitos que le siguen a su código postal?

11.8B ¿En qué condado vive?

11.10 IF 1.10 NE MISSING, THEN ASK 11.10; ELSE, FILL WITH 1.10 AND GO TO 11.11.

[IF Q11.9=1, "Los hispanos / latinos pueden ser de cualquier raza."] ¿Cuál es su herencia racial primaria?

1	African American or Black
2	Asian or Pacific Islander
3	American Indian or Alaska Native
4	White or Caucasian
5	Hispanic or Latino
6	Other: specify
77	Don't Know
99	Refused

11.10OTH ENTER OTHER SPECIFY _____

11.11 ¿Diría usted que habla inglés muy bien, bien, un poco, muy poco, o nada en absoluto?

1	Very well
2	Well
3	A little
4	Very little
5	Not at all
77	Don't know
99	Refused

11.12 ¿Diría usted que lee inglés muy bien, bien, un poco, muy poco, o nada en absoluto?

1	Very well
2	Well
3	A little
4	Very little
5	Not at all
77	Don't know
99	Refused

11.13 SHOW LANGUAGE OF INTERVIEW

English	inglés	SKIP TO Q11.15
Spanish	español	
Chinese	chino	
Korean	coreano	
Tagalog	tagalog	
Vietnamese	vietnamita	
Armenian	armenio	
Farsi	farsi	
Hmong	hmong	
German	alemán	
Russian	ruso	
Arabic	árabe	
Other: specify		
Don't know/Refused		SKIP TO Q11.15

11.13A	¿Diría usted que lee [LANGUAGE from 11.13] inglés muy bien, bien, un poco, muy poco, o nada en absoluto?
1	Very well
2	Well
3	A little
4	Very little
5	Not at all
77	Don't know
99	Refused

11.15	Por último, ¿diría que usted es gay, lesbiana, heterosexual, bisexual o transgénero?
1	Gay
2	Lesbian
3	Straight or heterosexual
4	Bi-Sexual
5	Or transgender
77	Don't know
99	Refused

TERM Esas son todas las preguntas que tengo. Gracias por tomarse el tiempo para hablar conmigo hoy. Sus opiniones serán muy útiles para California Cubierta, ya que esperamos iniciar el intercambio del seguro de salud en enero de 2014.

Appendix C: Areas and Counties in California

<i>Los Angeles County County-Area 1</i>
Los Angeles County
<i>Other Southern California-Area 2</i>
Imperial County
Orange County
Riverside County
San Bernardino County
San Diego County
San Luis Obispo County
Santa Barbara County
Ventura County
<i>Central Valley-Area 3</i>
Alpine County
Amador County
Calaveras County
El Dorado County
Fresno County
Inyo County
Kern County
Kings County
Madera County
Mariposa County
Merced County
Mono County
Sacramento County
San Benito County
San Joaquin County
Stanislaus County
Tulare County
Tuolumne County
<i>San Francisco Bay Area-Area 4</i>
Alameda County
Contra Costa County

Marin County
Monterey County
Napa County
San Francisco County
San Mateo County
Santa Clara County
Santa Cruz County
Solano County
Sonoma County
Yolo County
<i>Other Northern California –Area 5</i>
Butte County
Colusa County
Del Norte County
Glenn County
Humboldt County
Lake County
Lassen County
Mendocino County
Modoc County
Nevada County
Placer County
Plumas County
Shasta County
Sierra County
Siskiyou County
Sutter County
Tehama County
Trinity County
Yuba County

Appendix D: Additional Tables

ACA Awareness and Stance Additional Tables

Percent Heard, Seen, or Read Anything About the Affordable Care Act by Age (n=2,713)

	Age					All
	18-25	26-34	35-44	45-54	55-64	
Yes	76%	77%	76%	79%	88%	79%
No	21%	22%	23%	20%	12%	19%
Don't know	3%	1%	1%	0%	1%	1%

Percent Heard, Seen, or Read Anything About the Affordable Care Act by Race/Ethnicity (n=2,756)

	Race/Ethnicity					All
	Hispanic	Asian	Black	White	Other	
Yes	70%	80%	84%	89%	88%	79%
No	28%	18%	16%	11%	8%	19%
Don't know	1%	2%	0%	0%	4%	1%

Percent Heard, Seen, or Read Anything About the Affordable Care Act by CA Region (n=2,722)

	CA Region					All
	LA County	Other Southern CA	Central Valley	SF Bay Area	Other Northern CA	
Yes	77%	76%	85%	83%	86%	79%
No	21%	23%	13%	16%	13%	19%
Don't know	2%	1%	1%	1%	1%	1%

Among Those Who Have Heard of the ACA, Percent Who Think the Affordable Care Act Will Be Good, Bad or Will Have no Impact by Age (n=2,296)

	Age					All
	18-25	26-34	35-44	45-54	55-64	
Good	44%	43%	46%	48%	44%	45%
Bad	28%	23%	19%	24%	22%	23%
No impact	17%	18%	14%	16%	19%	17%
Don't know/refused	12%	16%	21%	12%	15%	15%

Among Those Who Have Heard of the ACA, Percent Who Think the Affordable Care Act Will Be Good, Bad or Will Have no Impact by Race/Ethnicity (n=2,336)

	Race/Ethnicity					All
	Hispanic	Asian	Black	White	Other	
Good	52%	47%	57%	36%	37%	45%
Bad	13%	16%	6%	37%	35%	23%
No impact	16%	19%	26%	15%	17%	17%
Don't know/refused	18%	17%	11%	12%	10%	15%

Among Those Who Have Heard of the ACA, Percent Who Think the Affordable Care Act Will Be Good, Bad or Will Have no Impact by CA Region (n=2,311)

	CA Region					All
	LA County	Other Southern CA	Central Valley	SF Bay Area	Other Northern CA	
Good	52%	42%	38%	48%	34%	45%
Bad	16%	30%	27%	14%	45%	23%
No impact	17%	15%	16%	21%	15%	17%
Don't know/refused	15%	13%	18%	18%	7%	15%

Covered California Awareness Additional Tables

Percent That Named Specific Entities by Age (n=681)

