



COVERED CALIFORNIA INDEPENDENT EXTERNAL AUDIT: 2019 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 2019 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 sent to consumers and consumer employers, manual verification workstreams (including the newly implemented digital imaging verification solution), income calculation business requirements, and processes to identify and contact individuals transitioning out of Medi-Cal;
- Assess the effectiveness of the controls and policies established by Covered California to protect personally identifiable information (PII) and personal health

information retained in the California Healthcare Eligibility, Enrollment, and Retention System (CalHEERS) from being inappropriately accessed, used, and/or distributed by external contractors are consistently followed by Covered California staff;

- Evaluate the efficiency and effectiveness of Covered California’s offboarding processes when an employee either permanently or temporarily separates, including processes to collect information technology assets assigned to employees, disable employee access to buildings, and remove access to information systems;
- Assess the efficiency and effectiveness of Covered California’s processes related to Integrated Fraud Management, including internal processes for evaluating claims and processes to refer claims to external entities;
- Evaluate the effectiveness of the controls and policies established by Covered California to protect PII from being inappropriately accessed, used, and/or distributed are consistently followed by Covered California staff, with a focus on reviewing processes in place to ensure compliance with the Privacy Impact Assessment;
- 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, 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 Individual Market enrollment has increased each year, with enrollment increasing from more than 1.1 million enrollments to nearly 1.4 million enrollments as of March 2019. Covered California saw a record number of consumers renew their coverage for plan year 2019, with 89 percent of enrolled consumers in December 2018 renewing and paying their coverage in January 2019.

During the 2019 benefit year, Covered California continued its effort to improve and build upon existing processes; implemented internal controls to better ensure information reported to external entities, including Centers for Medicare and Medicaid

Services (CMS) and consumers, was accurate and reliable; and took steps to better ensure compliance with federal requirements.

- Covered California implemented several system updates to the Individual Market eligibility and enrollment system, CalHEERS, to improve system functionality, consumer experience, and better comply with federal regulations. For instance:
 - The Federal Data Services Hub response for Non-Employers Sponsored Insurance (Tricare, Medicare, Peace Corp, & Veterans) is now factored in the eligibility determination effective as of 2020 Renewals.
 - A system update was implemented in October 2019 that allows CalHEERS to automatically send notifications to consumers where a “failure to file and reconcile” code was received from the Internal Revenue Service (IRS).
- Covered California developed a process to send ad-hoc notices to consumers that failed to file a tax return and reconcile advance premium tax credit (APTC) benefits received.
- In 2018, Covered California implemented a new digital imaging verification system (DIVS), to allow near instantaneous verification of certain documents submitted to Covered California.
- In late 2018, Covered California implemented a manual process to notify employers whose employees enrolled in an IAP.
- The auditor’s testing of Individual Market eligibility determinations and enrollment federal requirements found:
 - Covered California timely generated and sent IRS Form 1095-A to consumers;
 - Covered California timely and accurately generated renewal and new enrollment notices;
 - Covered California terminations complied with federal regulations;
 - Covered California expanded termination reason categories in CalHEERS to capture all reasons why a consumer’s coverage might be terminated.

- The auditor’s review of Covered California processes related to integrated fraud management found that Covered California had established reasonable processes for evaluating claims and referring claims to external entities.

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

- To help ensure that it reached diverse communities, Covered California conducted four round tables throughout the state to discuss hot topics these populations were facing in 2019.
- Covered California updated its website to help consumers better understand subsidies and how Covered California works.
- Covered California coordinated the legislatively mandated AB 1810 stakeholder workgroup process and the release of the report, “Options to Improve Affordability in California’s Individual Health Insurance Market.” The findings from the report informed discussions with the Governor and the Legislature through the budget process.
 - The Governor and the Legislature adopted new state subsidies to expand affordability and—for the first time—provide financial help for eligible middle-class Californians who earned too much to qualify for federal assistance and restored the individual mandate requiring Californians to have health insurance in 2020 or pay a penalty.
- In June 2019, the Communications and Public Relations Division won three awards in the National Association of Government Communicators’ 2019 Blue Pencil & Gold Screen Awards Competition.

