

# Marketing, Outreach & Enrollment Assistance Advisory Group

March 3, 2022, Virtual Meeting\*



# Welcome

Thank you for joining us. **The webinar will begin at 1:00 p.m.**  
You will not hear any audio until we begin the webinar.

\*Please Note: Covered California will hold its March 3, 2022 MOEA Advisory Group meeting remotely. Per Assembly Bill No. 361 (2021-2022 Reg. Sess.) and the Governor's Executive Order N-1-22, certain provisions of the Government Code pertaining to open meeting requirements have been temporarily waived to mitigate the effects of the COVID-19 pandemic. As such, Covered California advisory group members will participate remotely by way of teleconference. Additionally, consistent with the Governor's Executive Order N-33-20 regarding the statewide stay-at-home directive to preserve the public health and safety throughout the entire State of California, we are limiting public participation to remote participation only.

# MICROSOFT TEAMS HOUSEKEEPING: MEMBERS & PRESENTERS

## Recording

Today's virtual meeting via Teams will be recorded and posted on the [Covered California Marketing, Outreach, and Enrollment Assistance Advisory Group](#) webpage for feedback review and development of action items.

## Participants

Use the **computer audio** or **dial-in** feature to listen.

*Dial in by phone:*  
1 (916) 306-7588

*Phone Conference ID:*  
613-359-655#

- If you use the dial-in feature, you **must** enter the “**Phone Conference ID#**” in order to speak when unmuted.

All participants will mute themselves until called upon by the organizer. There will be time for **comments** at the end of each agenda item. To speak, click on the icon, “**raise hands**”  on the Teams panel on the top right hand.

When your name is called upon, you will be able to unmute yourself to provide comments and feedback. We recommend turning your camera on  when you are speaking.

- **Dial-In by phone with no Teams visual:** We will open the line for comments after we go through the raised hands.
- **Hearing Impaired:** Please use the “**chat**” feature  to submit your questions or comments. Staff will review and announce the question to the group and will then respond via chat as well as verbally to the group.

## Questions / Technical Difficulties

Use the “**Chat**” feature to submit technical difficulty comments/questions so we can assist you. The “**Chat**” feature appears to the right of the screen after clicking on the “**show conversation**”  icon on the Teams panel.

## Contact

- Email Covered California at [MOEAgroup@covered.ca.gov](mailto:MOEAgroup@covered.ca.gov) if you have additional questions or comments after the webinar.

# WEBINAR HOUSEKEEPING: NON-MEMBERS, PUBLIC & STAFF

## Recording

- Today's virtual meeting via webinar will be recorded and posted on the [Covered California Marketing, Outreach, and Enrollment Assistance Advisory Group](#) webpage

## Participants

**Dial in by phone:**  
1 (415) 655-0060

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**Webinar ID:**  
891-920-203

- Use the **computer audio** or **dial-in** feature to listen.
  - If you use the dial-in feature, you must enter your assigned “**audio pin**” on your phone in order to speak when unmuted.
- All participants will be muted during the meeting. Please unmute yourself to speak.
- There is time for **comments** at the end of every agenda item. We will open up for the members first, and then for the public.
  - **Computer Audio:** Click on the icon, “**raise hand**  ” on your control panel. You will be called by your name to speak in the order of the raise hand.
  - **Dial-In by phone with no webinar visual:** We will open up the line for comments after we go through the raise hands. Unmute yourself to speak.
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# I. CALL TO ORDER & AGENDA OVERVIEW

# AGENDA\* – MARCH 3<sup>RD</sup> VIRTUAL MEETING

## **I. Call to Order and Agenda Overview**

## **II. Administrative**

- A. Welcome new Co-Chair, Cindy Keltner
- B. Discussion of MOEA Membership Sunsetting August 2022

## **III. Covered California**

- A. Welcome
- B. Health Equity and Quality Transformation Updates
- C. State and Federal Policy/Legislature Updates
- D. SB 260 Formative Consumer Research
- E. Communications Updates
- F. Marketing Updates
- G. Outreach and Sales Updates

## **IV. MOEA Member Discussion**

- A. Readiness for Federal Public Health Emergency Ending April 16, 2022
- B. Open Discussion

## **V. Adjourn**

# II. ADMINISTRATIVE

# MOEA MEMBERSHIP

- Warm welcome and introduction to new Co-chair, Cindy Keltner
- Discussion of MOEA Membership sunsetting August 2022
  - Next steps

## II. Administrative Updates

- To request to make a comment,
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- **EACH PARTICIPANT WILL BE LIMITED TO TWO MINUTES PER AGENDA ITEM**
  
- NOTE: Written comments may be submitted to [MOEAgroup@covered.ca.gov](mailto:MOEAgroup@covered.ca.gov)

