



## COVERED CALIFORNIA INDEPENDENT EXTERNAL AUDIT: 2020 AUDIT FINDINGS REPORT SUMMARY OF RESULTS

### AUDIT PURPOSE AND SCOPE

Covered California commissioned Sjoberg Evashenk Consulting, Inc. (SEC) to conduct an independent external programmatic audit for the 2020 program year. As required by 45 Code of Federal Regulations (CFR) § 155.1200 and related guidance issued by the Centers for Medicare and Medicaid Services (CMS), the purpose of this independent external audit was to evaluate:

- Program effectiveness and results;
- Compliance with 45 CFR Part 155;
- Program efficiencies, including the extent to which programs duplicate, overlap, or conflict with other related programs; and
- The effectiveness of the systems of internal controls designed and implemented by Covered California, including those related to preventing improper eligibility determinations and enrollment transactions.

The Scope of this external programmatic audit included operational, programmatic, and administrative functions performed pursuant to 45 CFR Part 155, specifically requirements addressed in subpart C (General Functions), subpart D (Eligibility Determinations), subpart E (Enrollment Functions), and subpart K (Certification of Qualified Health Plans). In addition to assessing compliance with the specified subparts, the audit also focused on the following six (6) areas:

- Evaluate the efficiency and effectiveness of Individual Market eligibility and enrollment processes, including eligibility determinations, participation in insurance affordability programs (IAP) and related reporting requirements, special enrollments, notices and tax forms sent to customers, and calculation of the advance premium tax credit (APTC);
- Assess the effectiveness of the controls and policies established by Covered California to protect personally identifiable information retained in the California Healthcare Eligibility, Enrollment, and Retention System (CalHEERS) and assess compliance with 45 CFR §155.260. In addition, to assess protocols in place to

ensure continuity of CalHEERS system functionality and restoration of data in the event of a disaster, including reviewing Covered California's disaster recovery plan, trial runs conducted, and protocols for backing up CalHEERS information.

- Evaluate the extent to which Covered California programs and management can rely on information generated by the CalHEERS project team from the CalHEERS system and whether the system generates accurate, reliable, relevant, and timely data. To evaluate the internal controls and integrity of data, including synchronicity of data between Get Insured (GI) enrollment system, Health Benefit Exchange (HBEX) eligibility system, and carrier records, exception reporting, and Covered California's monitoring and oversight of the system. To assess whether control weaknesses and deficiencies identified during the 2015 through 2019 External Programmatic Audits had been addressed.
- Assess the efficiency and effectiveness of Covered California's processes related to Service Center escalations and Covered California appeals. To assess whether practices employed by Covered California to oversee and manage appeals comply with federal requirements and to identify opportunities where processes may be improved to enhance program delivery.
- Evaluate the efficiency and effectiveness of Covered California's processes related to accounts payable and to assess whether Covered California established controls and processes to ensure proper, timely payments to contractors and vendors.
- Follow-up on the status of prior External Programmatic Audit findings.

## AUDIT FINDINGS

Under the federal Patient Protection and Affordable Care Act, states were given the option to create a state-based health insurance exchange or participate in the federal multi-state health insurance exchange. In 2010, California was the first state to adopt legislation to establish a state-based health insurance exchange. The California Legislature established the California Health Benefit Exchange, also known as Covered California, to "reduce the number of uninsured Californians by creating an organized, transparent marketplace for Californians to purchase affordable, quality health care coverage, to claim available tax credits and cost-sharing subsidies, and to meet the personal responsibility requirements imposed under the federal act."

Since September 2014, Covered California's Individual Market enrollment has increased each year, with enrollment increasing from more than 1.1 million enrollments to over 1.5 million enrollments as of as of June 2020.

During the 2020 benefit year, Covered California continued its effort to improve and build upon existing processes:

- Covered California continued efforts to improve and refine processes for reconciling Covered California Individual Market enrollment records to carrier enrollment records.
  - Covered California improved its reconciliation processes by incorporating certain financial attributes into its reconciliation process, including monthly premium amounts, monthly APTC amounts, monthly state subsidy amounts, and CSR amounts.
  - Covered California implemented a three-tiered data validation process to evaluate carrier responses, identify discrepancies, and take action to resolve issues.
- Auditor's review of Covered California Individual Market eligibility and enrollment found that:
  - all sampled IRS Form 1095-As were generated by the January 31<sup>st</sup> deadline;
  - renewal notices and new enrollment notices were generated in a timely manner, consistent with federal deadlines;
  - terminations complied with federal regulations.
- For the Individual Market eligibility and enrollment system, CalHEERS, Covered California continued to implement system enhancements and manual processes to improve the customer experience and better comply with federal regulations.
  - For instance, with CalHEERS Release 20.6, Change Request 153970 was implemented, which allowed customers to enter a residential address outside of California and the CalHEERS was programmed to deny these individuals eligibility to Covered California programs.
  - The auditor's assessment found that the CalHEERS system generally appears to be appropriately calculating APTC per the business requirements.

