Marketing, Outreach, and Enrollment Assistance (MOEA)

Advisory Group Meeting Minutes

Primary Physical Location:

The California Endowment, Los Angeles: 1000 North Alameda Street, Los Angeles, CA 90012

Virtual Platform using GoToWebinar:

https://attendee.gotowebinar.com/register/9087226556822060377

Attendees:

MOEA Members:	Member Organization:
1. *Maribel Montañez (Chair)	Gardner Family Health Network, Inc.
2. Alex Hernandez (Co-Chair)	Alex Hernandez Insurance Agency
3. Rachel Linn Gish (Co-Chair)	Health Access California
4. Alicia Emanuel	National Health Law Center
5. Ariela Cuellar	California LGBTQ Health and Human Services Network
6. Betty Ho	Valley Health Plan
7. Bianca Blomquist	Small Business Majority
8. *Connie Lo	Asian Americans Advancing Justice Southern California
9. *Dawn McFarland	M & M Benefit Solutions Insurance Services
10. *Doreena Wong	Asian Resources Inc.
11. *Douglas Morales	AltaMed Health Services Corporation
12. Foyinsola Ani	Rising Communities
13. *George Balteria	C:C Insurance Solutions, an Alera Group Company
14. Hugo Morales	Radio Bilingüe
15. Jagdeep Singh	Jagdeep Singh Insurance Agency Inc.
16. Jezabel Urbina	Inland Empire Health Plan
17. Kelly Johnson	Sharp Health Plan
18. *Kerry Wright	Wright-Way Financial Insurance
19. Liwen Tsai	Anthem Blue Cross
20. Marshawn Harris	Bay Area Quality Insurance Services
21. *Marti Ochiai	Kaiser Permanente
22. *Parshottam Donga	Certified Insurance Agent
23. Patricia Yeager	Health Net
24. Shannon Okimoto	Health Quality Partners
25. Sylvia Jackson	Riverside County Black Chamber of Commerce
26. Tiffany Debol	Blue Shield of California
27. Vivian Huang	KCAL Health Insurance Services

*Member attended in person

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.*

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

I. Call to Order, Rollcall and Agenda Overview

II. Administrative

A. Opening Remarks

B. Member Introductions and Welcome for New MOEA Advisory Member

III. Covered California

A. Executive Welcome

B. Federal Changes Impacting Covered California

- **Kerry Wright – Wright-Way Financial Insurance:** Noted that the presentation reflected uncertainty regarding the specifics of the injunction issued on August 22nd pertaining to changes involving HR 1 and the CMS Rule. Asked for clarification for those not fully familiar with which portions of the changes were enjoined by the injunction.
  - **Jessica Altman – Covered California:** Stated that the meeting slides reflect a discussion about several key requirements and changes related to tax credit eligibility assessments and enrollment processes. These include income verification requirements, the need for consumers to reconcile their tax credits and pay past premiums before enrolling in new coverage, and changes to the actuarial value (AV) de minimis range. It was noted that the AV de minimis changes have minimal impact in California due to the state's standard benefit plans being at the top of the AV range. Additionally, two federal marketplace-specific provisions were mentioned: the $5 renewal for individuals automatically enrolled in the $0 plan and the increase in manual verifications during special enrollment periods, which apply primarily to federal marketplaces and other states.
- **Dawn McFarland – M & M Benefit Solutions Insurance Services:** The discussion raised a question about whether the allocation of $190 million to assist individuals within the 150-160% federal poverty level (FPL) range will provide significant help to this group or if challenges will remain.
  - **Jessica Altman – Covered California: R**ecommendation made to review the slides from the July board meeting, which provide detailed information about affordability under the Enhanced Premium Tax Credit (EPTC) program. For individuals earning up to 150% FPL, the current level of affordability will be maintained, which is considered significant for that group. For those earning up to 165% FPL, a sliding scale will be applied, and while meaningful, it reflects a balance of trade-offs. Also emphasized was the thoughtful and important conversations held with the board and stakeholders about various design options, weighing the trade-offs between broader support for more people versus targeted impacts at specific income levels. Ultimately, the selected plan design was chosen because it is believed to keep the most people covered sustainably, reflecting a consensus from those conversations.

