



August 7, 2019
Marketing, Outreach, and Enrollment Assistance (MOEA)
Advisory Group Meeting Minutes

Thursday, August 7th, 2019
1:00 PM to 4:00 PM
Covered California Tahoe Auditorium
1601 Exposition Blvd.
Sacramento, CA 95815

MOEA Advisory Members Present

I. In-Person

1. Abigail Ramirez*, Latino Coalition for a Healthy California
2. Alicia Kauk, National Health Law Program
3. Aurora Garcia-Barrera, The Children's Partnership
4. Dan Garrison, HealthMarkets Insurance Agents
5. Doreena Wong, Asian Americans Advancing Justice (AAAJ) of L.A.
6. George Balteria, CEO QuoteSelections Insurance Services
7. George Kalegeropoulos, HealthSherpa
8. John l'Anson, Kaiser Permanente
9. Lezlie Micheletti*, Department of Managed Healthcare
10. Mark Herbert, Small Business Majority
11. Nenick Vu, California Primary Care Association (CPCA)
12. Laura Johnson, Blue Shield of California
13. Melissa Diamond, Health Net
14. Pamela Moore, Redwood Community Health Coalition (RCHC)
15. Rachel Linn Gish*, Health Access California
16. Rick Krum, Anthem Blue Cross
17. Rosa Flores, Latino Coalition for a Healthy California
18. Weiyu Zheng, California Pan-Ethnic Health Network (CPEHN)

*Attended on behalf of the member's organization.



II. Teleconference

1. Amy DeMarco, Molina Healthcare
2. Anthony Wright, Health Access California
3. Dani Winston, Anthem Blue Cross
4. Evelyn Whitfield, Anthem Blue Cross
5. Hellan Roth Dowden, Teachers for Healthy Kids
6. Joseph Gabra, Accounting Rivers
7. Kim Martin, L.A. Care
8. Kristin McGuire, Young Invincibles
9. M.J. Diaz, Health Access California
10. Michael Bergstrom, Neighborhood Health Insurance Center
11. Michael Lujan, Oscar Healthcare
12. Norman Williams, Department of Health Care Services
13. Njeri McGee-Tyner, Alameda Health Consortium

III. Members of the Public:

1. Abby Ansley, IPG
2. Allison Yeung, Chinese Community Health Plan (CCHP)
3. Amanda Kline, Anthem Blue Cross
4. Bailey Hayek, IPG
5. Chris Kelly, Chinese Community Health Plan (CCHP)
6. Faith Borges, California Association of Health Underwriters (CAHU)
7. Joe Altshule, Anthem Blue Cross
8. Lisa Gavin, Anthem Blue Cross
9. Rob Spector, Blue Shield of California
10. Vanessa Rio, Anthem Blue Cross

Agenda Item I: Call to Order and Agenda Overview

George Balteria, the MOEA Chairperson, called the meeting to order at 1:00 p.m. and welcomed the members. He reviewed the agenda and informed the group that they can email MOEAgroup@covered.ca.com and asked that members not to cc: the other members due to Bagley Keene rules. All comments and questions will be compiled, and the group will collectively receive responses to the questions and comments. He also informed the members that the charter had been recently adopted by the Board and will be sent to all of the members. Mr. Balteria continued by saying this is an exciting time for California with respect to healthcare and enjoyed being there with everyone as it is the only place where Navigators, consumer advocates, insurance agents and agencies and insurance companies all together in one place.



Agenda Item II: Covered California Legislative Updates

- A. California State Subsidies**
- B. Individual Mandate**
- C. Implementation**

Presentation: Kelly Green, Director of External Affairs, provided a few comments regarding legislation. She commented that it has been a busy year for Covered California as they worked to inform state policy guidelines around consumer affordability with the support of the AB 1810 stakeholders' workgroup which helped develop options as well as provide technical assistance to the Legislature. Less than a year ago, Covered California was in a very different place with enrollment rates lower than anticipated due to the removal of the federal penalty. Ms. Green continued by saying California is poised to join three other states, including the District of Columbia, in imposing state penalty mandate as well as implementing state subsidies to those in the lower incomes and is also the first state to expand subsidies to those in the middle incomes above the federal cliff.

Despite not having implemented this legislation, Ms. Green continued saying that Covered California is already seeing the impact in plan pricing. This July, preliminary rates were released with statewide average increase was less than one percent which is the lowest rate change since 2014 and lower than the eight percent rate change average for the last five years but reminded the audience that this varies depending on the consumer's age, where they live, etc. Just as Covered California relied on its partners in informing the policy, this type of collaboration will continue during implementation. Ms. Green expressed her gratitude to the stakeholders with their expertise not only informing but in implementing a good, strong policy.

Kelly Green informed the group of relevant legislation, AB 1309, related to the open enrollment period adding Covered California is tracking this legislation very closely and is receiving many questions, both internally and externally. Ms. Green briefly explained that under existing law open enrollment begins on October 15th and ends on January 15th. However, AB 1309 proposes to modify open enrollment dates to be from November 1st to January 31st. Consumers enrolling between January 16th and the 31st will have a coverage effective date "no later" than March 1st meaning they could have coverage as early as February 1st, whereas in previous years those enrolling between January 16th and the 31st would have coverage effective March 1st. Covered California is poised to implement the new coverage effective dates if this bill becomes effective January 1, 2020.

