Marketing, Outreach, and Enrollment Assistance (MOEA)
Advisory Group Meeting Minutes

Thursday, March 3, 2022 from 1:00 PM – 4:00 PM
GoToWebinar Platform
Meeting Registration Link:
https://attendee.gotowebinar.com/register/5483014219288828684

Webinar Participation:

Members:	Member Organization:
1. George Balteria	Collective Choice Insurance Solutions
2. Douglas Matthews	Anthem Blue Cross
3. Cindy Keltner	California Primary Care Association
4. John l'Anson	Kaiser Permanente
5. Hugo Morales	Radio Bilingue, Inc.
6. Alicia Emanuel	National Health Law Program
7. Michael Bergstrom	Neighborhood Health Insurance Center
8. Kerry Wright	Wright-Way Financial Insurance
9. Angela Cheda	Blue Shield of California
10. Andrea Espinoza	Molina Healthcare
11. Pamela Moore	Redwood Community Health Coalition
12. *Brian Cassell	HealthMarkets Insurance Agency
13. Njeri McGee Tyner	Alameda Health Consortium
14. Rachel Linn Gish	Health Access California
15. Roberto Ortiz	California Plans Insurance
16. Seciah Aquino	Latino Coalition for a Healthy California
17. Weiyu Zhang	California Pan-Ethnic Health Network
18. Cori Racela	Western Center on Law & Poverty
19. Hellan Dowden	Teachers for Healthy Kids
20. Joseph Gabra	Accounting Rivers
21. Bianca Blomquist	Small Business Majority

*The member was represented in the meeting by a colleague of the member's organization

Public:	Member Organization:
22. Doreena Wong	Asian Resources, Inc.

Agenda by Items:

**Comments, questions, or feedback made during or after each section are bulleted and followed by the member's name who made the remarks. Additionally, comments have been condensed and paraphrased. Pending comments or questions are highlighted in yellow for Covered California to follow up and respond via the MOEA Advisory Group Quarterly Summary Report.*

Item I. Call to Order and Agenda Overview:

- George Balteria, MOEA Chair called the meeting to order.

Item II. Administrative:

A. MOEA Welcomes New Co-chair, Cindy Keltner
B. Discussion of MOEA Membership Sunsetting August 2022

**MOEA member and public comments will be made after each section*

Item III. Covered California

A. Welcome

B. Health Equity and Quality Transformation Updates

- Michael Bergstrom: Good idea to have financial incentives to help improve health outcomes. Would like to understand a little bit more about the tolerances that are going to be given for the socioeconomic dynamic of it because it does seem a little concerning that some of the health plans, for example, are higher priced, have smaller number of enrollees, and may have healthier enrollees, or they may have sicker enrollees, or plans that service specific demographics like for us, we work primarily with Latinos. So, there's a lot of plans that have a heavy consumer base in that demographic, for example, in rural areas. And my concern is that when we look at the how this is planned out, it doesn't consider the morality or socioeconomic aspects of it. So, I'd like to understand a bit more about the tolerances that will be given for that because the outcome could eventually be either punishing these folks who are with these plans that are working in these communities, as well as dissuading other plans from coming in or just waiting for plans to expand to those areas that we all know need additional plans or additional support.

    - Dr. Chen: Your point is well taken. I think the healthier piece will probably be addressed by our risk adjustment protocols that we get from Centers for Medicare & Medicaid Services equations, but I think to your point, around differential population served, that's exactly what I was sounding before, which is, we absolutely recognize that there are some of our health plans, particularly in the rural areas, for which there just isn't as much a provider

infrastructure or some health plans that are taking care of more limited English speaking patients or more of certain racial and ethnic groups. We are in conversation with Medi-Cal, Department of Managed Health Care (DMHC) and with Centers for Medicare & Medicaid Services (CMS) because everyone is grappling with the same question. At the same time, if a health plan is targeting Latino patients as its preferred population, our thinking is also that part of that consumer focus should be developing culturally and socio economically relevant support services in the same way we see California Advancing and Innovating Medi-Cal (CalAIM) doing. It's a both/and - we don't want to unfairly penalize people and create a vicious cycle, and we also want to hold health plans accountable, particularly if they have a special expertise in a given population.