- **Rachel Linn Gish – Health Access California:** Raised concerns about how to communicate the potential impacts on consumers regarding the loss of affordability in deductibles and co-pays, alongside the backfilling of premium affordability. Also noted the possibility of a "double whammy" for consumers, who may face both increased premiums and higher out-of-pocket costs such as co-pays and deductibles.
  - **Jessica Altman – Covered California:** Indicated that the Covered California team would confirm that upcoming formal renewal communications clearly highlight the changes across the board. It was noted that while previous changes led to more consumers moving into more generous plans, the upcoming changes might result in the opposite effect.
- **Rachel Linn Gish – Health Access California:** Questioned was raised about whether there is a "point of no return" regarding the enhanced premium tax subsidies. The inquiry focused on whether there is a specific time when the situation becomes locked in, resulting in consumers inevitably facing the 97% premium increase that was presented.
  - **Jessica Altman – Covered California:** Outlined the timeline and implications surrounding the enhanced premium tax subsidies. It was noted that there is a "point of no return" for consumers once notices are sent out and they begin shopping with higher prices. However, if Congress acts by the September 30th deadline, lower rates can still be implemented, allowing for a smooth renewal process with the Enhanced Premium Tax Credits (EPTCs) and Cost Sharing Reduction programs in place. If action occurs after September 30th, such as in December, notices with higher prices will have already been sent, requiring additional communication efforts, including a win-back campaign for consumers who did not enroll. While the team is preparing for this scenario, there is hesitancy to overly focus on hypothetical situations.
- **Alex Hernandez – Alex Hernandez Insurance Agency:** Question raised regarding the timing of updates to the Shop and Compare tool, specifically addressing when the new rates will be reflected if no extensions are made, to preview the upcoming renewal changes.
  - **Jessica Altman – Covered California:** Stated that the target date for updates to the shopping and comparison tools is October 15th, further confirmed by attending Covered California staff.
- **Sylvia Jackson – Riverside County Black Chamber of Commerce:** Question was raised regarding whether the allocation of $190 million would have any impact on the existing Navigator block grant, which is secured until 2027.
  - **Jessica Altman – Covered California:** Clarified that there are no planned changes to Navigator funding related to the $190 million or any other factors at this time. Navigators can continue to plan based on the funding they have or expect to receive from Covered California, contingent upon meeting performance expectations.
- **Sylvia Jackson – Riverside County Black Chamber of Commerce:** Also inquired about the status of the supplemental outreach grant, noting that it is still uncertain and may potentially be discontinued, despite its effectiveness in certain areas.
  - **Robert Kingston – Covered California:** Clarified that the supplemental outreach grant was a one-year pilot program that concluded at the end of the last fiscal year. The results of the program are currently being evaluated to inform plans for future grant years, but at this time, the grant is not active.
- **Marshawn Harris – Bay Area Quality Insurance Services:** Inquiry if there will be any brochures to give to consumers to explain the changes or rate increases or any other options.

- **Robert Kingston – Covered California: C**onfirmed that the upcoming kickoff events next month will include discussions about the collateral materials supported by the marketing division, which will be distributed to enrollment channel partners.
- **Craig Tomiyoshi – Covered California:** Added that a webpage on the Covered California website, titled "Important Changes," will feature the latest updates regarding federal policy changes presented in consumer-friendly language.

- **Jezabel Urbina – Inland Empire Health Plan:** Raised a question regarding the announcement of new rates and the potential changes in certain regions involving SB260 Qualified Health Plans (QHPs). Requested details regarding changes to be expected during the transition process for both existing and new carriers.
  - **Jessica Altman – Covered California:** Outlined that under the SB260 program Medi-Cal transitioners will initially be directed to the lowest-cost silver plan. If there are changes to which plan holds the lowest-cost silver designation, the current plan will remain in place for transitions until the end of December. Beginning with the 2026 plan year, consumers receiving the SB260 notice and following the established process will be directed to the new lowest-cost silver plan in their region.
- **Kerry Wright – Wright Way Financial Insurance:** Expressed appreciation for how the $190 million was allocated, noting that it effectively addresses affordability challenges for individuals under 400% and particularly under 165% of the federal poverty level. Shared that while he has historically been able to sell plans with deductibles and coinsurances, premium increases are far more difficult to manage above the affordability cliff. The allocation helps mitigate these challenges, providing agents with tools to support consumers, and he commends the focus on these income levels as it addresses a significant concern.