	Age					All
	18-25	26-34	35-44	45-54	55-64	
Covered CA	6%	15%	12%	14%	13%	13%
California Health Benefit Exchange	6%	16%	24%	22%	19%	18%
California State Government	6%	7%	9%	6%	13%	9%
Other	35%	52%	24%	32%	35%	37%
Don't know/refused	51%	22%	33%	35%	31%	32%

Percent That Named Specific Entities by Race/Ethnicity (n=697)

	Race/Ethnicity					All
	Hispanic	Asian	Black	White	Other	
Covered CA	6%	10%	9%	17%	26%	13%
California Health Benefit Exchange	11%	16%	16%	23%	23%	18%
California State Government	8%	11%	6%	10%	11%	9%
Other	36%	40%	46%	34%	39%	37%
Don't know	41%	33%	28%	28%	17%	32%

Percent That Named Specific Entities by CA Region (n=683)

	CA Region					All
	LA County	Other Southern CA	Central Valley	SF Bay Area	Other Northern CA	
Covered CA	9%	11%	10%	18%	18%	13%
California Health Benefit Exchange	31%	14%	11%	14%	12%	18%
California State Government	11%	10%	11%	8%	3%	9%
Other	35%	27%	43%	38%	66%	37%
Don't know	27%	41%	30%	31%	21%	32%

Percent That Demonstrated Aided Awareness, Unaided Awareness, or No Awareness of Covered California by Age (n=2,713)

	Age					All
	18-25	26-34	35-44	45-54	55-64	
Aided awareness	2%	7%	9%	11%	17%	9%
Unaided awareness	1%	2%	2%	4%	4%	3%
Not aware	97%	90%	89%	85%	79%	88%

Percent That Demonstrated Aided Awareness, Unaided Awareness, or No Awareness of Covered California by Race/Ethnicity (n=2,756)

	Race/Ethnicity					All
	Hispanic	Asian	Black	White	Other	
Covered CA	1%	3%	2%	4%	7%	3%
California Health Benefit Exchange	2%	4%	4%	6%	7%	4%
California State Government	1%	3%	1%	2%	3%	2%
Other	5%	10%	11%	9%	11%	8%
Don't know	6%	9%	6%	7%	5%	7%

Percent That Demonstrated Aided Awareness, Unaided Awareness, or No Awareness of Covered California by CA Region (n=2,722)

	CA Region					All
	LA County	Other Southern CA	Central Valley	SF Bay Area	Other Northern CA	
Aided awareness	9%	7%	8%	13%	13%	9%
Unaided awareness	2%	2%	2%	5%	4%	3%
Not aware	89%	91%	90%	82%	83%	88%

Knowledge about Covered California Additional Tables

Overall Knowledge of Covered California – Percent Correct by Item and Age (n=2,713)

	Age					All
	18-25	26-34	35-44	45-54	55-64	
You can get information, compare plans and get health insurance by simply going online to the Covered California website.	97%	97%	86%	94%	93%	94%
You will be able to get health insurance through Covered California even if you have a pre-existing condition.	82%	87%	89%	96%	95%	91%
People with lower incomes will pay less for out-of-pocket costs when they use health care.	83%	86%	87%	80%	84%	84%
People with low and moderate incomes will receive a tax credit to reduce their monthly cost or premium.	79%	85%	76%	76%	86%	81%
Most people who don't get health insurance will have to pay a penalty.	60%	82%	70%	79%	87%	77%
Covered California will offer private health insurance plans that will compete for your business.	64%	76%	76%	79%	84%	76%
Covered California is a welfare program.	63%	67%	56%	61%	65%	63%
Covered California is the only place low- and moderate-income people can get tax credits to help to reduce the cost of a health plan.	66%	57%	59%	59%	63%	60%
Covered California will offer only government health insurance plans.	53%	45%	57%	64%	72%	58%
Covered California will be operated by the health insurance industry.	51%	47%	53%	47%	54%	50%
The health plans will meet people's basic needs but generally won't be as good as the plans sold elsewhere.	45%	45%	47%	51%	49%	47%

Overall Knowledge of Covered California - Percent Correct by Item and Race/Ethnicity (n=2,756)

	Race/Ethnicity					All
	Hispanic	Asian	Black	White	Other	
You can get information, compare plans and get health insurance by simply going online to the Covered California website.	92%	93%	95%	97%	95%	94%
You will be able to get health insurance through Covered California even if you have a pre-existing condition.	90%	89%	85%	92%	92%	91%
People with lower incomes will pay less for out-of-pocket costs when they use health care.	82%	83%	85%	88%	75%	84%
People with low and moderate incomes will receive a tax credit to reduce their monthly cost or premium.	76%	85%	85%	87%	70%	81%
Most people who don't get health insurance will have to pay a penalty.	71%	70%	61%	88%	81%	77%
Covered California will offer private health insurance plans that will compete for your business.	71%	69%	71%	86%	77%	76%
Covered California is a welfare program.	49%	65%	84%	76%	64%	63%
Covered California is the only place low- and moderate-income people can get tax credits to help to reduce the cost of a health plan.	65%	69%	57%	52%	39%	60%
Covered California will offer only government health insurance plans.	53%	49%	61%	68%	59%	58%
Covered California will be operated by the health insurance industry.	42%	54%	47%	59%	51%	50%
The health plans will meet people's basic needs but generally won't be as good as the plans sold elsewhere.	44%	47%	54%	48%	51%	47%

Overall Knowledge of Covered California - Percent Correct by Item and CA Region
(n=2,722)

	CA Region					All
	LA County	Other Southern CA	Central Valley	SF Bay Area	Other Northern CA	
You can get information, compare plans and get health insurance by simply going online to the Covered California website.	94%	95%	95%	93%	91%	94%
You will be able to get health insurance through Covered California even if you have a pre-existing condition.	91%	90%	87%	92%	94%	91%
People with lower incomes will pay less for out-of-pocket costs when they use health care.	86%	81%	81%	85%	89%	84%
People with low and moderate incomes will receive a tax credit to reduce their monthly cost or premium.	82%	82%	72%	83%	87%	81%
Most people who don't get health insurance will have to pay a penalty.	76%	76%	79%	75%	86%	77%
Covered California will offer private health insurance plans that will compete for your business.	75%	73%	72%	83%	85%	76%
Covered California is a welfare program.	67%	54%	53%	76%	56%	63%
Covered California is the only place low- and moderate-income people can get tax credits to help to reduce the cost of a health plan.	56%	64%	56%	65%	40%	60%
Covered California will offer only government health insurance plans.	61%	59%	48%	65%	41%	58%
Covered California will be operated by the health insurance industry.	47%	48%	40%	63%	54%	50%
The health plans will meet people's basic needs but generally won't be as good as the plans sold elsewhere.	50%	41%	34%	64%	33%	47%