- Pamela Moore: I have a question about plans to incorporate client feedback on their experience with Qualified Health Plans as part of your quality improvement initiative. For example, is there a plan to survey clients around their ease of use and accessing benefits like behavioral health, are they having trouble getting appointments? Are they having trouble getting assistance from the health plan and ensuring that they know what what's available to them? And how to access that care? Will that be part of the rating system? What considerations do you have about how weighted that is and looking at quality improvement for the health plans?

    - Dr. Chen: I'm so glad that you raised that because that has been an important area of discussion for us. And, again, I know the slides were dense and a little wonky, but the part on the performance guarantees we called out enrollee experience, precisely because we have similar concerns, we want to make sure that the voice of our enrollees doesn't get lost. So as part of the Quality Rating System (QSR), there's the getting right care component of Quality Rating System (QRS), but there's also (CAHPS) which is the Consumer Assessment of Health Plan Survey. I may not be getting the acronym completely right, but it's a nationally sanctioned, consumer survey. We are also talking with Medi-Cal and California Public Employee's Retirement System (CalPERS), about developing better measures of consumer experience because frankly, the Consumer Assessment of Health Plan Survey (CAHPS) has low response rate and it's very long and unwieldy. So, we're trying to iterate and figure out how can we potentially create better tools, but we need to do it in conjunction with the feds so that we have national benchmarks.

- Hugo Morales: What are some of the race subcategories that you are looking at in these studies specifically with Asian American and Latinos? And what ages are you

looking at in children when we talk about mental health? Will you be looking at immigrants with regards to mental health?

- Dr. Chen: These are all active areas of discussion for us, for example, it is a challenge for some of our health plans to stratify by race ethnicity, and to have sufficient numbers to be statistically significant. Particularly when you start looking at Asian American subgroups, which as you know, can have very different outcomes. And if you start putting, Asian, Pacific, Islanders (API's) together, Samoans, Vietnamese and Chinese and Hmong may be very different. Similarly with Latino or Latinx populations, particularly when you start looking at indigenous populations it gets very complex, and the problem is we don't have the numbers. So, it is an issue that is absolutely on our radar, and we've tried different ways to potentially ask plans to group by lines of business or aggregate a few years together to increase the sample size. We're still working through some of that, but thank you for raising, because that is absolutely on our radar. Unfortunately, we are tied to Office of Management and Budget, Directive 15 (OMB-15), Race and Ethnic Standards for Federal Statistics and Administrative Reporting framework, which I think is really antiquated. It doesn't fit California at all, and we've been in conversation with Centers for Medicare & Medicaid Services (CMS) around trying to get them to adopt the Census Bureau 2017 proposed framework as a new framework. For the kids, we're focused on childhood vaccinations, I'm not a pediatrician, but zero to five, which is the first five so really focusing on early childhood vaccinations. And then in terms of immigrants, we don't have a question on immigrant status. Immigrants come in many flavors, but we are leaning into limited English proficiency as one additional marker of disparities. We have had race and ethnicity for quite a number of years. We now have in our contract limited English proficiency and we're looking forward towards assessing (SOGI) Sexual Orientation and Gender Identity.

- Cori Racela: I was really struck by slide 30, about the national distribution and that fewer than 60% of people get the recommended care. And I know the plans are required to measure report and assume that educate their enrollees. But I'm wondering, thinking about the purview of this group, is Covered California using any of its considerable marketing budget to do its own public education campaign? As a consumer advocate we know that people don't know how to ask for or assert the rights that they don't know that they have. So, I'm just wondering if California is kind of raising the tide for all people by doing a public education campaign around this?