Audrey King, an analyst for Covered California's Policy, Eligibility and Research Division, next presented Covered California's individual market stabilization and affordability programs. Ms. King outlined the Governor's budget which appropriates funds for those with incomes above 200% and at or below 600% of the federal poverty



level (FPL). Ms. King continued to outline the budget and added that the subsidies would also apply to situations below the 138% level for those immigrant populations not qualifying for full scope Medi-Cal. Similar to existing federal programs, subsidies would be advanceable and reconciled at year end through the Franchise Tax Board (FTB). The state mandate is permanent, but the penalty amount would be offset if the federal penalty is reinstated. The state subsidies would also sunset at the end of 2022.

Ms. King continued and reminded participants of the AB 1810 Affordability Workgroup with stakeholders. As referenced in the report, the “subsidy cliff” of 400% FPL severely impacts middle income individuals and families as well as older consumers and those living in regions with higher health care costs. She then explained the next slide containing a graph of 2020 required contribution levels which provides subsidies for those that did pay federal caps and the amount of what they need to pay for their benchmark plan with the black line being new state subsidies. The Governor’s budget would then pick up any difference between benchmark plan enhanced state subsidies on top of the federal premium tax credit.

Audrey King next outlined the individual mandate penalty requiring individuals to maintain minimum essential coverage explaining the state mandate generally follows the federal mandate and penalty structure which is then adjusted for California’s tax filing threshold and collected by FTB. Additionally, California will process exemptions for hardships and religious conscience reasons while FTB will grant additional exemptions. Religious conscience exemptions will follow 2018 revisions to the Affordable Care Act which added language for denominations which rely on a religious method of healing. Ms. King then explained the differences between general hardships as well as affordability hardships with both types of hardships allowing consumers to purchase catastrophic plans. Covered California’s role is to grant and process these exemptions. Starting in 2021, Covered California will use FTB data to perform outreach to individuals who pay the penalty or receive exemptions to inform them of their insurance options. Covered California is conducting system tests between July and September to be ready to go live this October. She also expects that exemption applications will be available at the first of the year.

Nenick Vu of the California’s Primary Care Association (CPCA) asked for clarification about immigration status in relation to the subsidies and wondered if subsidies were available for those without legal status. Bianca Vargas from Policy responded saying that the immigration eligibility factors did not change with this program. Ms. King added that this is a very small group of approximately 20,000 people.

Mark Herbert of the Small Business Majority asked about the process of the advanceable subsidies in relation to FTB both for those under the 400% of FPL receiving additional subsidies as well as those between 400 and 600%. Ms. King responded by saying that Covered California is still in the process of developing those procedures and is unable to give specifics at this time. Mr. Herbert asked for a timeline



and Ms. King believes this will be sometime in 2020 as people file their taxes and apologized for not being able to be more specific. Brandon Ross of Legal Affairs added that the advanceable portion should be quite seamless.

Dan Garrison of HealthMarkets followed up on this question asking if it is going to be obvious to the consumer with respect to the differences in federal and state subsidies, wanting better insight to the consumer experience. Ms. King responded by saying she believes that there is a place on the application where it separates this out as they will see a lump sum “bottom line” subsidy amount. Mr. Garrison next asked about the short-term gaps in coverage and Ms. King confirmed it had been changed from two to now three months.

Michael Bergstrom of the Neighborhood Health Insurance Center asked about individuals not eligible for Medi-Cal adding that there is a small group of seniors that are relatively new immigrants but are not eligible for Medi-Cal as their income exceeds senior Medi-Cal limits but is too low for Covered California’s 138% FPL. Secondly, he asked if enrollers will have access to CalHEERS prior to October 1st. Audrey King answered saying there is testing through the end of September but does not believe he would have access. For the first question, if those folks are not eligible now then, they would not be eligible for the state subsidy. Their income is below the 138% but that does not make them eligible for Medi-Cal as the FPL is 122% at 65, so there are people in that gap for 65 years and older but do not qualify for Medicare. Mr. Bergstrom thought that the subsidies would be available to groups not eligible for Medi-Cal or other insurance. Ms. King confirmed this group is eligible for the subsidies. Bianca Vargas added this sliver of people has been identified and are eligible for Medi-Cal confirming they also qualify just as the immigrant groups would.

MJ Diaz of Health Access added she is one of the cosponsors of the affordability and state subsidies program. She confirmed this group is now eligible for subsidies. She encouraged Mr. Bergstrom to attend the affordability workgroup meetings and even Plan Management’s Advisory Group meetings. Ms. Diaz provided detail regarding seniors qualifying for Covered California under the new guidelines. She said there have been questions regarding mandate penalty respective to the exemptions, large scale policy questions, operations and reconciliation will be discussed at the AB 1810 Affordability Workgroup and even Plan Management’s workgroup meetings. Ms. Diaz added that she is more than happy to answer any additional policy questions.