- The auditor’s review of Covered California Accounts Payable processes found that:
  - Covered California appropriately segregated incompatible duties, such as the creation and approval of a new vendor in FI\$Cal, between employees, had controls and processes in place to reduce the risk of duplicate payments, ensure only approved invoices were paid, and amounts invoiced were allowable per contract provisions, where applicable.
  - With the implementation of FI\$Cal, Covered California incorporated additional controls into the accounts payable process, such as a dedicated procurement module, invoices electronically tied to purchase orders with line-item detail, electronic review and approval of posting payments, electronic good receipts by BSB for non-information technology goods, automated system restrictions that prevent payment of duplicate invoice numbers, and supporting invoice documentation uploaded into FI\$Cal.
- Overall, the auditor’s review found that Covered California’s CalHEERS Disaster Recovery Plan complied with MARS-E and NIST requirements and addressed the key elements necessary to ensure system functionality for the continuity of business operations and protection of Personally Identifiable Information (PII) in the event of a disaster.
- The auditor’s review found that Covered California consistently contacted the customer upon resolution of the escalation.
- Covered California generally complied with federal regulations and appeals were generally processed in a timely manner.

In addition, among many other accomplishments, Covered California reported the following:

- Covered California experienced its highest new enrollment growth record since 2016, with more than 418,000 newly enrolled customers. As of September 2020, Covered California announced a record high of 1.53 million individuals enrolled in the program.
- In 2020, California introduced state-specific enhanced subsidies that benefited approximately 590,000 enrollees in Covered California.

- In response to COVID-19, Covered California announced that all medically necessary screening and testing for COVID-19 were free of charge, and all health plans available through Medi-Cal and Covered California offered telehealth options.
- Covered California was recognized by two different entities for its efforts to reach diverse ethnic communities to promote insurance coverage.
- In line with recommendations from the 2019 External Programmatic Audit, Covered California began a project to identify a single badge system across all Covered California worksites.
- Covered California deployed a redesigned consumer website that featured a modern new look and an easier to use, more intuitive user experience.
- Covered California fully implemented electronic invoice processing in response to Covered California COVID-19 telework and social distancing guidelines. In addition, the Financial Management Division reported that additional training provided reduced the number of expenditure corrections by 75 percent from the prior fiscal year.
- Covered California added new income types, enhanced the consumer experience of the online single streamline application, and implemented a hybrid approach for Digital Imaging Verification Solution (DIVS) processing to review fallouts in the DIVS system, reducing the number of manual workstream items.

The auditor's report presents the results from the 2020 External Programmatic Audit, recognizing Covered California's successes, its progress toward addressing prior audit findings and recommendations, and its commitment to continuous improvement. The auditor presents eight (8) findings that relate to Covered California's Individual Market and other operational programs and functions.

## CONCLUSION

Since the prior external programmatic audit, Covered California continued efforts to improve its operations and implemented processes to better ensure compliance with federal regulations. While the audit identified several areas where notable improvements were achieved, the audit also found that Covered California should continue to improve upon these efforts, as recommended, and thereby improve operational efficiencies and effectiveness; data integrity; and ensure compliance with federal regulations.

## COVERED CALIFORNIA'S OFFICIAL RESPONSE

The purpose of Covered California is to make health insurance more affordable and easier to purchase for small business and individuals. Our vision is to improve the health of all Californians by assuring their access to affordable, high quality care. Our mission is to increase the number of insured Californians, improve health care quality, lower costs, and reduce health disparities through an innovative, competitive marketplace that empowers consumers to choose the health plan and providers that give them the best value.

We appreciate the auditor's acknowledgment that since September 2014, Covered California's Individual Market enrollment has increased each year, with enrollment increasing from more than 1.1 million enrollments to over 1.5 million enrollments as of June 2020. During the 2020 benefit year Covered California continued with the efforts to improve its operations and implemented processes to better ensure compliance with federal regulations. Covered California continued to improve and build upon existing processes, implemented several CalHEERS system enhancements.