While Covered California improved its many operational processes and internal controls, the auditors found that the opportunities for further enhancements still exist. In this report, the auditors present eight (8) findings that relate to Covered California’s Individual Market and other Covered California operational programs and functions:

- The first three findings relate to the security of PII, including access to the CalHEERS system, reporting of privacy incidents, physical building security, and recovery of information technology assets.
- The fourth through sixth findings relate to Covered California’s compliance with federal requirements related to Individual Market eligibility and enrollment.

- The remaining two findings address Covered California’s implementation of DIVS, and oversight of system generated notices sent to consumers.

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

Since first opening its doors in 2014, Covered California dramatically improved access to quality health care in the state of California. In 2019, Covered California continued to put Californians first by giving them a broad choice of health plans and benefits. The new state subsidy program has enabled California to continue to build on its success by further lowering health care costs for hundreds of thousands of Californians.

The context for the 2019 External Programmatic Audit and Covered California’s formal response is anchored in Covered California’s continuation to offer millions of Californians access to a competitive health insurance marketplace. This programmatic audit found that Covered California continued efforts to improve its operations and identified several areas where notable improvements were achieved. Covered California agrees with the report’s overall observations that Covered California:

- Continued its efforts to improve and build upon existing processes;
- Implemented and improved internal controls to better ensure information reported to external entities was accurate and reliable;
- Implemented and improved processes to better ensure compliance with federal requirements.

Regarding the specific Audit Findings and Recommendations, Covered California appreciates that the auditor described the opportunities for improvement. Many of those were already “in the works,” but in all cases they raise issues Covered California agrees with and reflect recommendations that Covered California believes are sound and which Covered California will act on. The recommendations address security of PII; compliance with federal requirements related to individual market eligibility and enrollment; implementation of the DIVS; and oversight of system generated notices sent to consumers.

The observations mentioned above occurred in yet another strong year during which Covered California achieved more growth and significant accomplishments. Some of those highlights are mentioned in the audit report and a few others are listed below:

- At the end of the open enrollment for 2019 benefit year, nearly 300,000 Californians newly signed up for health care coverage through Covered California, while more than 1.2 million renewed their coverage, which is 7.5 percent higher than at the end of the open enrollment in 2018.
- In the 2019 benefit year, Covered California partnered with 105 community-based organizations throughout California to offer education and in-person enrollment and renewal assistance.
- In 2019, Covered California negotiated average premium rate changes for the 2020 benefit year to a historic low of just 0.8 percent premium increase, becoming the lowest average change since Covered California's launch.
- Covered California implemented new California state affordability initiatives for 2020, specifically the state subsidy program, designed to lower costs for Californians and encourage enrollment.
- All 11 health insurance companies returned to the Covered California market to offer health insurance to Californians for the 2020 benefit year, with 87 percent of Californians being able to choose from three carriers or more. Some carriers expanded their coverage areas, giving nearly all Californians a choice of two carriers.
- During the most recent open enrollment period for the 2020 benefit year, over 1.1 million consumers renewed their health care coverage. In addition, over 418,000 Californians newly signed up for coverage during the 2020 open enrollment, which is 41% higher than the 2019 open enrollment period.
- At the end of the open enrollment for benefit year 2020, over 700,000 Californians who were eligible for the state subsidy program selected a health care plan through Covered California. The average state subsidy for eligible middle-income Californians — who previously were ineligible for any financial assistance — was \$504 per month, and more than 1 in 10 of those receiving help had their monthly premium lowered by over \$1,000.
- The California State Auditor removed Covered California from their list of high-risk entities. Covered California proactively mitigated risks from federal changes to the ACA and, as a result, continues to be a viable agency with strong financial resources and reserves necessary to maintain sustainability and operate responsibly over the near and long-term.