# MOEA Advisory Members

**By phone:** 1 (916) 306-7588

**Phone conference ID:**  
248605633#

# Public Comments

**By phone:** 1 (631) 992-3221

**Access code:** 275-753-812

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# III. COVERED CALIFORNIA

# Welcome!

Peter V. Lee, Executive Director



### III. Covered California

#### A. Welcome!

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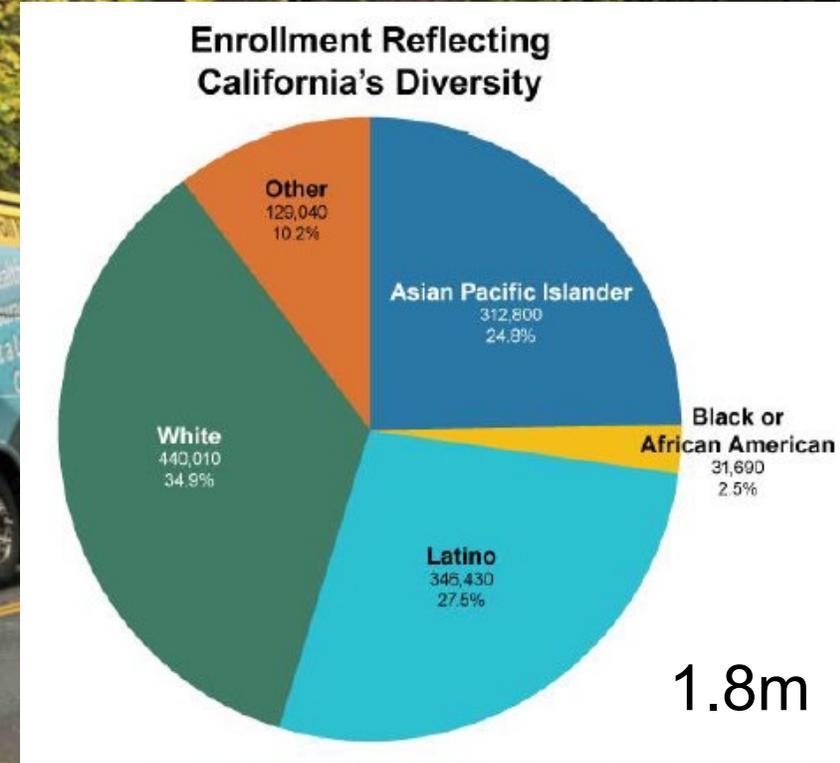
# Health Equity and Quality Transformation

**Dr. Alice Chen, MD, MPH, Chief Medical Officer and Director**



# WHY

**OUR VISION** is to improve the health of all Californians by ensuring their access to **affordable, high-quality** care.



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

**CMS' QUALITY RATING SYSTEM:** while 83% of enrollees in 2020 were in health plans that received 3 or more stars for “Getting Right Care” (25 measures), health plan performance has not consistently or substantively improved over time.

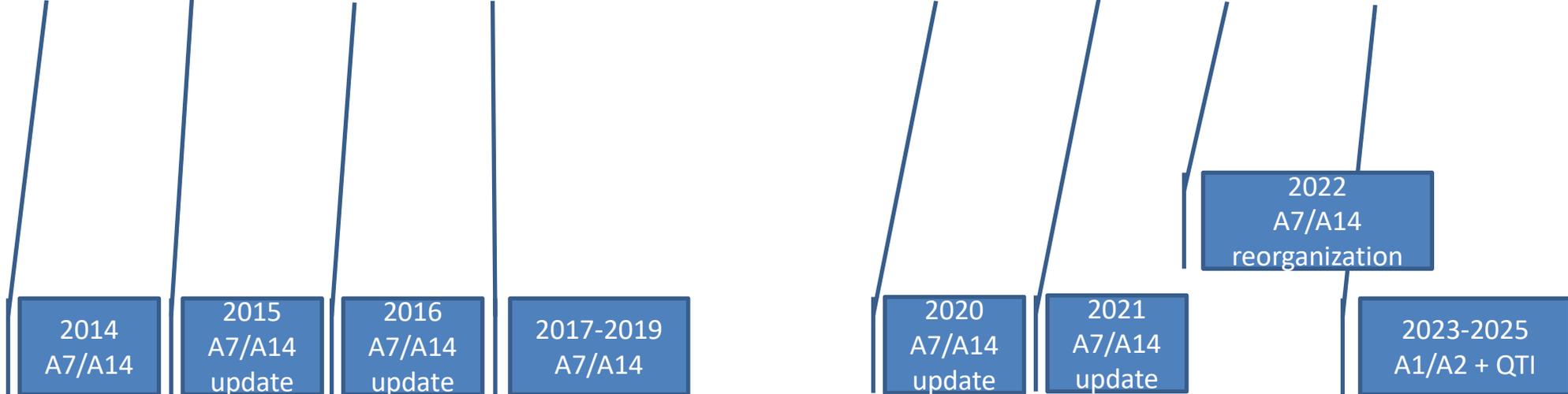
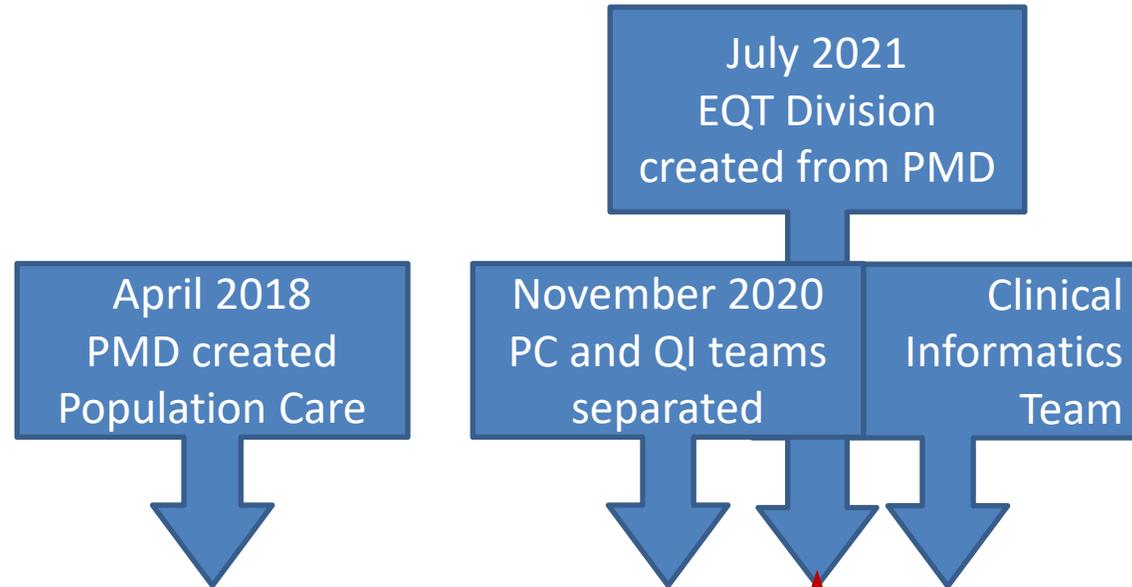
**DISPARITIES:** COVID-19 caused a decline in U.S. life expectancy of 1.5 years overall; for Blacks it was 2.9 years, and Latinos it was 3 years compared to 1.2 years for whites.