    - Dr. Chen: A couple things on the health plan side, we've been working with them around the permissible uses of consumer incentives. We don't want them to use it as a marketing inducement because we think it then muddies the waters of standard benefit design, but once someone is enrolled, being able to have some incentives around for example getting your blood pressure checked, we think is a useful lever. Then to your point of how do

we use our other resources, were just at the beginning stages of this but we're talking about how do we get more accurate and complete racial and ethnic data? How do we promote primary care? How do we promote some of these Quality Transformation Initiative (QTI) measures? We've been talking about potentially partnering with our service center, when consumers call in to be able to have some scripts there as well as with our marketing team, in terms of embedding some of these messages into our marketing campaigns going forward, but we're just at the beginning stages of this. But that is exactly part of how we're thinking about the potential funds coming in supporting some of those activities.

- Weiyu Zhang: I really want to applaud this future looking plan on reducing racial disparities, reducing health disparities, through holding plans accountable. I'm just curious if in terms of data collection, Covered California has had data on how our state's response switching response from the pandemic to an endemic-level, and I believe the National Public Health Emergency is ending in April. So just wondering if, Covered California has any summary of how plants have been providing care during the pandemic, any disaggregated data by race and providing some of the pandemic related care in terms of testing and vaccinations through plans. as well as overall, care provision since we've been switching to telehealth.

    - Dr. Chen: I think that's a really good question. We haven't taken a specific COVID (Coronavirus) lens in terms of testing and COVID cases although our actuary team has certainly incorporated that into our review of rates and looking forward. We also know that 2020 almost all our health plans took a hit in terms of preventive care and chronic disease control. And that is similar to the national landscape when you look at some of the Healthcare Effectiveness Data and Information Set (HEDIS) measures, particularly on blood pressure, and diabetes control. I think just because of the stay-at-home orders and people staying away from the health care system it's been challenging. We don't have insight into 2021 yet. So, we've looked at 2020. And we know what the initial impacts of COVID are, but for 2021 we won't get that data until June of this year (2022). We will absolutely be looking at the trends and in talking to our health plans, hopeful that a lot of it has rebounded.

C. State and Federal Policy/ Legislative Updates SB 260 Formative Consumer Research

- Kerry Wright: There were lots of questions regarding, how does this affect us (consumers), what types of choices are available, can we keep our doctors? The answer is really the agent. And the reason I say that is Dr. Ellen Montz, the Director of Center for Consumers Information and Insurance Oversight (CCIIO) at the federal level, just put out the statistic that in 2014 agents did just under 50% of all applications that were done at Healthcare.gov. Now that's up to just under 70%. And it's moved in that direction because we actually help people to

find what they're actually getting, understand what they're getting and assist in bridging gaps.

- Pamela Moore: In your conversations with consumers, did you ever talk about continuity of care if they are concerned if they are actively being treated as a Medi-Cal client for chronic condition. Or did any share any concerns about what happens to my treatment if I'm no longer eligible for Medi-Cal and now have to go to Covered California? Is there any need for us to think about when working with those clients any additional resources we should have? Or even to suggest to them questions that they can ask their providers to ensure that transition works because I was struck by the fact that too many people want to talk to a real person. I understand that frustration getting in the selection challenge of picking a plan. I'm curious if continuity of care ever arose as an issue for themselves or their children?

    - Rebecca Catterson: Certainly, people who had ongoing health needs were primarily worried about going uncovered for any period of time. But I think this came up mostly in the question of, "Can I keep my doctor?" which most of it was focused on the provider, but I think it does speak to that larger issue of, "Will I be able to continue the care, in the way that I'm getting it and in the way I feel comfortable?" That is something that came up in the focus groups and then we kind of dove into in more detail in the in-depth interviews, where you'll see in the policy presentation, there are opportunities for enrollees to check right plans to see if their doctor will be covered. So that's something that made people feel much more comfortable with making that decision.

- Seciah Aquino: Do we have this data aggregated by race and do we have access to the report coming out of this research? I can see this topic coming up at community 'Platicas" talks and the reports would help address some issues.

    - Rebecca Catterson: I'll let Covered California talk about the access to the wider report. Also, we did not aggregate by race or ethnicity we did, I failed to mention, we conducted some of these focus groups and interviews in Spanish, and I forget the number off the top of my head, but enough that we felt comfortable with the findings. We did not hear anything different, so we did not end up speaking specifically to English versus Spanish or across race and ethnic groups because we were hearing really the same feedback from all consumer participants.

