



MEMBERSHIP APPLICATION (2024-2026)

Applicant Instructions:

Please review the following information about the Marketing, Outreach, and Enrollment Assistance (MOEA) Advisory Group and member requirements, provide the information requested on pages three and four, and then submit the application to Covered California as instructed below.

Covered California's Vision and Mission

California chose to operate its own state-based health insurance exchange, now known as Covered California. Covered California's vision is to improve the health of all Californians by assuring their access to affordable, high-quality care.

Our mission is to increase the number of insured Californians, improve health care quality and equity, lower costs, and reduce health disparities through an innovative, competitive marketplace that empowers consumers to choose the health plan and providers that give them the best value.

Purpose

The purpose of the Covered California MOEA Advisory Group is to collect perspectives from key experts and stakeholders, offer advice and recommendations, and serve as a sounding board for Covered California staff to refine outreach, marketing, and enrollment assistance efforts to meet Covered California's mission. The MOEA Advisory Group will also advise staff on how to best reach specific target populations as well as California's uninsured, many of whom are unaware they may be eligible for subsidies. Covered California will also engage MOEA Advisory Group members by sharing strategies and seeking input related to improving enrollment and retention efforts.

Membership

The MOEA Advisory Group is comprised of representatives from stakeholder entities supporting Covered California's mission. In selecting member entities, Covered California recognizes the importance of building culturally and linguistically competent marketing, outreach, and enrollment strategies that reflect California's diversity.

The MOEA Advisory Group consists of up to 30 member entities, each providing an individual representative, plus at least one ex-officio member representing another state agency. Member entities are selected for a two-year term. At the end of their two-year term, member entities may reapply if they wish to be considered for the next two-year term. Member entities may nominate an individual representative to participate in the MOEA Advisory Group on their behalf, subject to Covered California approval. Member entities may replace their nominated individual representative with another nominated individual from the entity at any time during their two-year term to finish out the current term.

Meetings and Attendance

The MOEA Advisory Group is required to meet at least twice per calendar year, or more as deemed necessary by the Executive Director following consultation of the membership. Advisory member participation should be in-person to promote and ensure active engagement. However, members may participate by teleconference in accordance with the Bagley-Keene Open Meeting Act. Based on engagement, or lack thereof, Covered California reserves the right to add, extend, exclude, and end a membership term early.

All MOEA Advisory Group meetings will be noticed in advance and open to the public to participate. Please visit the group webpage below for details:

<http://hbex.coveredca.com/stakeholders/Marketing-Outreach-Enrollment/>

Additional Information

For more information on the MOEA Advisory Group, please refer to the Charter which may be found at: <http://hbex.coveredca.com/stakeholders/Marketing-Outreach-Enrollment/>

Application and Resume or Letter of Interest Submission Instructions

1. **Read** the Marketing, Outreach, and Enrollment Assistance (MOEA) [Advisory Group Charter](#).
2. **Complete** this PDF application and **digitally sign** page 4.
3. **Email** the completed PDF application with your resume or letter of interest to MOEAGroup@covered.ca.gov by the deadline date: close of business on **Wednesday, July 24, 2024**.
 - The letter of interest (no longer than one page) should provide Covered California information about your related experience and describe how you and the entity you represent can serve as a valuable member to the Covered California MOEA Advisory Group.

Marketing, Outreach, and Enrollment Assistance (MOEA) Advisory Group Membership Application

Two-Year Term: 2024 - 2026

- ✓ **Action Required:** Complete, sign, and email the application with your resume or letter of interest to MOEAgroup@covered.ca.gov.

Entity Information

**Entity is defined as either an organization, institution, establishment, body, operation, or structure operating as independent of another organization, institution, establishment, body, operation, or structure. If you do not identify as an entity, please skip to the individual information section.*

Entity Name*:

**Representative's
Full Name:**

Job Title:

Street Address:

City:

State:

Zip Code:

Telephone:

Email address:

Web-Site address:

Individual Information

If you completed the Entity Information section above, skip this individual information section, and proceed to the Entity or Individual Representation section.

Full Name:

Job Title:

Street Address:

City:

State:

Zip Code:

Telephone:

Email address:

Entity or Individual Representation

I represent the following (check one only):

- Health or dental insurance carriers
- Health insurance agents
- Certified community enrollers
- Health care delivery and public health experts (academic, research or public health entity)
- Consumer advocate with direct and substantial experience in health care
- Other:

Chair & Co-Chair Interest

MOEA Advisory Group Chair and Co-Chair responsibilities include but are not limited to member outreach, leadership in coordinating with Covered California internal workgroup, moderating meetings, agenda topic recommendations, feedback outside meeting dates and times, willingness to engage members, and providing a unique perspective that reflects one of the five groups represented within the advisory group.

I'm interested in being the Chair or Co-Chair for the MOEA Advisory Group:

Yes Maybe No

Acknowledgment

I have read this application and the [MOEA Advisory Group Charter](#), and I understand the MOEA membership selection process and participation requirements as described in this application and the MOEA Charter. I agree to comply with these participation requirements if I am selected and accept the offer to participate as a member.

Signature: _____

Date: _____

Printed Name: _____

Enclosure Requirement Reminder

Remember to attach your resume or letter of interest with the application for submission.
Thank you for your interest!