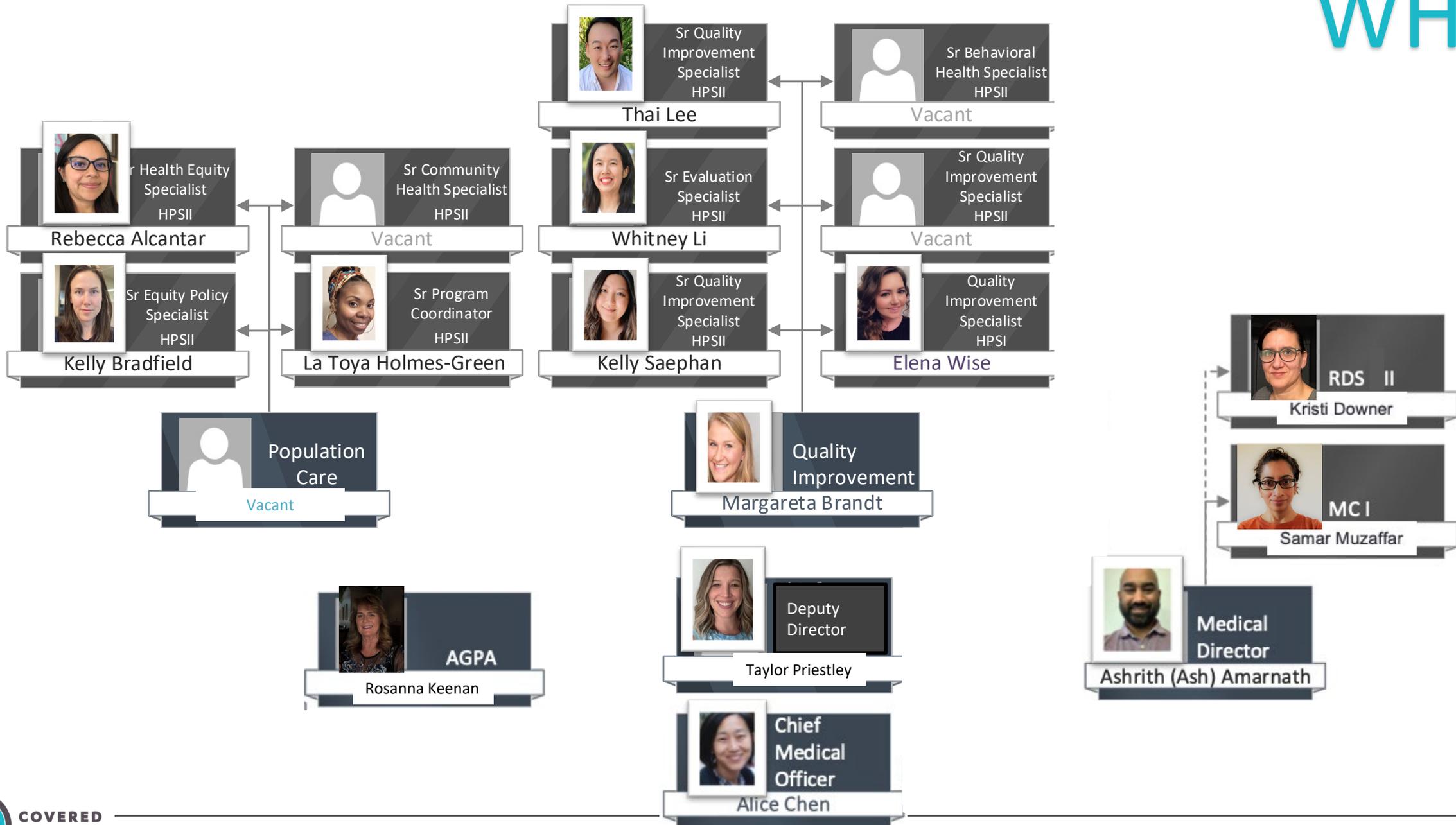
Qualified Health Plan Issuer	2021 Enrollees	2016	2017	2018	2019	2020	2021
Anthem HMO	1.9%	3	-	-	-	NA	NA
Anthem PPO	-	2	-	-	-	-	-
Anthem EPO	4.5%	2	NA	3	2	2	2
Blue Shield HMO	7.4%	NA	NA	NA	2	3	3
Blue Shield PPO	20.6%	2	2	3	2	3	3
CCHP HMO	0.3%	3	3	3	3	3	3
Health Net HMO	8.3%	3	3	3	3	3	3
Health Net EPO	0.05%	NA	2	3	2	3	NA
Health Net PPO	2.7%	-	NA	NA	NA	3	2
Kaiser Permanente HMO	36.9%	5	4	5	5	5	4
LA Care HMO	6.1%	1	3	4	3	4	3
Molina Healthcare HMO	3.5%	2	3	3	2	2	2
Oscar Health Plan EPO	4.3%	NA	NA	3	2	2	2
Sharp Health Plan HMO	1.5%	4	4	5	4	4	4
Valley Health Plan HMO	1.4%	3	3	5	4	4	3
Western Health Advantage HMO	0.6%	3	3	3	2	2	3