- Hugo Morales: I would also like to have access to the research. Those concerns are basic for low-income folks and serving working class Latinos and many of those of course are in Medi-cal. When they're introduced to the whole Covered California world, they don't understand it. They have a hard problem understanding Medi-Cal and some frankly, don't even want to enroll with Medi-Cal because the whole system is confusing. That's a very strong testament to the value of the research and what can come out, so I just want to register that.

- Michael Bergstrom: In the research you mention where you gathered the data from; were any agents involved? I had just two questions. The first one is if in the research you were mentioning, where you gathered the data from, was there any agents included in the surveys that you did as far as getting perspective on the Medi-Cal consumers. Listening to the information that came back as far as confusion about how it works and where they should go, for us as an agency, we do three or four to one Medi-Cal for every Covered California, that sounds like a Tuesday for us. This is something that we experience on an everyday basis, multiple times a day. I'm curious if brokers were included in those discussions when your kind of doing the back finding and data gathering or not. And then the second question is, were there any specific recommendations out of the research or was it just primarily research?

    - Rebecca Catterson: No agents or brokers were included in this study. This does build on a body of research that National Opinion Research Center (NORC) has been conducting for Covered California since the beginning. I have not been involved since the beginning, but I have been involved over the past couple years. There are other studies of recent, I guess one year ago now about implementation of American Rescue Plan (ARP) that did include agents' broker, so it certainly builds on a body of knowledge that we've been amassing including that. Regarding recommendations, yes, we would not call these materials testing but we were using draft notices and communications materials and the microsite and enrollment portal, in this research and so between phases of the research, there were specific recommendations about how we could improve and make more consistent materials to facilitate consumer understanding and the kind of decision making that we were working on for consumers. So yes, short answer is yes. But those have been directly implemented by the Covered California team and the materials you are about to see in the next presentation.

D. SB260 Formative Consumer Research State and Federal Policy/ Legislative Updates

- Alicia Emanual: I wanted to confirm whether those first notices will be going to individuals in their preferred language just as with Medi-cal? Second, I want to confirm when the California Healthcare Eligibility, Enrollment, and Retention System (CalHEERS) implementation is happening?

    - Jahan Ahrary: Yes, that is correct, the notices should be going in their preferred language. Also, the California Healthcare Eligibility, Enrollment, and Retention System (CalHEERS) implementation is scheduled for release in June 2022, we're finishing the final design.

- Hugo Morales: Are there any change in the marketing messaging to fulfill the requirements of Senate Bill 260?

    - Yuliya Andreyeva: We will take back this question.
- Michael Bergstrom: My main question is going to be for those folks who are going to be auto enrolled from their Medi-Cal plan into their Covered California plan. Are they going to be able to utilize the full 60-Day Special Enrollment Period (SEP) to make changes to a plan?

    - Jahan Ahrary: They will still be able to change their plan. And that's something that we try to make very clearly in the notice, as well as in the dashboard to show them that they do have the opportunity to change the plan. And they'll have until the end of their special enrollment period to be able to do so.

- Michael Bergstrom: Is there an idea of how many people who are in Medi-Cal who are no longer eligible and will be transferring to Covered California, in relation to Senate Bill 260? With the prospect of new carriers potentially entering Covered California how do you see the rate prices changing over the next open enrollment?

    - Isaac Menashe: We do have estimates, but we will check and provide those later. Also, there's price pressure for the gross premium is one issue, which is, does the threat of new entrants or do new entrants encourage the existing issuers to reduce rates? Part of the theory of having a competitive marketplace, of course, in terms of the subsidized consumers in different regions, that can play out in different ways depending on if the new entrants become the lowest cost silver, for example, can reshuffle where the existing incumbents are in terms of their position relative to second lowest silver. In turn can change that relative affordability for existing issuers so that dynamic can be a little complex in each region because of the way the subsidies are calculated based on the second lowest silver plan. Whether it's necessarily the case that a new entrant will cause the net premiums to fall but certainly for gross premiums that's what you'd hope to see with more competition. I'll defer to our plan management colleagues for more detail on this, but at some at prior board meetings the topic has been addressed were its not always the case that each additional new issuer you add is going to further lower prices. So, there's some saturation point once you have enough products in the market, you may not get that much additional price pressure by adding more issuers so it's very context specific to each region and so forth.