IV. MOEA Advisory Member Feedback Discussion

A. Navigating Consumer Outreach Amid Premium Changes and Policy Shifts

- **Dawn McFarland – M & M Benefit Solutions Insurance Services:** Stressed the importance of educating the community about the underlying costs of healthcare and the role of subsidies. While consumers often focus solely on lower premiums, this can desensitize the public to the true cost of healthcare. She emphasized the need for broader system-wide education to help consumers understand why these changes are happening and the real financial dynamics of healthcare, even though solving this issue will require efforts beyond the current discussion.
- **George Balteria – C:C Insurance Solutions, an Alera Group Company:** Emphasized the importance of effective communication strategies when informing consumers about premium changes, particularly when the assumption is that premiums are decreasing. He noted that navigating consumer emotions through personal interactions is far more effective than sending a letter, as emotional responses can drive decisions, such as seeking to cancel coverage. Shared that his team conducts significant in-person assistance, serving 40,000 to 50,000 individuals annually, in addition to providing phone support. These direct interactions allow for conversations that help address consumer concerns and manage their reactions. He also highlighted the potential role of the California Service Center as part of the broader effort to retain consumers. He questioned whether the Service Center's *rules of engagement* currently allow staff to attempt to persuade consumers to reconsider cancellation or whether their role is limited to processing cancellation requests. Suggestion made that the call center could be an untapped resource if staff were empowered to ask consumers whether they would like to speak with a certified enroller or insurance agent to explore lower-cost options and potentially retain their coverage.

- **Maribel Montañez – Garnder Family Health Network:** Inquired on workflow process for incoming calls to the call center.
  - **Robert Kingson – Covered California:** Noted that while no representatives from the service center team were present, the team has been exploring options to improve retention efforts. This includes working with consumers to better understand their intentions and facilitating conversations aimed at retaining coverage.
- **Karen Marquez – C:C Insurance Solutions, an Alera Group Company:** A question regarding whether individuals will still face a tax penalty for not having insurance at the end of the year, given the increase in premiums.
  - **Jamie Shigetoshi – Covered California:** Confirmed that the tax penalty for not having insurance remains in place as it is mandated by California state law, which has not changed.
- **Doreena Wong – Asian Resources Inc:** A concern was raised about the confidentiality of personal information submitted to Covered California, particularly considering community members' fears about sharing identifiable information, immigration status, or other sensitive data. It was noted that the Department of Homeland Security is subject to an injunction prohibiting the sharing of private information, but there is uncertainty about whether information may have already been shared. A request was made for an update from Covered California to clarify the status of confidentiality measures to help reassure community members and address their concerns about signing up for public benefits. If such assurances cannot be provided, it was suggested that this information be communicated transparently so individuals can make informed decisions.
  - **Robert Kingston – Covered California: S**tated that there is currently no update regarding the injunction related to CMS information sharing, but a follow-up will be provided when available.
- **Rachel Linn Gish – Health Access California:** From the Consumer Advocate perspective, raised concerns about how the impacts of upcoming changes are being communicated to consumers. There was an inquiry on whether Covered California plans to emphasize the 97% premium increase mentioned earlier, as opposed to leading with the smaller 10% number. Advocates have stressed the importance of ensuring consumers fully understand the true cost they are about to face, as the larger figure has a more significant impact.
  - **Craig Tomiyoshi – Covered California:** Explained that, traditionally, rate or percentage increases are not part of consumer-facing messaging. While consumers may encounter these figures and have questions, Covered California has focused communications on emphasizing the value of staying covered rather than directly addressing premium increases. The approach highlights the importance of having insurance, regardless of cost, and emphasizes the benefits of coverage. The goal is to ensure consumers are aware and informed about potential changes while encouraging them to ask questions and seek assistance from navigators, agents, or resources like the Covered California website to learn more and make informed decisions.
  - **Robert Kingston – Covered California:** Expanded that consumers may not receive a single, simplified number regarding rate increases because the impact varies for each household based on its unique composition. Every household experiences a different effect from rate changes, making it a highly personalized conversation. Covered California's Marketing Division was credited for preparing tailored communications that share the specific impact of the potential loss of the enhanced premium tax credit at the household level. These messages, sent in July and August, provided individual households with detailed

information about the potential dollar amount changes rather than generalized percentages, ensuring the information is relevant and specific to each consumer.