Overall Percent Correct on Covered California Knowledge Questions by Age, Race/Ethnicity, Insurance Status, and CA Region

Overall Percent Correct	
18-25	38%
26-34	37%
35-44	33%
45-54	37%
55-64	44%
Race/Ethnicity (n=2,756)	
Hispanic	34%
Asian	40%
Black	41%
White	42%
Other	36%
Insurance Status (n=2,658)	
Privately insured	43%
Uninsured	
100%-138% FPL	36%
139%-199% FPL	34%
200%-399% FPL	35%
400%+	44%
CA Region (n=2,722)	
LA County	38%
Other Southern CA	35%
Central Valley	36%
SF Bay Area	44%
Other Northern CA	35%

Important Factors in Decision Making Additional Tables

Important Factors in Consumer Decision Making by Age (n=2,713)

	Age					All
	18-25	26-34	35-44	45-54	55-64	
You cannot be denied because of a pre-existing condition.	9.0	9.3	9.7	9.4	9.6	9.4
All plans will be screened to make sure they offer the services people need, including preventive care.	9.2	9.1	9.5	9.2	9.2	9.2
It will be easy to compare insurance plans and select the one that is best for you.	8.9	8.8	9.2	8.8	8.7	8.9
People with lower incomes will also pay less for out-of-pocket costs when they use health care.	8.4	8.4	8.6	7.8	8.2	8.3
Covered California will offer a number of private health insurance plans.	7.8	7.9	8.4	8.2	8.6	8.1
People with low and moderate incomes will receive a tax credit to reduce their monthly cost or premium.	8.2	8.3	8.5	7.9	7.9	8.1
The California State Government will operate Covered California.	7.4	7.0	7.2	7.3	7.7	7.3
Most people who don't get health insurance will have to pay a penalty.	6.9	6.6	6.1	6.6	6.7	6.6

Important Factors in Consumer Decision Making by Race/Ethnicity (n=2,756)

	Race/Ethnicity					All
	Hispanic	Asian	Black	White	Other	
You cannot be denied because of a pre-existing condition.	9.4	9.6	9.5	9.3	9.6	9.4
All plans will be screened to make sure they offer the services people need, including preventive care.	9.4	9.6	9.6	8.9	8.5	9.2
It will be easy to compare insurance plans and select the one that is best for you.	8.9	9.3	9.2	8.7	8.4	8.9
People with lower incomes will also pay less for out-of-pocket costs when they use health care.	8.7	8.5	8.3	7.7	7.9	8.3
Covered California will offer a number of private health insurance plans.	8.4	7.8	8.2	7.9	8.1	8.1
People with low and moderate incomes will receive a tax credit to reduce their monthly cost or premium.	8.6	8.4	8.2	7.5	7.7	8.1
The California State Government will operate Covered California.	8.1	7.3	7.5	6.4	5.9	7.3
Most people who don't get health insurance will have to pay a penalty.	7.0	6.3	6.0	6.4	6.3	6.6

Important Factors in Consumer Decision Making by CA Region (n=2,722)

	CA Region					All
	LA County	Other Southern CA	Central Valley	SF Bay Area	Other Northern CA	
You cannot be denied because of a pre-existing condition.	9.6	9.4	9.1	9.4	9.4	9.4
All plans will be screened to make sure they offer the services people need, including preventive care.	9.5	9.1	9.0	9.2	8.6	9.2
It will be easy to compare insurance plans and select the one that is best for you.	9.1	8.6	8.6	9.2	8.1	8.9
People with lower incomes will also pay less for out-of-pocket costs when they use health care.	8.5	8.2	8.0	8.5	7.7	8.3
Covered California will offer a number of private health insurance plans.	8.5	8.1	8.4	7.9	7.7	8.1
People with low and moderate incomes will receive a tax credit to reduce their monthly cost or premium.	8.4	8.1	7.8	8.2	7.9	8.1
The California State Government will operate Covered California.	7.9	7.2	7.2	7.0	6.7	7.3
Most people who don't get health insurance will have to pay a penalty.	6.4	6.8	7.0	6.2	6.9	6.6

Overall Resonance Index (Summarizing the Importance of Factors in Consumer Decision Making) by Age, Race/Ethnicity, Insurance status, and CA Region

	Overall resonance index
Age	
18-25	7.3
26-34	7.3
35-44	7.5
45-54	7.2
55-64	7.4
Race/Ethnicity	
Hispanic	7.6
Asian	7.4
Black	7.4
White	6.9
Other	6.9
Insurance status	
Privately insured	7.1
Uninsured	
100%-138% FPL	7.8
139%-199% FPL	7.6
200%-399% FPL	7.3
400%+	7.2
CA Region	
LA County	7.5
Other Southern CA	7.3
Central Valley	7.2
SF Bay Area	7.3
Other Northern CA	6.9

Purchase Intent Additional Tables

Among Respondents Who Heard Monthly Premium Cost, Likelihood of Purchasing Insurance through Covered California by Age (n=2,587)

	Age					All
	18-25	26-34	35-44	45-54	55-64	
Committed	33%	18%	30%	19%	17%	22%
Receptive	42%	50%	51%	45%	43%	47%
Resistant	23%	30%	18%	33%	35%	29%
Don't know/refused	1%	2%	1%	3%	5%	3%

Among Respondents Who Heard Monthly Premium Cost, Likelihood of Purchasing Insurance through Covered California by Race/Ethnicity (n=2,604)

	Race/Ethnicity					All
	Hispanic	Asian	Black	White	Other	
Committed	30%	27%	17%	12%	12%	22%
Receptive	46%	49%	49%	47%	46%	47%
Resistant	22%	23%	32%	39%	34%	29%
Don't know/refused	3%	1%	2%	2%	9%	3%

Purchase Motivators among the Committed Additional Tables

Purchase Motivators among the Committed by Age (n=603)