- Kerry Wright: With regards to the research presentation there were many bullets about consumer's concern about staying with their doctor. As agents on the national level, we handled 68% of all applications in 2022, and this is proof that we are the source of the answers. Agents are becoming more prominent and deserve more placement on website. I'm very happy to see that find an agent was in the pool as one of the options that was presented to folks but I'm going to ask that maybe you put us more prominently on the website because that statistic that we're doing 68% of all applications is proof that we can solve problems.

- George Balteria: With the implementation of Senate Bill 260, is Covered California confident or if you expect any issues with the enrollment or whether a certified enrollment counselor or an agent is going to be recognized once the consumer comes back to Covered California? The issue with this is that agents and certified enrollment counselors, since 2014, don't receive any compensation for Medi-Cal enrollments. I'll just speak to our organization. We have probably process between 20,000 and 30,000 enrollments into Medi-Cal and this is work we've done for free. In fact, if I were to go to any of our offices right now, I guarantee you someplace somewhere, someone is being paid an hourly wage and the commission for helping a person for free with their Medi-Cal enrollment. There are agents throughout the entire state as well as certified enrollment counselors who do this kind of work and we help bring consumers to this important dance of health insurance and then when they get into the dance with Medi-Cal. Then consumers need to get help with the things that were brought up in the previous comments which you know, just to list them off, consumers concern what is Covered California, how does private insurance work, how does coverage work through Covered California, is there anything familiar again, am I able to keep my same doctor, how does this all work? Agents start that process for free. The consumer can't answer any of those questions if the transition to recognize the agent is not there. Is the computer systems set up to be able to recognize the agent number one, so the agent does get recognized and gets credit? Lastly, will the letter have the agent's information on it for the consumer to contact us?

    - Jahan Ahrary: We appreciate your commitment, the community, and the help that our enrollers and agent enrollers provide to this population. If the case does have an agent already delegated or associated, then that information should stay, and the letter will therefore reflect the agent information. It will have the agent's name and contact information that is known in the system.

- Seciah Aquino: The Latino Coalition for Healthy California is this joint effort to support our Medi-Cal enrollees through the Covered California website. Given the health for all expansions and something that we know, internally, was the fact that there was some language regarding proof of immigration status, social security number and citizenship or United States National status and for the group that Medi-Cal is being expanded to them do not hold that right. So, they're going through the system without having access to those documents. They would be deterred from engaging with the application through the Covered California website. So, it makes a huge difference for our community members to have that language on there. And just wanted to extend a huge thank you it was a pleasure working with policy.

- Hellan Dowden: Can you explain about what's happening with the end of the public health emergency and people falling off Medi-Cal and what you've done to ensure that those who may be eligible now after the two years of not being redetermined. Are there specific programs for those people who fall off with no options to enroll into Covered California?

    - Jahan Ahrary: We are working closely with the Department of Health Care Services (DHCS) and tracking this. Our hope is that it will align and that the end of the Public Health Emergency (PHE) will align with the beginning of this functionality so that these consumers could automatically get enrolled in a plan and receive the needed outreach. At this point, that's all the information that I have, but do know that we are working very closely with Department of Health Care Services (DHCS) on this matter.