Michael Lujan of Oscar Health asked for clarification with respect to the timeline for the “FAQs” and communication aids adding that his team is creating their own communication guides. He asked if the term “APTC” will be extended to the 400 to 600%. Ms. King responded by saying that “APTC” will not be used for the above 400%. She said that the term will be the “state premium subsidy”. As far as FAQs, these should be ready before renewal and open enrollment adding that this information is still in development and not quite ready to launch. Mr. Lujan suggested that the MOEA



meetings would be a good forum for everyone to make comments and collaborate to make sure that messaging is in sync.

Joseph Gabra of Accounting Rivers then asked about 1095A and wondered if state premium subsidy will be on this form or another. Ms. King said that Covered California is still developing the process with FTB and will likely be 2020 until it is addressed.

Agenda Item III: Division Updates

A. Outreach & Sales

1. Targeting newly subsidy-eligible consumers

Presentation:

Robert Kingston of Outreach & Sales focused in on the sales opportunity in front of us with an example scenario carried forward from the Affordability Report that Audrey mentioned which was released as part of the rate announcement on July 19th. The report paints a vivid picture of affordability for certain households and how state subsidies will change the game for these consumers. For this 62-year old couple with an income of \$72,000 in a high cost region, their monthly premiums had been \$2,414 a month or 40% of income prior to subsidies. With subsidies, the monthly premiums now account for 12% of their monthly income with state subsidies picking up 75% of the cost for this family. Suddenly, insurance becomes affordable for them and Covered California wants to maximize enrollment for these types of consumers.

Mr. Kingston continued saying that there are ways of maximizing these consumers with three ways of looking at this as “on-exchange”, “off-exchange”, and “new to coverage”. Almost a million consumers are eligible to receive state subsidies. However, most of these people are already our consumers due to the subsidies and this will be supplemental to them. We can message these consumers because we already know them. Mr. Kingston wants to know about these off-exchange and newly eligible consumers as we want to target them through our marketing, outreach and enrollment efforts. Mr. Kingston reminded the audience that these numbers are just projections, but it does show that there are a lot of consumers that are off-exchange that we can bring into the exchange and receive subsidies.

Robert Kingston continued by saying the off-exchange to on-exchange is a big transition and there may be consumers out there where these subsidies can bring down the costs. However, there are some barriers, and the analysis needs to be at a family level to understand these impacts. Subsidies as well as the amount a subsidy might get, even within 400 to 600% FPL would not necessarily yield a calculation with a state subsidy. There are some consumers that the subsidy will not benefit them as the cost is lower than 18% of their income then they would not be eligible as there is not a benefit. The other question is silver loading. Off-exchange mirrored silver plans are maybe paying a



lower rate off-exchange, the state subsidy may or may not cover that gap and must be looked at on an individual household level. Non-mirrored plans are another consideration as the family might not want to pay the extra, even with the subsidy, to come on exchange to get a plan with more value.

For the “new to coverage” opportunity, Mr. Kingston suggested a region-specific strategy. In the previous example, the subsidy varies by region as a plan is \$1,700 in Oakland versus \$700 for Los Angeles’ Region 15 but both ultimately paying the same price for their premium. Mr. Kingston continued emphasizing the importance this regional analysis or comparison as well as the number of consumers that can be targeted when looking at this as a sales opportunity. Likely tens of thousands of consumers that are eligible to receive the subsidies on-exchange, there are meaningful pockets in each region. The higher the cost in each region, the higher in age would be needed to benefit that population. He hopes to provide tools and resources to push this information out to enrollers.

Questions and Comments:

MJ Diaz expressed her appreciation of staffs’ preliminary thoughts on outreach for those off-exchange that will benefit from the subsidies, specifically those above the 400% FPL. She also wants to ensure outreach to those off-exchange is carefully managed as it is one million off-exchange and it will require a solid partnership across stakeholders like it was in the first open enrollment. Covered California established processes at the first open enrollment with outreach materials or ads were reviewed by Covered California staff before being distributed and she hoped this same process was followed in the coming months.

Weiyi Zhang of the California Pan-Ethnic Health Network (CPEHN) asked how Covered California came up with the term “silver loading” and believes enrollers needs help explaining it to consumers. Secondly, Ms. Zhang asked if California has current analysis or projects for the off-exchange mirror plans. Mr. Kingston answered saying that Plan Management is working with carriers to get information on off-exchange mirrored and non-mirrored plans, but the income information might not be available, even the carriers will not be able to determine which consumers were subsidy eligible. He was unsure of the origin of “silver loading” but agreed that Covered California needs to educate enrollers on what those cost differentials might be.

Nenick Vu from CPCA asked if Covered California has analyzed the care-seeking patterns of the uninsured and where they seek care to see how these access points can be leveraged. He also wondered if these patterns have changed the past two years since so many have dropped off (post-mandate removal). Robert Kingston was unable to answer this, but Colleen Stevens addressed this saying the information that we have is only anecdotal and there is not any specific information. However, Covered California does regularly reach out to these consumers and just finished six months of quantitative



and qualitative research in both English as well as other languages but was unaware of a study referencing his questions. John l'Anson of Kaiser Permanente added that they had not necessarily studied this issue, but they had done some analysis at the beginning of ACA and were surprised that the uninsured were continuing to use emergency rooms. They had thought the ability to get coverage would end this but have learned that it is hard to break people of this habit as it is how they are used to getting care. Mr. l'Anson said that Kaiser has tried to address this by putting financial advisors into emergency rooms, but the utilization of emergency rooms continues.

