



March 7, 2019 MOEA Advisory Group Meeting Minutes

Thursday, March 7th, 2019

1:30 PM to 4:30 PM

Covered California Tahoe Auditorium

1601 Exposition Blvd.

Sacramento, CA 95815

Agenda Item I: Call to Order, Introductions and Welcome

George Balteria called the meeting to order at 1:30pm

MOEA Advisory Members Present During Roll Call:

I. In-Person

- Alicia Kauk, National Health Law Program
- Aurora Garcia-Barrera, The Children's Partnership
- Amy DeMarco, Molina Healthcare
- Cori Racela, Western Center on Law and Poverty
- Larry Roth*, HealthMarkets Insurance Agents
- Doreena Wong, Asian Americans Advancing Justice (A.A.A.J.) of L.A.
- George Balteria, CEO QuoteSelections Insurance Services
- George Kalegeropoulos, HealthSherpa
- Hellan Roth Dowden, Teachers for Healthy Kids
- Hugo Morales, Radio Bilingue, Inc.
- John l'Anson, Kaiser Permanente
- Keerti Kanchinadam, California Pan-Ethnic Health Network
- Kerry Wright, C.A.H.U.
- Laura Johnson, Blue Shield of California
- Laurie Carrillo*, L.A. Care
- Mark Herbert, Small Business Majority
- Mary Watanabe, D.M.H.C.
- Michael Bergstrom, Neighborhood Health Insurance Center
- M.J. Diaz, Health Access California
- Njeri McGee-Tyner, Alameda Health Consortium
- Pamela Moore, Redwood Community Health Coalition (R.C.H.C.)
- Rick Krum, Anthem Blue Cross

II. Teleconference



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- Jodi Samuels, California Primary Care Association
- Joseph Gabra, Accounting Rivers
- Melissa Diamond, Health Net
- Nathan Purpura, eHealth.com
- Roberto Ortiz, Ortiz & Assoc.
- Sarah Dar, California Immigrant Policy Center

MOEA Advisory Members **Not** Present During Roll Call:

I. Absent

- Aurora Garcia-Barrera, The Children's Partnership
- Kristin McGuire, Young Invincibles
- Norman Williams, D.H.S.
- Rebecca Alcantar, Latino Coalition for a Healthy California

Members of the Public:

- Joe Scialfa, Valley Health Plans
- Allison Young**, Chinese Community Health Plan
- Amy Adams**, California Health Foundation

*Attended on behalf of the member's organization.

**Attended via teleconference

Welcome, Introductions, and Agenda Overview

George Balteria, MOEA Chairperson welcomed the members and introduced the co-chairs, Pamela Moore and Alicia Kauk. Ms. Moore is the Program Manager for RRCHC) which is a group of 17 Federally Qualified Health Centers (FQHCs) in Marin, Napa, Sonoma and Yolo counties. RCHC has been a Covered California Navigator grantee for the past five years. Alicia Kauk is a staff attorney at the National Health Law Program, a non-profit providing education, advocacy and litigation for low-income health consumers. Mr. Balteria introduced himself as the new chair of the MOEA Advisory Group and CEO of QuoteSelections Insurance Services and has been a licensed agent since 2002. Prior to 2014, he could not help people with pre-existing conditions and many people could not afford insurance. Prior to 2014, people who were making under \$16,000 of income qualified for coverage that they could not afford before as well as others with pre-existing conditions. Marketing, outreach, and enrollment assistance plays very heavily into bringing this greater good to others. As the chair, Mr. Balteria hoped to accomplish:

1. Consumer-centered recommendations.
2. Cross-channel collaboration, meaning that navigators and insurance agents, or navigators and health carriers, consumer advocates... are all working together to help consumers. Mr. Balteria and the co-chairs want to work together to help consumers.

Mr. Balteria recognized Peter Lee who was in Washington, D.C. and unable to attend this meeting. He asked members and audience to give a round of applause recognizing his leadership.



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Agenda Item II: Covered California Updates

A. Open Enrollment 6 Recap:

Presentation: Kathy Keeshen, General Counsel for Covered California, provided an outline of her presentation as follows:

1. Open Enrollment 6 Recap
2. Governors proposed budget and several pending bills in the Legislature
3. Summary of the affordability report

Ms. Keeshen explained that much of this content was presented at the previous Board meeting and potentially duplicative for some members of the audience.

Ms. Keeshen began her presentation with a slide of Table 1 from a report titled “2019 Open Enrollment Early Observations and Analysis”. Here, you see that total of open enrollment for 2019 held steady at 1.5 million consumers. And, there was a 7.5% increase in renewals. Although it may look like a good number, we still are not sure if there really is a 7.5 % increase in renewals until we see who has effectuated coverage and there is some concern. Normally every year we have about an 85% effectuation rate, but there is some concern this year because of the elimination of the federal penalty that we may not see the same rate of effectuation with more analysis and research with respect to renewals to come. In looking at new sign ups, we were disappointed to see an approximate 24% decrease from the prior year. Ms. Keeshen continued by saying this was likely attributable to the elimination of the federal penalty. Although we had projected a 12% decrease in new enrollments due to the removal of the federal penalty, the experts had a range between 6 % and 26% with the 24% actual on the high side of these forecasts.