- Doreena Wong: I did have some questions, especially for limited English speakers and I'm glad Alicia confirmed that the notices will be going out in different languages, but I'm wondering if there's going be appropriate language assistance, like materials that are translated on the website or portal? It's good that you have a special phone number with a special team to handle this, but will they have any language capacity? And is there any possibility to have any of the microsite landing pages translated into different languages? It would be very helpful many of our clients need our assistance, they can't really navigate CalHEERS (California Healthcare Eligibility, Enrollment, and Retention System) because it's only in English. So, I hope that there's going to be some appropriate language assistance. And then just a second question is how does Covered California auto select for the new enrollee? Do they try to match in any way with the language capacity of the of the applicant? Navigators provided a lot of enrollment assistance to low-income applicants. We probably do more like 10 to

one, California enrollments to Medi-Cal enrollees. And so, if you could have the Certified Enrollment Counselor (CEC) contact information on the notice as well, that would be good.

  - Jahan Ahrary: The CalHEERS (California Healthcare Eligibility, Enrollment, and Retention System) portal is in English and Spanish at this point. The eligibility notice is, I believe, in all threshold languages, maybe 15 or 16 different languages. Our service center has a language line that we could also utilize. For the second question regarding mapping of the enrollment process or how we select a plan for these consumers, we try to enroll them in the lowest cost silver plan available in their area. There is an exception, for example, if someone in the household already has an enrollment with Covered California then we will utilize the current functionality and automatically add them to the existing enrollment. To address your final point regarding the certified enroller information, if the certified enroller information is known in the system, then absolutely that would also be printed in the eligibility notices that will be going out to the consumers.

- Pamela Moore: Related to the Senate Bill 260 presentation, what is the plan for individuals who are age 19 to 26 who are in the United States and in an undocumented status currently eligible for Medi-Cal who are going to be redetermined, what happens when they lose their coverage? Maybe they had an income increase. Yet at the same time, they're not going to be eligible for Covered California due to their immigration status. Have we thought about this group that the state of California is giving Medi-Cal, but if they lose that coverage, my understanding that they're not eligible for Covered California because of the federal mandates? So, is there any thought about what we're going to do to help those people be insured?

  - Jahan Ahrary: We will take this question back, but it has been noted.

- Michael Bergstrom: Is there's going to be any direction given to those folks who maybe don't have the status necessary to enroll in Covered California but are losing Medi-Cal? Agents like me enroll 1,000's and 1,000's of Covered California Medi-Cal enrollments. There are some resources for folks who are undocumented to still get coverage if they really need it, even though they lose their Medi-Cal coverage. Is there going to be any direction given to undocumented consumers coming off Medi-Cal to alert them about being able to reach out to an agent, entity, or navigator? You can have them get enrolled into those other plans that will help them at least get their coverage.

  - Jahan Ahrary: We will take this question back, but it has been noted.

E. Communication Updates

- No questions or comments

F. Marketing Updates

- Hugo Morales: Repeating my question: Are there any change in the marketing messaging to fulfill the requirements of Senate Bill 260?

    - Yuliya Andreyeva: So, every year a campaign will go through a strategic planning process, and we take into consideration new information and new knowledge that's available. We are currently starting that process and started having conversations and we'll be having more conversations in terms of our own planning for the plan year 2023. We'll be looking for opportunities, as always, to continue to improve on the work that we've been doing. But it is always on our radar and something that we look to is to educate our target audience on what Covered California is and what we have to offer to the consumers. For Special Enrollment Period (SEP) there are several educational videos, those are longer form videos that our marketing member communication and research team had developed based on some of that knowledge that there's still gaps, and consumers do you need education. Those videos do perform very well in terms of driving traffic to the website and the engagement with the videos on the website is well. *[Addendum 3/21/2022]* For many months, the Marketing Division has implemented a campaign to message to those who's health coverage was terminated or cancelled with a health insurance company. This includes email and direct mail. The Medi-Cal transitioners campaign will begin this summer and could include educational videos, email, and direct mail. The messaging used in the campaign will follow learnings from past and future research and include the benefits of coverage, how to enroll with Covered California, where to find help, etc.

- Doreena Wong: I'm wondering if there's any track responses to the media campaign, including the social media and the funnel outreach, which I think is interesting or potential great way to reach people to see how it is in terms of repeat visits on social media or successful enrollments.