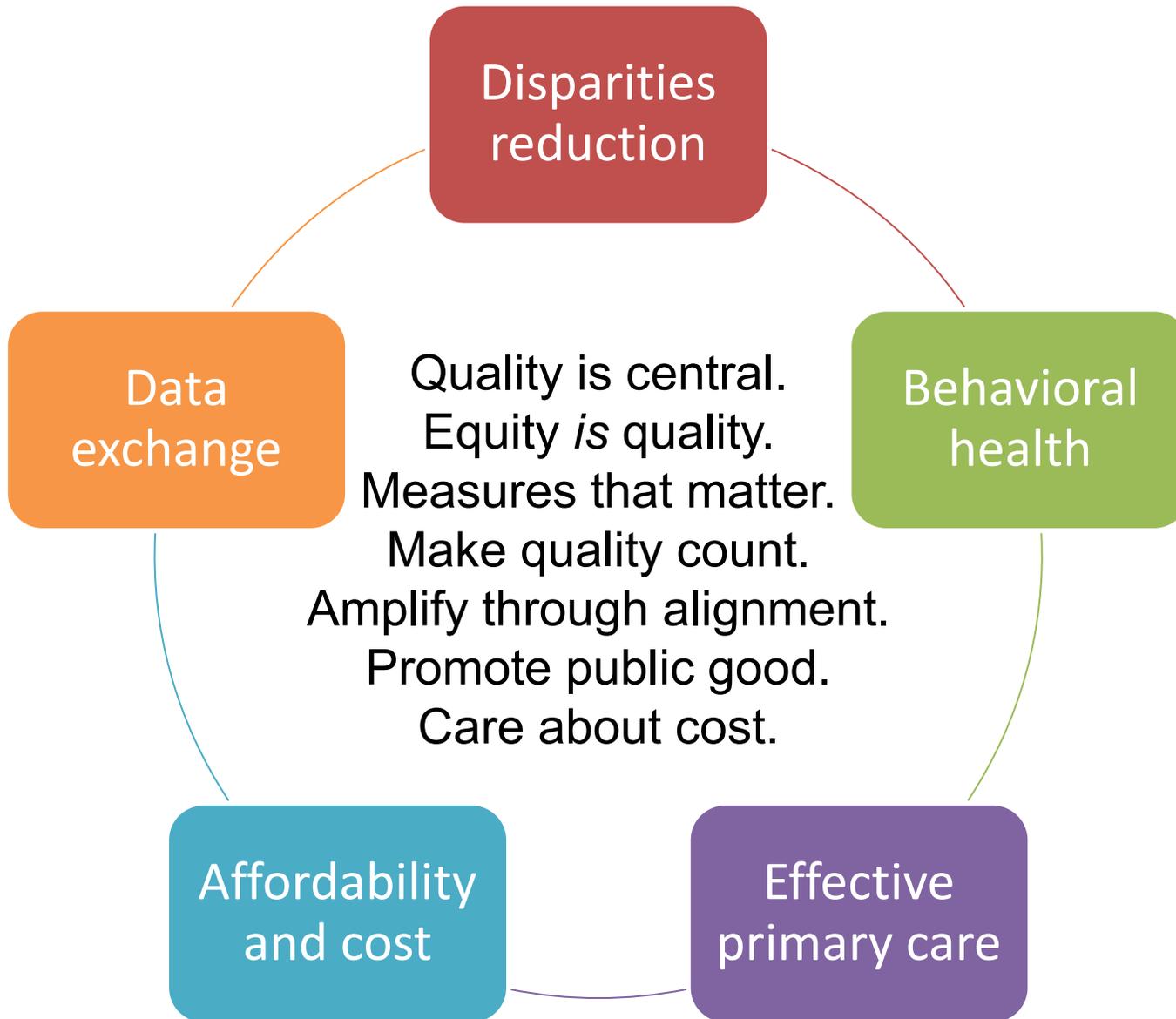
\* 2021 represents measurement year 2020 which may not be representative due to COVID-19

# WHEN

*In partnership with our stakeholders and purchaser partners, the EQT division provides expertise and analysis – and holds health plans accountable – so that our enrollees and all Californians receive high quality, equitable care to improve health.*







## WORKSTREAMS

- **QHP Model Contract**
- Certification Application
- Plan Performance Reports (AB929)
- Data analytics/HEI
- Health plan technical assistance and contract enforcement
- Stakeholder engagement
- Alignment with DHCS/CalPERS
- State/national thought leadership
- Internal CCA improvements