Covered California also appreciates the audit's recognition of areas where notable improvements have been achieved and will continue to improve upon those efforts. We acknowledge the importance of the issues identified in the eight (8) specific findings presented in the draft audit report and look forward to addressing each finding and recommendation.

In 2020, Covered California remained on the forefront of improving coverage affordability, promoting enrollment and retention, while at the same time responding to the impact of the historic COVID-19 pandemic. Covered California implemented new state premium subsidies, which made coverage more affordable for low-income Californians, and our state became the first in the nation to provide financial assistance to middle-income consumers previously ineligible to receive financial help.

Despite all of the constraints associated with operating during the COVID-19 pandemic, Covered California ended the 2020 calendar year with many great accomplishments as noted in the audit report. We appreciate the auditor's acknowledgement of some of those accomplishments and would like to highlight a few others, including Covered California's current work to implement the recently enacted federal American Rescue Plan which expands on California's efforts to make coverage more affordable:

- Covered California's investments in marketing and outreach, along with consumer-first policies, helped it reach a record enrollment of 1.53 million people.
- The statewide enrollment total as of January 15, 2021 is 200,000 higher than the sametime last year, with significant portions of low-income consumers and

communities of color, which are among the groups hardest hit by the COVID-19 pandemic.

- The record enrollment was bolstered by 289,000 people who signed up for coverage during the COVID-19 special enrollment period, including 21 percent who were previously uninsured.
- Covered California launched a special enrollment period on April 12, 2021 to allow Californians to benefit from lower health insurance premiums available through the American Rescue Plan.
  - The new law will help an estimated 2.5 million Californians, including the uninsured and people enrolled directly through a health insurance carrier, by injecting \$3 billion into the state's economy.
  - Many Californians will be able to get a high-quality, name-brand plan for as little as \$1 per month, or one with richer benefits for less than \$100 per month, but only if they sign up through Covered California.
  - Insured consumers who switch to Covered California could save up to \$700 per month on their coverage, giving them more money to put toward needs like housing, their business and retirement.
  - Covered California launched a new statewide ad campaign to show consumers how the new financial assistance could help them and encourage them to check out their options on CoveredCA.com.

Looking ahead, with the ongoing commitment to putting consumers first, promoting enrollment, and making the market work for California's consumers, Covered California entered the plan year 2021 with historically high enrollment, and in a strong financial position to continue meeting the needs of Californians.

## AUDIT FINDINGS, RECOMMENDATIONS AND CORRECTIVE ACTION PLANS

<b>Finding 1. Additional Controls Are Necessary to Ensure the Accuracy and Reliability of Data Maintained in CalHEERS and System Generated Reports</b>	
1.1	<p><i>To ensure the integrity and reliability of data maintained in CalHEERS and accuracy of system generated reports, Covered California should consider taking the following steps:</i></p> <ul style="list-style-type: none"><li>• <i>Continue its efforts to monitor the system administrator's processes and controls for ensuring data maintained in component systems is synchronized. As part of these efforts, Covered California should work with the CalHEERS project team to ensure CalHEERS system defects and cases impacted by the defects are resolved and fixed in a timely manner.</i></li><li>• <i>Continue to work with the CalHEERS project team to ensure there is a quality control review process in place when generating ad hoc system reports.</i></li></ul> <p><b>Response:</b></p> <p>Covered California agrees with the finding. The audit report identifies two areas where opportunities exist, and Covered California has started implementing the necessary controls.</p> <p><u>Opportunity 1: System Synchronicity</u> <b>Covered California is working with the CalHEERS Team to continuously refine the established data integrity process and ensure that monitoring and validation of the data in the two systems (GI and HBEX) is synchronized.</b> Following changes are being made:</p> <ul style="list-style-type: none"><li>• Automated weekly reports to flag data discrepancies for subsequent investigation. Identified discrepancies will be categorized and prioritized for resolution based on their business impact utilizing the existing defect management process.</li><li>• The existing defect management process will be used to prioritize issues, based on access to care, and volume of cases affected.</li></ul> <p><u>Opportunity 2: Review Process for Ad Hoc System Reports</u> Several discrepancies identified in the audit were a by-product of the way data was extracted for the ad hoc reports requested by the auditors. This was compounded by a lack of quality control review. <b>Covered California is implementing, with the CalHEERS project team, mitigating controls to include: a) a standard review process to accurately capture requestors' requirements for ad hoc reports and b) required validation processes.</b></p>