- **Alex Hernandez – Alex Hernandez Insurance Agency:** Expressed appreciation for the Marketing premium letters, noting their effectiveness in communicating important information to members. He praised the second letter for highlighting the agents associated with the members, as it has prompted many members to reach out for clarification. Also emphasized was that this upcoming open enrollment season will be especially critical for storefronts in terms of retention, as the letters are encouraging members to contact their agents and engage in discussions about the upcoming changes. Additionally, he appreciated how the letters clearly outlined the amount of APTC members may lose, helping members understand the situation and the importance of healthcare coverage. A suggestion was made to include agents' names on the first page of the letters, rather than the second page, to ensure that members see this information without needing to read further.
  - **Glenn Oyoung – Covered California:** In response, emphasis was placed on the importance of timely communication with consumers regarding potential changes, such as updates to premium subsidies, to ensure they have adequate time to prepare for significant impacts. He acknowledged the challenges of producing letters or other materials when decisions are still uncertain, making it difficult to provide definitive information. The collaborative efforts of various divisions and stakeholders, including service centers, agents, and media-based partners, were highlighted as crucial to effectively informing and supporting consumers during this period. Also expressed was a strong commitment to helping consumers navigate these changes and ensuring that updates are delivered as quickly and efficiently as possible, even in the face of uncertainty.
- **Jezabel Urbina – Inland Empire Health Plan:** A suggestion was made to improve outreach and education efforts for consumers who passively enroll in health plans, as they may not be actively aware of changes to their premiums or policies. It was noted that many of these individuals either do not review mail or lack access to an enroller or agent to inform them about upcoming changes. Concerns were raised about the impact on these members, particularly if they only realize in January that their premiums have significantly increased, especially if open enrollment periods are shortened and changes cannot be made after coverage becomes effective. The suggestion emphasized the importance of targeted outreach by Covered California and health plans to better educate self-enrolled members about rate increases and policy changes, helping them prepare for and understand the potential impact of these adjustments.
- **Jagdeep Singh – Jagdeep Singh Insurance Agency Inc.:** Raised several questions and suggestions. First was an inquiry about the possibility of allocating a portion of Covered California's marketing budget as co-op funds to allow agents to conduct their own approved marketing efforts. Second, there was an ask for more clarity by the end of the year regarding which immigration documents will be acceptable for the 2026 enrollment period. Lastly, there was a suggestion to separate the enrollment period for Covered California from Medicare's enrollment period, acknowledging that the timing may be federally determined but questioning whether adjustments could be made to prevent overlap.
  - **Robert Kingston – Covered California:** Noted that Covered California remains restricted by state law from providing co-op funding for agent marketing efforts. Additionally, updates are underway to the toolkits for the upcoming open enrollment period to address acceptable immigration documents for various immigration types. Jessica Altman highlighted that certain changes regarding immigration types and the accessibility of the advanced premium tax credit will not take effect until future enrollment years. These

changes will phase in over time, and Covered California will produce materials to provide detailed information for enrollment partners. Regarding the upcoming open enrollment period, it was confirmed that the full enrollment period will be available. However, starting with plan year 2027, the enrollment period will be shortened due to a federal rule change. This adjustment is mandated at the federal level, and Covered California does not have the authority to modify it.