	Age					All
	18-25	26-34	35-44	45-54	55-64	
Take advantage of a good deal	51%	39%	34%	39%	41%	41%
Security/peace-of-mind	17%	25%	29%	26%	21%	24%
Need coverage/care	22%	8%	22%	26%	36%	22%
Family benefits	11%	29%	13%	15%	10%	16%
Preventative benefits	13%	17%	14%	10%	5%	12%
Other	14%	6%	6%	17%	13%	11%

Purchase Motivators among the Committed by Race/Ethnicity (n=605)

	Race/Ethnicity					All
	Hispanic	Asian	Black	White	Other	
Take advantage of a good deal	33%	42%	58%	57%	66%	41%
Security/peace-of-mind	28%	25%	15%	13%	11%	24%
Need coverage/care	21%	25%	22%	20%	38%	22%
Family benefits	21%	15%	10%	3%	26%	16%
Preventative benefits	13%	16%	3%	12%	2%	12%
Other	9%	14%	9%	14%	5%	11%

Purchase Motivators among the Committed by CA Region (n=596)

	CA Region					All
	LA County	Other Southern CA	Central Valley	SF Bay Area	Other Northern CA	
Take advantage of a good deal	42%	37%	45%	47%	30%	41%
Security/peace-of-mind	33%	14%	25%	25%	30%	24%
Need coverage/care	15%	27%	19%	27%	21%	22%
Family benefits	19%	18%	9%	16%	2%	16%
Preventative benefits	10%	14%	14%	13%	7%	12%
Other	9%	16%	6%	8%	16%	11%

Purchase Barriers among the Resistant Additional Tables

Purchase Barriers among the Resistant by Age (n=717)

	Age					All
	18-25	26-34	35-44	45-54	55-64	
Too expensive	48%	65%	68%	66%	64%	63%
Don't need it	46%	27%	19%	19%	21%	25%
Oppose ACA	2%	6%	5%	2%	2%	3%
Concern about quality of plans	17%	7%	17%	10%	14%	12%
Don't know how to apply	0%	0%	1%	2%	1%	1%
Moving out of state	1%	0%	0%	0%	0%	0%
Other reasons	0%	4%	2%	6%	3%	3%

Purchase Barriers among the Resistant by Race/Ethnicity (n=724)

	Race					All
	Hispanic	Asian	Black	White	Other	
Too expensive	60%	72%	61%	63%	69%	63%
Don't need it	25%	24%	24%	27%	12%	25%
Oppose ACA	3%	1%	1%	4%	3%	3%
Concern about quality of plans	13%	6%	2%	13%	12%	12%
Don't know how to apply	1%	0%	2%	1%	0%	1%
Moving out of state	0%	0%	0%	0%	1%	0%
Other reasons	3%	5%	13%	2%	7%	3%

Purchase Barriers among the Resistant by CA Region (n=717)

	CA Region					All
	LA County	Other Southern CA	Central Valley	SF Bay Area	Other Northern CA	
Too expensive	58%	70%	47%	72%	57%	63%
Don't need it	29%	16%	38%	26%	26%	25%
Oppose ACA	0%	6%	5%	1%	8%	3%
Concern about quality of plans	10%	15%	19%	6%	4%	12%
Don't know how to apply	1%	1%	0%	1%	1%	1%
Moving out of state	0%	0%	0%	0%	2%	0%
Other reasons	11%	1%	4%	0%	0%	3%

Covered California Access Preferences Additional Tables

Covered California Access Preference by Age (n=2,713)

	Age					All
	18-25	26-34	35-44	45-54	55-64	
Online	71%	69%	62%	57%	57%	63%
Phone	9%	12%	14%	19%	21%	15%
Neighborhood assistance provider	19%	16%	23%	22%	18%	19%
None of these	0%	3%	1%	2%	3%	2%
Don't know/refused	0%	0%	0%	0%	0%	0%

Covered California Access Preference by Race/Ethnicity (n=2,756)

	Race/Ethnicity					All
	Hispanic	Asian	Black	White	Other	
Online	53%	67%	69%	74%	66%	63%
Phone	19%	9%	14%	14%	9%	15%
Neighborhood assistance provider	27%	22%	12%	8%	21%	19%
None of these	1%	1%	4%	3%	2%	2%
Don't know/refused	0%	1%	0%	0%	2%	0%

Covered California Access Preference by CA Region (n=2,722)

	CA Region					All
	LA County	Other Southern CA	Central Valley	SF Bay Area	Other Northern CA	
Online	63%	63%	63%	65%	69%	63%
Phone	14%	17%	16%	14%	11%	15%
Neighborhood assistance provider	19%	19%	17%	20%	19%	19%
None of these	3%	1%	3%	1%	1%	2%
Don't know/refused	0%	0%	0%	0%	0%	0%

SECTION A - APPLICANT INFORMATION

This section will be completed by the Applicant once for all funding pools/regions.

- A.1** General Applicant Information
 - A.1.1 Organization Information
 - A.1.2 Primary Contact
 - A.1.3 Organization Entity Type
 - A.1.4 Previous Applicant Experience
 - A.1.5 Additional Funding
- A.2** Subcontractor Information

SECTION B – FUNDING POOL SPECIFIC APPLICATION INFORMATION

This section will be completed for each individual funding pool/region selected.

- B.1** Narrative Sections 1 - 5
- B.2** Funding Information
- B.3** Experience with Target Population
- B.4** Subcontractor Assignment
- B.5** Application Worksheets

SECTION A - APPLICANT INFORMATION

A.1 - GENERAL APPLICANT INFORMATION

A.1.1- ORGANIZATION INFORMATION

Organization Full and Legal Name:										
Federal ID Number:			-							
Name of Executive Director, CEO or other person authorized to enter into contractual obligation:										
Title:										
Physical Address of Primary Office:										
City:										
Zip:										
Mailing Address of Primary Office:										
City:										
Zip:										
Office Phone Number:	()									
Alternative Phone Number:	()									
Fax Number:	()									
Email Address:										
Website Address:										
Is the Organization a CEE? Yes / No	If Yes, what is your 10-Digit CEE #: _____									

A.1.2- PRIMARY CONTACT

The Primary Contact Person is the person authorized by the applying entity to manage the project. This person is not necessarily the grant writer.

