Population Health Investment Advisory Council

June 2025

Health Equity & Quality Transformation (EQT) Division

AGENDA

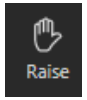
Topic	Time
Welcome	1:00 pm - 1:05 pm
PopHI 2025 Update	1:05 pm - 2:00 pm
PopHI 2026: Health Professional Investments	2:00 pm - 2:20 pm
Public comment	2:20 pm - 2:30 pm

MEETING PROTOCOLS

Advisory Council Members

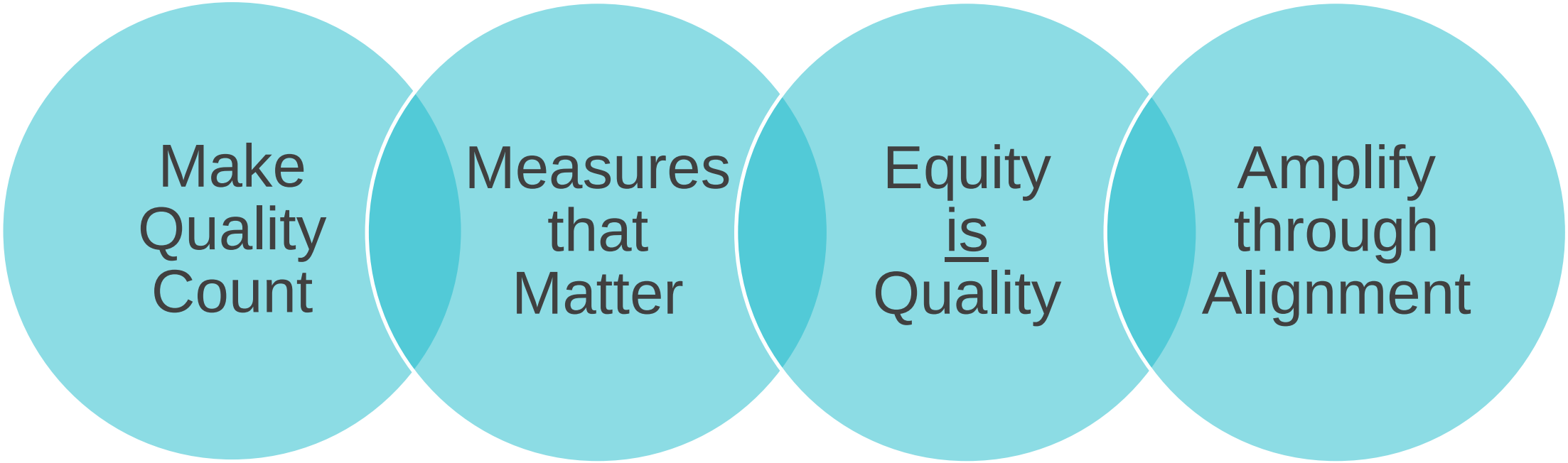
- Please mute/unmute yourself as necessary throughout the meeting.
- If you have any questions, concerns or items you would like to share during the meeting, please email marisol.meza-badran@covered.ca.gov for assistance.

Public

- Public comment will be open at the close of the Advisory Council discussion. Please use the Teams function to raise your hand 

and limit comments to 2 minutes.
- The Teams chat function will also open at the close of the Advisory Council discussion.
- Written comments regarding this meeting are welcome and can be sent to EQT@covered.ca.gov by July 14, 2025.
- Materials will be posted at https://hbex.coveredca.com/stakeholders/plan-management/qti/.

QUALITY TRANSFORMATION INITIATIVE



0.8% to 4% premium at risk for

a small set of clinically important measures

stratified by race/ethnicity

selected in concert with other public purchasers*

*Public purchasers includes CalPERS and DHCS/Medi-Cal

GUIDING PRINCIPLES: USE OF FUNDS

Centered on goal to improve health outcomes for Covered California enrollees

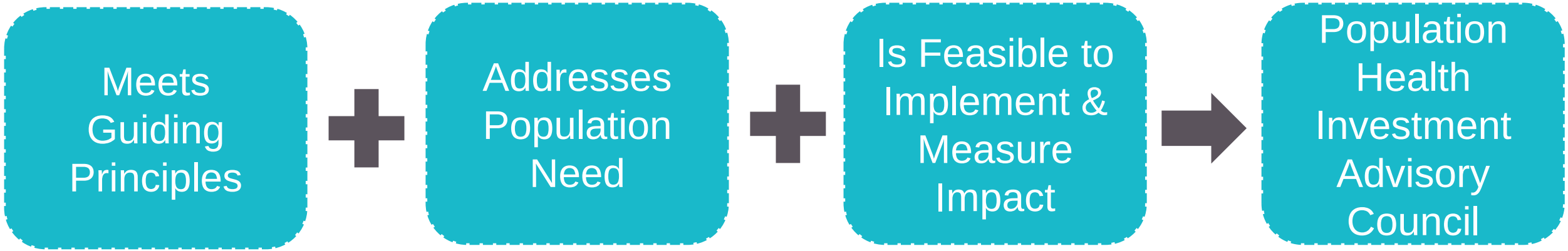
Equity First: funds should preferentially focus on geographic regions or communities with the largest identified gaps in health and quality among California subpopulations

Direct: use of funds should lead to measurable improvements in quality and outcomes for enrollees that are related to QTI Core Measure performance

Evidence-based: use of funds should be grounded in approaches that have established evidence of success in driving improvements in quality or outcomes

Additive: funds should be used to advance quality in a currently underfunded arena.

POPULATION HEALTH INVESTMENTS: SELECTION CRITERIA



2025 PopHI Updates

REMINDER: WHAT WE DID LAST YEAR (2024)

March

- Introduction
- Overview of Advisory Council scope and expectations
- Background on Quality Transformation Initiative
- Population needs assessment

April

- Overview of the health of kids in California
- Incentives for childhood vaccinations and evidence of childhood savings accounts
- Proposed PopHI: Early Investments in Childhood Health and Wellness

May

- Snapshot of Covered California enrollees and results of EQT-led patient engagement
- Overview of impacts of food insecurity on health
- Proposed PopHI: Direct Investment to Enhance Food Security

June

- Overview of insights gained from engagement with Covered California providers
- Snapshot of overlap between Covered California and Medi-Cal PCPs
- Proposed PopHI: Equity and Practice Transformation

July

- Update on Covered California's population needs assessment – patient, provider, issuer, and advocate engagement
- Recap of proposed PopHI and feedback themes to date

August

- Introduction to Mobility Wallet – pilot transportation program providing monthly stipends to participants
- Final 2025 PopHI selection
- Previewing possible investments for 2026

GROCERY SUPPORT PROGRAM • GO LIVE 2/5/25

Purpose

The **Beyond Covered by Covered California: Grocery Support Program** is designed to help Covered California members facing chronic health conditions and financial challenges access nutritious food to help improve food security and health outcomes.

Eligibility

Covered California members who:

1. Have a household income up to 250% of FPL
2. Have a chronic health issue
3. Are experiencing food insecurity

Benefit

A reloadable debit card to purchase food, and either:

- Monthly payments will be loaded onto the debit card for 12 months, OR
- A lump sum payment will be loaded onto the debit card at the end of 12 months (equal to 12 monthly payments)

Funds are based on household size reported to Covered California at time of enrollment and may only be used to purchase fresh food, packaged food, baby food and non-alcoholic drinks.

IMPLEMENTATION OBSTACLE #1 AND AGILE ADJUSTMENTS

Program Facts	• 2,168 landline only members • 25,546 non-English speakers (Spanish, Korean, Vietnamese, Cantonese, Chinese or unknown)
Challenge	• **Support enrollment of members with additional challenges – members only reachable by landline and non-English speaking members**
Pre-Launch Strategies	• Prioritize landline-only members in the first outreach cohort, offering mailed consent forms for those unable to engage with the digital platform • Translate outreach communication into five most common member languages
Real Time Adjustments	• **Sent additional email outreach to non-English speakers before initiating outreach to a new cohort** • **Emphasized the "last chance" for members to enroll in last outreach messaging** • **Added text outreach for landline-only members with Voice Over Internet Protocol (VOICE) numbers**
Impact of Adjustments	• These adjustments increased members' enrollment rate from 5.75% to 6.4%

IMPLEMENTATION OBSTACLE #2 AND AGILE ADJUSTMENTS

Program Facts	• 94,502 eligible members • Projected about 6,051 households could be enrolled
Challenge	• **Minimizing applicant denials while ensuring timely program take-up**
Pre-Launch Strategies	• Organize pool of eligible members into seven cohorts and conduct outreach on rolling schedule to create opportunities to delay, limit, or stop outreach to a new cohort
Real Time Adjustments	• **Reviewed program take-up/encumbrance* before initiating outreach to each cohort to make go/no-go decision** • **Delayed initiating outreach 8 days to final 3 cohorts to allow more time for members in earlier cohorts to respond**
Impact of Adjustments	• Prevented outreach to an estimated 17,821 members when funding was exhausted • Postponing scheduled outreach to the fifth cohort enabled 375 additional members from the first four cohorts to enroll

COVERED CALIFORNIA

*PopHI funds considered encumbered when they are “owed” to an enrollee (i.e., the full benefit is encumbered even if an enrollee has only received 3 of 12 monthly payments)

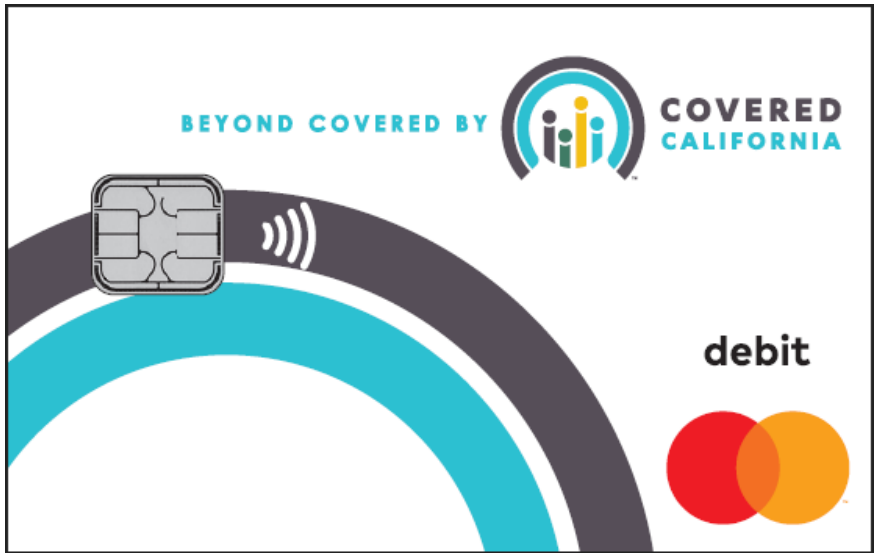
IMPLEMENTATION OBSTACLE #3 AND AGILE ADJUSTMENTS

Program Facts	• The pool of eligible members represented all 12 Issuers, including 4 not required to fund the program • The number of eligible members per Issuer varied widely, from 28,210 to less than 1,000
Challenge	• **Balancing two competing goals: timely full encumbrance and supporting the opportunity for enrollment across all Issuers**
Pre-Launch Strategies	• Define target enrollment/spending goal amounts/fund allocations for each Issuer • Leverage the outreach approach of staggered cohorts to ensure balanced representation from all Issuers • Monitor enrollment and fund allocations against targets daily
Real Time Adjustments	• **Sent additional email outreach to members of 3 small QHPs that had not yet reached their target enrollment before initiating outreach to a new cohort** • **Adjusted QHP targets as needed to balance both goals** • **Reallocated funds to applicants awaiting funds when possible**
Impact of Adjustments	• Without deploying and monitoring enrollment targets, the program would have likely fully encumbered approximately 4 weeks earlier with representation from only the largest QHPs

GROCERY SUPPORT PROGRAM: EARLY SUCCESSES

Enrollment Highlights

- Households Invited: 76,681
- Households Enrolled: 6,956
- Household Members Impacted: 13,060
- Budgeted Amount Encumbered: 99.9%
- Average Award Per Household $1,646
- 75.4% of approved applicants completed the baseline survey



Early Feedback

“To whom it may concern: I would like to be considered for this program. We do not eat healthy and I have heart disease. Please let me know what is required to qualify. Best regards. Thank you!”