Sjoberg Evashenk Consulting, Inc.'s observations and recommendations will be given great consideration as Covered California continues to improve upon its efforts, operational efficiencies and effectiveness, and ensure compliance with federal regulations. Covered California developed an appropriate corrective action plan (CAP) to address the auditor's recommendations.

AUDIT FINDINGS, RECOMMENDATIONS AND CORRECTIVE ACTION PLANS

Finding 1. Additional Controls Are Necessary to Ensure Contractor Access to CalHEERS is Appropriate

1.1

Recommendation: To reduce the risk of inappropriate access to Personally Identifiable Information (PII) and other confidential information when a contractor employee separates or changes job duties, Covered California should consider taking the following steps:

- Conduct further review of the list of users identified by the audit where access granted appears to be inappropriate to determine the root cause and disable the active California Healthcare Eligibility, Enrollment & Retention System (CalHEERS) accounts identified, where appropriate.
- Enhance the current contractor access audit process to include CalHEERS system generated user access reports as part of the access review process. Expand the review process to include user roles and request that contractors confirm access levels are still needed based on current job duties.
- Work with the CalHEERS project team to ensure CalHEERS system functionality to automatically disable user accounts exceeding the established 60-day threshold are working as intended and monitor suspected reasons why users still appeared on the active user list to ensure complete offboarding from CalHEERS.
- Provide formal guidance to program areas responsible for overseeing contractors on the expectations of contractors, including timeframes for reporting required changes to contractor employee access to CalHEERS, such as for leave of absences and change of job duties.

Response: Covered California agrees with the auditors' recommendation. To reduce the risk of inappropriate access to PII and other confidential information when a contractor employee separates or changes job duties, Covered California will take the following actions:

- Covered California will review the list of users to determine the root cause and disable the accounts identified, where appropriate.

	<ul style="list-style-type: none"> • Covered California will strengthen controls in place and establish processes and procedures to ensure contract managers and stakeholders enforce and are accountable for the proper management of users accounts for the contractors under their administration. • Covered California will work with CalHEERS to evaluate and confirm compliance of the process to automatically disable accounts after 60 days of inactivity. All gaps identified will be prioritized and pursued with CalHEERS while engaging all impacted Covered California program areas. • Covered California will establish the appropriate cross-area governance structure that will develop the required processes and enforcement mechanisms for user account management and the corresponding controls across the agency to ensure regulatory compliance.
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Finding 2. Covered California did not Always Report Suspected Privacy Incidents within the Required One-hour Timeframe

2.1	<p>Recommendation: To better ensure security and privacy incidents are reported within the required one-hour timeframe and ensure the consistency of incident reporting, Covered California should establish clear guidelines of when the one-hour reporting window begins, ensure the procedures are followed, define what constitutes a suspected information security and privacy incident, and increase oversight of incident reporting performance.</p> <p>Response: Covered California agrees with the auditors’ recommendation and will update and revise its current Incident Reporting Task Guide (Guide) to better clarify when the one-hour incident reporting begins. Additionally, current legal definitions of what constitutes both a “Privacy Incident” and a “Security Incident” will be incorporated into the revised Guide. To improve incident reporting oversight, the Privacy Office Incident Management system will be upgraded to permit Covered California to generate ad-hoc reports which measure and summarize the Centers for Medicare and Medicaid Services (CMS) reporting times for Privacy Incidents.</p>
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Finding 3. Established Procedures for Employee Separations Were Not Always Followed and Opportunities Exist to Streamline and Enhance Processes