Kathy Keeshen continued by comparing Covered California to the federal marketplace new enrollment which does not include renewals. For 2019, California’s 24% decrease in new enrollment surpassed the federal marketplace of 39 states’ 16% decline. However, these states experienced nearly a 40% decline in new enrollments between 2016 and 2018 while California maintained steadier enrollment each year and a 200% healthier risk mix. This is the first year where we see a decrease in new enrollment. Ms. Keeshen attributed the federal marketplace’s drop in new enrollment in the previous to federal policies that were implemented at the federal level and not here in California, as well as the promotion of short-term limited health plans.

In better understanding 2019 new enrollment data, Covered California did not see a difference in new enrollment with respect to age nor ethnicity but there were several areas where we did see a substantial variation:

1. Federal penalty removal: Fewer enrollments in bronze plans and unsubsidized plans
2. Other factors: Substantial impact among populations where English is not the preferred spoken language.
 - Mandarin speakers: 28% decrease
 - Spanish speakers: 29% decrease
 - Korean speakers: 46% decrease



In these communities, there is fear that enrolling in Covered California would potentially affect their immigration status because of the new public charge rule. Please note that this report does not include off-exchange enrollment as data is not yet available.

B. Legislative

1. Health Care Proposals by Governor and Legislature

The Legislative Update began with Governor Newsom's January 10, 2019 2019-2020 Budget Proposal which included:

- **State Subsidies and Individual Mandate-** The budget proposes to increase subsidies for those with income between 250 and 400% Federal Poverty Level and expand subsidies to those with income between 400 and 600% Federal Poverty Level. These are expected to be funded by establishing a State individual mandate.
- **Medi-Cal Expansion for Young Adults Ages 18 to 25 Regardless of Immigration Status.**
- **Prescription Drug Cost Containment-** The budget proposes to leverage the State's purchasing power to achieve a single-payer system for prescription drugs.

Ms. Keeshen explained that the new state mandate will finance the increased subsidies. The Governor is also trying to leverage the state's purchasing power across state agencies to negotiate lower prescription drug prices from pharmaceutical manufacturers. Governor Newsom also issued two executive orders and a letter to the White House and Congressional leaders calling for federal legislative changes to empower state innovation and build on the foundation of the Affordable Care Act as follows:

- **Executive Order- Single-Purchaser System for Prescription Drugs:** Aims to address rising prices of prescription drugs by strengthening state's bargaining power.
- **Executive Order: California Surgeon General:** Establishes the creation of a California Surgeon General to address the root causes of California's health challenges and inequities.
- **Letter to the White House and Congressional leaders proposing for federal action to address affordability:**
 - Allow states to transform health care in their states through new state Transformational Cost and Coverage Waivers (Section 32).
 - Build on the success of the Affordable Care Act by reinstating the federal individual mandate penalty, improving affordability through enhanced federal financial assistance, and implementing a permanent federal reinsurance program.
 - Avoid erosion of progress through policies such as promotion of short-term, limited duration insurance.

2. AB 1810 Affordability Options

Ms. Keeshen then provided an update on recent state legislative proposals expanding coverage and addressing affordability as follows:

- **AB 4 (Arambula) and SB 29 (Lara/Durazo)** expand Medi-Cal coverage to all low-income adults regardless of immigration status.



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- **AB 174 (Wood)** authorizes a personal income tax credit for qualified individuals, as certified by Covered California, with incomes between 400 and 600 percent of the federal poverty level to help limit the percentage of income spent on health coverage.
- **SB 65 (Pan)** requires Covered California to administer financial assistance to help low- and middle-income Californians access affordable health care coverage by capping consumer premium contributions and reducing copays and deductibles for lower income consumers.

Kathy Keeshen reminded listeners that Covered California does not lobby or take positions on bills but instead provides technical assistance both to the Legislature and to the Governor. For AB 1810, this last year's trailer bill required Covered California to prepare an affordability report for the Governor's Office, the Legislature and the newly created Council on Health Care Delivery Systems. This was presented on February 1st and is available online. Many of you in this room participated in this workgroup which was on a very aggressive five-month timeline. Ms. Keeshen thanked those that appreciated in the workgroups. This report provides policy options to decision makers on ways to enhance the Affordable Care Act, from restoring the individual mandate penalty to increasing the amount of financial help for hundreds of thousands of consumers. In this report, Covered California developed two approaches each containing different options for implementation. These approaches include expanding the amount of premium and cost-sharing support for consumers, reinstating a state-based individual mandate penalty and establishing a state reinsurance program. These three policy options build upon each other with the goal of enhancing affordability for all individual market enrollees as follows:

- **Approach 1:** Comprehensive Market-Wide Affordability Enhancements would achieve significant coverage gains. It would expand and enhance premium assistance support while capping premium contributions for all consumers in the individual market by eliminating the tax credit cliff. These policy options vary in potential net state spending ranging from \$2.1 billion to \$2.7 billion investment if all options were applied.
- **Approach 2:** Targeted Affordability Enhancements presents several discrete options for enhancing affordability within specific income groups. The second approach is more of an "a la cart" option for policy makers enabling them to prioritize policy objectives. The targeted options generally result in lower enrollment gains compared to Approach 1 but is less costly from a state budget perspective.

Discussion: Kerry Wright of C.A.H.U. and Wright Way Insurance stated his preference for Approach 1. Ms. Cori Racela of Western Center on Law and Poverty asked if Covered California planned on getting a 1332 waiver and if that was the only method of receiving a 1332 waiver. Ms. Keeshen confirmed that Ms. Racela was correct and that Covered California would apply for a 1332 waiver. Michael Bergstrom then asked Ms. Keeshen if there was any information regarding the enrollment by service channel and which one was most affected by the decrease. Ms. Keeshen said that there was not any significant decrease by channel nor by geographic area.

C. Communications

1. Open Enrollment 6 Accomplishments



Presentation: Jagdip Dhillon provided an update for the Communications and Public Relations Division. Mr. Dhillon also mentioned the success of the “In An Instant” bus tour and played a video highlighting the experience.

2. Website Refresh

Mr. Dhillon described some improvements to the website that are consumer friendly. These design enhancements were thoroughly tested and done “in house”. Early analytics show an improvement from previous versions. He also asked audience members to share good member stories with the Communications team.

Discussion: Mr. Balteria asked if Communications could share any statistics. Mr. Dhillon explained that it was a little early to share the data, but his team would make this available to members once it becomes available.

D. Outreach and Sales

1. Navigator Program Request for Application

Presentation: Terri Convey, Director of the Outreach & Sales Division, provided a program update regarding Covered California’s Navigator program which includes nearly \$6.5 million in funding with over 100 awardees which include 42 lead Navigators as well as 60 subcontractors. Navigators enroll, educate, and aid consumers, and they conduct outreach activities including targeted population strategies, public enrollment, media, and publicity events.

The Navigator Request for Application (RFA) for 2019 to 2022 will be released this March. Some of the selection criteria include geographic reach and the ability to reach targeted populations, as well as other criteria. Current grantees must reapply, and funding is awarded in accordance with the RFA scoring methodology. Past performance will be part of the evaluation and scoring process. The refreshed RFA also includes the option to apply for additional funds to target one or more of four rural areas with a low Navigator presence. Goals are also lowered based on the decreased enrollment, but most Navigators will receive the same funding as today. If individual mandate penalty returns and affordability measures increase enrollments, the goals will be adjusted. She asked those with feedback to email CommunityPartners@covered.ca.gov.

Discussion: Mr. Wright asked if Ms. Convey to share the recent webinar regarding agent commissions and faith-based plans to agents. Ms. Convey confirmed that this will be posted. Ms. Kauk asked about the rural areas with a low Navigator presence. She wondered if this is informed by the 2019 enrollment data and where there were actual drops in enrollment as opposed to places with a lack of Navigators. Robert Kingston of Outreach & Sales responded saying that the target population is based off locations where we currently don’t have Navigator coverage or other community partners within a 15-minute drive from that zip code. He added that we are really looking to cover areas without in-person assistance available from our community partners and this is indeed what this RFA is hoping to solve.

Njeri McGee-Tyner of the Alameda Health Consortium asked about Navigator outreach activity goals and whether these goals are incorporated into the funding amount or if this is separate. Ms. Convey said that this is incorporated into the funding. Ms. McGee-Tyner asked for more



explanation and provided an example of a 500,000 level and the goal amount is 2,857. Ms. Convey explained that the activity goal will scale up to the grant size and a grant of 500,000 would be 500 points. Ms. McGee-Tyner asked if this would be in addition to the 2,857 and Ms. Convey responded saying this would be two different checks.

Mr. Bergstrom questioned the funding as he noticed that changes to passive renewals and wondered if these will count towards that funding. Ms. Convey explained that the count is for effectuated enrollment and the person needs to make one payment for this to count but that if they were to drop out the following month or months later, it would not deduct from it.

E. Marketing

1. Special Enrollment Creative and Media

Presentation: Yuliya Andreyeva of Marketing described the first phase of the Special Enrollment Campaign which began January 19th and runs to June 30, 2019. This is a rolling launch with the full campaign in market as of January 28th with a budget of \$2,372,001. Here, the target audience is someone with a qualifying life event. The campaign objective is to motivate consumers who are experiencing a life changing event to find out if they qualify, compare options and choose a health insurance plan through Covered California. Like other campaigns, this will be a segmented approach as multi-segment, Hispanic (in language), Asian (in language – Korean, Mandarin, Cantonese, Vietnamese) and African American.