## **ARTICLE 5 – ADVANCING EQUITY, QUALITY, AND VALUE**

Activities to further the shared goals of improved health, reduced health disparities, and high-quality healthcare through, in conjunction with:

- Attachment 1 – Advancing Equity, Quality, and Value: quality management improvement and disparities reduction programs
- Attachment 2 – Performance Standards with Penalties detailing potential payment obligations for quality performance
- Attachment 4 – Quality Transformation Initiative
- Potential removal from the Exchange
- Required quality improvement plans for poor performance
- Data submission requirements

# 2023 – 2025 QHP MODEL CONTRACT

# WHAT

Attachment 1	Summary of Requirements
Article 1: Equity and Disparities Reduction	<ul style="list-style-type: none"><li>• Collect race, ethnicity, and language demographic data</li><li>• Submit quality measure data stratified by race and ethnicity</li><li>• Implement disparities interventions and meet a multi-year disparities reduction target</li><li>• Achieve NCQA Health Equity Accreditation by year end 2023</li></ul>
Article 2: Behavioral Health	<ul style="list-style-type: none"><li>• Promote access to behavioral health services; offer telehealth for behavioral health</li><li>• Collect Depression Screening and Follow-Up measure results</li><li>• Implement policies and programs to promote the appropriate use of opioids</li><li>• Promote the integration of behavioral health services with primary care services</li></ul>
Article 3: Population Health	<ul style="list-style-type: none"><li>• Submit population health management plans</li><li>• Conduct prevention efforts including tobacco cessation and diabetes prevention</li><li>• Screen enrollees for food insecurity and support linkages to appropriate social services</li></ul>
Article 4: Delivery System and Payment Strategies to Drive Quality	<ul style="list-style-type: none"><li>• Match all enrollees to a PCP; increase value-based payment models for PCPs</li><li>• Report on enrollment in IDSs or ACOs; measure and report on performance</li><li>• Track provider organization and hospital quality and costs and report on improvement efforts</li><li>• Monitor maternal health disparities and report on intervention efforts</li></ul>
Article 5: Measurement and Data Sharing	<ul style="list-style-type: none"><li>• Participate in QRS and submit QRS measure results to Covered California</li><li>• Submit data to Covered California for the Healthcare Evidence Initiative (HEI)</li><li>• Participate in a Health Information Exchange (HIE)</li><li>• Submit data to the Integrated Healthcare Association (IHA)</li></ul>
Article 6: Accreditation	<ul style="list-style-type: none"><li>• Achieve NCQA health plan accreditation by year end 2024</li></ul>

# 2023 – 2025 QHP MODEL CONTRACT

# WHAT

- ❑ **Attachment 2** Performance Standards with Penalties (formerly Attachment 14) delineates performance standards in the areas of health disparities, payment strategies, enrollee experience, data quality and completeness, and oral health, that are critical to Covered California meeting its mission.
- ❑ For 2023, Performance Standards with Penalties, the total amount at risk is 0.2% of premium.

Performance Standards with Penalties		Percent of At-Risk Amount 2023	Percent of At-Risk Amount 2024	Percent of At-Risk Amount 2025
Health Disparities	1. Reducing Health Disparities: Demographic Data Collection – Enrollee Race and Ethnicity Self-Identification	10%	5%	5%
	2. Reducing Health Disparities: Demographic Data Collection – Enrollee Spoken and Written Language	10% (for reporting)	5%	5%
	3. Reducing Health Disparities: Disparities Reduction Intervention	10%	10%	10%
	4. National Committee for Quality Assurance (NCQA) Health Equity Accreditation	0%	10%	10%
Payment	5. Primary Care Payment	10%	10%	10%
	6. Primary Care Spend	10% (for reporting)	5%	5%
	7. Payment to Support Networks Based on Value	10% (for reporting)	10%	10%
Enrollee Experience	8. Quality Rating System (QRS) QHP Enrollee Experience Summary Indicator Rating	20%	20%	20%
Data	9. Healthcare Evidence Initiative (HEI) Data Submission	20%	20%	20%
Oral Health	10. Dental Quality Alliance (DQA) Pediatric Measure Set	0%	5%	5%