- **Bianca Blomquist – Small Business Majority:** Shared organizational efforts to reach out to business groups in more conservative areas of the state, where clear healthcare updates and information about impacts to small businesses are less likely to be communicated. These outreach efforts are challenging, requiring significant effort and pre-established relationships. She inquired whether other groups are engaging with unlikely stakeholders and asked if Covered California could collaborate with other state agencies, such as DGS and CDSS, to help disseminate information. She expressed interest in working together on the endeavor.
- **George Balteria – C:C Insurance Solutions, an Alera Group Company:** Reinforced the importance of creating and utilizing tools during open enrollment to address consumer decisions regarding health insurance. It was pointed out that many consumers cancel their insurance due to premium increases, often weighing these increases to the tax penalty for being uninsured. This comparison is flawed and leads to decisions that underestimate the true financial risks of being uninsured. The argument presented highlighted the need to educate consumers on the significant liabilities they face, including the potential for medical bills that can amount to hundreds of thousands of dollars for serious health events such as heart attacks, strokes, diabetes, and other chronic conditions. The conversation underscored the necessity of reframing the value of health insurance for consumers, moving beyond the notion of premium increases to demonstrate the protection insurance offers against catastrophic financial consequences. It was proposed that these tools be made accessible across multiple channels, including call centers, agent materials, and consumer-facing platforms, to ensure widespread education and outreach. resources and enhancing consumer education efforts.
- **Marti Ochiai – Kaiser Permanente:** Acknowledged the importance of recognizing the shared audience among all parties involved. Expressed appreciation for the outreach efforts being undertaken by others and noted that their organization has not yet reached the same level of engagement. She underscored the value of coordination in outreach efforts to ensure that individuals receive consistent and accurate information and highlighted the need to simplify and clarify messages to improve understanding, particularly in relation to literacy levels, and to ensure alignment across communications. Lastly, concern was expressed regarding the varied and potentially conflicting information being disseminated through news media, social media, and other channels.
- **Sylvia Jackson – Riverside County Black Chamber of Commerce:** Reiterated support for the letters being sent out, specifically praising the use of clear layman's terms, and the inclusion of counselor or agent names, which is viewed as a positive step toward fostering a more human connection with the individuals served each year. Keeping communications simple and inclusive and aligning with their own plans for outreach was encouraged. The importance of staying calm and speaking with confidence and knowledge when delivering information was emphasized. Shared her intention to involve their help desk team to ensure that more voices are heard and to distribute the responsibility of communication. Additionally, she mentioned organizing workshops titled "Maximize Your Coverage," where each week would feature a different carrier to share information, even when delivering less favorable news, while ensuring it is solid and actionable.

- **Kerry Wright – Wright-Way Financial Insurance:** Revisited tools to address premium increases across income groups. Noted the $190 million allocated for individuals below 165% of the federal poverty level, emphasizing that the Silver 94 plan's low deductible, out-of-pocket maximum, and affordable co-insurance would help mitigate costs despite rate increases. For higher-income groups facing significant premium hikes, pointed to Health Savings Accounts (HSAs) now qualifying with bronze policies, appealing to those with financial literacy and higher cash flow due to tax benefits. He suggested leveraging HSAs and new legislation keeping telehealth outside deductibles to retain coverage, acknowledging the challenges of selling bronze plans but seeing this as a viable strategy.

B. Expanding Support for Covered California Consumers

- **Dawn McFarland – M & M Benefit Solutions Insurance Services:** Shared her thoughts on exploring alternative solutions for individuals unable to afford healthcare. Introduced the concept of direct primary care as a potential option, acknowledging that it might not align with the goal of ensuring everyone is on a fully insured plan to support the broader market. However, it was suggested that direct primary care could be a viable option, particularly for DACA recipients. It was explained that this model involves paying monthly fees ranging from $65 to $250 for access to primary care, though it does not cover lab work or other services. It was emphasized that while it is not a comprehensive solution, direct primary care could serve as an alternative for those with no other options, offering something tangible for individuals to consider.
- **Rachel Linn Gish – Health Access California:** Suggested obtaining data from Covered California on coverage loss numbers and plan decisions, particularly the potential increase in consumers choosing bronze plans and the implications for their care and overall health outcomes. Emphasized the importance of understanding downstream effects and exploring alternative options for individuals who may face challenges due to these changes. Additionally, the need to prepare for upcoming changes was highlighted, including the loss of gender-affirming care coverage in Covered California plans, and invited feedback on how to effectively message this transition to affected consumers
- **Ariella Cuellar – California LGBTQ Health and Human Services Network:** Emphasized the importance of ensuring healthcare settings and services are accessible, welcoming, and culturally appropriate, particularly for TGI Californians. Noted the increasing difficulty of combating misinformation and false narratives, which are amplified by actions and decisions from the federal administration, such as subpoenas to hospitals providing gender-affirming care. Despite California's protections, providers are closing services out of fear, worsening barriers to access. The participant suggested strategies to address these issues, including educational efforts, op-eds to humanize the impact, and narrative campaigns to highlight the broader consequences of restricting gender-affirming care, which affects both TGI and cisgender individuals. She stressed the urgent need for state agencies and trusted organizations to partner with the LGBTQ community, proposing town halls or forums to support community members and allies, answer questions, and address barriers to care.
- **Kerry Wright – Wright-Way Financial Insurance:** Raised concerns about individuals losing their ability to receive subsidies, particularly those transitioning out of Medi-Cal. He noted that under new policies Medi-Cal beneficiaries losing eligibility will not have a special enrollment period to secure a subsidized plan. Additionally, the new requirement for twice-a-year redeterminations, rather than once, could result in significant coverage disruptions, with many individuals likely losing access due to challenges in keeping up with the process. He also highlighted the difficulty many consumers face in managing their mail and correspondence, which could further exacerbate the issue. Lastly, he expressed concern about how to support