	<b>Completion Date:</b> June 2021
<b>Finding 2. Carrier Reconciliation Processes Are More Effective than in the Past, But Continued Improvements Are Necessary</b>	
2.1	<p><b><i>Covered California should review each carriers' processes for gathering and reporting enrollment information used for the monthly reconciliation to ensure those processes meet Covered California's expectations, are consistent, and result in accurate, reliable information being sent to Covered California.</i></b></p> <p><b>Response:</b></p> <p>Covered California agrees with finding 2 as indicated. Covered California will establish a carrier review process to improve the effectiveness of our Reconciliation Process</p> <p><b>Completion Date:</b> June 2022</p>
2.2	<p><b><i>Implement a process to review instances where carriers report Individual IDs that do not align with CalHEERS' assigned Individual IDs.</i></b></p> <p><b>Response:</b></p> <p>Covered California agrees with finding 2. Covered California will evaluate the current process and develop and implement an error-handling process for situations where carriers report misaligned individual IDs.</p> <p><b>Completion Date:</b> March 2022</p>
<b>Finding 3. Improvements are Needed to Ensure Full Compliance with Eligibility Determination and Enrollment Requirements</b>	
3.1	<p><b><i>To ensure only qualified individuals are enrolled in health plans offered by Covered California and receiving federal subsidies, Covered California should:</i></b></p> <ul style="list-style-type: none"> <li><b><i>• Move forward with its plans to resolve identified defects for the auto-discontinuance batch process;</i></b></li> <li><b><i>• Until automated system functionality is available, implement a manual process to identify cases exceeding the 95-day ROP and ensure timely manual verifications are conducted.</i></b></li> </ul> <p><b>Response:</b></p> <p>Covered California agrees with the auditors' finding and recommendations. Covered California is working to run sample batches starting in Q3 2021 to validate the outcome to ensure defects are fixed before turning on the ROP auto-discontinuance batch. Currently, we are not planning to conduct any manual discontinuance process,</p>

	<p>because of the unprecedented public health and economic crisis of the COVID-19 pandemic and the need to make immediate system enhancements to implement the American Rescue Plan.</p> <p><b>Completion Date:</b> June 2022</p>
3.2	<p><b><i>To ensure timely eligibility verifications, Covered California should continue its efforts to enhance manual verification processes and ensure enrollees deemed conditionally eligible are timely re-reviewed at the end of the 95-day ROP.</i></b></p> <p><b>Response:</b></p> <p>Covered California agrees with the auditors' finding and recommendation. The Service Center will continue efforts to improve processes to allow for timely processing of documents submitted through the manual verification process. Timely processing of verification documents ensures conditional eligibility is reviewed during the Reasonable Opportunity Period (ROP), providing a positive consumer experience. The Service Center will continue work to refine the process of assigning, categorizing and prioritizing items to be worked. Development of additional forecasting and tracking of ROP items will be completed by the Business Operations Unit to aid in completing work timely.</p> <p><b>Completion Date:</b> December 2021</p>
3.3	<p><b><i>To ensure notices sent to consumers are accurate and do not include conflicting information, Covered California should identify the cause for inaccurate information in notices and implement a system fix to address it.</i></b></p> <p><b>Response:</b></p> <p>Covered California agrees with the auditors' finding and recommendation. Covered California has implemented in March 2021 a system fix with CalHEERS release 20.2 that addressed a defect that was resulting in a blank ineligibility reason. Further, incorrect ROP dates are pending further research.</p> <p><b>Completion Date:</b> March 2021 for system fix; December 2021 for additional research</p>
3.4	<p><b><i>To ensure compliance with internal policies and procedures related to coverage start dates, Covered California should continue efforts for continual education for Service Center Representatives and conduct additional training when deficiencies or knowledge gaps are identified.</i></b></p>