The media objectives are to drive qualified traffic to CoveredCA.com to encourage enrollment while also generating awareness of Covered California to keep brand “top-of-mind”. The channel strategy is to prioritize media channels that encourage driving qualified traffic to the website without sacrificing reach and awareness while also building upon historical campaign learnings. Last year, we created some award-winning radio ads. There are new creative banners, which is a new style for this year. There are also prospecting digital banners focused on qualifying life events. If they engage but don’t create an account, they are put in the retargeting pool. Online video and games are seeing an increase in usage. As such, we are developing six second videos for YouTube bumpers.

Jennifer Miller of Marketing then presented major findings from the 2018 California Health Insurance Awareness Study (CHIAS). Covered California conducted this survey through a contract with the University of Chicago. This 2018 study was conducted mostly online and focused on basic knowledge, attitudes and awareness of health insurance. Ms. Miller provided an overview of the survey methodology which included California residents 26 to 54, uninsured and insured, English and Spanish languages and a focus on subsidy-eligible and non-subsidy eligible uninsured, as well as Covered California consumers and off-exchange insured. There is currently a 2019 survey that is out which is very similar, so we can track changes. Ms. Miller shared 2016 delivery method statistics by market segment.

Among the uninsured, deficits persist in basic knowledge about Covered California, but knowledge is higher among the Covered California insured and there is still confusion about financial help availability. A large majority of the uninsured either don’t know if they are subsidy-eligible, or falsely believe they are not as only a small proportion have checked their eligibility



with Covered California. Also, the knowledge levels about how to check are low among the uninsured.

Normalizing annual checks on eligibility for financial help, the survey finds that there are still more uninsured to reach. The overall impressions of Covered California are mixed but more than 70% of the Covered California insured have a favorable impression of Covered California. Although the Covered California brand is associated with the idea of affordable coverage, consumers also believe the Covered California plans are too expensive. The Covered California brand scores high on the helpfulness and trustworthiness. Brand associations are positive on ease of use, but some find it a hassle to apply.

With respect to general attitudes towards insurance, many of the uninsured have questioning views. Among the uninsured, more than four in 10 among subsidy-eligible (Spanish-dominant) are not convinced insurance is worth having. Ms. Miller described more of the survey findings. Although the website satisfaction is like other benchmark scores, the toll-free number satisfactions scores are lower than other service centers.

George Balteria told the audience that it was then time for the scheduled break where participants would have time to review Ms. Miller's data and could then ask questions.

Agenda Item III: Break

Questions and comments following the Marketing presentation

Discussion: John l'Anson, from Kaiser Permanente asked Marketing if their channel mix or investment changed at all from prior year. Ms. Andreyeva responded "Our investment is very similar. From a channel mix it hasn't changed much. Because we have a little less budget, we changed slightly. We focused more on streaming, because that gives us the broader awareness, but not as expensive as traditional radio."

Michael Bergstrom, from Neighborhood Health Insurance Centers recommended "For the SEP one of the ones not mentioned was changed in citizenship status. I only recommend as an important one, because over the last five years we have worked with people who conduct citizen ceremonies. Over the last five years, we have seen a massive growth in people from 500 to 1500 over two meetings per day in San Diego where we are at. That might be a valuable SEP status to include on that list other than the ones you are mentioning."

Ms. Andreyeva stated, "The SEP categories we list are primary qualifying life events (QLEs). We do every year we look at what QLE people are enrolling under, and that is where we focus our efforts. Through our search effort this list is a lot broader and that includes a change in citizenship. So, if people are searching for a change in citizenship we do show up in those search results. We did in the past have digital banners that were tailored to change in citizenship, but those did not perform."

Mr. Bergstrom added, "I was just saying that because of the people that we enroll from this, and there are quite a few, literally zero of them know that this is an option. This is always new



information to the people we are working with.” He continued and commented, “We work with the Latino demographic and some API. I noticed in your marketing research it says that 4 out of 10 subsidy eligible Spanish dominant are not convinced health insurance is worth having. I can confirm that this is true. I have customers that were spending \$1 on a plan but came in to cancel after the mandate went away because they thought it wasn’t worth it. It was just a meaningless bill. All the on-the-ground folks don’t see this as new news. I commend Covered California for providing more resources to provide us to support this community.”

Doreena Wong from Asian Americans Advancing Justice asked several questions regarding collateral materials. “We really like the collateral material, but for us it is very important to have them translated into different languages, especially for the communities we serve which have a range of speaking needs around the Asian-Pacific Islander community. Having materials translated beyond Spanish is critical. Especially for the SEP, because this can be hard to explain.”