Primary Contact Person:										
Title:										
Physical Address:										
City:										
Zip:										
Office Phone Number:	()									
Alternative Phone Number:	()									
Fax Number:	()									
Email Address:										

A.1.3- ORGANIZATION ENTITY TYPE

Category	
<input type="checkbox"/>	American Indian Tribe or Tribal Organization
<input type="checkbox"/>	Chamber of Commerce
<input type="checkbox"/>	City Government Agency
<input type="checkbox"/>	Commercial Fishing Industry Organization
<input type="checkbox"/>	County Department of Public Health, City Health Department or County Department that delivers health services
<input type="checkbox"/>	Faith-Based Organization
<input type="checkbox"/>	Indian Health Services Facility
<input type="checkbox"/>	Labor Union
<input type="checkbox"/>	Licensed Attorney
<input type="checkbox"/>	Local Human Services Agency
<input type="checkbox"/>	Non-Profit Community Organization
<input type="checkbox"/>	Ranching and Farming Organization
<input type="checkbox"/>	Resource Partners of the Small Business Administration
<input type="checkbox"/>	Safety-Net Clinic (including Community Clinics, Free Clinics, FQHC, FQHC Look-Alikes, IHS Direct Services Clinics, IHS 638 Contracting or Compacting Clinics, IHS Urban Indian Health Centers)
<input type="checkbox"/>	School District, Community College, or University
<input type="checkbox"/>	Tax Preparer as defined in Section 2251(a)(1)(A) of the Business and Professions Code
<input type="checkbox"/>	Trade, Industry, or Professional Organization

Documentation of Eligibility Upload Here

Documentation of Eligibility includes:

- IRS Determination Letter of your organization's 501(c)3 or 501(d) status, if applicable.
- All entities must provide Federal Tax Identification Number and any corresponding status determination on official letterhead.
- All entities must provide most recent Form 990 or Tax Return

A.1.4- PREVIOUS APPLICANT EXPERIENCE

Provide three (3) examples of experience, current or recent contracts and/or grants, related to outreach, education and enrollment activities as identified in this Grant Application. Specifically, describe the applicant's experience in motivating consumers to enroll in health care or other programs or services.

Example 1

Project Name:	
Contract/Grant Amount, if applicable:	
Term of Contract:	
Name of Awarding Entity:	
Outreach & Education and Enrollment Goals: (3,000 Character / 1 Page Limit)	
Successful Strategies, Outcomes, and Measurements of Impact and Success: (3,000 Character / 1 Page Limit)	

(This table repeated two additional times, all three examples required)

A.1.5- ADDITIONAL FUNDING

Is the applicant currently receiving other funding for Outreach, Education or Enrollment related to health care reform (Medicaid, State Children’s Health Insurance Program, etc) or other programs?

Yes No

If yes, please fill in the information below.

Funding Source:	
Amount:	
Contract Term (Beginning and End Date):	
Please provide a brief description of the activities, including the service area (Counties or other Geographic Areas) of this funding: (750 Character Limit)	

A.1.6- REQUESTED FUNDING

Please indicate the different regions/funding pools the applicant intends to apply for, and the amount requested for each:

Funding Pool / Region	Amount Requested
<input type="checkbox"/> Targeted Population	\$
<input type="checkbox"/> North Region	\$
<input type="checkbox"/> Bay Area Region	\$
<input type="checkbox"/> Central Region	\$
<input type="checkbox"/> Los Angeles/Orange Region	\$
<input type="checkbox"/> Inland Region	\$
<input type="checkbox"/> San Diego Region	\$
Total Requested Funding:	\$ (Calculated Total)

A.2 - SUBCONTRACTOR INFORMATION

Is the applicant applying as a collaborative (lead agency with subcontractors)?

Yes No

If yes, complete this section for each subcontractor. You will be able to designate subcontractors to specific funding pools/regions in Section B.

Subcontractor 1

Organization Full and Legal Name:	
Federal ID Number:	-
Name of Executive Director, CEO or other person authorized to enter into contractual obligation:	
Title:	
Physical Address of Primary Office:	
City:	
Zip:	
Mailing Address of Primary Office:	
City:	
Zip:	
Office Phone Number:	()
Alternative Phone Number:	()
Fax Number:	()
Email Address:	
Website Address:	
Is the Organization a CEE? Yes / No	If Yes, what is your 10-Digit CEE #: _____

Please provide information for the Primary Contact for this Subcontractor

Primary Contact Person:	
Title:	
Physical Address:	
City:	
Zip:	
Office Phone Number:	()
Alternative Phone Number:	()
Fax Number:	()
Email Address:	

Subcontractor 1 (continued)

Category	
<input type="checkbox"/>	American Indian Tribe or Tribal Organization
<input type="checkbox"/>	Chamber of Commerce
<input type="checkbox"/>	City Government Agency
<input type="checkbox"/>	Commercial Fishing Industry Organization
<input type="checkbox"/>	County Department of Public Health, City Health Department or County Department that delivers health services
<input type="checkbox"/>	Faith-Based Organization
<input type="checkbox"/>	Indian Health Services Facility
<input type="checkbox"/>	Labor Union
<input type="checkbox"/>	Licensed Attorney
<input type="checkbox"/>	Local Human Services Agency
<input type="checkbox"/>	Non-Profit Community Organization
<input type="checkbox"/>	Ranching and Farming Organization
<input type="checkbox"/>	Resource Partners of the Small Business Administration
<input type="checkbox"/>	Safety-Net Clinic (including Community Clinics, Free Clinics, FQHC, FQHC Look-Alikes, IHS Direct Services Clinics, IHS 638 Contracting or Compacting Clinics, IHS Urban Indian Health Centers)
<input type="checkbox"/>	School District, Community College, or University
<input type="checkbox"/>	Tax Preparer as defined in Section 2251(a)(1)(A) of the Business and Professions Code
<input type="checkbox"/>	Trade, Industry, or Professional Organization

Memorandum of Understanding (MOU) Upload Here

Documentation of Eligibility Upload Here

Documentation of Eligibility includes:

- IRS Determination Letter of your organization's 501(c)3 or 501(d) status, if applicable.
- All entities must provide Federal Tax Identification Number and any corresponding status determination on official letterhead.
- All entities must provide most recent Form 990 or Tax Return

END OF SECTION A

SECTION B – FUNDING POOL SPECIFIC APPLICATION INFORMATION

Applicant will then select what type of funding pool or region application to complete. There are 7 choices, and the applicant may work on one of each:

- Targeted Population
- North Region
- Bay Area Region
- Central Region
- Los Angeles/Orange Region
- Inland Region
- San Diego Region

The information in this section must be completed for each application type. Information entered in Section A will be used with Section B to create complete applications for submission.