# 2017 – 2025 HEALTH DISPARITIES

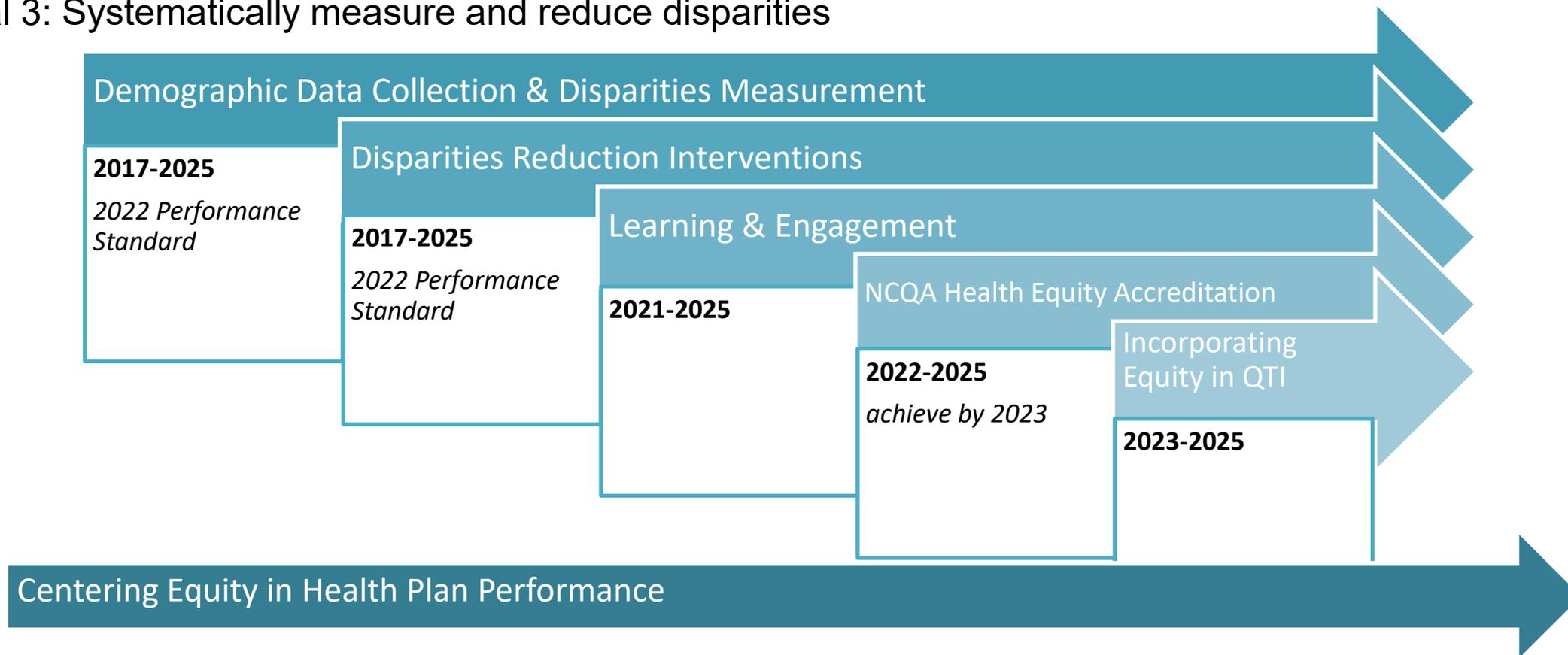
# WHAT

Covered California’s multi-year disparities reduction initiatives have been in place since 2017 and seek to achieve the following goals:

Goal 1: Improve disparity data capture to support measurement, and

Goal 2: Improve structure and rigor for disparities intervention development, in order to

Goal 3: Systematically measure and reduce disparities



# QUALITY TRANSFORMATION INITIATIVE

# OVERARCHING QUALITY TRANSFORMATION INITIATIVE STRATEGY

- ❑ The Quality Transformation Initiative (QTI) is one component of Covered California’s multipronged measurement strategy which includes annual tracking, monitoring and reporting of about 40 HEDIS and CAHPS measures that are part of the national Quality Rating System (QRS) as well as ongoing assessment of care through Healthcare Evidence Initiative (HEI) measures as outlined in Attachment 1 and 2 of the proposed 2023-2025 contract.
- ❑ There are four core QTI measures tied to quality payments; in addition, there are two “reporting only” behavioral health measures as well as stratification of all measures by race/ethnicity, with the intent to tie quality payments to performance in future years.
- ❑ The first year of the contract has 0.8% of premium as the total potential quality payment, moving up to 3% as of PY 2025, with intention to increase to 4% maximum in PY 2026.
- ❑ Funds from quality payments will be used to establish an internal, separately tracked, Quality Transformation Fund.
- ❑ For any measure for which they score below the 25th percentile, issuers will be required to submit a quality improvement plan detailing the actions they plan to take to improve quality and equity. Covered California will monitor and work with issuers to ensure proposed actions do not have negative impacts on consumers.
- ❑ Covered California will continue to analyze the impact of demographic and socio-economic factors that affect quality scores for potential adjustments to quality payments. If issuers can demonstrate or provide evidence of the negative impact on quality scores, Covered California will evaluate such evidence and consider adjustments.

## QTI MEASURES: INITIAL CORE SET OF 4 METRICS

### QTI measure set:

- Controlling High Blood Pressure (NQF #0018)
- Hemoglobin A1c (HbA1c) Control (<8.0%) (NQF #0575)
- Colorectal Cancer Screening (NQF #0034)
- Childhood Immunization Status (Combo 10) (NQF #0038)

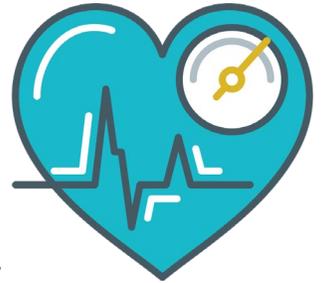
### Reporting only measures:

- Depression Screening and Follow-Up for Adolescents and Adults (DSF)
- Pharmacotherapy for Opioid Use Disorder (POD)

*All measures will be stratified by race/ethnicity for reporting only in initial years. Quality payments tied to reducing health disparities for the QTI measure set will begin in 2025 or 2026 once a methodology has been established.*

# THE QUALITY TRANSFORMATION INITIATIVE: IMPROVING CARE FOR PEOPLE WITH HYPERTENSION MATTERS AND IMPROVEMENT COULD SAVE LIVES

**Hypertension** affects nearly half (47%) of Americans and more than a quarter (26%) of Californians. It significantly increases the risk of heart disease (the leading cause of death), as well as stroke (the fifth leading cause of death), with significant human and economic costs related to care, disability, and premature death. Hypertension control rates are significantly lower in African-American, Latinos, and Asian-American adults. The estimated annual direct and indirect cost of heart disease is \$220 billion and for stroke is \$104 billion. For additional information, see [Controlling High Blood Pressure](#).