Ms. Wong continued, “In terms of the report, it’s great that you are looking at Spanish speakers, but we think it’s important to look at as many populations as possible. Especially when we notice a decrease in Mandarin, Korean, and even Cambodian speakers. It would be good to explore why that is happening. I think we could corroborate that. Public charge has been very impactful and one reason why a lot of consumers have not enrolled or renewed. It is encouraging people. Even though we know APTC is not impacted, it is quite confusing. I would recommend that Covered CA produce materials that say that it would be very helpful. We worked with Covered CA on some immigration fact sheets a few years ago and it would be helpful to have something like that.”

Lastly, Ms. Wong recommended, “It’s great to have information on Spanish dominant speakers and their preferred delivery methods. Again, it would be helpful to have that information on other target populations. It would be helpful for us to reach and target certain other language populations. I think what you would find is that people that have limited English skills and other languages would prefer in-person assistance. It would just corroborate the need for different in-person assistance.”

Jennifer Miller of Marketing responded, “Even though this report doesn’t in language for any API populations, as Colleen noted, we are doing some research now that does include API populations, including enrollment preference. It’s more of a qualitative process. Those are coming up for us.”

Pamela Moore, Co-Chair, asked, “I’m wondering if you are willing to share the radio stations that are pushing forth the SEP ads. The reason I’m asking is back in an earlier open enrollment we advertised our Navigator availability on our local radio, which may not have been a part of your bigger radio campaign. So, if you would be willing to share your radio script with us it would help to avoid some of the pre-approval process. We can just modify it to go to the Navigator information and website. Would you be willing to share which radio stations you are advertising with? And if there isn’t one in our area, would you be willing to share your scripts with us?”

Colleen Stevens of Marketing answered, “We absolutely are willing to share the scripts with you. Often, it’s cost effective if you have the script to give it to local talent record it and personalize it to you. We don’t publicly share the stations because every station in the state is knocking on our



door. If you have a specific need and want to coordinate this, we would be glad to share the script with you. We just won't share every station publicly because it is just cattle call for every station to come on down."

In response to Ms. Keeshen and Ms. Stevens' comments, Kerry Wright from C.A.H.U. added, "I've asked SHOP (CCSB) a million times. We were told that if we sold a SHOP policy on an employee-only basis the dependent is still eligible for a subsidy. We agents can only do what's in writing. A collateral piece would be wonderful but having something in writing would be very helpful." Kathy Keeshen responded suggesting that they discuss this matter outside of the meetings as there are certain things about that one that we can and cannot do.

Hellan Roth Dowden from Teachers for Healthy Kids asked Ms. Stevens, "Are you thinking of asking in a future survey what the impact of public charge has been on enrollment? We were just in a meeting with Medi-Cal where they told us they haven't seen any decrease. Even though anecdotally our enrollers in schools are saying they can't get people to enroll because of public charge, it would be good to have something besides our anecdotes to understand the issue. Also, I was struck by how many of the uninsured have the lowest level of knowledge. My second question is what is being done to increase the knowledge level to the uninsured so that people maybe would enroll because they understand the positive impact of health care?"

Colleen Stevens started with the first question and responded, "The first I heard the term public charge in this era was when we were doing the focus groups on Medi-Cal transition and people brought up public charge. Second, we are very specifically going to ask these group about public charge. We will gage how much this group knows and what concerns they have. If they don't know what it is, we are not going to explain it to them. If they do have those concerns, we will dive in more to see what we can do. We worked with many of you in year one to develop information on immigration."

Ms. Stevens of Marketing continued, "The second part, when we do a sample group and ask who is from the API community, we get very little results. It's much better for us when we look for a specific group, and recruit for that group, we get much more specific results."

Cori Racela from Western Center on Law and Poverty asked two questions. "One I'd like to second [Ms. WongDereena's](#) call to have more collateral materials printed in API languages. She also mentioned the need for more social media in other languages. I believe you only have them in English and Spanish. Because they are so sharable they would be very helpful in other languages. Question about the radio spots, you say that radio is being done in API languages, can we find out which API languages are being used?"

Yulia Andreyeva answered, "Korean, Mandarin, Cantonese, and Vietnamese. Those four languages we do everything in." Someone then asked how the success of these advertising efforts are measured and assumed that there are click-through rates, but wondered if there are other reports (metrics). Ms. Andreyeva responded, "Yes, we do have reports. We have been measuring. We recently can track through plan selection, but that is new. This SEP will be the first time that we have that level of data. We will be analyzing and discussing that. We have a robust KPI benchmarking workshop with our ad agency coming up."

M.J. Diaz from Health Access California asked questions about the major findings topic and why the general attitudes around insurance for the remaining uninsured with 4 out of 10 of the



subsidy eligible are not convinced that insurance is worth having. Ms. Diaz wondered if we asked why people felt this way.