"Wow! What an incredible program… I guess we are just waiting for a representative from Forward to reach out? Via Email? How will we know we’ve been offered this opportunity? I want to be sure not to miss any announcements, requests for information, etc.…”

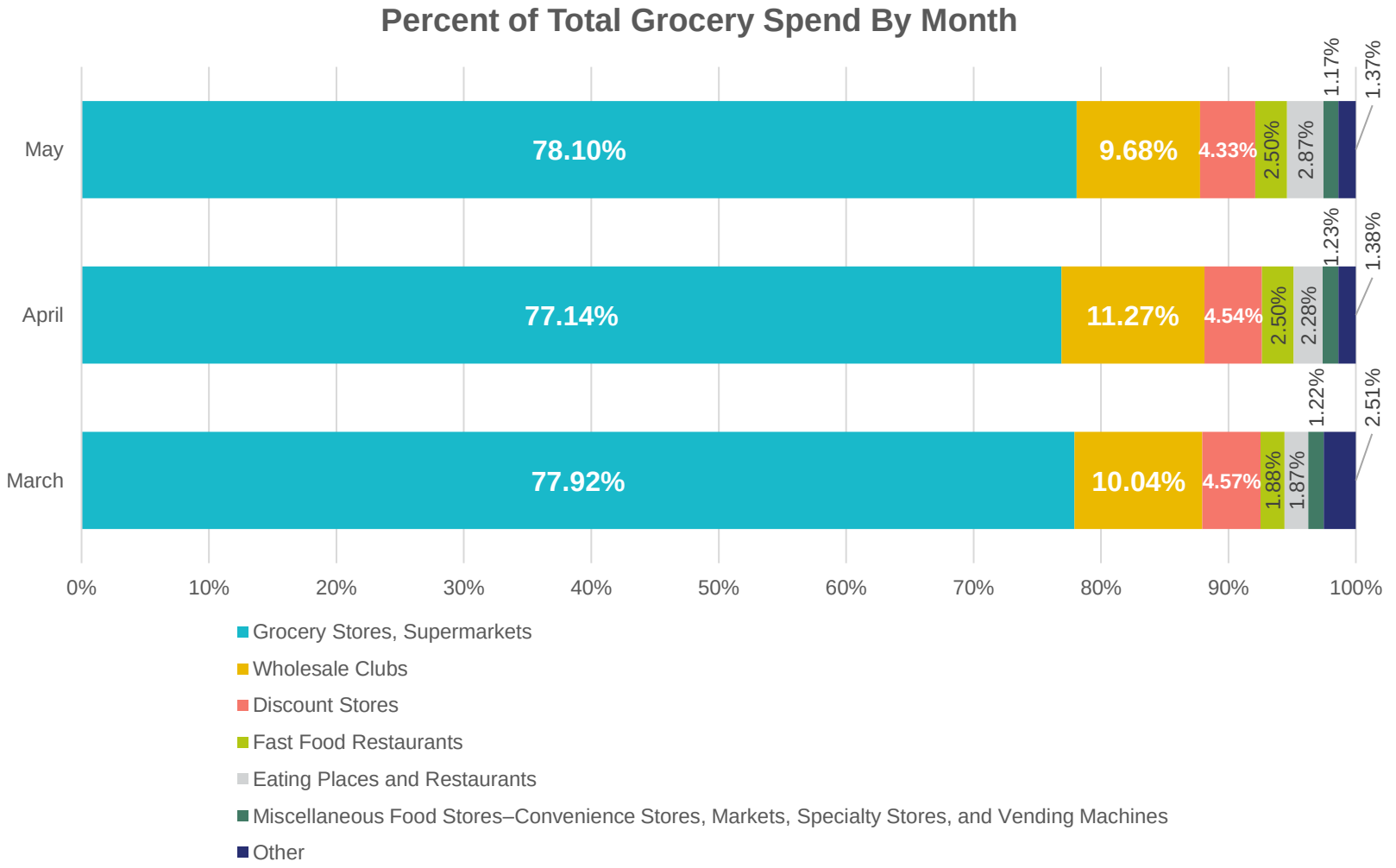
*Data as of 5/1/2025

PREVIEW OF GROCERY SUPPORT PROGRAM MEMBER SPENDING

Spending data from March through May shows the top 3 categories for spending remains the same month over month.

1. Grocery Stores, Supermarkets
2. Wholesale Clubs
3. Discount Stores

In aggregate, over 3 months, the top **3 categories** make up **92.5% of total funds spent**.



CHILD SAVINGS ACCOUNT PROGRAM • GO LIVE 2/25/25

Purpose

The **Beyond Covered by Covered California: Child Savings Account Program** aims improve well-child visits and childhood immunization rates for children under the age of two enrolled in Covered California, while helping families invest in their child's future.

Eligibility

Children under 2 years old who are:

1. Enrolled in a Covered California Health Plan
2. Born in California
3. Registered for a CalKIDS account*

Benefit

Families can earn up to $1,000 for their CalKIDS savings account, which can be used for educational expenses.

Steps

1: $150 Program Consent & CalKIDS Registration
2 - 6: $100 Per PC Visit & Vaccine(s) at Specified Age
7 - 9: $150 Per Flu Shot During Specified Time

COVERED CALIFORNIA

*Beyond Covered program is designed to assist parents/guardians with CalKIDS account registration

IMPLEMENTATION OBSTACLE #4 AND AGILE ADJUSTMENTS

Program Facts	• 4,037 eligible members • 176 landline only members received live calls
Challenge	• **Ensure member centric outreach that respects member priorities**
Pre-Launch Strategies	• Leverage multiple outreach modalities per member, based on available member information: mobile phone, text, email and/or landline • Conduct live calls to members with no email address • Prioritize non-English speakers and families with members 0-3 months old in first cohort • Maintain all household members within one outreach cohort
Real Time Adjustments	• **Added additional round of 6 outreach attempts to increase enrollment** • **Follow up email sent from Covered California to unenrolled members on 5/15**
Impact of Adjustments	• Follow up email from Covered California for first cohort yielded 8 new enrollees in the first 3 days post email

CHILD SAVINGS ACCOUNT (CSA) PROGRAM: EARLY SUCCESSES

Enrollment Highlights

- Households Invited: 4,037
- Households Enrolled: 266
- Children Impacted: 271
- Budgeted Amount Encumbered: 27.15%
- 42.9% of approved applicants completed baseline survey
- Program Steps Completed by Members: 570
- 46.15% of enrollees newly claimed their CalKIDS account
- A total of $50,050 newly deposited in member CalKIDS accounts in the months of March & April between completion of program steps and initial enrollment claim bonus provided by CalKIDS

CalKIDS
The first step toward college

Early Feedback

"Vaccination is for your child's future, so are the funds - and it's important"

EQUITY & PRACTICE TRANSFORMATION • GO LIVE 2/2025

Purpose

Covered California's investment is aimed at leveraging Equity and Practice Transformation (EPT) infrastructure to accelerate population health management capabilities in practices serving both Covered California and Medi-Cal enrollees.

Eligibility

30-40 practices participating in EPT, who serve Covered California enrollees will receive enhanced support through tailored enhancements to EPT's technical assistance (TA) structure.

Benefit

Practices selected to participate in enhanced TA structure will receive:

- High-Quality, 1:1 Subject Matter Experts Support
- Virtual Learning and Peer Engagement through small group and 1:1 sessions
- Advanced Data Integration and Testing
- Learning System to distill insights from a diverse practice cohort and disseminate promising models to primary care practices across the state

COVERED CALIFORNIA

pop health LEARNING CENTER

EQUITY AND PRACTICE TRANSFORMATION (EPT): EARLY SUCCESSES

EPT Program

The EPT Program consists of 46 provider organizations spanning 30+ counties throughout California. These providers serve both Covered California and Medi-Cal members, reinforcing our commitment to advancing health equity statewide.

Participant Engagement

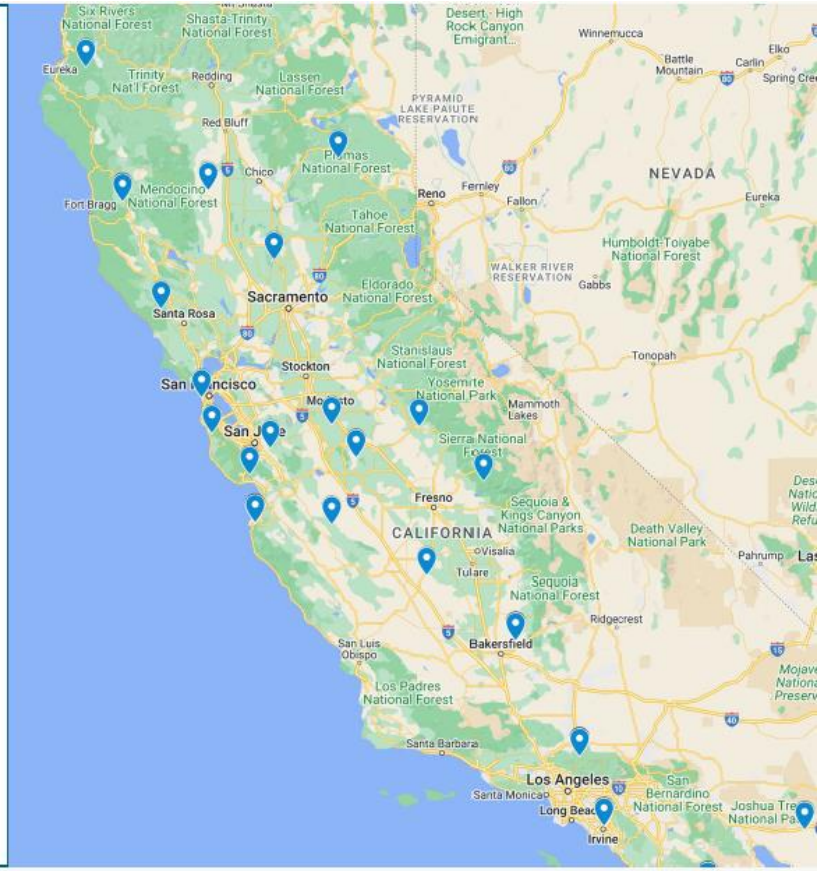
The program launched with a well-attended kickoff session hosted by the PHLC, featuring active engagement from participating provider organizations and several QHP issuers.