B. Marketing

1. OE& Messaging Plan

2. Focus Group Research

Presentation:

Jennifer Miller of Marketing presented recent research findings and encouraged participants to review the detailed slides on their own time. This year in April, Covered California conducted many rounds of in-person focus groups as well as one-on-one interviews with the uninsured talking to multi-segment populations in English including a variety of ethnicities as well as Spanish. In the third slide, she referred to some key findings of this research learnings. Overall, consumers really want healthy minds and bodies. This year, mental health consistently was a big concern for the focus groups. For the uninsured, this group saw foregoing health insurance as a practical choice and as a way for them to save money as they focused on eating well and exercise, helping them feel okay about not being insured. This groups sees themselves as savvy and proud of their workarounds, some of which were going to local clinics as well as traveling to other countries to seek care or enrolling in a trial study. However, being uninsured caused an emotional toll and would prefer being insured if at all possible. Many said they did not exactly understand what Covered California is and research found are many misconceptions.

Although Covered California encourages consumers to check back to see if they have qualified or even if they have checked before, many did not because they think the cost would be too high thereby self-eliminating based on past experience. Also, they do not want to get their hopes up and be let down when they do not qualify. Some of these misconceptions were that Covered California was a way for the state to make money, we only had the health insurance providers' best interest in mind, basic or subpar care, etc. This year, we also saw some confusion about our plans and being seen as low quality where they would not have access to, for example, a certain hospice provider. In July, Marketing wrapped up the quantitative online message testing which surveyed uninsured Californians. Ms. Miller referred the audience to the slides which referred to specific languages, enrollment channel preferences, etc.



Ms. Miller said that the research found that preventative care ranks as very motivating year over year. This year, Marketing wanted to understand which free preventative care services people preferred and learned that annual checkups were the number one free preventative care item followed by cancer screenings, children's wellness exams, mental health wellness, etc. Ms. Miller referred participants to the other slides and added that they did not test core messages around preventative care deadlines or how to receive free help, but they did test on the new state law and the importance of checking for financial availability. Messages surrounding the mandate and penalty were also tested as well as more traditional lower cost messages. Ms. Miller continued to explain the next slides which displayed information on which messages motivated consumers with respect to the additional subsidies and state penalty mandate.

Yuliya Andreyeva of Marketing explained the research process when creating advertising and marketing campaigns which dig deep into understanding the barriers that remain for the uninsured and their lack of urgency as well as the misinformation and confusion regarding healthcare and Covered California. Many believe that there are salespeople out there wanting to sell healthcare for the money without their best interest in mind.

For OE7, the messaging will be that Covered California is on their side and an ally as well as making more of an emotional connection. Ms. Andreyeva shared a storyboard which outlined the difficult choices one has to make without insurance and Covered California is there, so you do not have to drive yourself to the hospital instead of saving money by forgoing an ambulance. She then described another ad which again messages this healthcare choice while also helping viewers make an emotional connection to the brand. The objective is to make them feel good about the brand and prime them to be open to Covered California's communication strategy which focuses on affordability and expanded financial help while also talking about the mandate when appropriate. Like prior years, Covered California will continue to include core support messages about financial help, preventative health and name brand healthcare plans as well as dental plans. Based on the research, Marketing also wants to educate consumers around the metal tiers and correct the misconceptions about the bronze tier plans. She envisions there being a spokesperson with supporting graphics in the background meanwhile messaging "there's someone in our corner, that's why there's Covered California" while also explaining deadlines and financial assistance.

Ms. Andreyeva continued by explaining the multi-segment approach with respect to the expanded subsidies and tailored messaging to California's diverse population and the LGBTQ community. She then provided slides which outlined the various market segments and service channels mapped to the consumer journey funnel from awareness to purchase intent. The soft launch will begin on October 15th with social and radio, then additional channels will launch November 4th. This year, there will not be any hiatus weeks so this will be new but there will be heavy levels of media leading up to the



enrollment deadline of December 15th and then planning for an extension of the December deadline that will likely occur. This year, there will also be 60-second spots as opposed to the 30-second spots in previous years as it is more cost effective. For additional information regarding the research and creative campaign, Ms. Andreyeva referred the audience to the presentation's appendix slides.

Questions and Comments:

Ms. Kauk asked the Marketing team about the composition of the focus groups and wondered about the uninsured population as to whether or not they represented the various racial and ethnic groups of the uninsured population. Colleen Stevens, Director of Marketing, responded saying that this year's in-person focus groups were conducted in both English and Spanish with the English being multi-segmented adding that these were small groups of six to ten people which generally included Asians as well as African-Americans. Ms. Kauk then asked about slides 31 to 35, wanting to confirm if the data is only specific to English. Ms. Stevens responded saying that the focus groups also looked at the Spanish dominant subgroup as they wanted to see the differences with those that are not bilingual. She said they have not received the report back yet; however, they are looking at what the differences are between these populations and which messages resonate. Ms. Kauk would like to see this report when it becomes available as the Spanish, Chinese and Korean populations dropped in enrollment this last cycle and, as voiced in other forums, advocates are concerned as it relates to the public charge adding this is a heightened need and the report will help inform any needed adjustments to marketing and outreach efforts.