Jennifer Miller, from Covered California responded, “We don’t know the why. This is a quantitative study. You ask a question and give a series of answers. It’s doing a qualitative study later that can help answer some of those questions.”

M.J. Diaz responded, “That’s helpful, because I want to compare this to recent polling around the individual mandate. Respondents say that they don’t want to pay a penalty when they don’t find health care affordable. So, they see this as penalty on them as opposed to an incentive to get coverage.” M.J. then asked, “In terms of research methodology. Those surveyed that were uninsured, did they know they were uninsured?”

Jennifer Miller from Covered California answered, “They did know that they were uninsured. We ask for their insurance status. We also ask for prior insurance status. So, we know how long they have remained uninsured. We asked for the size of their household and their income range is. We knew from that information if they were subsidy or not. Then we went a little deeper and asked, ‘do you know if you are eligible for financial assistance?’ Many of them responded that they do not qualify. The disconnect is that they self-report that they are not eligible for APTC, but from the information they report to us they are eligible.”

Rick Krum of Anthem Blue Cross asked, “When can we expect the results from open enrollment from the marketing perspective like we saw last year?”

Ms. Andreyeva responded, “We are expecting our wrap report towards the end of March. I think last year we shared it in context of when we discussed our strategy for the following open enrollment. Our plan is to share it the same way. If there is an appetite to have it sooner, we can certainly investigate that.”

Mark Herbert of the Small Business Majority added to Kerry Wright’s remarks that he would like to collaborate with C.A.H.U. on the family glitch issue to ensure that employee dependents have access to affordable care. Mr. Herbert asked if Marketing’s data included questions of whether they are employed, seeking employment, or working for a small business. Colleen Stevens responded that we are challenged by how many questions we can ask on a survey, so this data is currently not collected. Jennifer Miller added that we do know that about 75% are employed but not by part-time, firm size, etc. Ms. Stevens said that the current surveys are centered on the consumer journey regarding enrollment channels and why someone starts with one place and finishes another.

Hugo Morales wanted to second Michael Bergstrom’s comments regarding the Spanish speaking. He thanked Covered California for doing the survey and the follow-up query about the “whys”. He’s hearing on Radio Bilingue that people don’t value health insurance. Ms. Stevens said they were very severe in the definition of Spanish speaking and only included those that took the survey in Spanish as there’s a wide range of “Spanish speaking”.

Alicia Kauk asked a process question to follow up on Rick Krum’s question about the wrap report and the efficiency of different marketing techniques. She wondered if there is a time where the group can meet and provide input on those efforts prior to when Covered California locks in their strategy.



Ms. Stevens explained that this report is extremely detailed and she hopes that we can “lift” information and make it more directional. She said that her team is pushing our agency to pull out the most important factors to be shared with our stakeholders.

Agenda Item IV: MOEA Advisory Members Feedback Discussion Forum

Chairperson George Balteria began the members’ discussion forum by skipping ahead to the second topic of increasing awareness of financial assistance. He shared a story about a client that talked of his political beliefs in conflict his decision, but thought getting insurance was in his best interest. He asked his consumer what he thought he would be paying. His response was \$200 to \$300 and in clicking submit, Mr. Balteria told his consumer the cost would be a Silver 87 for \$27 a month causing this man to tear up. And, it is stories such as these that remind him that people still don’t know there’s financial assistance. With that, Mr. Balteria is glad to see there will be some changes to the website regarding financial assistance awareness.

Hellan Roth Dowden describe recent studies regarding “resentment” and the idea that someone else is getting something they don’t have and doesn’t think that we address this. And, it is this negative idea about government. Many people think that it’s only minorities or the poor that get things and doesn’t know how we can get the message out to tell these people getting insurance aren’t cutting in line in front of them and that everyone is eligible for this benefit. There was a woman at U.C. Berkeley that wrote a book and it says that resentment keeps a lot of people from getting benefits that they are eligible for.

Gorge Balteria expressed his interest in media messaging for commercials and radio. He hasn’t noticed much messaging regarding financial assistance, he’s seen the ladders and thinks that’s important and doesn’t want it to go away but does not believe Covered California’s messaging is clear regarding financial assistance. Mr. Balteria asked the group for their opinions and input.

Mr. Dhillon responded saying that on a smaller scale we have print-ready articles and graphics available which we send to publications throughout the state and it is usually a comparison or two with how much the person makes, where they live and what they pay. The feedback we get on these comparisons is asking how many people these examples apply to. George Balteria added that he didn’t believe he heard or saw this in the radio and television ads.

M.J. Diaz with Health Access suggested that we shift the messaging directly ask people if the reason for not having insurance is because they don’t think they are eligible for financial assistance. Both messages would address different populations as there are about 500k subsidy eligible people but maybe they do not think they are eligible. If we get a win in the Legislature, how do we then market to these newly eligible? Colleen Stevens explained that this will be a great marketing opportunity for us if these changes do go into effect as we can market to those people that might thought they weren’t eligible for but really were.