    - Yuliya Andreyeva: We do track all allowable data and digital channel allow us to see the consumer journey from being exposed to the ad, coming to the website and account creation and plan selection on the application. Our member communications team sends out a lot of email to our customers in the funnel, as well as the members do a lot of testing and learning, ongoing

work that they've been doing in cooperation with policy. As we learn new things, we adjust our process to maximize our efforts.

- Hugo Morales: Peter made a commitment, I'm sure you were there, to invest in Blacked owned media. So, I just wonder what was the impact of that? How much was in fact spent and able to track?

    - Yuliya Andreyeva: We do not have the exact numbers, but we can pull that and follow up. On all campaigns where we develop marketing, we take into consideration the diversity of our state and black African American population is always a part of that mix. And we have our general market campaign that reaches that population. We also have tailored campaigns that utilizes the African American media, and that typically involves radio and utilizing deejays that are African American and are popular in the community where the segment consumes. We also do print publications, as well as radio, that are a little bit harder to track because we know what we have purchased and the number of impressions, but in terms of the response, there's no direct tracking like in digital channel. With digital channel purchases we can see how that area performs through the tracking. We've been making improvements over time, it hasn't performed as well as general market, digital channels, but we're always testing new vendors and making optimizations and improvement. *[Addendum 3/21/22]* Covered California implements a robust Black/African American campaign that is built on consumption behavior, geographical data, and community impact analysis. We utilize a mix of both high impact channels and niche community buys to reach the Black audience via TV, Radio, Digital and Print. By the end of this fiscal year, Covered California will have spent over a million dollars ($1.079) in direct media to reach Black Consumers, while also developing inclusive Multicultural Media Buys that reach these consumers. Covered California partners with 19 Black Owned Print Publications and all Black Owned Radio Stations available for advertising (note, one station was not available for advertising at the time of our campaigns due to station’s staffing). These partnerships come from the counsel of Quantasy, Covered California’s Black Owned ad agency. Covered California is on track to deliver upwards of 20 million impressions to Adult Black Consumers by the end of this fiscal year. We understand the importance of not only delivering our message to the Black community but ensuring they see us as a trusted resource given the impacts of going uninsured and the pandemic on these consumers. While direct enrollment impact of the Black Owned media channels cannot be tracked, improved

affordability supported by the collective marketing and outreach efforts across Covered California and its partners resulted in Black/African American enrollment increasing by 33% compared to 2020. (https://www.coveredca.com/pdfs/news/CoveredCA_ARP_Expiration_Risks_Brief_3-2-22.pdf)

H. Outreach and Sales Updates

- Bianca Blomquist: Request for Navigator grantee and sub-list: [*Link updated 3/21/2022*] https://hbex.coveredca.com/navigator-program/PDFs/2021-22-Navigator-Program-Funding-Allocations-Grantee-Contact-List-and-Subcontractors.pdf.

**MOEA member and public comments will be made after each section*

Item IV. MOEA Member Discussion

A. Readiness for Federal Public Health Emergency Ending April 16, 2022

- Alicia Emanuel: Anticipating major shifts once public health emergency ends. Are there are any plans to increase call center staffing backlogged wait times given that there will be so many people transitioning and given the research presented from National Opinion Research Center (NORC) that consumers will have many follow-up questions?

    - Jamie Yang: We will be working with policy on talking points for all enrollment channels and toolkits and guidance to ensure consumers know what that means to them and help support them with resources. Sales will be working with other divisions to develop these resources but what can the members share with us as we develop these resources?

- George Balteria: What I wanted to suggest for all enrollers, navigators or agents, is messaging to tell them that the public health emergency is actually ending and then therefore, they should be ready. There should be webinars offered to the agent community and that navigator program to say this is happening and here are some talking points. It could be useful to have a list of people who are going through this transition, because if it does, in fact end in April, then Senate Bill 260 is not going to be in place yet. There will be a gap in time when auto enrollment is not taking place. I should also note, too, that something that's a consideration is the new Federal Poverty Level (FPL) chart just came out for 2022. So, the lowest income a person can be making as an individual increased from what it was before to $18,555 which is a substantial increase that means that if the person estimated their income at even $5, less than that number, a person could be going the other

direction, too. So, these three things are all happening at the same time. We need that communication to be happening about these things proactively. In the form of webinars or some other form, as well as lists to the enrollers of people who are affected in all three of those populations that I just described.