Provider Reflections

Feedback emphasized the need for practical support and real-time guidance.

CCA Cohort at a Glance

- 46 EPT Practices
- 619,255 assigned Medical lives
- 26,285 Covered California enrollment
- Practice Setting:
  - 23: Independent Practices
  - 19: Health Centers
  - 4: Tribal Clinics
- Populations of Focus (PoF) selection by practices:
  - 17: Adults with Chronic Conditions
  - 11: Adults with Preventive Care Needs
  - 12: Children and Youth
  - 3: People Living with BH Conditions
  - 1: Pregnant People



PHLC Covered California Population Health Investment Kickoff Call – 2/26/2025

COVERED CALIFORNIA'S POPHI INVESTMENT FOR 2025

Accelerating practice transformation in the 45 CCA practices

1:1 and Group SME support

Support to strengthen data systems to report EPT KPIs and close care gaps. Expert-led groups focused on data and workflow optimization and addressing challenges in POFs.

Advanced Data Integration

Design workflows and create implementation plan for data exchange with external partners for a measure-specific use case (8-15 practices)

DxF Bootcamp

Step-by-step guidance to identify priority data sharing use cases, assets, partner engagement best practices, and technology resources for a secure, real-time exchange roadmap.

Care Gap Closure Implementation Guides & Job Aids

Co-designed with EPT practices to maximize performance in EPT HEDIS-like measures

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EPT PROGRAM: EARLY PROVIDER FEEDBACK

Kick Off Call Feedback

"We've got an extremely limited number of team members to work on EPT deliverables. The availability of 1-1 support is great."

"Difficult to move into quality measures when we are just trying to make it through the day."

Data Support Feedback

"Getting all of our data ducks in a row. It feels a bit like spring-cleaning and re-organizing; and it's encouraging to see how we're already starting to use the data to improve our work." Family Health Matters

"As the data analyst for Serve The People, it was an eye-opening experience to be required to stratify our data in ways that we would not have done on our own. Identifying those disparities in certain patient populations has been an important step." Serve the People

"[The most promising thing about EPT/CCA support is] the ability to use own patient-level data to drive sustainable equity-focused improvements in care delivery." Families Together of Orange County

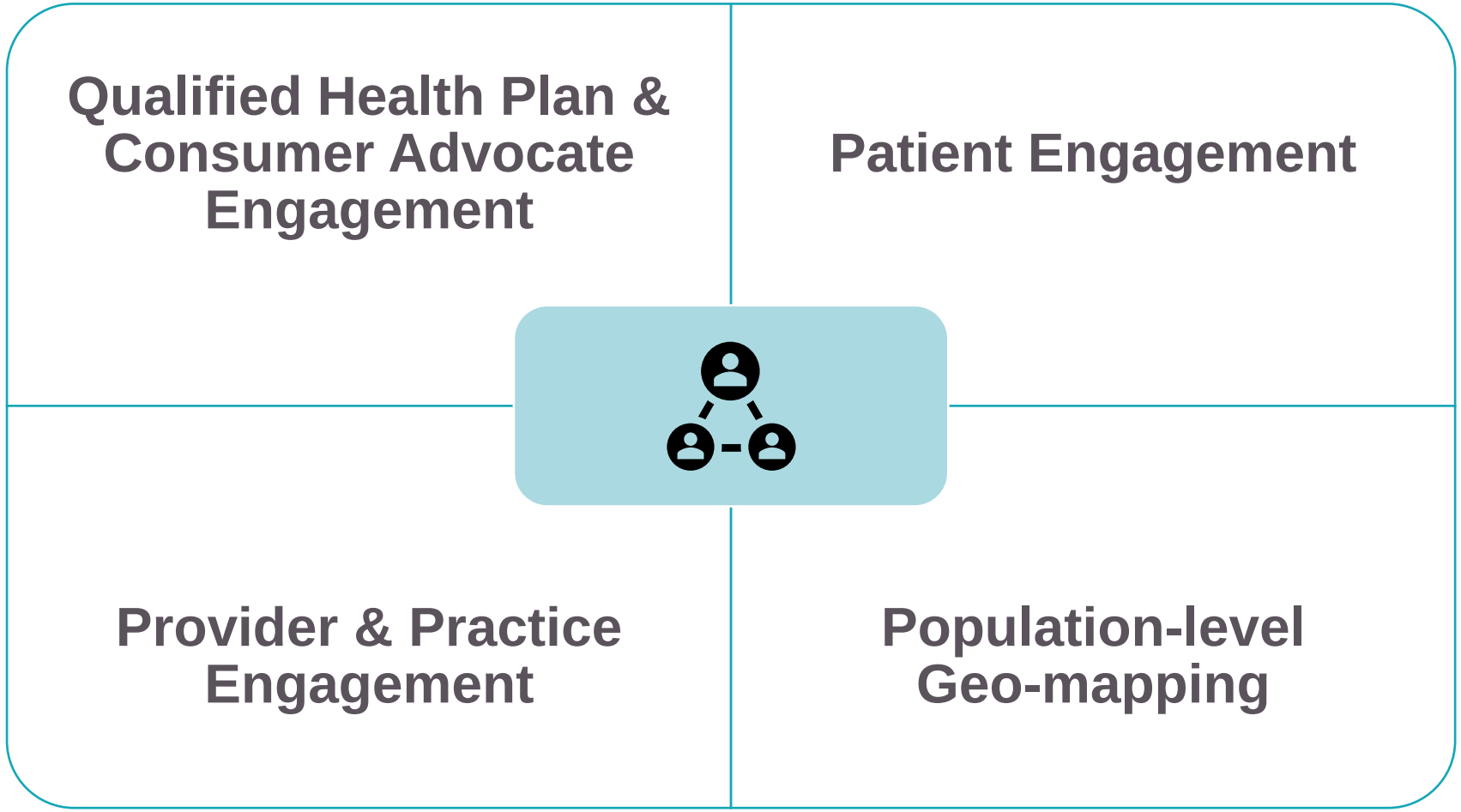
DISCUSSION QUESTIONS

1. Questions or clarifications on implementation of 2025 PopHI?
2. What unanswered questions do you have about the 2025 PopHI roll-out?

2026 PopHI

POPULATION NEEDS ASSESSMENT

Conducted to collect themes and indicators of where investment is needed



CONSUMER ADVOCATE ENGAGEMENT

Goal: To receive feedback from Consumer Advocates on what barriers they perceive to most strongly impact achievement of quality care for members and how to advance health and wellness

Method: 1:1 meeting series, plan management advisory group, written comment opportunities

Themes and Learning

- Recommend **working across siloes** to bridge programs available in DHCS/Medi-Cal and other state departments given fluidity of enrollment and mixed family status
- Need to continue to **hold QHP issuers accountable** for full spectrum of responsibilities, which includes access, quality, and equity
- Address **underlying financial barriers**, not limited to just cost of coverage, but also related financial burden of access and other immediate health related social needs
- Ensure place-based and regional investments are not a proxy for addressing **racial and ethnic inequities**
- **Increase transparency** of quality and equity reporting at issuer level and across purchaser programs

QHP ISSUER ENGAGEMENT

Goal: To inventory current interventions deployed and remaining challenges plans face while striving for the 66th percentile for QTI measures

Method: 1:1 meeting series, carrier calls, plan management advisory group, written comments

Themes and Learning

- Significant **new investments made in quality** (new departments, staff, vendors), although some work did not ramp up until 2023 therefore impact not yet seen
- **New senior and executive leadership commitment** given financial impact
- Several **new vendors** launched, some with good success, but others without desired impact
- **Increased incentive dollars** utilized at member level targeting eligible members
- Impacted or limited provider availability and **workforce shortages**
- **Increased in-home services** (in-home lab testing and colorectal cancer screening mailers)
- **Provider contracts** with additional dollars or increased weighting of measures
- New infrastructure for **direct to member outreach** as well as enhanced **data exchange**
- Concern that plans are being held accountable for **"non-compliant" members or families** and that **plans should be held harmless**

PROVIDER ENGAGEMENT

Goal: To gain insights into the challenges and barriers practices face in delivering quality care for Covered California members for consideration in Population Health Investment selection

Method: 1:1 listening sessions with practices with large volumes of attributed Covered California members

Themes and Learning

- **Payor-agnostic practice patterns** and workflow
- **Challenges with access** for patients in primary care, pediatrics, and ancillary services for preventive screenings
- Struggles with **workforce turnover**: provider, nursing staff, and ancillary staff such as technicians and front and back office
- **Sub-optimal data exchange**, lack of interoperability & inconsistent electronic medical record use, especially in small, independent practices
- Desire to **engage with community-based organization** to address health-related social needs, but varying levels of capacity and maturity

PATIENT ENGAGEMENT

Goal: To gain insights into the challenges and barriers members face in managing their health conditions that will inform selection of Population Health Investments

Method: Outbound calls made to members with a diagnosis of diabetes and/or hypertension to gather qualitative feedback on successes and challenges with chronic disease management

Themes and Learning

- Attempts to adopt healthier habits, although **barriers** like **affordability** or **time** often hinder their efforts
- **Rising** out of pocket and premium **costs** pose significant financial challenges for some members
- Difficulties finding **culturally sensitive care** or desired providers
- Challenges with **access** including rushed consultations and **long wait time** for appointments
- **Personal barriers** experienced that prevent some members from obtaining food, such as changes in the economy and current job situations
- Attempts to try to **save money** or **ration food** on a weekly basis
- Barriers related to **transportation**, such as not having enough **money for gas** or needing to take a bus distances to go grocery shopping
- Additional **financial concerns** and advocacy for **funds** to help **support utility bills** and/or **rent**
- Members concluded that **additional monetary support** in the range of **$100-$200 / month** would be most beneficial

2026 ADDITIONAL POPHI CONSIDERED

- Transportation Needs
- Bi-directional Data Exchange
- Workforce Shortages
- Community Based Organization support