Doreena Wong of AAAJ of LA would love to see the specific messages to the Spanish and Asian language messages and also hopes to give input and feedback. With respect to the Chinese and Korean, Ms. Wong wondered whether or not those were the focus groups were tested "IDI" (in-depth interview or one-on-one) or online. She also asked about in-person enrollment preference and whether or not there was a preference between community-based experts and agents, wondering if there was a difference between the two and would like a breakdown as this might be helpful information for her. Jennifer Miller responded saying this was framed in an online survey and was quantitative, not qualitative. She said there is not a breakdown and said Ms. Wong is correct in that the one slide is information gathering whereas the other is enrollment. Although there are agents and Navigators that do a great job with respect to enrollment, there is a group that wants to sign up by themselves and do not want to connect with someone unless they get stuck in the process which then they would likely call in on the phone. There is a third group that wants to sit down and talk to someone in person. Covered California is committed to giving consumers choices as it is a personal preference. Colleen Stevens added that they are limited in how many questions they can ask in these surveys and they can only look at the big questions as well as the layers but wishes they could take a deeper dive.



John l'Anson of Kaiser Permanente wanted to comment that there was a lot of good messaging on the DRTV. Yuliya Andreyeva responded saying Marketing is planning a direct mail campaign expanding on last year's and said there will also be texting prospects in the funnel.

Nenick Vu of CPCA asked again about care-seeking behaviors with respect to workarounds. They have about 1,300 ARC health centers around the state and do not refuse care to anyone. For the uninsured, they are given a sliding scale fee. He suspected that their centers are part of the workaround that is happening, and they are trying to help people get enrolled. He believes that part of the outreach strategy might be to help these people check again to see if they are eligible as they might need hospitalization or specialty care not provided by their clinics. There are those not following their care plans due to financial issues.

Alicia Kauk commented that in the previous presentations the most motivating messages have to do with financial assistance and learning about affordability. She is not familiar with marketing, but the TV spot appears to be more about protecting yourself when the unexpected happens and it makes sense that we are working toward ensuring that consumers know Covered California has their back, but she wants to make sure this includes motivating messages about prioritizing financial assistance. Ms. Kauk also asked if the potential subsidy-eligible included the newly eligible in the 400 to 600% range, which was confirmed by Ms. Stevens.

Aurora Garcia-Barerra of the Children's Partnership then asked about the key finding and consumers caring about healthy bodies and minds. She wondered if we were able to assess whether or not they were aware that mental and emotional health care needs are covered under the essential health benefits. Ms. Miller responded in saying that respondents thought mental health care was important, but it was difficult to pay for. She also asked about some of the barriers in terms of messaging and wondered if these were changes in the law given the public charge issue. Ms. Stevens explained that Covered California is waiting for the rules adding that it is "on the radar" and there is a workgroup addressing this issue so that Covered California is ready to make recommendations as soon as the new rules are finalized.

Rachel Linn Gish of Health Access said that the word "marketplace" is associated with profits and putting providers first. As a communicator that is trying to do help bolster messages, she wondered if other terms or words are preferred. Ms. Stevens answers this question "generally" in that amongst trusted industries, government nears the bottom. Being government insurance, she explained that Covered California has the blessing of both being low for both government as well as insurance. As such, it is important to be clear in your message. She believes that people are nervous, and it is also why people think they are smart in saving money (with their workarounds). Although Ms. Stevens does not have a specific recommendation, she suggested that everyone be mindful and as clear as possible. These are people that do not see



themselves as powerful, so they do not trust those with power. As such, it is important to be a good, trusted representative.

C. Communications

1. Messaging to New Subsidies

Presentation:

Jagdip Dhillon next presented on behalf of Communications explaining that his team uses this great information to create earned media and helping getting the word out even more. He also wanted to talk about the website because this group had asked about it in the past. The website redesign process began about 18 months ago. Covered California hired a “UX Designer” and this is the first time the website will be created “in-house”, so it is up to the communications web and IT teams. The first step in the process is to convert the existing site to a responsive design for mobile devices, which happened last October prior to open enrollment. As of June, mobile has overtaken desktop as the preferred consumer access method for over 50% of our users.

Mr. Dhillon continued by describing the website user experience design process of creating sites that provide meaningful and relevant information. As such, there was extensive user testing done to land on how to clearly provide the most needed information to consumers. First, Communications went through and streamlined all of the pages beyond just the home page. Obviously, this was a very extensive process and is still underway, but most of it has already been done. Mr. Dhillon referred to some slides which provided viewers a look at the new website redesign and told participants that it is set to launch in October in conjunction with open enrollment. There is a meeting with leadership later this month which will provide some clarity, but for now it is scheduled for an October launch.