3.1	<p>Recommendation: To ensure that physical safeguards protecting against unauthorized or inappropriate access of PII are properly implemented and adhered to, Covered California should further explore current badge system functionality and reporting capabilities.</p> <p>Response: Covered California agrees with the auditors’ recommendation and will assess its current badge system functionality and reporting capabilities. Currently, Covered California has standalone badging systems at each location that are not on the network, where each location has different reporting capabilities. Covered</p>
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	California will research, design and implement a solution to consolidate all badging systems on the network.
3.2	<p>Recommendation: To prevent unauthorized access to PII, Covered California should take steps to ensure program area managers are aware of expectations to submit an offboarding ticket to Covered California Information Technology Division (CC IT) in a timely manner.</p> <p>Response: Covered California agrees with the auditors' recommendation. Covered California divisional areas are aware of provisioning timeline for the onboard and offboard tickets. Also, Covered California established a new employee separation process. The technology was developed in August 2020 and Covered California is working on the communication and training material to be sent to all supervisors and managers. We are also discussing how often the training material should be recommunicated.</p>
3.3	<p>Recommendation: Covered California should continue progress towards implementing a single streamlined offboarding process that enables Covered California to track and manage the offboarding process.</p> <p>Response: Covered California agrees with the auditors' recommendation. Covered California developed a new employee separation process. The technology was developed in August 2020 and we are working on the communication and training material to be sent to all supervisors and managers.</p>
<p>Finding 4. Continued Improvements are Warranted to Ensure Full Compliance with Federal Requirements for Individual Market Eligibility Determinations and Enrollment</p>	
4.1	<p>Recommendation: To ensure only qualified individuals are enrolled in health plans offered by Covered California and receiving federal subsidies, Covered California should:</p> <ul style="list-style-type: none"> • Move forward with its plans to resolve identified issues for the auto-discontinuance batch process; • Implement an annual verification process for passive enrollments to ensure that all required verifications are completed annually; • Implement a manual process to identify cases exceeding the 95-day reasonable opportunity period (ROP) and ensure timely manual verifications are conducted. <p>Response: Covered California agrees with the finding, but not all the recommendations.</p>

	<ul style="list-style-type: none"> • Covered California will move forward with plans to resolve identified system issues for the auto-discontinuance batch process by updating the CalHEERS system functionality. • Covered California, via CalHEERS, already completes an annual verification process for passive enrollments to ensure that required verifications are completed annually. • Covered California considered setting up a manual ROP process for cases exceeding the 95-days. This was planned to be a manual workaround until CalHEERS could be updated and the system issues resolved. However, Covered California agrees that the current administrative burden is too high and the manual verification process cannot be re-established before the first quarter of 2021.
4.2	<p>Recommendation: 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.</p> <p>Response: To further enhance processes, Covered California developed dedicated manual workstream (MWS) teams that are focused on working manual verifications and other MWS items. This allows for more consistent processing and prioritization of manual verifications. Additionally, Covered California revised internal processes to allow for more efficient scheduling of the MWS process when call volumes permit. Covered California continues to enhance the MWS process, including improvements to the Document Imaging Verification System (DIVS) and a potential Business Process Management (BPM) Solution.</p>
4.3	<p>Recommendation: Covered California should continue efforts to ensure Service Center Representatives are familiar with established policies and procedures related to appropriate documentation that can be used to verify applicants' eligibility.</p> <p>Response: Covered California will explore additional training opportunities related to manual verification processes. Additionally, Covered California will develop an evaluation processes to review manual work processed for accuracy. Information obtained through evaluation will be used to further train and develop staff.</p>