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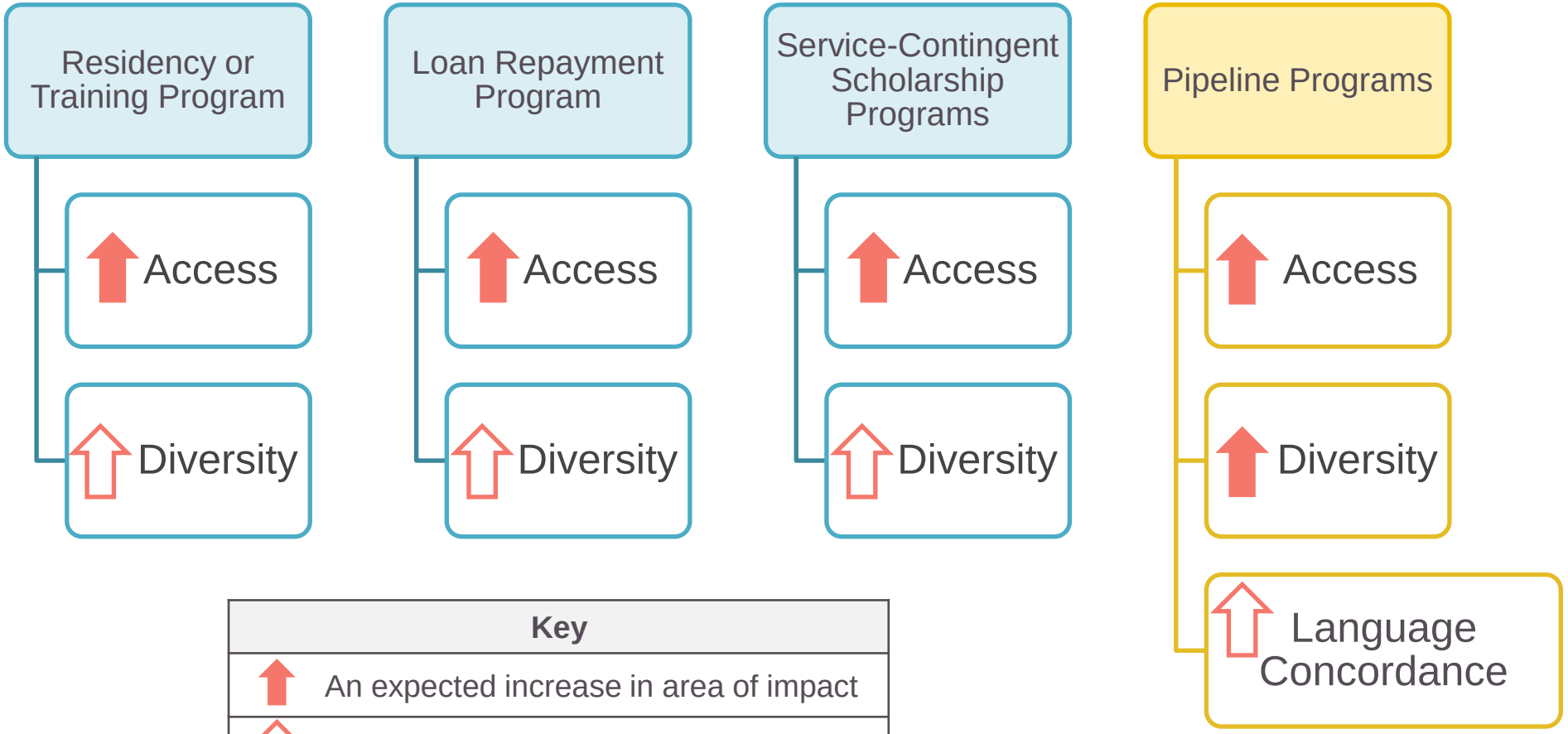
- Direct Investment in Transportation and Access
- Infrastructure for Data Sharing
- Health Professional Investments
- Rating Region Level Investment

Additional Population Health Investments considered are believed to meet original assessment criteria: meeting guiding principles, addresses population needs, and is feasible to implement with a measurable impact.

CLEAR EVIDENCE SUPPORTING HEALTH WORKFORCE INVESTMENT: PIPELINE PROGRAMS

Evidence shows that pipeline programs, better known as career pathway programs, can have a positive impact on access, diversity, and language concordance by targeting support towards students from under-represented backgrounds.



Rittenhouse et. al. (2021). Health Workforce Strategies for California: A Review of the Evidence. California Health Care Foundation. https://www.chcf.org/wp-content/uploads/2021/04/HealthWorkforceStrategiesReviewEvidenceInfographic.pdf

IMPACT OF WORKFORCE SHORTAGES ON COVERED CALIFORNIA ENROLLEES

OBJECTIVES

1. Understand what portion of Covered California enrollees live in Health Professional Shortage Areas (HPSAs) across the state
2. Understand which Health Professional Shortage Areas (HPSAs) in California have a high density of Covered California enrollees living there
    - Understand how these HPSAs overlap with:
        - CCA rating regions
        - Rural vs urban areas
3. Use this information to inform and prioritize which HPSAs may be designated as high priority of investment into workforce development pipeline programs

COVERED CALIFORNIA

*Analysis based on full 2024 membership extracted from CalHEERS 6/5/2025

COVERED CALIFORNIA MEMBERS LIVING WITHIN A HPSA

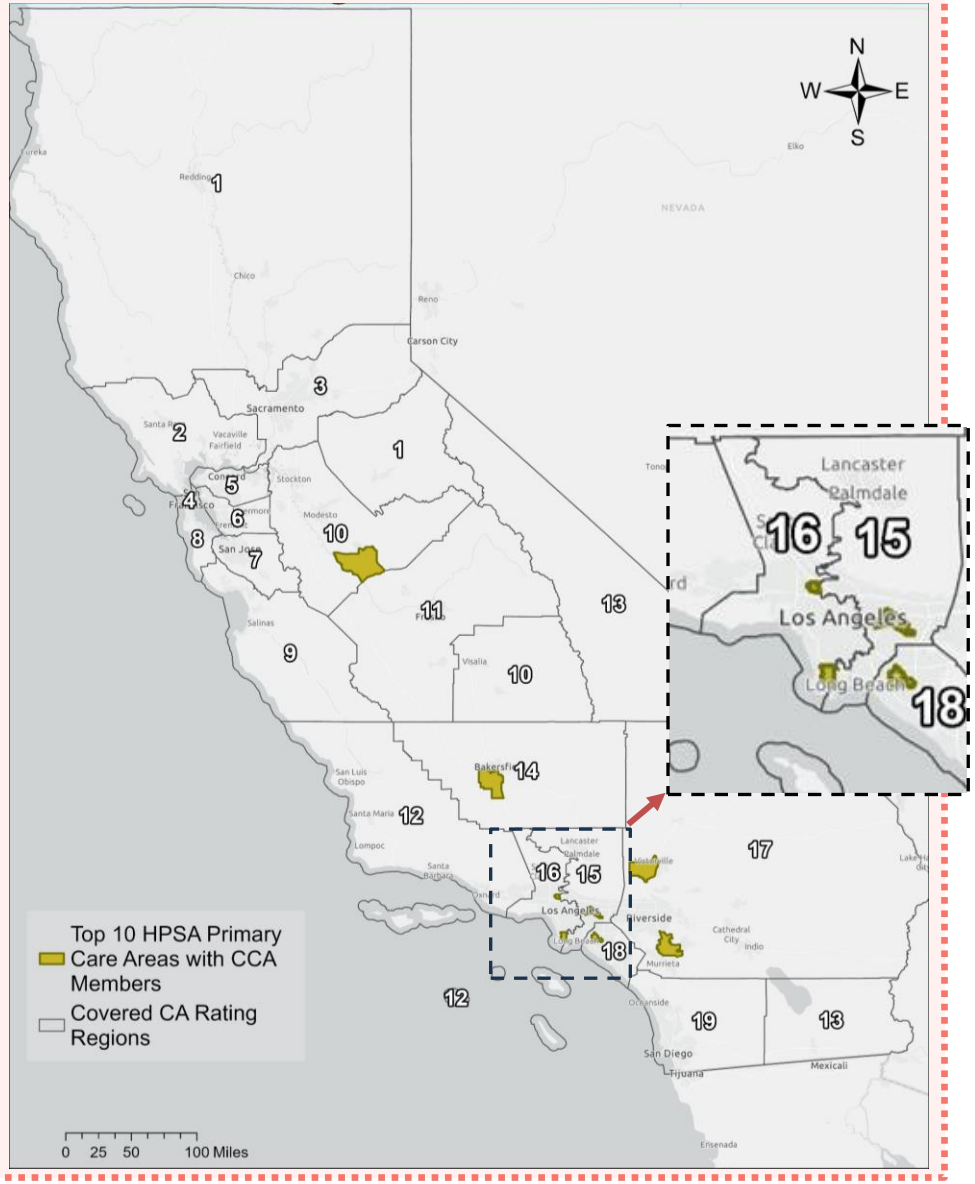
Over 35% of all Covered California enrollees live **in a Health Professional Shortage Area.**

HPSA Designation	Count of Unique Members	Percent of Total Members
Primary Care	263,298	16.60%
Mental Health Care	486,414	30.68%
HPSA Member (Any HPSA)	**558,874**	**35.25%**
HPSA Member (Both HPSAs)	190,838	12.04%

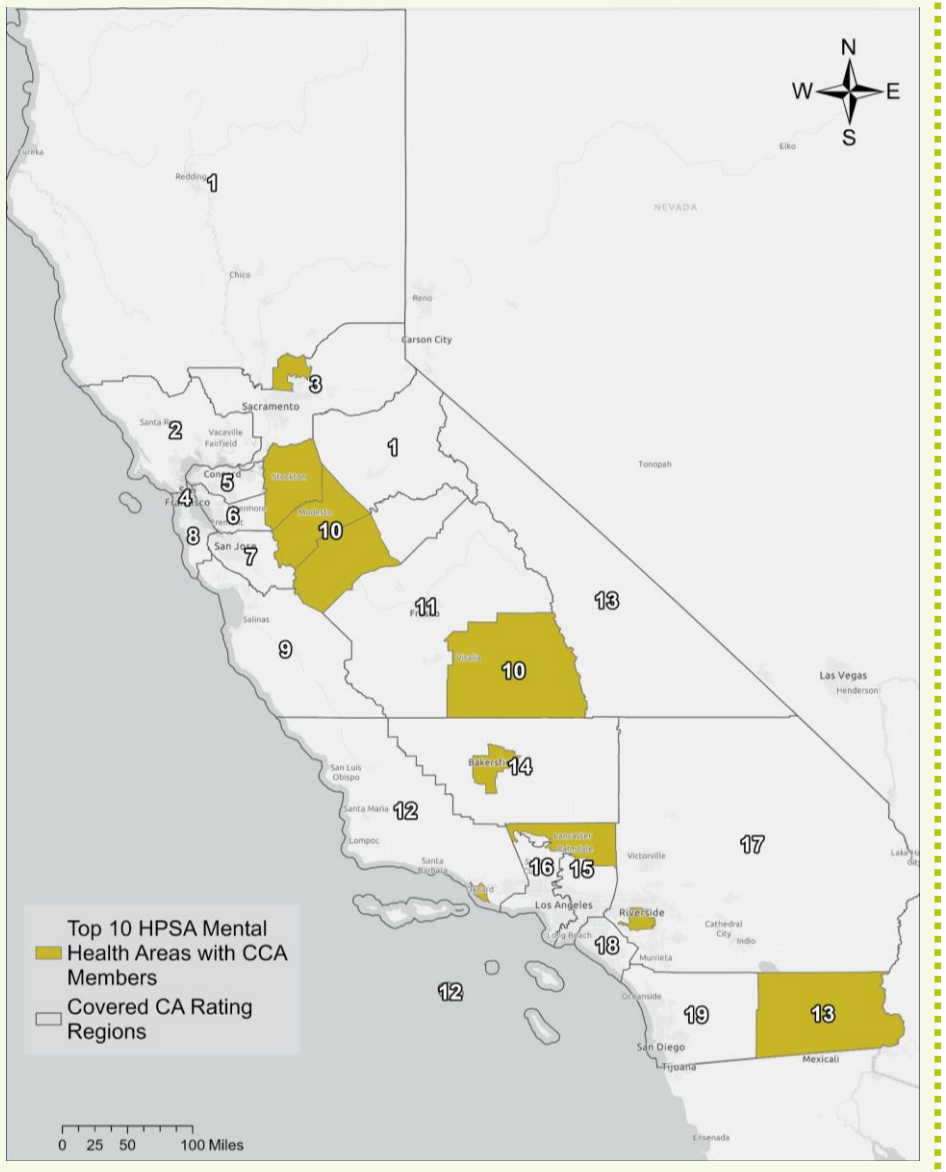
Analysis includes Covered California members identified as enrolled & pending from 2024 pulled from CalHEERS on 6/5/25