Now that Covered California has some of this state subsidy information and as open enrollment approaches, Communications is leading statewide multicultural roundtables to ensure all of California's diverse communities are reached. This process began with our ethnic media outreach team in May where there was a Spanish media roundtable in Los Angeles on May 29th which was extensively covered throughout the Spanish media. There will be three more events over the summer which our Executive Director Peter Lee will be attending. There will be one for the API media in Los Angeles on August 26th and Doreena Wong is also scheduled to be there. The next day, there will be a multicultural media event at Covered California's Oakland office for the African American, Spanish and API media. The final event will be the day after Labor Day in Los Angeles for the African American media.

As already discussed, Jagdip Dhillon reviewed the calendar leading up to open enrollment. On October 1st, renewal begins and the shop in compare tool will launch so that will be the first time consumers can check out their pricing options for 2020. As



mentioned, October 15th begins open enrollment and a soft launch is planned with a formal kickoff press event for November 1st. The television ads begin on November 4th with a press event in the greater Bay Area. Of course, there will be many deadline events in between and the ultimate open enrollment deadline pending legislation on January 31st. Mr. Dhillon saved the big news for the end announcing there is a new PR contractor in place. After a thorough search that included three other finalists, Covered California chose the Integrated Interpublic Group IPG of Weber Shandwick, Golin and The Axis Agency. The IPG team will also work with the IW Group and Lagrant Communications to lead the external communications strategy for Covered California.

Jokingly, Mr. Dhillon refers to the audience wondering about the bus tour dates. As of now, he does not have those details, but the planning process is underway. He promised to share those dates as soon as they became available

Questions and Comments:

Abigail Ramirez, State Policy Senior Manager with the Latino Coalition for Healthy California, wondered about the multi-cultural roundtable discussions and whether or not communities could be involved as some do not have access to certain locations or transportation for that matter. Jagdip Dhillon responded saying the one in Oakland is in Covered California's (Oakland) office and the other one is in the Endowment Building in Los Angeles. Mr. Dhillon offered to meet with her afterwards to give her the details.

Rick Krum of Anthem Blue Cross asked about the mobile experience and wondered if the application process is going to be pretty seamless. Mr. Dhillon responded saying that seamless is not quite the word he would use to describe it, but said it was "much improved". Mr. Krum also asked if this was available in different languages, but Jagdeep Dhillon confirmed it was just in English.

Doreena Wong of AAAJ expressed her frustration with the open enrollment deadline dates as the messages are inconsistent. Although the date of December 15th is used on TV for a January enrollment date, it is confusing for her consumers as they believe they cannot enroll after this date. Ms. Wong believes that a January 31st date should be implemented as she spends a lot of time countering the December 15th deadline message. Ms. Stevens responded saying that it is a yearly struggle. However, she does know that people sign up when there is a strong deadline, and this is human nature. She was unsure of the agent experience, but our experience is that people sign up the last three days before the deadline. However, Ms. Stevens confirmed that she knows the issue. George Balteria made a comment and said that given it is a seasonal "mental" deadline, messaging toward that has been helpful. He realizes that this is a double-edged sword but does not have an answer.

Melissa Diamond of Health Net mentioned that the regulators are on top of this, so they often push the December 15th deadline and especially for their digital media. Deputies



have asked them to be very clear that they mention in the deadline that this is for January 1st coverage, but she does not know if this is helpful. Although they are asked to do this, she believes it is the right thing to do. Mr. Dhillon agreed that the different deadlines have been difficult for him when working with the media but has found that adding detail is helpful.

The group then dismissed for a ten-minute break.

Agenda Item IV. MOEA Advisory Members Feedback Discussion Forum

A. State Subsidy Expansion and Penalty Mandate

Chairperson George Balteria thanked his co-chairs in getting feedback from members and wanted to acknowledge them. He outlined the remaining discussion items on the agenda and opened the discussion up to marketing efforts toward the newly-subsidy eligible.

Doreena Wong wanted to circle back to the public charge issue as this is “looming large” this open enrollment. She also expressed her interest in participating in the public charge workgroup. Ms. Wong suggested creating a simple community facing piece to get the word out not just on the public charge but also Covered California. Ms. Stevens said that in the focus group research in secondary info gathering about the public charge, they were not as concerned as it was the subsidy eligible group. However, it was very obvious issue in last year’s focus groups as these were Medi-Cal transition groups. Covered California just had its first internal meeting and it is the same question that Aurora Garcia-Barrera brought up, but there is currently in a holding pattern. Once she finds out what these new rules are, she will work with Covered California’s Legal and Policy teams to analyze them and determine the impact.

George Balteria then asked the participants if their organizations were doing anything specific related to the public charge issue for this open enrollment. Nenick Vu then shared that CPCA is actively tracking the issue and developing a strategy on how to support immigrants to see whether or not the public charge issue affects them and to get the legal services and support they need to make a decision. Oftentimes, it is a decision that is a cost and benefits analysis weighing your immigration status against your health care needs which is usually on a case-by-case basis with legal advice. The process is something that they are developing, and they have a workgroup exploring what those resources are. CPCA is more than happy to disseminate this tool once it becomes available.

Mr. Balteria then shared the MOEAgroup@covered.ca.gov email address and asked participants to email any questions or comments by August 23rd. The answers to those questions will then be shared out to the group.