these individuals, especially since those falling off Medi-Cal would likely be the ones most in need of subsidies and emphasized the challenges this will present in maintaining access to care for vulnerable populations.

- **Maribel Montañez – Gardner Family Health Network:** Shared her organization's efforts in Santa Clara County, where they are partnering with health plans to develop unified messaging strategies for various populations impacted by healthcare and coverage changes. She emphasized the need for strategic collaboration and alignment across organizations to ensure consistent communication, as highlighted by another participant. Also noted that her organization's marketing team utilizes toolkits provided by Covered California and stressed the importance of collaborative efforts among enrollment teams, agents, and advocates to deliver a unified message to Californians.
- **Jezabel Urbina – Inland Empire Health Plan:** IEHP has formed a partnership with college districts in both of their regions to enhance outreach and support for DACA members and uninsured individuals. While IEHP may not directly identify DACA members, the college districts can, enabling targeted outreach through messaging and toolkits. These resources allow DACA individuals affected by policy changes to connect with IEHP, which then assesses their eligibility for coverage or identifies nearby resources, such as mobile clinics, to assist uninsured individuals. This collaboration has been effective in reaching DACA students and uninsured populations, leveraging information provided during college registration processes.

******BREAK******

V. Covered California

A. Marketing Updates

- **Priscilla Pelot – C:C Insurance Solutions, an Alera Group Company:** Inquired regarding the branding of the Covered California logo and whether there were plans to create a new logo inspired by the "Love of Californians" campaign. She expressed interest in obtaining a copy of the logo if it was available prior to Open Enrollment.
  - **Glenn Oyoung – Covered California:** Confirmed that the new updated logo would be made available prior to Open Enrollment for partner branding purposes.
- **Connie Lo – Asian Americans Advancing Justice Southern California:** The question was posed about whether Covered California was considering addressing the way its name is presented in various languages. The discussion highlighted how existing language materials, such as those in Korean and English, offer different approaches. It was noted that in some communities, alternative translations or terms for "Covered California" have emerged organically, particularly in languages like Chinese, where newspapers and communities have created their own terms rather than using the original name. This phenomenon was described as an unintentional development, but one that reflects how the brand is perceived and adapted by different linguistic groups. Covered California was encouraged to consider leaning into this issue and exploring ways to intentionally address and adapt the name across languages to better resonate with diverse communities.
  - **Craig Tomiyoshi – Covered California:** Discussed that in-language marketing presents challenges for every brand, particularly in balancing the need for in-language content with maintaining control over the brand's identity. The conversation acknowledged the benefits of creating materials tailored to specific languages, as it can resonate with diverse audiences, but also emphasized the potential risks of losing control over how the brand is represented when alternative terms or translations are adopted by communities. It was

noted that this is a common consideration for corporations and companies navigating multilingual marketing strategies.