HPSAS WITH HIGHEST VOLUME OF MEMBERS

Primary Care HPSAs with Highest Count of Covered California Members



Mental Health HPSAs with Highest Count of Covered California Members



Analysis includes Covered California members identified as enrolled & pending from 2024 pulled from CalHEERS on 6/5/25

HPSA ANALYSIS: OBSERVATIONS

BEHAVIORAL HEALTH

- MH HPSAs are more diverse geographically due to methodology for HPSA designation for MH HPSAs differing from methodology used to determine primary care or dental HPSAs
- When we evaluate where Covered California enrollees live, we find that there is a diverse group of MH HPSAs that have a high overall number of Covered California enrollees living in them.
- And, as might be expected given characteristics of MH HPSAs themselves being geographically diverse across the state, we find that the MH HPSAs with a large portion of Covered California enrollees are located across a **variety of regions and rural areas**.

PRIMARY CARE

- When we look at PC HPSAs overall, they are geographically less diverse and many of them are located in and around the greater Los Angeles area.
- When we evaluate where Covered California enrollees live, we find that the PC HPSAs with the largest volume of Covered California enrollees are non-rural and centered around the Los Angeles region.
  - This is likely explained both by the methodology for PC HPSA designation and heavy Covered California membership in these areas
- This results in a **lower diversity of PC HPSAs from a geographic and rurality standpoint.**

Department of Health Care Access and Information (HCAI): Health Professional Investments

HCAI's Vision and Mission

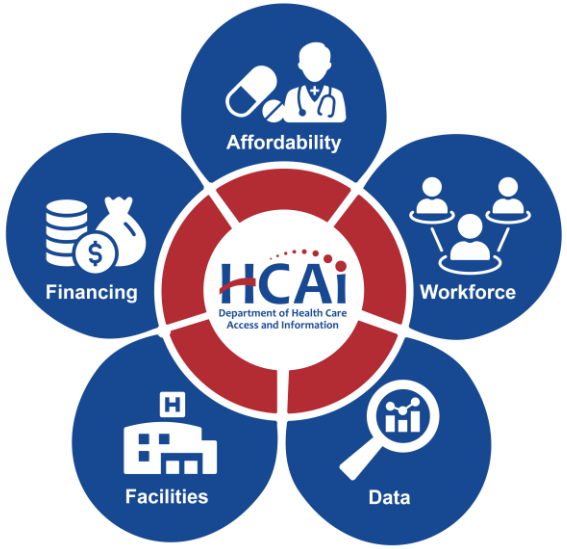
Vision

A healthier California where all receive equitable, affordable, and quality health care.

Mission

HCAI expands equitable access to quality, affordable health care for all Californians through resilient facilities, actionable information, and the health workforce each community needs.

HCAI Program Areas



- **Facilities**: Monitor the construction, renovation, and seismic safety of California's hospitals and skilled nursing facilities.
- **Financing**: Provide loan insurance for non-profit healthcare facilities to develop or expand services.
- **Workforce**: Expand and diversify California's health workforce for underserved areas and populations.
- **Data**: Collect, manage, analyze, and report actionable information about California's healthcare landscape.
- **Affordability:** Improve health care affordability through data analysis, spending targets, and measures to advance value. Enforce hospital billing protections, and provide generic drugs at a low, transparent price.

HCAI Health Workforce Approach and Strategy

HCAI enables the expansion and development of a **health workforce that reflects California's diversity while addressing supply shortages and inequities**. We do this by administering programs and funding and publishing actionable data about California's health workforce and training.

Our Programs Cut Across Four Areas

Develop, support and expand a health workforce that:

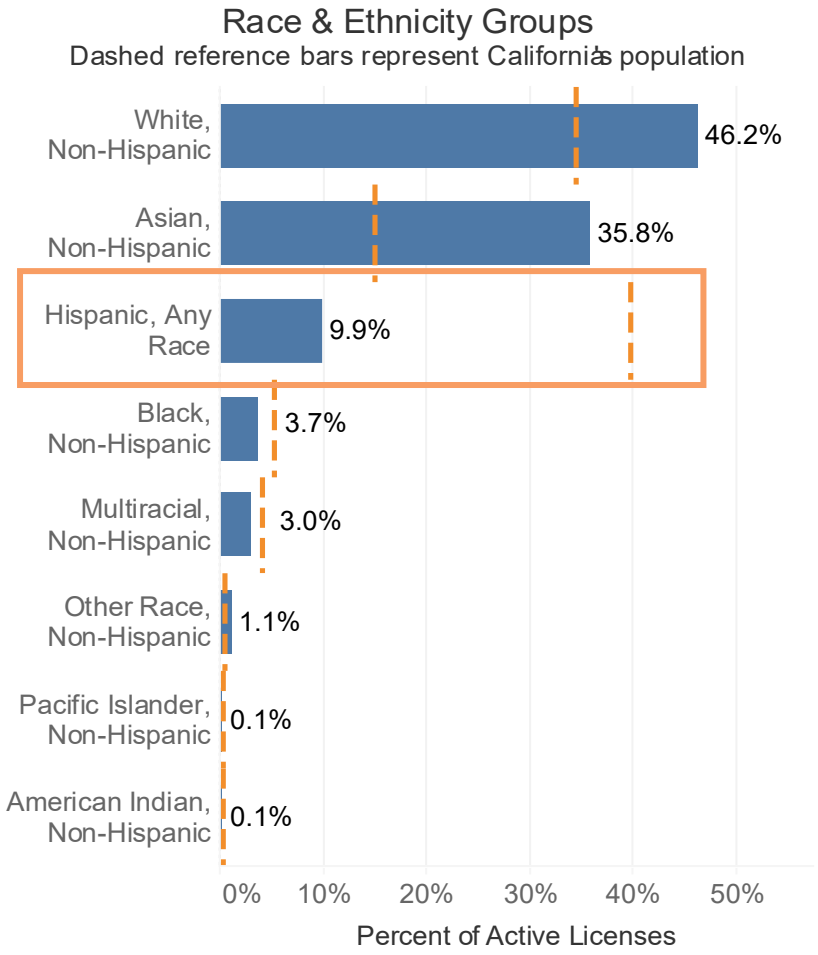
- Serves medically underserved areas
- Serves Medi-Cal members
- Represents the California it serves through racial and language diversity

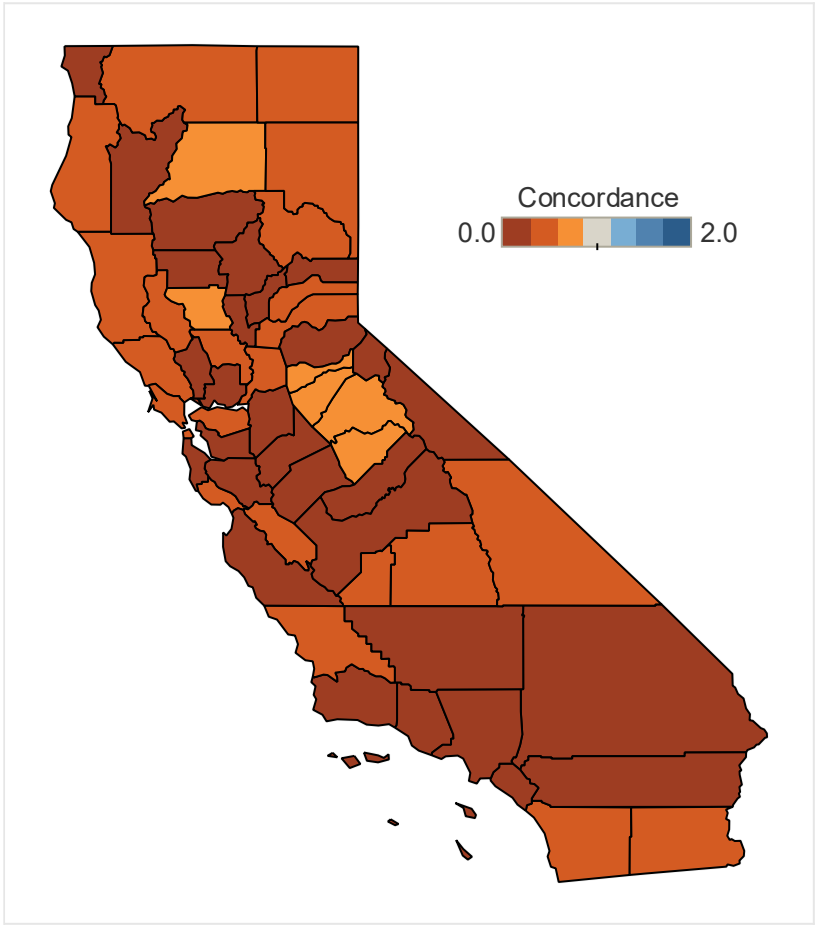
Offer programs that provide financial support for:

- Organizations building the workforce pipeline
- Organizations expanding educational capacity
- Individuals pursuing health careers
- Organizations supporting providers and addressing retention

Why Pathway and Pipeline Programs?

- California's workforce does not reflect the population that it serves
- Pathway programs are an evidence-based strategy for expanding access to health careers for individuals from underrepresented communities
- Pathway programs facilitate exposure to and interest in health professions, and also provide practical support to candidates to progress on a health professions career trajectory





Data represents a custom tabulation of healing arts survey responses from Naturopathic Doctors, Osteopathic Physician and Surgeon, Physician and Surgeon, and Physician Assistant licenses in an active status who reported actively working or seeking work on Nov 3rd, 2024. Population data and groupings are provided by the US Census Bureau as of 2023.