	<p><b>Response:</b></p> <p>Covered California agrees with the auditors' finding and recommendation. The Service Center reviews compliance with most internal procedures. However, formal processes to review and monitor use of the manual override tool have not been developed, creating a risk of incorrect system usage and policy application. The Service Center will review the feasibility of developing a monitoring process to review the work completed using the manual override tool.</p> <p><b>Completion Date:</b> December 2021</p>
<p><b>Finding 4. Additional Review of CalHEERS APTC Calculations is Warranted</b></p>	
<p>4.1</p>	<p><b><i>As previously recommended, Covered California should update its business requirements to round the applicable percentage to the nearest one-hundredth percent.</i></b></p> <p><b>Response:</b></p> <p>Covered California agrees with the finding and will move forward with a Change Request to fix the rounding issue.</p> <p><b>Completion Date:</b> June 2022</p>
<p>4.2</p>	<p><b><i>Covered California and the CalHEERS project team should proceed with the planned system changes in CalHEERS Release 21.6 and monitor the system to ensure the changes are working as planned and designed.</i></b></p> <p><b>Response:</b></p> <p>Covered California agrees with this recommendation and will implement the planned system changes in CalHEERS Release 21.6 scheduled for June 2021.</p> <p><b>Completion Date:</b> June 2021</p>
<p>4.3</p>	<p><b><i>Covered California should ensure Service Center Representatives follow established policies and procedures when manually adjusting cases.</i></b></p> <p><b>Response:</b></p> <p>Covered California agrees with the auditors' finding and recommendation. The Service Center's Quality Assurance team will review cases involving manual adjustment of data, The Service Center Internal Compliance and Support Branch will review the workload and conduct a feasibility study of developing a monitoring process.</p>

	<b>Completion Date:</b> December 2021 for feasibility study
<b>Finding 5. Opportunities Exist to Improve Accounts Payables Processes</b>	
5.1	<p><b><i>BSB management should monitor P-Card purchases to identify instances where established policies are not followed and conduct additional training with P-Card buyers to better ensure buyers are aware of guidelines and processes for using P-Cards.</i></b></p> <p><b>Response:</b></p> <p>Covered California agrees with the auditors' finding and recommendation. BSB management monitors P-Card purchases per the Department of General Services CalCard program. Controls in cardholder accounts were updated to ensure: a) unauthorized transactions cannot be updated by the cardholder and b) thresholds within US Bank cannot be changed without an Approver. BSB is also reviewing current CalCard training. BSB has implemented controls, including added review levels with new management positions to allow agile changes when responding to an emergency such as COVID-19.</p> <p><b>Completion Date:</b> June 2021</p>
5.2	<p><b><i>Covered California should work to ensure invoice dates and the dates invoices are received are accurately recorded in FI\$Cal.</i></b></p> <p><b>Response:</b></p> <p>Covered California agrees with the auditors' finding and recommendation. Covered California has started remediation to improve the accuracy of invoices' "received date" information in the State's FI\$CAL accounting system, The Financial Management Division has initiated a system request to create a DocuSign invoice approval process, that can be cross referenced with FI\$CAL to ensure accurate reporting.</p> <p><b>Completion Date:</b> March 2022</p>
5.3	<p><b><i>To reduce the risk of late payment penalties and ensure payments to vendors for goods/services received are issued timely, update mail settings to ensure vendor invoices are not sent to the "junk mailbox"; use FI\$Cal, the official system of record, to track payments and identify late payments, and review processes to assess the cause when payment are issued after 45 days of receiving the invoice.</i></b></p> <p><b>Response:</b></p> <p>Covered California agrees with the auditors' finding and recommendation. Covered California has started remediation to improve the accuracy of invoices' "received date" information in the State's FI\$CAL accounting system thereby facilitating timely vendor</p>

	<p>payments and reducing the risk of late payment penalties, The Financial Management Division has initiated a system request to create a DocuSign invoice approval process, that can be cross referenced with FISCAL.</p> <p><b>Completion Date:</b> March 2022</p>
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**Finding 6. Covered California Disaster Recovery Plan for CalHEERS Conforms to Standards; Yet, Implementation of the Plan Could be Improved**

6.1	<p><b><i>To better ensure the CalHEERS Disaster Recovery Plan is implemented as intended, Covered California should:</i></b></p> <ul style="list-style-type: none"> <li>• <b><i>Work with the CalHEERS project team to clarify the frequency and scope of training for disaster recovery-related system users in the coming Operations and Maintenance manual update in March 2021.</i></b></li> <li>• <b><i>Establish a timeline to update its Site Risk Analysis to take into account current and planned changes in the CalHEERS’ risk environment</i></b></li> </ul> <p><b>Response:</b></p> <p>Covered California agrees with both recommendations. Covered California, with the CalHEERS project team, has started to update the CalHEERS Disaster Recovery Plan, adding details that clarify the frequency and scope of training for disaster recovery-related systems. Additionally, Covered California and the CalHEERS project team have set a timeline to complete its Site Risk Analysis document. With the CalHEERS’ transition to the Cloud in May 2021, the CalHEERS Project Team is also updating the disaster recovery plan to align with the new Cloud architecture.</p> <p><b>Completion Date:</b> October 2022</p>
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**Finding 7. Escalation Process is Effective, but Opportunities for Improvement Identified**