4.4	<p>Recommendation: To ensure notices sent to consumers are accurate and do not include conflicting information, Covered California should move forward with its plans to implement system updates to address the conditional eligibility notice issues identified.</p> <p>Response: Covered California agrees with the finding and the recommendation. Covered California successfully implemented system updates to address this issue in February 2019.</p>
4.5	<p>Recommendation: To ensure compliance with internal policies and procedures related to sending conditionally eligible consumers reminder notices, Covered California should move forward with its plans to update the CalHEERS system to address the issue.</p> <p>Response: Covered California agrees with the finding and recommendation. While the Reasonable Opportunity Period Reminder Notice is not a required notice, Covered California continues to ensure accurate information is relayed to the consumer.. Covered California successfully implemented system updates to address this issue in February 2019.</p>
4.6	<p>Recommendation: To ensure employers are notified when an employee indicates they do not receive minimum essential coverage and receive APTC benefits, Covered California should:</p> <ul style="list-style-type: none"> • Implement a timelier process for notifying employers; • Review the ad-hoc CalHEERS report used to identify employers that should receive a notice to ensure it captures all relevant cases; • Consider updating CalHEERS system functionality to require a valid address be provided when an enrollee provides an employer name. <p>Response: Covered California agrees with this finding and part of the recommendation.</p> <ul style="list-style-type: none"> • Covered California is currently notifying employers and is moving toward the distribution of notices quarterly when administratively feasible. • Covered California accepts the risk related to the review of the ad-hoc report to ensure all relevant cases are captured in the report. Unfortunately, it is not feasible to manually review all consumer files (over 1.5 million) to ensure 100% compliance. However, Covered California performs internal validations on ad-hoc reports by randomly selecting cases to confirm accuracy.

	<ul style="list-style-type: none"> Covered California is in the planning stages of improving the automatic address validation during the application process.
4.7	<p>Recommendation: To ensure only eligible individuals receive APTC benefits, Covered California should update its processes to discontinue APTC benefits when an appeal decision is issued in favor of an employer.</p> <p>Response: Covered California disagrees with the recommendation. Covered California concluded that the burden to report changes and discontinue eligibility remains with the consumer per 45 CFR 155.555(l)(2). The Appeal’s entity processes and sends notices to the consumer when decisions are rendered.</p>
4.8	<p>Recommendation: Covered California should continue efforts to work with carriers to ensure the three-month grace period is appropriately applied and the correct benefit termination date used. In addition, it should consider conducting additional analysis to ensure carriers are applying the correct end-date when terminating consumers enrolled in an IAP for non-payment.</p> <p>Response: Covered California agrees with the auditors’ recommendation. Federal regulations require carriers to provide consumers enrolled in an IAP with a three-month grace period for non-payment. If the customer fails to pay during the grace period, the customer’s enrollment is terminated back to the last day of the first month of the grace period.</p> <ul style="list-style-type: none"> In 2019, Covered California updated the reconciliation process to include data validations and monitoring tools that evaluate how effectively the carriers are applying the grace period. In June 2020, Covered California began reconciling financial attributes to its monthly carrier reconciliation process, which enhances Covered California's analysis to ensure carriers are applying the correct end-date when terminating customers for non-payment. Covered California may consider additional improvements to the reconciliation process by requiring carriers to confirm they implemented the updates assigned during the reconciliation process.
<p>Finding 5. Although Improved, the Reconciliation of Covered California’s and Carrier Enrollment Records Remains Incomplete</p>	
5.1	<p>Recommendation: Covered California should move forward with its plans to include financial attributes as part of the reconciliation process.</p> <p>Response: Covered California agrees with the auditor’s recommendation. Since the beginning of the Reconciliation of Enrollment and Membership (REM) process,</p>

	<p>Covered California implemented data validations and monitoring tools to identify and track financial data discrepancies. As an ongoing effort to improve the accuracy of enrollment and financial data, in 2019, Covered California began developing process enhancements designed to evaluate and address financial data discrepancies. In June 2020, Covered California completed the implementation of the Financial Reconciliation process, which occurs monthly.</p>
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5.2	<p>Recommendation: Covered California should consider reviewing 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.</p> <p>Response: Covered California agrees with the auditors' recommendation. As a part of ensuring that carriers can effectively participate in the reconciliation process, Covered California communicates its expectations with carriers regularly and provides carriers with reconciliation guides and reports, including data and root causes analyses. These discussions also include the carrier's mitigation strategies, corrective action plans, and implementation activities.</p> <p>To further improve its process, Covered California will: 1) request submission of each carriers' processes for gathering and reporting enrollment information used for the monthly reconciliation, 2) review each carriers' processes to ensure those processes meet Covered California's expectations as outlined in our process guides, and 3) if issues are found with the carriers' processes, work with carriers to resolve deficiencies.</p>
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Finding 6. Additional Review of CalHEERS Business Rules Used to Calculate Income is Warranted