HCAI
Department of Health Care Access and Information

Health Professions Pathway Program

The Health Professions Pathway Program (HPPP) supports and encourages underrepresented and disadvantaged individuals to pursue health careers to develop a more culturally and linguistically competent healthcare workforce.

HPPP may support one or more of the following activities:

- Pipeline programs that provide comprehensive academic enrichment, career development, mentorship, and advising support to students to pursue health careers
- Paid summer internships for undergraduate students
- One-year post undergraduate fellowships
- One-year post baccalaureate scholarships
- Conference and/or workshop series aimed at informing individuals of opportunities in health professional careers
- Support and technical assistance to health professional schools and colleges, as well as to student and community organizations active in minority health professional development
- Research and data analysis in the field of minority and disadvantaged health professional development

Eligibility and Scoring

HPPP has historically scored:

- Shortage area
- Student support
- Underserved groups
- Organizational experience

The program can be customized to align with CoveredCA priorities by:

- Geography
- Priority professions, e.g.:
  - Primary care
  - Pediatrics

HEALTH PROFESSIONAL INVESTMENT

Meets Guiding Principles

+

Addresses Population Need

+

Is Feasible to Implement & Measure Impact

- ✓ *Equity First*
- *+/- Direct*
- ✓ *Evidence-Based*
- ✓ *Additive*

- ✓ *Supports needed workforce investments communicated by all stakeholders*

- ✓ *Utilizes existing infrastructure*
- *+/- Measurement challenge on impact*

DISCUSSION QUESTIONS

1. Is this the right PopHI addition for 2026?

2. On what criteria should Covered California explore customization of scoring?

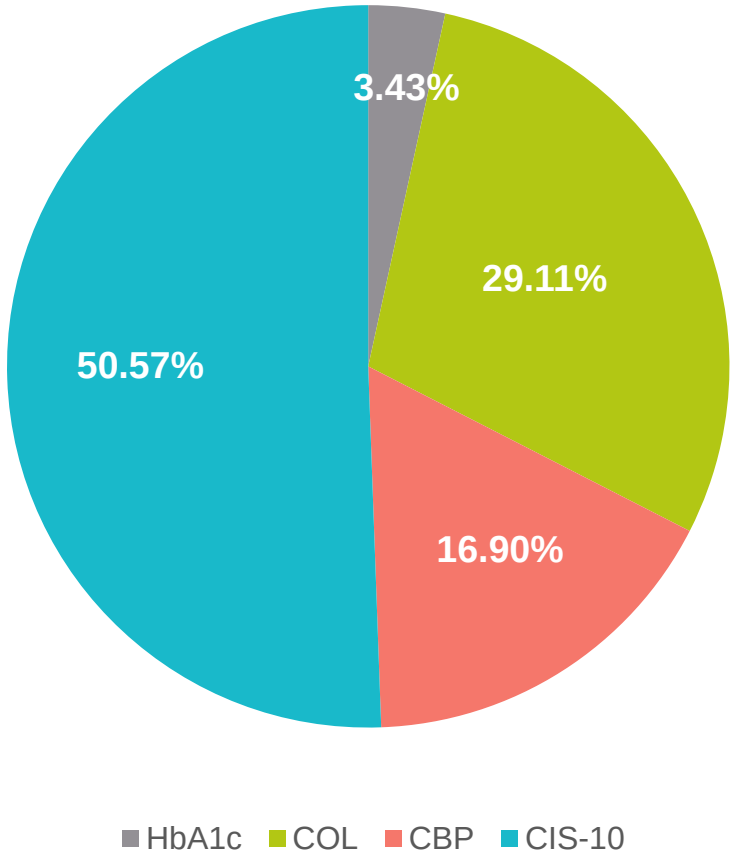
3. Given that most of the Primary Care Health Profession Shortage Areas that have both a high number and high portion of Covered California members are concentrated in a single region (Los Angeles County), how should Covered California balance state-wide impact with needs assessment?

4. Should Covered California seek to study impact of this PopHI or is there enough evidence in this space? If yes, what short-, medium-, and long-term data points should we pursue?

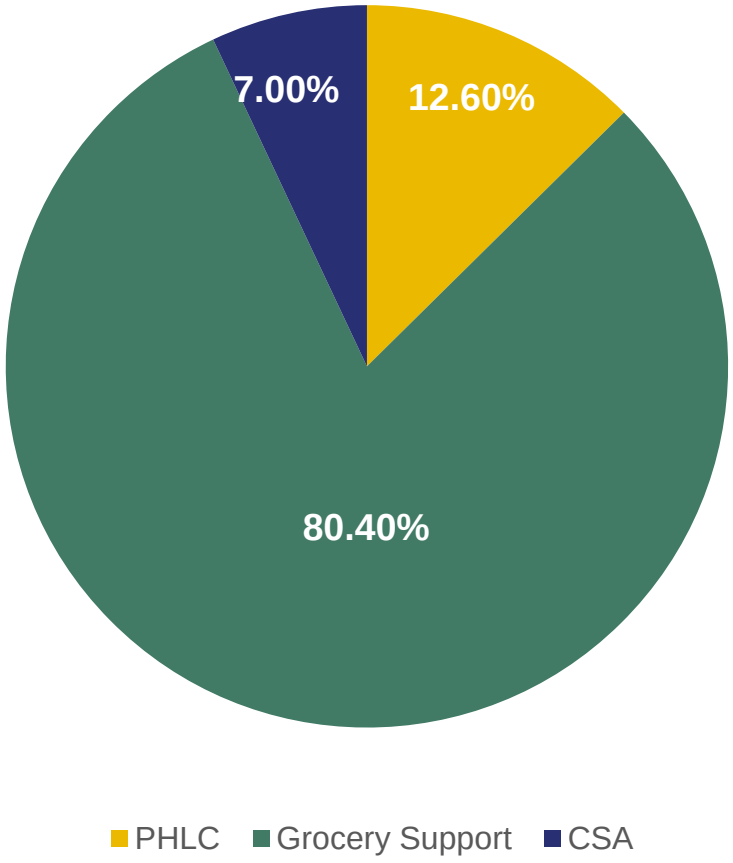
5. How should Covered California approach PopHI funds allocation across Year 2 PopHIs given a projected increase in proportion of QTI funds collected via the CIS-10 measure (see following slide) ?

2025 POPHI FUNDS DISTRIBUTION

MY2023 QTI Funds Collected by Measure

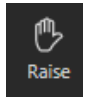


MY2023 QTI Funds Allocated by PopHI



THANK YOU!

PUBLIC COMMENT

- Please use the Teams function to raise your hand 

and limit comments to under 2 minutes.
- The Teams chat function is also now open.
- Written comments regarding this meeting are welcome and can be sent to EQT@covered.ca.gov by July 14, 2025.
- Materials have been posted at: https://hbex.coveredca.com/stakeholders/plan-management/qti/

APPENDIX

POPULATION HEALTH INVESTMENT ADVISORY COUNCIL

The Council is a **trusted advisory body** consisting of stakeholders and subject matter experts selected by Covered California who support **successful deployment of PopHIs** to improve the quality of healthcare and to reduce health disparities for Covered California enrollees.

- Advise Covered California in the **selection of initial Population Health Investments** (PopHIs, pronounced “Poppy”).
- Guide and **inform program design features** of selected PopHIs, such as: member eligibility, program operations, key performance indicators and evaluation approaches.
- Establish a forum that **supports successful deployment** of PopHIs through expert and trusted counsel.

The PopHI Advisory Council **does not have decision making authority**, and Covered California is not bound to adopt any of the PopHI Advisory Council’s recommendations, but the input shared is critical to sculpting both design and implementation.

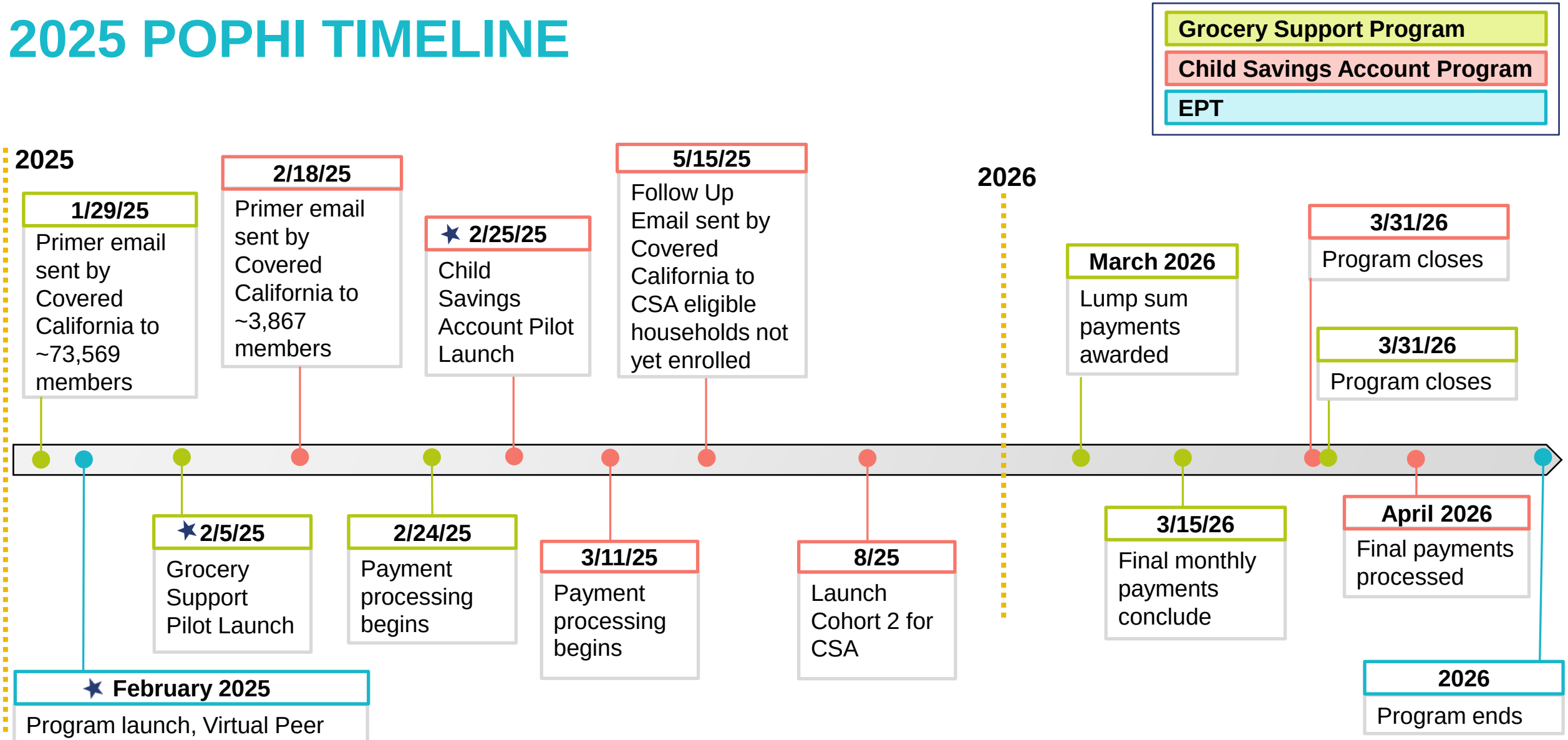
POPULATION HEALTH INVESTMENT ADVISORY COUNCIL