Alicia Kauk commented that the public charge discussion ties into this open enrollment and educating the newly eligible in that the reality in California, as well as our country, part of motivating people to enroll is damage control and alleviating fears in our immigrant population. They are very much tied together and the fact that there have been drops in the Spanish, Chinese and Korean populations, her hope would be that whatever ends up being in the public charge rule and whether or not it impacts the exchanges that there be language-specific



consumer fact sheets created so we can have something with authority to tell people. She added that she won't be telling people that it is okay for the to enroll in Covered California, but so is Covered California. She believes this would provide a lot of assurance to immigrants.

Amy DeMarco thanked Covered California for working with the Legislature and getting these two big pieces of legislation passed. For the newly eligible and the state's higher income populations, this is wonderful, and the mandate is going to be huge for everyone across the board. From her experience in OE1, she knew that the "heat maps" were extremely important. As such, she wondered if this tool was going to be available both for the newly eligible as well as for those that fell off the books. Perhaps we could look at where we saw enrollment decrease and target those populations again. Robert Kingston responded saying their team is definitely working on this same kind of heat mapping for the newly subsidy eligible. They have access to a US census data layer which goes up to 500% FPL so they will be looking at the 400 to 500% but they don't have data on the 500 to 600%; however, they are working to find a resource for this information. Mr. Kingston added that he is looking at other potential tools for enrollers but knows that "Shop and Compare" are the most important as they can run the calculations and look at the impact of the state subsidies at an individual household level, but providing something in advance of that if this is possible and are in the process of figuring out what is and is not feasible.

George Balteria then asked if there was any mapping related to the higher reductions and premium assistance. Mr. Kingston responded saying that he will take that questions back as he was uncertain if we had mapping functionality. Efrain Cornejo added to DeMarco's comment that we had sent agents pdf format, but we can now do this in real time. Covered California field reps can assist in providing these maps where you can look at the churn rate. Using 2018 and 2019 enrollment data, you can look at the delta to find which populations might be more motivated to not enroll due to the absence of a penalty. Based on these assumptions, you could build a strategy. There are many different ways that we can look at this data and build out these maps, so there are two driving factors and then there is the 500% poverty level like Robert noted along with the churn maps and these can be looked at by zip code. George Balteria added that this has been helpful for his business.

George Balteria asked the group if there were any tools or resources that people think would be helpful in making this a successful open enrollment. Weiyu Zheng of CPEHN asked about messaging regarding the penalty as well as the current penalty threshold. Audrey King answered saying that the three-month exemption would be claimed when they are filing their tax return in April the following year. So, it would not have to do with the qualifying life event. Ms. Zheng further clarified her question by asking as it had been 60 days before and then there is a one-month gap. Ms. Zheng added that they will be looking at a special enrollment period for both the people that did not realize there was a penalty giving them the opportunity to still sign up after open enrollment. Mr. Kingston added that Covered California will be producing tool kits about the individual mandate and subsidies which will be covered at the kickoff events which being August 20th.

Pamela Moore asked if the recertification process will include information about the mandates. Mr. Kingston confirmed that the state subsidy and individual mandate penalty will be covered in the recertification training courses.



Ms. Green then shared that Covered California is working closely with FTB as it will be implementing the penalty. FTB is planning on providing information to the public about the penalty in a variety of ways which may encompass social media campaigns and news releases, sharing this information on each other's websites and posting a link for consumers to visit the FTB website, watch Covered California videos, informing FTB's volunteer income tax preparers, engagement with tax software makers, etc. There will also be discussions over the next weeks to talk about how Covered California and FTB can work together to get information out to consumers about the penalty as this evolves, Ms. Green said there will be more information that Covered California can share regarding messaging. Colleen Stevens added that she has been very pleased with willingness of FTB to be a partner with Covered California in getting this message out.

Nenick Vu from CPCA added that it was interesting to look at the top sentence of the slide as there was not a mention of providers and their perspectives on this effort. He knows that there are datasets on the uninsured and how do we engage with the uninsured. Mr. Vu hoped that bridges and inroads can be made into these groups so data and information can be pulled in order to better coordinate the information.

Rachel Linn Gish of Health Access added that there was a lot of great information and messaging from focus groups and there was a comment earlier about making sure this is integrated into TV ads. She asked if these ads will soon be shared so there is an opportunity to make comments and ensure these messages are getting out to these groups. Ms. Stevens addressed her question saying her ad was in process. The editing process is very complex and once the materials are developed, she could send examples to group members but there will not be time for back and forth. She added that she is very mindful of the members' opinions, albeit there is not time to share prior to launch. Ms. Gish hoped that these messages could be shared so they can get the word out. Ms. Stevens asked the members for help with the 138% and below as there are some that are identified already electronically and we can give these people insurance at \$0 cost, but she hoped the group could provide contact information for the remained of the 138% so Covered California could contact them. The issue is really locating these people as it is a "needle in a haystack".