6.1	<p>Recommendation: To ensure all income and deduction types included in the CalHEERS business rules for calculating income to determine eligibility for participation in an IAP offered by Covered California are appropriate and align with applicable regulations and code, Covered California should conduct an additional review of its business requirements for calculating income and determine whether current requirements should be amended.</p> <p>Response: Covered California agrees with the auditors' finding. Since this audit concluded, Covered California updated CalHEERS in February 2020 to include income based on the Tax Cuts and Job Act rule. Covered California acknowledges the recommendation to list all income and deduction types. However, to ensure a positive consumer experience, it is important to provide income information that is not overwhelming to consumers. California has an integrated eligibility system with Medicaid (Medi-Cal); therefore, CalHEERS provides a link (hosted on the state's Department of Health Care Services website) to a chart detailing a comprehensive list of income for both programs. The application features a large list of income sources</p>
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	and consumers can include other sources not listed under the “miscellaneous” option. Income or deductions entered under miscellaneous will be consider in the eligibility determination and subsidy calculations.
6.2	<p>Recommendation: Covered California should provide applicants with additional guidance as to the income types to include in the "miscellaneous" income category and deduction types to include in the "other" deduction category.</p> <p>Response: Covered California acknowledges this recommendation. However, the current language advises consumers to enter any other taxable income not listed, provides examples, and provides a link to a comprehensive list. Covered California is committed to ensuring a positive consumer experience and the CalHEERS pages are periodically reviewed and updated as needed.</p>
<p>Finding 7. While the Document Imaging Verification System (DIVS) is Working as Intended Opportunities Exist to Enhance System Functionality and the Benefits of System Are Not Yet Fully Realized</p>	
7.1	<p>Recommendation: In order to fully assess any cost savings obtained, Covered California should begin tracking and reporting the cost of conducting manual verifications and analyze changes in costs and workload over time.</p> <p>Response: Covered California agrees with the auditor’s recommendation. Covered California will review the feasibility of developing a reporting methodology that will allow for assessing the costs related to working manual verifications.</p>
7.2	<p>Recommendation: Covered California should continue its efforts to enhance system functionality to improve the document verification pass rate and increase the volume and types of documents processed through the system.</p> <p>Response: Covered California agrees with the auditors’ recommendation. When DIVS was implemented, the pass rate was lower than expected. Since its initial implementation, DIVS was updated to identify and pass additional documents. As a result of these improvements, the DIVS pass rate increased from 7.8 percent (in January 2020) to 16.15 percent (in June 2020). Covered California continues to review and assess opportunities to identify enhancements to DIVS, in order to improve the document verification pass rate.</p>
7.3	<p>Recommendation: To address DIVS results display issues in CalHEERS, Covered California should move forward with plans to update the system to resolve the system issue.</p> <p>Response: Covered California agrees with the auditors’ recommendation. The DIVS results display issues in CalHEERS will be addressed and additional system</p>

	functionality will be considered to indicate when a document has been verified by DIVS.
Finding 8. Multiple Eligibility Notices Were Sent to Consumers	
8.1	<p>Recommendation: Covered California should continue its efforts to monitor the multiple notice dashboard to quickly identify and resolve any future eligibility notice issues.</p> <p>Response: Covered California agrees with the finding and the recommendation. Covered California continues to make efforts to identify and resolve any future over-generation of eligibility notices. Covered California’s long-term goal is to implement a solution that will further enhance the generation of notices. The solution is still under development and is currently prioritized for the third quarter of 2021.</p>