Membership:

The Advisory Council consists of 10 to 12 members plus Ex Officio, including the following:

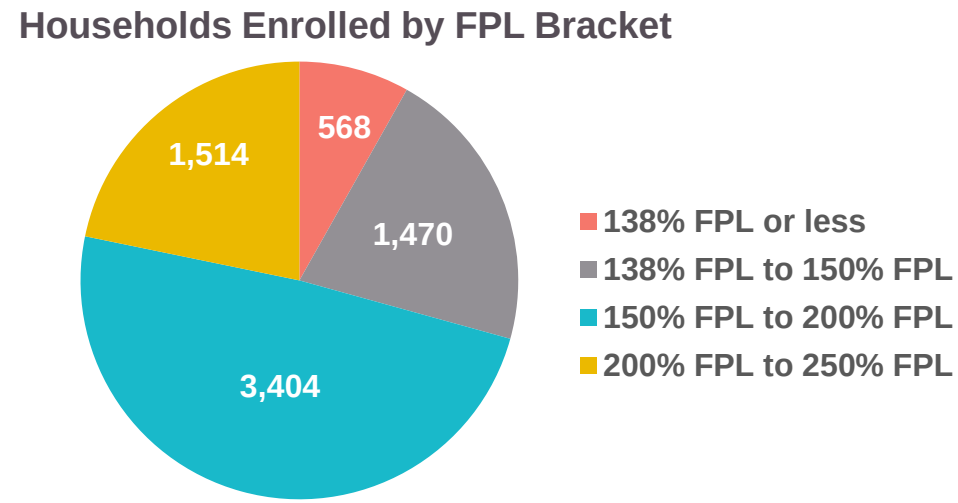
- Qualified Health Plan Issuers (2-3)
- California-based Government Officials (2)
- Consumer, Consumer Advocates, Thought Leaders, and Experienced Professionals (4-6)
- Covered California Consumer (1)
- California-based Providers (2-3)
- Ex Officio (2)
    - California Department of Health Care Services
    - California Public Employees' Retirement System

2025 POPHI TIMELINE



GROCERY SUPPORT PROGRAM: EARLY RESULTS

Race/Ethnicity	Households Enrolled	Enrollment Rate	Avg Award Amount	Total Household Members
American Indian or Alaska Native	32	12.96%	$1,680	62
Asian American	1,065	5.81%	$1,829	2,253
Black or African American	312	16.23%	$1,405	477
Latino	1,739	8.65%	$1,745	3,505
Multiple Races	142	11.82%	$1,711	274
Native Hawaiian or Other Pacific Islander	5	8.06%	$2,160	13
Nonrespondent	1,179	8.94%	$1,570	2,090
Other	404	8.57%	$1,695	784
White	2,078	12.29%	$1,534	3,602



Language	Households Enrolled	Enrollment Rate	Avg Award Amount	Total Household Members
Arabic	2	4.00%	$1,362	3
Armenian	4	3.60%	$1,722	8
Cantonese	34	2.84%	$1,963	78
English	5,860	10.66%	$1,597	10,632
Farsi	9	7.26%	$1,916	20
Hindi	1	5.88%	$1,764	2
Korean	207	14.19%	$1,977	472
Nonrespondent	3	2.24%	$1,976	7
Mandarin	166	3.02%	$1,913	371
Punjabi	5	6.02%	$1,757	10
Russian	8	7.84%	$1,820	17
Spanish	613	5.18%	$1,895	1,346
Tagalog	13	7.30%	$1,792	27
Vietnamese	31	3.55%	$1,871	67

COVERED CALIFORNIA

Data as of 6/13/2025

GROCERY SUPPORT PROGRAM EVALUATION

Study Design and Participant Assignment:
To assess the impact of grocery support on food security and spending habits participants randomly assigned to one of two groups:

- Treatment Group (50%) – Receives monthly grocery payments for 12 months.
- Control Group (50%) – Receives the total benefit amount as a lump sum at the end of 12 months.

Baseline Survey:
Before receiving payments, participants will complete a survey evaluating:

- Health & Well-Being: Self-rated health, mental health, quality of life, fatigue, pain.
- Food Access & Nutrition: Difficulty affording/obtaining healthy foods, dietary habits.
- Financial & Housing Stability: Income, benefits, housing security, utility shutoffs.
- Healthcare Access & Barriers: Doctor visits, medication adherence, transportation issues.

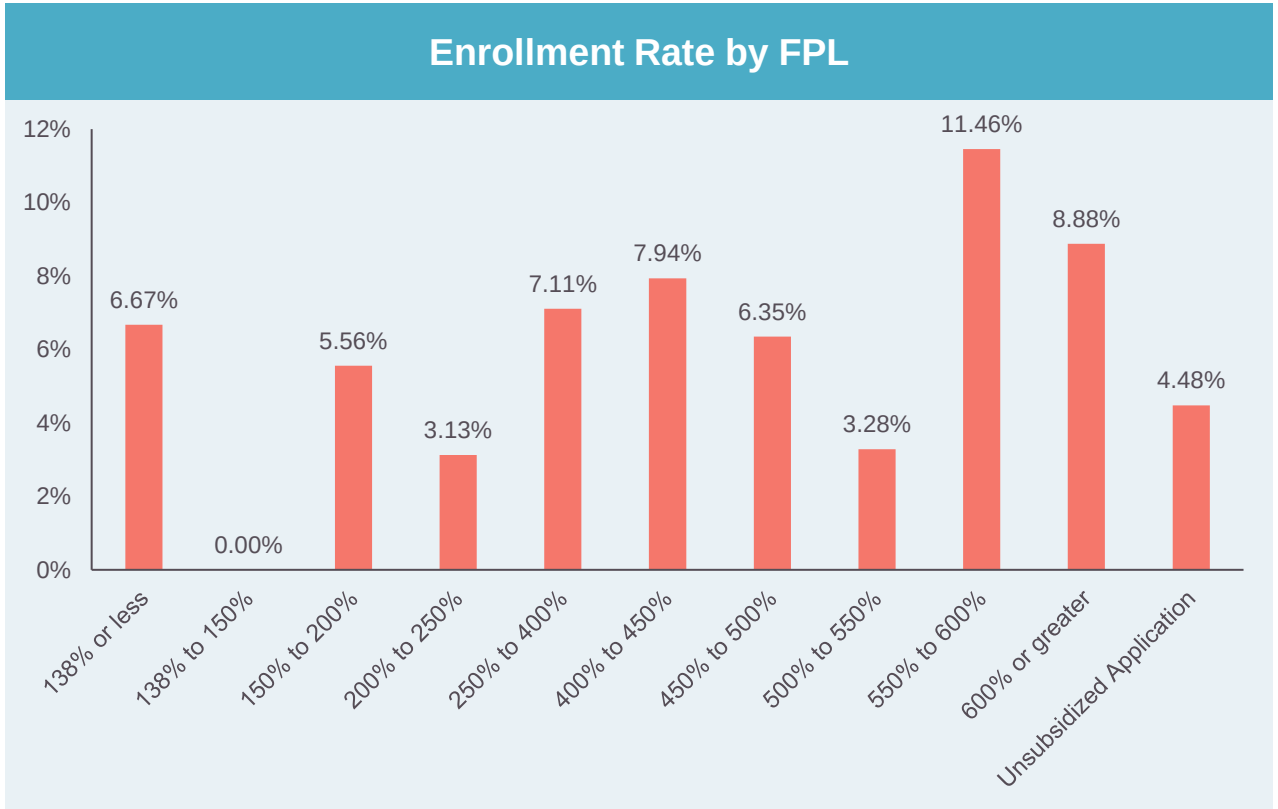
Incentives for Survey Participation:
To encourage participation, respondents will be entered into a lottery for a **$50 prepaid card**.

Data Collection– Monthly Check-Ins:
Participants receiving monthly grocery support will complete brief surveys to measure:

- Timing of food purchases.
- Whether the program has improved their ability to afford food

Evaluation Focus:
This program will aim to assess the impact of Grocery store support will have on food security, nutritious eating, financial trade-offs, and health outcomes.

CHILD SAVINGS ACCOUNT (CSA) PROGRAM: EARLY RESULTS



Race/Ethnicity	Households Enrolled	Enrollment Rate	Completed Steps
American Indian or Alaska Native	0	0.00%	0
Asian American	19	4.56%	38
Black or African American	5	15.15%	8
Latino	40	6.26%	61
Multiple Races	22	9.61%	68
Nonrespondent	93	6.00%	214
Other	17	6.34%	29
White	70	7.84%	152

Data as of 6/13/2025

CSA PROGRAM EVALUATION

Study Design and Participant Assignment:
As part of Covered California's commitment to improving financial stability among families, participants will be randomly assigned to one of two groups:

- Treatment Group (75%) – received a reminder to sign up after 72 hours of being contacted, encouraging prompt enrollment
- Control Group (25%) – received a reminder to sign up after 90 days.

Baseline Survey:
Upon enrollment, participants will complete a survey evaluating:

- Health & Well-being: Parent and child's health, mental well-being, and quality of life.
- Family & Finances: Household resilience, financial concerns, and saving habits for the education.
- Child Development: Motor skills, communication, and social behaviors (for ages 5-25 months).

Data Collection

- Participant interviews conducted for deeper Insights

Incentives for Survey Participation:
To encourage participation, surveys will be incentivized with a **$20 prepaid card** per completed survey.

Evaluation Focus: Assess assess how college savings incentives impact pediatric care and vaccinations. Additionally, will evaluate effects on parental health, child development and education expectations

COVERED CALIFORNIA EPT COHORT OVERVIEW**

At baseline, the CCA cohort is representative of EPT practice characteristics and milestone acceptance, but performance on continuity and empanelment indicators is lower.

	CCA	EPT
Practices in the Cohort	45	198
Practice Type		
Independent Practices	23 (51%)	109 (55%)
Tribal Health Care Practices	4 (9%)	12 (6%)
Health Systems	2 (4%)	5 (3%)
Health Centers	16 (36%)	73 (37%)
Populations of Focus		
Children and youth	14 (31%)	81 (41%)
Adults with chronic conditions	17 (38%)	60 (30%)
Adults with preventive care needs	11(24%)	38 (19%)
People living with behavioral health conditions	2 (4%)	12 (6%)
Pregnant people	1 (2%)	7 (4%)
Size		
<3 FTE Providers	14 (31%)	67 (34%)
>3 FTE Providers	31 (69%)	131 (66%)

	CCA	EPT
Milestones Met (Nov 2024)*		
Met 4	15 (33%)	56 (28%)
Met 3	8 (18%)	63 (32%)
Met 2	14 (31%)	50 (25%)
Met 1	8 (18%)	29 (15%)
Key Performance Indicators Meeting Threshold (Nov 2024)		
Continuity (target = 70%)	13 (29%)	82 (41%)
Empanelment (target = 90%)	12 (27%)	84 (42%)
Access (TNAA) (target = 10%)	28 (62%)	120 (61%)

*November 2024 Milestones = PhmCAT submission + empanelment assessment; empanelment policy & procedure; + data assessment & policy and procedure.
**As of May 30, 2025

pop health LEARNING CENTER

EQUITY & PRACTICE TRANSFORMATION EVALUATION

Measurement:
Covered California will assess the effectiveness of the Equity and Practice Transformation (EPT) program in improving practice capabilities.