John l’Anson of Kaiser agreed that this will be a great message, but it will need to be repeated. Getting people to believe it will be a challenge. They’ve had good success from messages with “as low as”, but it’s a challenge as the sales team told us that people call and get upset when they don’t qualify. The off-exchange market is shrinking due to affordability issues. The



likelihood that people are going to be able to afford it, it will take subsidies to get them in the door.

Yuliya Andreyeva responded to the comments regarding the lack of financial assistance messaging and said that all channels include financial assistance messaging. From our research, we heard that cost was a major issue for our consumers. As such, we addressed this with TELEVISION ads that specifically included cost which is difficult for us as it varies from person to person. However, we found that the average our consumers pay is about \$150 a month. We tested some messages and included enrollees paid on average \$5 a day. This was well received, so we now include this in our messaging across all channels.

Ms. Stevens added that John l'Anson's message is important. Even when you put the info out there, people self-eliminate, and it is one of the major challenges we have to deal with. George Balteria then referred to an auto insurance ad referring to the lizard and showing the money that can be saved. He believes that there are different ways of approaching this, although a raw idea. Colleen Stevens described Marketing's process in that there is an exploratory first phase. The second phase is testing with our target population. Sometimes, the messages we think will do well fall flat.

Hellan Roth Dowden asked if the messaging they are testing will change if the mandate is to be implemented. Ms. Stevens answered and said that testing is currently being conducted on all scenarios and Covered California will be prepared for both opportunities.

Co-Chair Pamela Moore said she is always concerned with messaging and whether or not we are "hitting the buttons" and the "what's in it for me". We alluded to the fact people don't see the benefit of health insurance and do not think it will be improved with the individual mandate as adults hate being told what to do. Ms. Moore wondered how we message to people's natural resistance of not wanting to be told what to do. She also asked how we can message in a way that is more "direct to the heart" feeling of how it benefits you, your family and your community. She likes the life can change in an instant but believes there are multiple factors including the cost for not having insurance. She concluded saying that these messages need to also address and help mitigate people's dislike of being told what to do. Ms. Stevens responded telling her and the audience about her experience at C.D.P.H.'s tobacco board. There, much of their advertising was directed at the dangers of smoking as well as second hand smoke. In one ad, there was a man that said his wife had died from smoking and his wife was his life. Ms. Stevens said she welled up in tears each time she heard that script or saw this ad. In short, there are times where we "hit the bullseye" and she agreed with Ms. Moore's premise.

Roberto Ortiz, a certified insurance agent, asked about the Hispanic community. In his opinion, the media has a lot of influence in the Spanish market. For one piece of bad news, you need five pieces of good news to overcome this. He said that just one bad communication will cause Spanish speakers to ignore everything else. Mr. Ortiz also agreed with George Balteria's ideas regarding financial assistance messaging.

Nathan Perpura from eHealth, a national online health insurance agent, added that he surveys every year on this issue. eHealth tests ads on inexpensive platforms like Facebook and hear back that insurance is complicated and expensive. He believes that the process needs to be made easier and campaigns need to be very focused on affordability. Mr. Perpura said that he



doesn't see any data that people don't see the value in insurance. People don't want their insurance to be more expensive than their mortgage or their car payment, nor do they want the enrollment process to be complicated. The enrollment process needs to be much simpler. Also, he believes that the clawback penalty is a real issue and concern for people. If you follow the federal government's playbook around data integration and enhanced direct enrollment flows so you can have technology companies do almost a turbo tax style integration where people can enroll on their phones instead of forcing people through one channel like a phone center. He continued in saying that so much of marketing these days and customer acquisition is really a customer experience issue and you should have multiple people competing to drive an effective, tailored user experience that will meet the needs of the diverse audiences we all serve.

Melissa Diamond from Health Net wanted to add to the group's conversation and said their Health Net has experienced success with the "you may qualify" line and found similar results to what others in the group have echoed. Health Net did look into ads showing an example of costs for different health plans but this has been very complicated to get approval from their regulators. They have found that financial assistance and a cost calculator was very successful in driving leads.

Doreena Wong asked to piggy back off other comments and added that affordability seems to be the main reason why people do not enroll or renew. She wondered why we don't point out in our messaging that approximately 90% of Covered California's consumers receive subsidies. She believes this statistic might drive people to explore whether or not they are qualified. In her own marketing, she uses this statistic and finds it to be effective. She also thinks that we need to complement the affordability messaging with what the benefits are. For her marketing materials, Ms. Wong finds the "peace of mind" around protecting your families is very effective.

Kerry Wright of Wright Way Insurance and C.A.H.U believes that there needs to be more education about transitioning from Medi-Cal.