George Balteria asked Ms. Stevens for the demographics of this potential group. Ms. Stevens directed the question to Alicia Kauk. Briefly, Ms. Kauk said there were groups of lawfully present immigrants that are eligible for Covered California but not Medi-Cal and these people with temporary protected status are visa holders, such as student visas. She added that these are people that have always been eligible for Covered California but now at zero premium. Ms. Stevens asked if these were people that qualified for Medi-Cal but because of gaps, they do not quite qualify. Ms. Kauk clarified by saying these people were not eligible for "full scope" Medi-Cal and Covered California gives them for more comprehensive coverage. George Balteria hoped that the group could forward any information to help Ms. Stevens in this effort.

Nenick Vu said that there are a lot of refugee resettlement agencies responsible for helping these communities. Their status prevents them from accessing Medi-Cal but they fall under the income level, so he believed it made sense to reach out to these organizations.

Co-Chair Pamela Moore asked about the website's marketing materials and asked for a timeline for toolkits, flyers, radio ads... and wondered when this new information will be ready. Ms.



MARKETING, OUTREACH, and ENROLLMENT ASSISTANCE (MOEA) ADVISORY GROUP

Stevens hoped this information would be ready the beginning or middle of October. Ms. Moore said she was already building her fall campaign and asked if Covered California will be notifying account or field representatives when these materials are made available to download or ready at the print store. Yuliya Andreyeva said that if they are signed up through “KP” (Covered California’s online print store), then they will be automatically notified. However, Ms. Moore said she had not seen communications in a long time and her last understanding was that ordering collateral materials would be done through their account representatives. She said it is important for her to know what is available and when it is ready so she can order through her account reps. She is also interested in the radio spots as these are pre-approved and she can just insert her own agency information. Ms. Stevens responded by saying she can put this group on the timeline so they can be notified as these materials become available.

Hellan Roth Dowden asked about California’s \$180 million investment in the census saying this is likely the same group that Covered California is targeting. Ms. Stevens testified about the census and they too saw parallels in reaching the underserved as California was severely undercounted during the last census. She continued in saying that there is collaboration between the two and that a former Covered California employee now works for California Counts.

George Balteria then asked the group, by enrollment channel, how to reach consumers that are currently purchasing “off-exchange” and make them aware of the new subsidies. For those purchasing directly from a carrier, he realized that they might not have the income information. John l’Anson responded in saying that they are adding information about the new subsidies in their renewal packages pointing them to Covered California for more information and how to sign up. Lori Johnson of Blue Shield said that they were doing something similar. Rick Krum of Anthem Blue Cross said they too are doing the same thing.

Joseph Gabra had a question regarding the full payment deductible and asked if we have details on the 2020 plan benefit designs. Rick Krum of Anthem Blue Cross said he thought it was already on the Covered California website, George Balteria seconding this statement. Ms. Stevens said that the new rates for next year are not yet available until approximately September 1st. As Robert Kingston explained earlier, Covered California is trying to find ways to get that information out prior to that date.

Mr. Gabra also asked about off-exchange silver plans and this group receiving a letter. George Balteria responded in saying that he did not think carriers had consumer income information but hopefully the enroller can help the consumer with this. Ms. Stevens added that there will be a lot of messaging about shopping and figuring out if this (the subsidy) applies to them. Covered California knows there is a large number of people that continue to self-eliminate because they do not think the subsidies apply to them. With these new opportunities, Covered California is messaging to these people and asking them to shop around to ensure they are getting the best deals for themselves.

Alicia Kauk asked a follow up question to Marketing wondering how explicit, as well as effective, is the messaging to the newly eligible. Yuliya Andreyeva responded saying there are a few ways they are looking at it and the DRTV messaging speaks to the nearly million newly-eligible people and the additional help for people already getting subsidies. Marketing is leveraging the



MARKETING, OUTREACH, and ENROLLMENT ASSISTANCE (MOEA) ADVISORY GROUP

research results and working with Mr. Kingston's team in getting the age, income and regional information to really target these efforts digitally for these clusters of populations.

Ms. Stevens asked the members and asked if a family of four in some areas of the state with an income of \$150,000 that would qualify for subsidies and would it scare those away on the other end of the continuum. Marketing is trying to figure out how to message to the higher income people without alienating the lower income populations. As such, her team is struggling with how explicit to be in the messaging and will likely need to be very nuanced. George Balteria suggested a more visual approach.

Nenick Vu suggested a "sale" approach encouraging people to find out to see if they qualify for "a deal". Others are taking a broad approach as marketing and targeting are not perfect and being too explicit might be negative; however, there is a risk that someone checks and becomes upset that they do not qualify for subsidies. Ms. Stevens added that their research did not indicate that people got too angry when they indeed did not qualify.

George Balteria asked insurance agents and agencies about transitioning business from off-exchange to on-exchange. What would the motivation be to move these off-exchange consumers to on-exchange? Being short on time, he asked for agents to forward comments and suggestions to the MOEA email box. The next meeting is scheduled for March and said the group will be adding new people, suggesting potential partners, enrollers and even those from the medical side. He thanked members for their participation and Covered California staff as well as the AV team. Mr. Balteria apologized for not having time to address all of the questions asking that any additional questions or comments be sent to MOEAgroup@covered.ca.gov.

Meeting adjourned at 4:00 pm.