- Pamela Moore: February 24 we had a meeting of all our enrollers, and we did two things one is we gave them a heads up about the public health emergency ending potentially in April. The last one was extended two days before it was due to run out, so we just left it like it's likely and told them to get ready. We also talked to them about the new information that people in undocumented status age 50 and over would now potentially be eligible for Medi-Cal. So, we began the discussion with them about how to get ready for both those occasions. We did mention that California Primary Care Association (CPCA) held a discussion forum for its members. We're hoping to encourage people to ask questions there. So as people come up with ideas and strategies that they would have early access to what people are thinking. Then the last thing as we begin to build up our plan, there are two things that I think are imperative one is we will need talking points, so we all carry the same message. What is the public health emergency, what does it mean, when and how to talk to consumers about it? So, any help that Covered California can provide this is gratefully received. The last point is if you don't currently have a strong relationship between your county offices where they will be making the eligibility determination, I would strongly consider looking at strengthening those ties and having a point person from your organization with the point person at the county so that you can be kept abreast of how quickly or how slowly they are moving on these redeterminations. What it will look like are in terms of you're planning for either on a large number of people to be determined in a particular space of time, or maybe they might be moving a little bit more slowly and you can work together in figuring out how to facilitate that experience for consumers.

- Hellan Dowden: When do redeterminations start? I'm not sure how long the counties have, and whether or not we're all going to be on the same timeline, which we should. I know the schools have been really impacted by COVID and they can provide good resources they have regular communications particularly that have been pumped up because of COVID where they have things like Peachjar or their websites where people regularly go for information. So, if there's outreach material that can be given easily to the schools or can be given to the Department of Health Care Services that oversees some of the school Billing Option programs that would be helpful. For one, I am really concerned in the number of people that could lose coverage during this time when we've made so many gains. Unless all of us are really working collectively to make sure that doesn't happen. I know that Covered California is one of the best partners so that's why I'm making an appeal to you because I know you know how to do this. You'll get the insurance agent this chart

with 58% but we really got to be involved in a way a meaningful way of helping with this. Thank you.

- Michael Bergstrom: One thing I wanted to bring up is there's going be a lot of people, a lot of entities from out-of-state, places like that, trying to take advantage of the confusion that's going to be around the end of the pandemic. You're going to get lots of these Christian Health Ministries who are not full health insurance plans being sold specifically in the Spanish language communities to these folks. I really hope that the communication is very clear from Covered California in Spanish and all the other languages I suppose.

- Bianca Blomquist: I did have one comment I wanted to make in terms of outreach and talking points to various sectors of the community. I've had a number of self-employed business owners reaching out to me having trouble determining their eligibility for financial assistance for Covered California or Medi-Cal because they couldn't figure out their modified adjusted gross income. This is also an issue that affects many small business owners of color. Women Business Owners, particularly in areas like the childcare industry, having a hard time also finding Covered California agents that can speak to the Modified Adjusted Gross Income (MAGI) issue and the Adjusted Gross Income (AGI) issue. So, I wasn't quite sure where in the discussion that question would fall, but I did want to point out the difficulties that business owners have faced and accessing that information for the purposes of health care.

- George Balteria: There's a number of Covered California staff who could refer you to different agent partners and or the navigator program counselors as well who would be able to explain that. So, I encourage you just to reach out to someone like Karol or one of the other people on the call here and they will be able to connect you with some resources.

- Doreena Wong: I'm with Asian Resources, Inc. I wanted my recommendations to make sure the materials are in more than just the five languages. That would be really helpful because we work with, a wide range of people limited English speakers that need materials, and it would be very helpful to have it in the different languages. Different languages on the end of the public health emergency talking points.

B. Open Discussion

- No comments.

**MOEA member and public comments will be made after each section*

V. Adjourn

Meeting was adjourned at 4:03 pm.