B.1 – NARRATIVE SECTIONS

B.1.1- COVER LETTER

(Upload for Cover Letter)

B.1.2- QUALIFICATIONS AND REFERENCES

(Text Field for Narrative Response)

(Upload for Reference 1)

(Upload for Reference 2)

B.1.3- PROJECT PERSONNEL

(Text Field for Narrative Response)

B.1.4- APPROACH TO STATEMENT OF WORK

(Text Field for Narrative Response – Target Population)

(Text Field for Narrative Response – Navigator Work Plan)

(Text Field for Narrative Response – Approach to Project Management and Quality Assurance)

B.1.5- PROJECT COSTS

(Text Field for Narrative Response)

B.2 – COUNTY FUNDING INFORMATION

Total Requested Funding For this Application:	\$ (Pre-Populated from A.1.6)
--	--------------------------------------

For each county please indicate the requested funding, and the total number of successful applications projected for each county that this application proposes to reach.

*If this is a regional application, all counties in that region will be pre-populated and are required.
 If this is a targeted population application, any counties may be selected.*

County	Amount Requested	# of Outreach and Education touches	# of Successful Applications Projected
Counties Populated from Application Type	\$		
...	\$		
...	\$		
Total Requested Funding:	\$ (Calculated, Must Match Total Above)	Calculated Total	Calculated Total

B.3 - EXPERIENCE WITH TARGET POPULATION

(This section to be completed for each county from B.2)

County:	(Based on B.2)
Funding Requested:	(Populated from B.2)
Projected Outreach and Education Touches:	(Populated from B.2)
Projected Successful Applications:	(Populated from B.2)

Describe the ethnicity of proposed target population(s):

Ethnicity:	Estimated Percentage Planned to Reach	Number of Outreach and Education Touches
African		(Calculated on % and county O&E)
African American		
American Indian		
Armenian		
Cambodian		
Caucasian		
Chinese		
Filipino		
Hispanic/Latino		
Hmong		
Japanese		
Korean		
Laotian		
Middle Eastern		
Russian		
Ukrainian		
Vietnamese		
Other*		
Other*		
Total (100%)	100%	Total O&E For this County

*Enter ethnicities not included above

Percentage of services provided in-language to proposed target population(s):

Language	% of In-Language Services	# of Outreach and Education Touches
Arabic:	%	(Calculated on % and county O&E)
Armenian:	%	
Cantonese:	%	
English:	%	
Farsi:	%	
Hmong:	%	
Khmer:	%	
Korean:	%	
Mandarin:	%	
Russian:	%	
Spanish:	%	
Tagalog:	%	
Vietnamese:	%	
ASL:	%	
Other*	%	
Other*	%	
Total Percent: 100%	100%	Total O&E For this County

*Enter languages not included above

Describe the proposed target population(s) income levels:

Federal Poverty Level (FPL)	Estimated Percentage Planned to Reach	# of Outreach and Education Touches
At or Below 138% of FPL:	%	(Calculated on % and county O&E)
Above 138% and up to 200% of FPL:	%	
Above 200% and up to 400% of FPL:	%	
Above 400% of FPL:	%	
Totals:	100%	

Describe the age groups of the proposed target population(s):

Age Group	Estimated Percentage Planned to Reach	# of Outreach and Education Touches
Under 18 years of age:	%	(Calculated on % and county O&E)
18-34 years of age:	%	
35-64 years of age:	%	
65 years of age and older:	%	
Total:	100%	

B.4 – SUBCONTRACTOR ASSIGNMENTS

Please select the subcontractors that would be attached to this grant, should it be awarded:

(List of Subcontractors generated from Section A.2 for applicant to select)

(This section would only be required if Yes was selected to the question in section A.2)

B.5 – APPLICANT UPLOADS

(Download/Upload for Navigator Budget Worksheet)

(Download/Upload for Navigator Program Activity Work Plan)

(Download/Upload for Staffing Plan Worksheet)

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This Memorandum of Understanding stands as evidence that the “Lead Agency” (*Insert applicant agency*) and the “Subcontractor” (*Insert subcontractor agency*) intend to work together as a “Collaborative” to conduct outreach, education and enrollment activities to California’s uninsured populations under the auspices of the Covered California Navigator Program. If selected, both agencies will participate in the implementation of the Navigator Program, as proposed in the Application, Applicant Worksheets, Agreement, and all relevant attachments. Both agencies understand and acknowledge the following:

- a. *Lead Agency*: It is the responsibility of the Lead to verify that all Subcontractors meet the eligibility requirements of this grant and to report activity on behalf of the Collaborative, inclusive of all subcontractors.
- b. *Subcontractor*: It is the responsibility of the Subcontractor to report all activity and expenses to the Lead as outlined in the reporting requirements of this Application.
- c. *Collaborative*: The **Lead** and **Subcontractor(s)** will work cooperatively to plan and execute the Work Plan as outlined in the Collaborative’s Application, Applicant Worksheets, Agreement, and all relevant attachments. The **Lead** and **Subcontractor(s)** will implement and monitor activities to reach enrollment goals per the Agreement.

The term of this MOU Agreement is the period within which the Work Plan shall be performed. The term commences June 1, 2013 and terminates Dec. 31, 2014.

The **Lead** and the **Subcontractor** attest that both agencies:

- Have read the Navigator Program RFA and all related documents;
- Understand the program reporting, expense reporting, and monitoring requirements as outlined in the Request for Application;
- Understand the deliverables and verify that they have the capacity and expertise necessary to deliver the outlined services as identified in the Application.

We, the undersigned, as authorized representatives of (*Insert applicant agency*) and (*Insert subcontractor agency*), do hereby support the submission of this application.

Authorized Signature from Lead

Authorized Signature from Subcontractor

Name of Lead Signatory

Name of Subcontractor Signatory

Date

Date

B.5: Navigator Activity Work Plan Instructions

Applicant must fully complete this worksheet to demonstrate their capability, and that of their subcontractors, if applicable, to reach and enroll the number of individuals proposed in the application.