Rick Krum of Anthem Blue Cross asked if Covered California could provide additional sales training for the carriers similar to what is provided for the agents and navigators. He also wondered about "fear" in advertising and asked if that that is overused. Mr. Krum added that the message regarding the \$5 a day being the cost of a coffee drink but for some, the coffee is comfort and people might want to give up their comfort. He thinks that we should maybe look at things differently from this fear and comfort perspective.

George Balteria then moved to the first forum discussion item which was about open enrollment outcomes and lessons learned. He first asked participants to share their unique perspectives this last open enrollment period outside of what was addressed in the presentation as well as the group discussion. He started with the insurance carriers as they have a broader view, then consumer advocates, agents with a national presence and then enrollers in general.

M.J. Diaz of Health Access also wanted to hear about stakeholders' experience with the 31st to 15th deadline shift. John l'Anson of Kaiser Permanente responded saying they still see majority of people signing up before December 15th even though California's deadline is January 15th. Kaiser didn't see anything much different from Covered California in terms of trends, but he shared his view that the off-exchange market continues to shrink probably due to the removal of the penalty and affordability. He noticed that shopping activity was down a lot. Less about price



and more about people needing or wanting coverage but maybe the market isn't as large due to low unemployment.

Rick Krum of Anthem Blue Cross said their experience was similar to Kaiser's. The one comment is that some carriers had better retention. Mr. Krum suggested that Covered California could collaborate with them and share best practices.

Amy DeMarco said that Molina did not see much shifting between plans. Although Molina's numbers are not yet finalized, retention appeared to be good. The public charge issue had an effect with Spanish and Asians most hit. To Roberto Oritz's point, it is tough to argue against that saying this population is safe and it is difficult to message around this. We are hoping that the mandate comes back and that Molina can message on this. George Balteria added that the public charge is more than an issue than he had thought prior to this meeting. No comment from the advocates.

George Kalegeropoulos of Health Sherpa began by reminding the audience that his company works mostly in the federal marketplace and not in California. The rollout of enhanced direct enrollment to 500k enrolled through these new channels growing 80% year over year. He said that the "numbers are there".

Pamela Moore said R.C.H.C. decided to focus on retention and renewal this open enrollment. They knew that there would not be many new people with the individual mandate gone. The people that stayed with us were good as they know the value of coverage. Their retention and new enrollee numbers were good and actually a little better than anticipated.

Doreena Wong said A.A.A.J. of L.A. experienced an 18% decrease in new enrollment. Their retention was good as their clients rely on them and have lots of questions. She wanted Covered California to address this as there is confusion about the deadlines. Our deadlines shift from October 1st to 15th, then December 15th to January 15th. She understands that this is a legislative matter but this is very difficult with the November and December holidays. She suggested a January 31st deadline but ideally tax time would be ideal as this is when people start thinking about enrolling; however, she realizes this is an issue larger than Covered California. She continued by saying there's an emphasis around the December 15th deadline but added this brings with it confusion for her community. Ms. Wong hopes the deadlines can eventually be addressed.

George Balteria then moved onto the third discussion forum topic regarding improving retention and asked for general thoughts from members. Michael Bergstrom began the discussion by asking if there was a functionality in CalHEERS to let enrollers look at their book of business to see who was losing Medi-Cal and might be eligible for Covered California. There had been this functionality until about May 2018 and unable to use that info to recuperate some of those people that lost Medi-Cal. George Balteria seconded this suggestion and said they have not been able to access the extranet and they will see the same person repeatedly. As such, he would like to see an improvement with this.

As the chairman, George Balteria formally requested a presentation from Covered California's Service Center on how they handle calls from consumers wanting to cancel. He wondered if there are ways we could improve retention through our Service Center. Mr. Balteria was curious to see what this process is and hoped to see a webinar at some point and time. He wanted to



know if we have information on why this person is cancelling such as job coverage, affordability, etc. If this is due to job coverage, this is fine but what is the process for the people that say it's not affordable. My feedback from open enrollment is that people that didn't come in to see us were maybe the same people that weren't signing up and might just be letting their coverage go. He didn't know if maybe these people might have called the service center or just not paid their bill.

Agenda Item V: Closing

In closing, George Balteria told the audience that he is more than happy to talk about issues related or not related to the meeting and hoped for further collaboration. He reminded members that they are welcome to email him.

Jamie Yang of Covered California's Outreach & Sales Division provided an administrative update and informed the audience that Covered California staff is seeking a board amendment to revise the number of meetings per year from quarterly to two meetings per year and that staff will provide the board recommendation brief with members. George Balteria added that there might be more than two meetings per year and/or perhaps a workgroup to address a particular topic.

So far, August 8th is the next meeting date. Mr. Balteria hopes to get more info to the group in advance of the meetings. Although this meeting was last minute, this effort will be continued in the future.

Doreena Wong expressed her concern about the Navigator proposal and although she is still discussing these changes with Outreach & Sales, she invited other members to share their thoughts with her after the meeting.