7.1	<p><b><i>To ensure optimal customer experience, Covered California should contact the customer within established timelines if it is necessary to resolve the case.</i></b></p> <p><b>Response:</b></p> <p>Covered California agrees with the auditors’ finding and recommendation. During peak escalation volume periods, timeframes for initial consumer contact were not met by the Escalations Resolution and Priority Support Units. To align with the Service Center’s goal of providing a positive consumer journey, established timeframes should be adhered to. The Service Center will assess potential improvements to the escalation process to identify opportunities for further enhancement. An Escalation Workgroup will review current processes and make recommendations for further improvements, with a goal of improving escalation volumes and the consumer journey.</p> <p><b>Completion Date:</b> December 2021</p>
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7.2	<p><b><i>Covered California should assess whether escalation resolution timelines and targets should be established.</i></b></p> <p><b><i>Response:</i></b></p> <p>Covered California agrees with the auditors' finding and recommendation. The Service Center currently has timelines established for initial consumer contact for each escalation type. Although timelines are established for initial consumer contact, due to the complexity of work and dependence on external partners to assist in the resolution of many escalations, the Service Center has not established timelines or targets for escalation resolution. The Service Center will review the feasibility of establishing target resolution timeframes. An Escalation Workgroup will review current escalation processes and will be tasked with reviewing whether resolution targets can be established and reported on.</p> <p><b><i>Completion Date:</i></b> December 2021</p>
7.3	<p><b><i>Move forward with plans to revise the Escalation Resolution Unit's written procedures and ensure process changes are incorporated.</i></b></p> <p><b><i>Response:</i></b></p> <p>Covered California agrees with the auditors' finding and recommendation. The Service Center has continued to work to improve escalation processes and will revise the Escalation Resolution Unit's written procedures to ensure process changes are incorporated.</p> <p><b><i>Completion Date:</i></b> December 2021</p>
<p><b>Finding 8. Appeals Processes Adhered to Regulatory Requirements, But Did Not Always Comply with Covered California's Established Policies</b></p>	
8.1	<p><b><i>Covered California should ensure the staff in Service Center, Ombuds Office, and Legal Affairs adhere to internal policies and procedures.</i></b></p> <p><b><i>Response:</i></b></p> <p>Covered California agrees with the auditors' finding and recommendation. Internal policies and procedures related to Appeals processing and consumer contact are instrumental in ensuring a positive consumer journey. Covered California is establishing improved controls to ensure staff adherence with internal policies and procedures.</p> <p><b><i>Completion Date:</i></b> June 2022</p>
8.2	<p><b><i>The Ombuds Office should implement procedures to periodically verify decision outcomes logged in CRM are consistent with the decision outcomes logged in ACMS. In addition, as analyst process appeals, staff should contact CDSS if</i></b></p>

	<p><b><i>there are questions on the decision or discrepancies noted between ACMS and CRM.</i></b></p> <p><b><i>Response:</i></b></p> <p>Covered California agrees with this recommendation. The Ombuds Office will perform monthly reporting checks between ACMS and Salesforce. Decision dispositions will be compared and researched. Findings will be shared with CDSS quarterly starting June 2021. Separately, to ensure ACMS reflects the agreed-on disposition, additional validation and documentation by the Ombuds analyst will include: a) reaching out to CDSS to clarify which disposition is correct and b) capturing in Salesforce case notes this clarification conversation with CDSS.</p> <p><b><i>Completion Date:</i></b> June 2022</p>
8.3	<p><b><i>Continue working with CDSS to ensure decisions are issued timely and contain accurate language.</i></b></p> <p><b><i>Response:</i></b></p> <p>Covered California agrees with this recommendation. Covered California will continue to work with CDSS. Additionally the Ombuds Office will implement the following controls: a) staff training to contact CDSS when a decision does not use the dual order language, b) tracking the occurrence of these cases, and reviewing the number of these cases with CDSS and Service Center appeals in the regular monthly meetings, and c) sending CDSS routine reminders for judges to use the approved order language.</p> <p><b><i>Completion Date:</i></b> December 2021</p>