- **Liwen Tsai – Anthem Blue Cross:** Commended the presentation, describing it as excellent overall. However, she raised a concern regarding one of the lines in the first English advertisement. The specific line referred to stated that Covered California is not a health insurance company and is not driven by profit. She shared that this line caused some unease and expressed concern about potential backlash from health insurance payers. She wondered if others from the payer side might have similar feelings and sought input on whether their concern was valid or if she might be overthinking the matter.
  - **Glenn Oyoung – Covered California:** Explained that the line in question was carefully considered and rooted in data, noting that Covered California has invested over 15 years in the market; yet people continue to confuse the organization with health insurance plans, which is inaccurate. The purpose of the line is to clarify the role of Covered California and differentiate it from health insurance plans, emphasizing its impartiality and mission to provide access to coverage. The intent is to attract individuals to Covered California and its partnered health plans by ensuring they understand the organization's unique role. While acknowledging the concern raised from a brand-building perspective, it was noted that this approach represents a conscious decision to set the record straight. The line will not be repeated in every advertisement but serves as a necessary step to establish clarity.
- **Liwen Tsai – Anthem Blue Cross:** Also shared that members of Anthem's internal team expressed interest in being able to review any future letters related to the Quality Transformation Initiative (QTI). Specifically, they inquired whether it might be possible to review and provide input on member letters that may be sent out as part of the initiative in the future.
  - **Glenn Oyoung – Covered California:** Indicated that the request would be relayed to Covered California's Equity and Quality Transformation Division for consideration.
- **George Balteria – C:C Insurance Solutions, an Alera Group Company:**
  - A concern was raised about delays in the posting of important correspondence within the Documents and Correspondence section of the Enroller Portal. It was noted that letters sent to members are often not visible on the enrollers' portal until several days after received by the consumer.
  - The website subsection for "Important Changes for California" was discussed, with the observation that the last update was on July 10th. It was suggested that the section should be updated to reflect more recent and relevant information.
  - Concerns were also expressed about the accessibility and location of the "Storefront Finder" on the Covered California landing page. It was noted that consumers would struggle to find the Storefront Finder tool unless they were particularly determined, as the page does not prominently feature information about enrollment assistance or the Storefront Program. Member suggested efforts should be made to improve visibility and ease of access to ensure consumers can locate and utilize the Storefront Finder program.
  - **Craig Tomiyoshi – Covered California:** The team is currently reviewing the final copy that incorporates all changes mentioned earlier in the meeting to be posted in the "Important Changes for California" website subsection. Craig proposed a collaborative session to review the user experience on the Storefront Finder area of the website with a goal to identify potential solutions and improvements together. Additionally, Covered California has issued a Request for Proposal (RFP) to conduct a comprehensive review of CoveredCA.com.

B. **Communications Updates**
   - **No comments**
C. **External Affairs and Community Engagement Updates**
   - **No comments**
D. **Outreach and Sales Updates**
   - **No comments**

VI. MOEA Member Open Discussion

- **Kerry Wright – Wright-Way Financial Insurance:** Raised potential implications of automatic renewals not occurring and whether it would be viewed negatively if agents proceeded with manually renewing individuals shortly after Thanksgiving. The idea proposed involved opening the dashboard and renewing everyone manually, emphasizing efficiency and addressing the renewal process comprehensively. He acknowledged the need to communicate with specific clients, particularly those who frequently encounter issues, while also considering the practicality of renewing groups of individuals systematically.
  - **Robert Kingston – Covered California:** Reminded members that affirmative consent from consumers to assist with their renewals will still be necessary when the change in automatic renewals policy goes into effect. Also emphasized that this policy change is not slated for implementation until 2028, providing ample time to plan and determine the best approach for executing the policy effectively.
- **Marshawn Harris – Bay Area Quality Insurance Services:** Inquired on whether all system updates, excluding rate updates, would be implemented before the renewal process begins. Concerns were raised about ongoing technical issues, such as challenges with ID recognition and verification, which are causing delays and requiring significant time to resolve.
  - **Jamie Shigetoshi – Covered California:** Confirmed that the updates to CalHEERS would be released in September and fully implemented by October 15. The updates would be reviewed during the upcoming in-person and virtual kickoff events, and later through the CalHEERS and Enroller Portal webinar.

VII. Adjourn

- **Maribel Montañez – Gardner Family Health Network**