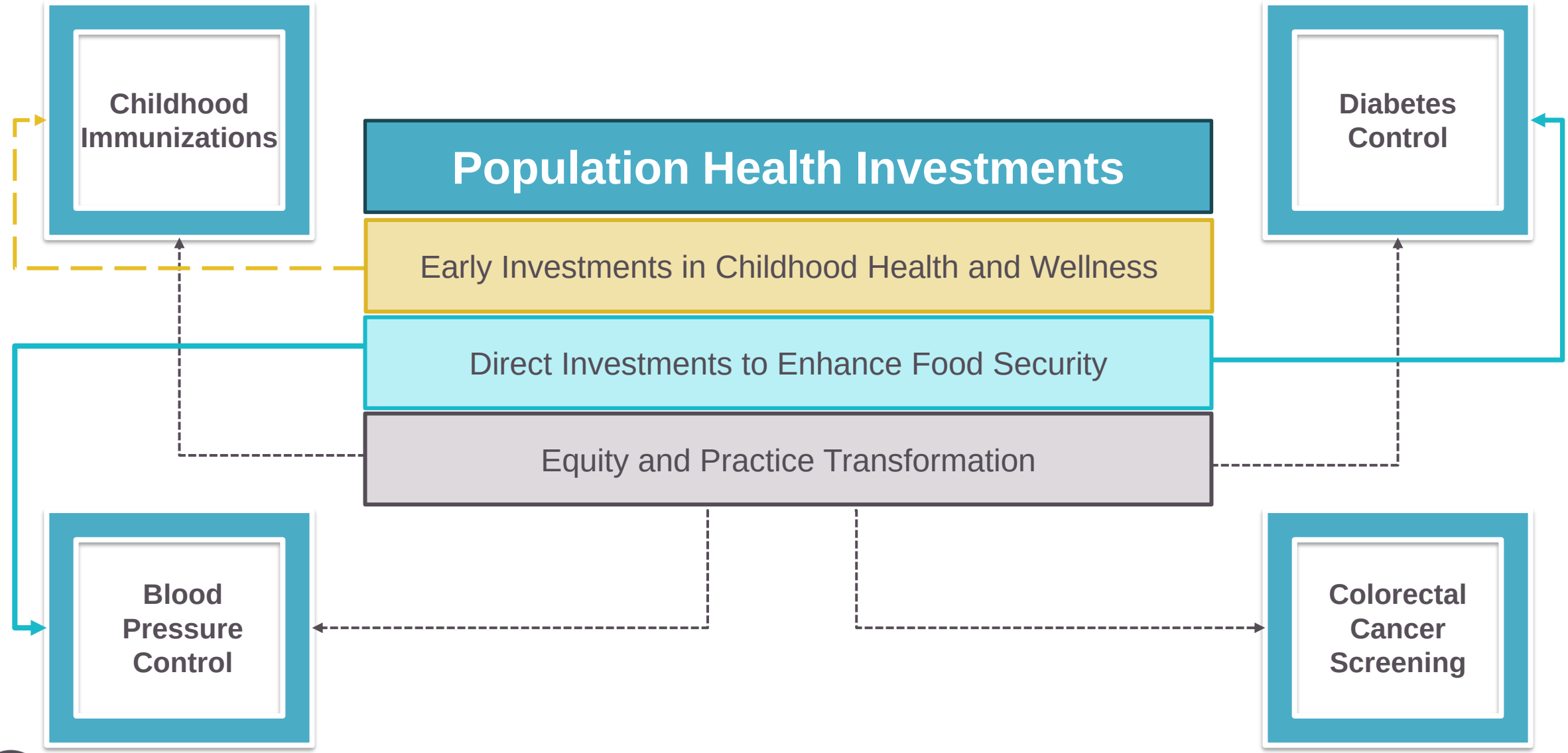
Pre-Program Assessment:
Before implementation, doctors and clinic staff completed a survey evaluating:

- Capabilities as captured by Population Health Management Capabilities Assessment Tool (PhmCAT)

Ongoing Data Collection – Regular Check-Ins (Every 3 Months):
PHLC will share:

- Overall EPT activities and participation
- Motivation to change
- Availability of practice-level data
- Capabilities and process improvements made by practices
  - Examples: submitted deliverables, integration of external data sources, engagement with QHIOs, empanelment quality, continuity, access and time to next available appointment
- HEDIS-like measures
- Qualitative lessons of what was most helpful in enabling high performers and what barriers precluded others from making progress

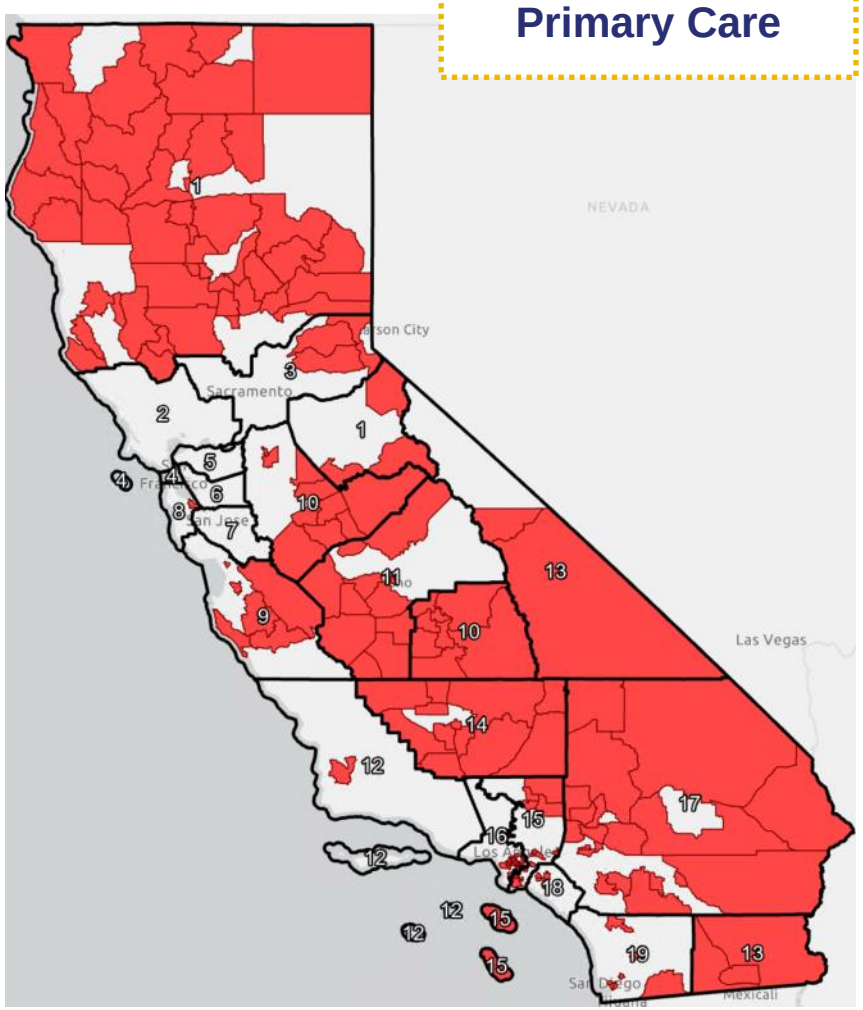
MOVING THE NEEDLE ON QUALITY



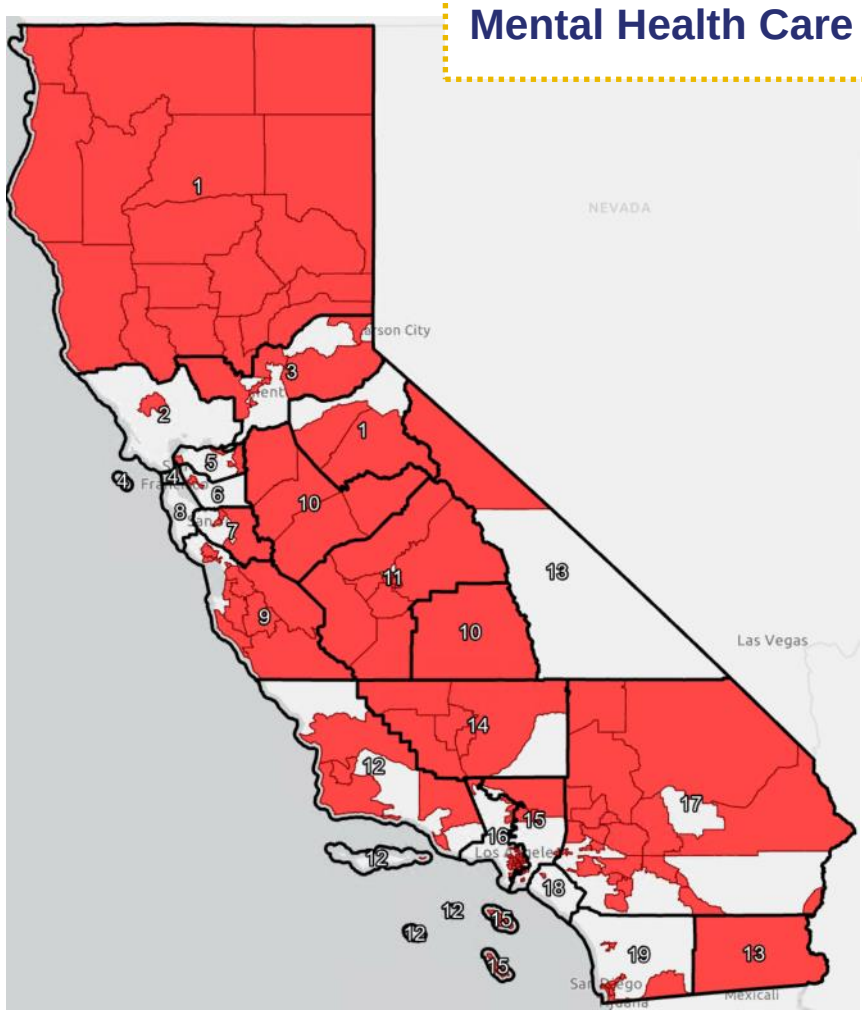
HEALTH PROFESSIONAL SHORTAGE AREAS (HPSA) AND RATING REGIONS

- Data showcases **health care shortages** by their respective shortage areas **overlayed with Covered California's rating regions.**
- Areas in **red** indicate **shortage areas**.

Primary Care



Mental Health Care



Rating Region Boundary Shortage Area