Applicant must complete all activities during the grant term June 1, 2014 - December 31, 2014)

The Lead organization must provide **one** comprehensive worksheet that includes both the lead and all subcontractor activities, if any subcontractor agencies exist.

This worksheet must be complete for **each** county proposed to be reached, for **each** organization reaching that county.

Please refer to the Sample tab for an example of how to complete this worksheet for many organizations reaching multiple counties.

Activities and projections should be unique. If a lead and a subcontractor plan to reach the same county, please list out their activities separately. If two organizations plan to collaborate together, please list projected numbers that are unique for each organization; do not duplicate projected numbers.

Explanation of Columns:

Column 1 - Work Plan ID for Reference

Column 2 - Ending Date for The Reporting Week (Ends on Sunday)

Column 3 - Name of Organization; must be completed for the Lead and each additional Subcontractor

Column 4 - Activity Name for Reference

Column 5 - County in which Outreach/Education and Enrollment activities are conducted

Column 6 - Number of households reached through Outreach and Education, for the week, for the county

Column 7 - Number of Successful Applications projected, for the week, for the county

Column 8 - Special Target Populations expected to reach

Column 9 - Specific Ethnicities expected to reach

Column 10 - Strategies used for the week, for the county

Work Plan									
(1) Work Plan ID	(2) Week Ending	(3) Organization Attending (Lead and/or subcontractor)	(4) Activity	(5) Location - County	(6) Number of Households reached through Outreach and Education	(7) Number of Projected Successful Applications	(8) Special Target Populations Reached	(9) Ethnicities Reached	(10) Strategies
1	7/6/2014	Lead Agency	Weekly Outreach and Enrollment Activities						
2	7/13/2014	Lead Agency	Weekly Outreach and Enrollment Activities						
3	7/20/2014	Lead Agency	Weekly Outreach and Enrollment Activities						
4	7/27/2014	Lead Agency	Weekly Outreach and Enrollment Activities						
5	8/3/2014	Lead Agency	Weekly Outreach and Enrollment Activities						
6	8/10/2014	Lead Agency	Weekly Outreach and Enrollment Activities						
7	8/17/2014	Lead Agency	Weekly Outreach and Enrollment Activities						
8	8/24/2014	Lead Agency	Weekly Outreach and Enrollment Activities						
9	8/31/2014	Lead Agency	Weekly Outreach and Enrollment Activities						
10	9/7/2014	Lead Agency	Weekly Outreach and Enrollment Activities						
11	9/14/2014	Lead Agency	Weekly Outreach and Enrollment Activities						
12	9/21/2014	Lead Agency	Weekly Outreach and Enrollment Activities						
13	9/28/2014	Lead Agency	Weekly Outreach and Enrollment Activities						
14	10/5/2014	Lead Agency	Weekly Outreach and Enrollment Activities						
15	10/12/2014	Lead Agency	Weekly Outreach and Enrollment Activities						
16	10/19/2014	Lead Agency	Weekly Outreach and Enrollment Activities						
17	10/26/2014	Lead Agency	Weekly Outreach and Enrollment Activities						
18	11/2/2014	Lead Agency	Weekly Outreach and Enrollment Activities						
19	11/9/2014	Lead Agency	Weekly Outreach and Enrollment Activities						
20	11/16/2014	Subcontractor	Weekly Outreach and Enrollment Activities						
21	11/23/2014	Subcontractor	Weekly Outreach and Enrollment Activities						
22	11/30/2014	Subcontractor	Weekly Outreach and Enrollment Activities						
23	12/7/2014	Subcontractor	Weekly Outreach and Enrollment Activities						
24	12/14/2014	Subcontractor	Weekly Outreach and Enrollment Activities						
25	12/21/2014	Subcontractor	Weekly Outreach and Enrollment Activities						
26	12/31/2014	Subcontractor	Weekly Outreach and Enrollment Activities						

B.5: Budget Worksheet Instructions

1. The Lead Agency shall complete a summary budget by line item which identifies project costs in the following general categories: personnel, benefits, travel, training, equipment and other expenses required to complete the activities identified in the Applicant's work plan.
2. The Lead Agency's budget shall also include a separate line for the total amount to be allocated to each Subcontractor.
3. A separate budget, reflecting the same expense categories and format as the Lead Agency, shall be established for each Subcontractor. The Subcontractor budget shall detail expenses by month and fiscal year. The Subcontractor budget shall be equal to the total in the Lead Agency summary.
4. The budget needs to cover the entire grant term: June 2014 - December 2014
5. All project costs must identify the requested funding for each month of the grant program.
6. Marketing costs should be justified by Outreach, Education & Enrollment strategies as indicated on Attachment A.6 - Navigator Activity Work Plan, and should complement, not supplant, the Statewide Marketing and Outreach Plan.
7. Equipment costs shall not exceed 10% of the total grant award or \$50,000
8. Training expenses should only include costs not already identified under Personnel and Travel
9. The administrative overhead (indirect) rate shall not exceed 15% of the total grant award. Expenses included in the indirect rate shall not be included in the line item budget as this would result in duplicate funding of these expenses. Indirect costs are overhead expenses generally incurred by the applicant organization which are not easily identifiable with a specific project. These include administrative expenses related to overall operations and shared among projects and/or functions. Examples include broad oversight, human resources department costs, accounting, legal expenses, rent, utilities, and facility maintenance.
10. Applicant should complete the section below each budget table to indicate the total number of households reached by outreach and education and the total number of successful applications projected to be completed for each organizations, by month. Please note that these projections should match other areas of the grant application, including A.6 Navigator Activity Work Plan, Section A.2, A.3, and A.4.