## Improving Blood Pressure Control Would Have Real Potential Impacts

Covered California engaged the National Quality Forum to model the clinical impact of improved quality performance. The work is still in progress, but preliminary results suggest that if all Californians who are currently receiving care below the 66<sup>th</sup> percentile of national health plan performance instead received care at the 90<sup>th</sup> percentile national performance for blood pressure control, over the course of four years:

**16,000**

**Fewer Deaths**

**27,000**

**Fewer Strokes**

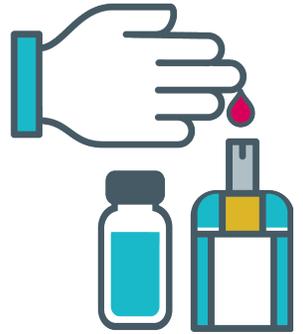
**15,000**

**Fewer Heart Attacks**

While most of the lives saved and negative health events averted would be a result of improved care of individuals receiving below average (50<sup>th</sup> national percentile) care, improvement of care to the 90<sup>th</sup> national percentile performance for those between 50<sup>th</sup> and 66<sup>th</sup> percentile would result in more than 2,300 lives saved and a reduction of other health related events by over 6,000 in the same period in California.

# THE QUALITY TRANSFORMATION INITIATIVE: IMPROVING CARE FOR PEOPLE WITH HYPERTENSION MATTERS AND IMPROVEMENT COULD SAVE LIVES

**Diabetes** is one of our nation's most serious public health challenges. In California, nearly half of adults are either diabetic or prediabetic, with higher prevalence rates in American Indians/Alaska Natives, Latinos, and African-Americans. Diabetes is the seventh leading cause of death, and a leading cause of both kidney failure and blindness. It has an estimated direct and indirect cost of \$327 billion annually. For additional information, see [Comprehensive Diabetes Care – Improving HbA1c Control](#).



## Improving Blood Sugar Control for People with Diabetes Would Have Real Potential Impacts

Covered California engaged the National Quality Forum to model the clinical impact of improved quality performance. The work is still in progress, but preliminary results suggest that if all Californians who are currently receiving care below the 66<sup>th</sup> percentile of national health plan performance instead received care at the 90<sup>th</sup> percentile national performance for blood sugar control, over eleven years:

**14,500**  
**Fewer Deaths**

**4,500**  
**Fewer Strokes**

While most of the lives saved and negative health events averted would be a result of improved care of individuals receiving below average (50<sup>th</sup> national percentile) care, improvement of care to the 90<sup>th</sup> national percentile performance for those between 50<sup>th</sup> and 66<sup>th</sup> percentile would result in more than 1,800 lives saved and a reduction of strokes by over 500 in the same period in California.

# THE QUALITY TRANSFORMATION INITIATIVE: INCREASED SCREENING AND PREVENTING COLORECTAL CANCER COULD SAVE LIVES

**Colorectal Cancer** is the second most common cause of cancer death after lung cancer. Importantly, routine screening is extremely effective at reducing the risk of colorectal cancer. The benefits of screening include finding precancerous polyps so they can be removed **before** they turn into cancer, as well as detecting colorectal cancer early when treatment is most effective. Treatment for colorectal cancer in its earliest stage can lead to a 5-year survival rate of 90%. Compared to whites, African Americans have a 20% higher incidence of colorectal cancer and a 40% higher mortality. For additional information see [Colorectal Cancer Screening](#).



## Improving Colorectal Cancer Screening Rates Would Have Real Potential Impacts

Covered California engaged the National Quality Forum to model the clinical impact of improved quality performance. The work is still in progress, but preliminary results suggest that if all Californians who are currently receiving care below the 66<sup>th</sup> percentile of national health plan performance instead received care at the 90<sup>th</sup> percentile national performance for colorectal cancer screening, over a 22-year period:

**15,500**  
**Fewer Deaths**

While most of the lives saved and negative health events averted would be a result of improved care of individuals receiving below average (50<sup>th</sup> national percentile) care, improvement of care to the 90<sup>th</sup> national percentile performance for those between 50<sup>th</sup> and 66<sup>th</sup> percentile would result in more than 2,000 lives saved in California.

# THE QUALITY TRANSFORMATION INITIATIVE: INCREASING IMMUNIZATION RATES FOR CHILDREN COULD PREVENT SIGNIFICANT DISEASE AND DEBILITY

**Childhood Immunizations** protect children from several serious and potentially life-threatening disease at a time in their lives when they are most vulnerable. Before childhood vaccinations were available, serious complications from diseases such as poliomyelitis, diphtheria, tetanus, measles, hepatitis, polio, mumps, and rubella were common. This included pneumonia, heart and kidney damage, blindness, deafness, and neurologic diseases such as meningitis, encephalitis, and paralysis. For more information, see [Childhood Immunization Status](#).

In 2019, almost 32% of children in the United States did not receive the recommended vaccines by age 24 months of age. Deferred care due to the COVID-19 pandemic has had a significant impact on receipt of childhood immunizations; for example, in California, 15 % fewer children under age 3 have received the first dose MMR in 2020 compared to 2019. Evidence has shown that populations at greatest risk for under-immunization are those living below the poverty level, minority children from low-income families or children that live in inner-city or rural areas, uninsured children, and African American and Latino children.