Lead Organization Name: _____

Budget Worksheet											
(1) Expense Area	(2) Organization Name (lead or subcontractor name)	(3) Line Item	(4) Description	June 2014 (5) Amount	July 2014 (6) Amount	August 2014 (7) Amount	September 2014 (8) Amount	October 2014 (9) Amount	November 2014 (10) Amount	December 2014 (11) Amount	Entire Grant Total Requested
Project Mgmt Personnel		Enter position title	Enter % Full Time Equivalent and Role on Project								
CEC Personnel		Enter position title	Enter % Full Time Equivalent and Role on Project								
Project Mgmt Benefits		Enter position title	Enter benefit % for each position listed above								
CEC Benefits		Enter position title	Enter benefit % for each position listed above								
Travel		Mileage Reimbursement (\$0.565/mile); per diem, accommodations for training, etc.	Enter description of travel								
Marketing		Must be justified by work plan activity strategies; not to supplant the Statewide Marketing and Outreach Plan	Enter description								
Equipment			Enter equipment description and quantity; Not to exceed 10% of total grant award or \$50,000								
Training		Training costs other than personnel and travel expenses	Enter description of training cost								
Other			Enter description								
Lead Total Direct Expenses				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Subcontractor 1 Total Direct Expenses		Enter name or firm	Enter total monthly cost per Subcontractor 1								
Subcontractor 2 Total Direct Expenses		Enter name or firm	Enter total monthly cost per Subcontractor 2								
Total Direct Expenses				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
*Lead Indirect Administrative Rate			Not to exceed 15% of the total grant award	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
*Subcontractor 1 Total Indirect Expenses				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
*Subcontractor 2 Total Indirect Expenses				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total Indirect Expenses				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Lead Total Expenses				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Subcontractor 1 Total Expenses				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Subcontractor 2 Total Expenses				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Grant Total Expenses				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

* Definition of Indirect Administrative Rate	Indirect costs are overhead expenses incurred by the applicant organization as a result of the project, but that are not easily identifiable with a specific project. These are administrative expenses that are related to overall operations and are shared among projects and/or functions. Examples include broad oversight, human resources department costs, accounting, grants management, legal expenses, utilities, and facility maintenance.
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Total Households Reached through Outreach and Education Activities by this lead Organization*:	-	-	-	-	-	-	-	-	-	-	-
Total Successful Applications projected by this lead Organization*:	-	-	-	-	-	-	-	-	-	-	-
Total Households Reached through Outreach and Education Activities for all Subcontractors*:	-	-	-	-	-	-	-	-	-	-	-
Total Successful Applications projected by all Subcontractors*:	-	-	-	-	-	-	-	-	-	-	-
Total Households Reached through Outreach and Education Activities for this Grant Application (Lead+Subs)*:	-	-	-	-	-	-	-	-	-	-	-
Total Successful Applications projected by this Grant Application(Lead+Subs)*:	-	-	-	-	-	-	-	-	-	-	-

*These projections must match the projections described in attachment A.6 Navigator Activity Work Plan.

Subcontractor Name: _____

Budget Worksheet												
(1) Expense Area	(2) Organization Name (lead or subcontractor name)	(3) Line Item	(4) Description	June 2014 (5) Amount	July 2014 (6) Amount	August 2014 (7) Amount	September 2014 (8) Amount	October 2014 (9) Amount	November 2014 (10) Amount	December 2014 (11) Amount	Entire Grant Total Requested	
Project Mgmt Personnel		Enter position title	Enter % Full Time Equivalent and Role on Project									
CEC Personnel		Enter position title	Enter % Full Time Equivalent and Role on Project									
Project Mgmt Benefits		Enter position title	Enter benefit % for each position listed above									
CEC Benefits		Enter position title	Enter benefit % for each position listed above									
Travel		Mileage Reimbursement (\$0.565/mile)	Enter description of travel									
Marketing		Must be justified by work plan activity strategies; not to supplant the Statewide Marketing and Outreach Plan	Enter description									
Equipment			Enter equipment description and quantity; Not to exceed 10% of total grant award or \$50,000									
Training		Training costs other than personnel and travel expenses	Enter description of training cost									
Other			Enter description									
Total Direct Expenses				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
*Indirect Administrative Rate				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total Expenses				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
												\$0.00

* Definition of Indirect Administrative Rate	Indirect costs are overhead expenses incurred by the applicant organization as a result of the project, but that are not easily identifiable with a specific project. These are administrative expenses that are related to overall operations and are shared among projects and/or functions. Examples include broad oversight, human resources department costs, accounting, grants management, legal expenses, utilities, and facility maintenance.
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Total Households Reached through Outreach and Education Activities for this Subcontractor*:	-	-	-	-	-	-	-	-	-	-	-	-
Total Successful Applications projected by this Subcontractor*:	-	-	-	-	-	-	-	-	-	-	-	-

*These projections must match the projections described in attachment A.6 Navigator Activity Work Plan.

B.5: Staffing Plan Worksheet Instructions

This worksheet is designed to indicate the applicant's staffing readiness and enrollment capacity. It contains two tabs, one for Staff and one for Additional Sites; both tabs must be completed.

Staffing Plan Template:

The Lead organization must provide one comprehensive worksheet that includes both the lead and all subcontractor staff members, if any subcontractor agencies exist.

This worksheet must be complete for each staff member (currently hired or to-be-hired) that is proposed to conduct enrollments for this grant program. Please note that Certified Enrollment Counselors within the Navigator Grant Program will NOT be allowed to participate as Certified Educators or Certified Enrollment Counselors in any other Covered California funded program.

Please include any to-be-hired staff as well by denoting "Staff 1", "Staff 2", etc in the Staff Name rows.

Staffing Plan Template: Explanation of Columns:

Column 1 - Organization Name for the Staff Member

Column 2 - Staff Members Name

Column 3 - % Full time equivalent (FTE) of this Employee, Volunteer or Intern

Column 4 - Staff Type; Indicate whether this staff member is an Employee, Volunteer or Intern

Column 5 - Indication if this Staff Member is already a Certified Enrollment Counselor (CEC) through the In Person Assistance Program

Column 6 - Indication if this Staff Member is already a Certified Educator (CE) through the Outreach and Education Program

Column 7 - Number of expected successful applications completed each week by this staff member during special enrollment

Column 8 - Number of expected successful applications completed each week by this staff member during open enrollment

Column 9 - Indicate the languages spoken by this staff member

Additional Sites Template:

This worksheet must be completed to include every additional site belonging to the lead and any subcontractors where Outreach and Education and Enrollment Activities will be performed.

Additional Sites Template: Explanation of Columns:

Column 1 - Site Name

Column 2 - Name of the organization (Lead or Subcontractor) this site belongs to

Column 3 - Physical Street Address

Column 4 - Suite or Unit # (If applicable)

Column 5 - City

Column 6 - Zip Code