Because vaccination impact depends on herd immunity, it is difficult to model the direct clinical benefit of increased rates of childhood vaccination. However, on an annual basis in the United States, childhood vaccines:

- Prevent 10.5 million diseases among all children born each year
- Result in significant savings in direct and indirect costs: for every \$1 spent on immunizations, there is as much as \$29 in savings.

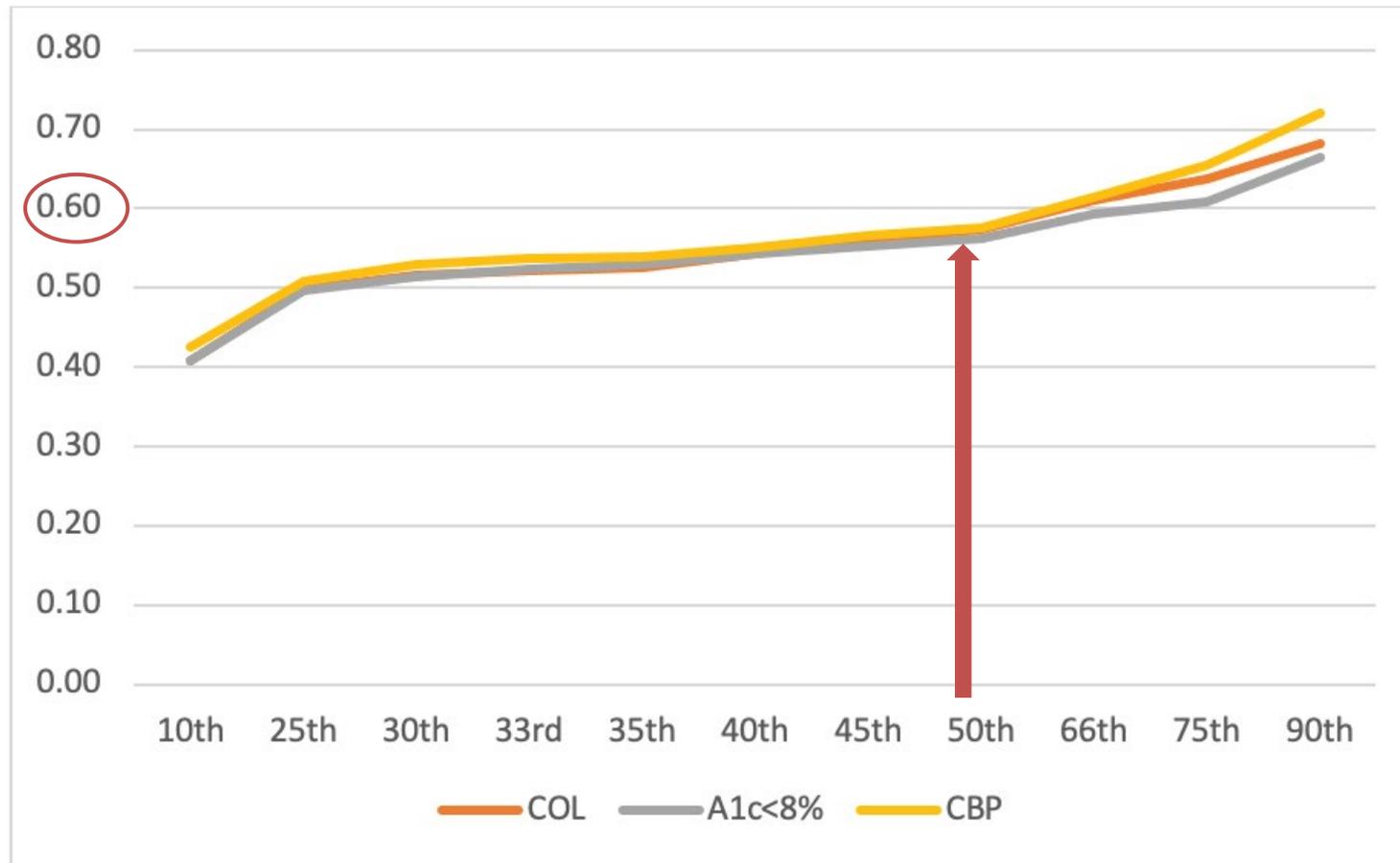
# QTI MEASURES: CORE SET MY 2019 PERFORMANCE

- ❑ Kaiser’s HMO is the only plan product that has no measure below 50<sup>th</sup> percentile national performance.
- ❑ 2 plan products (Anthem EPO and Oscar EPO) have all four measures below 50<sup>th</sup> percentile national performance.
- ❑ 3 plan products (Blue Shield PPO, HealthNet PPO, Molina HMO) have three measures below 50<sup>th</sup> percentile national performance.

Measure Title	Year	Benchmark:															
		Anthem HMO	Anthem PPO	Anthem EPO	BSC HMO	BSC PPO	CCHP HMO	Health Net HMO	Health Net EPO	Health Net PPO	Kaiser HMO	LA Care HMO	Molina HMO	Oscar EPO	Sharp HMO	VHP HMO	WHA HMO
Colorectal Cancer Screening	2019			45	59	51	60	62	53	40	76	54	31	36	66	54	52
	2020																
Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)	2019			57	64	64	57	61	63	61	70	62	58	50	76	69	53
	2020																
Controlling High Blood Pressure	2019			45	66	56	68	63	59	55	81	68	65	46	79	64	65
	2020																
Childhood Immunization Status (Combination 3)	2019			51	64	63		69		55	84	82	74	34	77		
	2020																

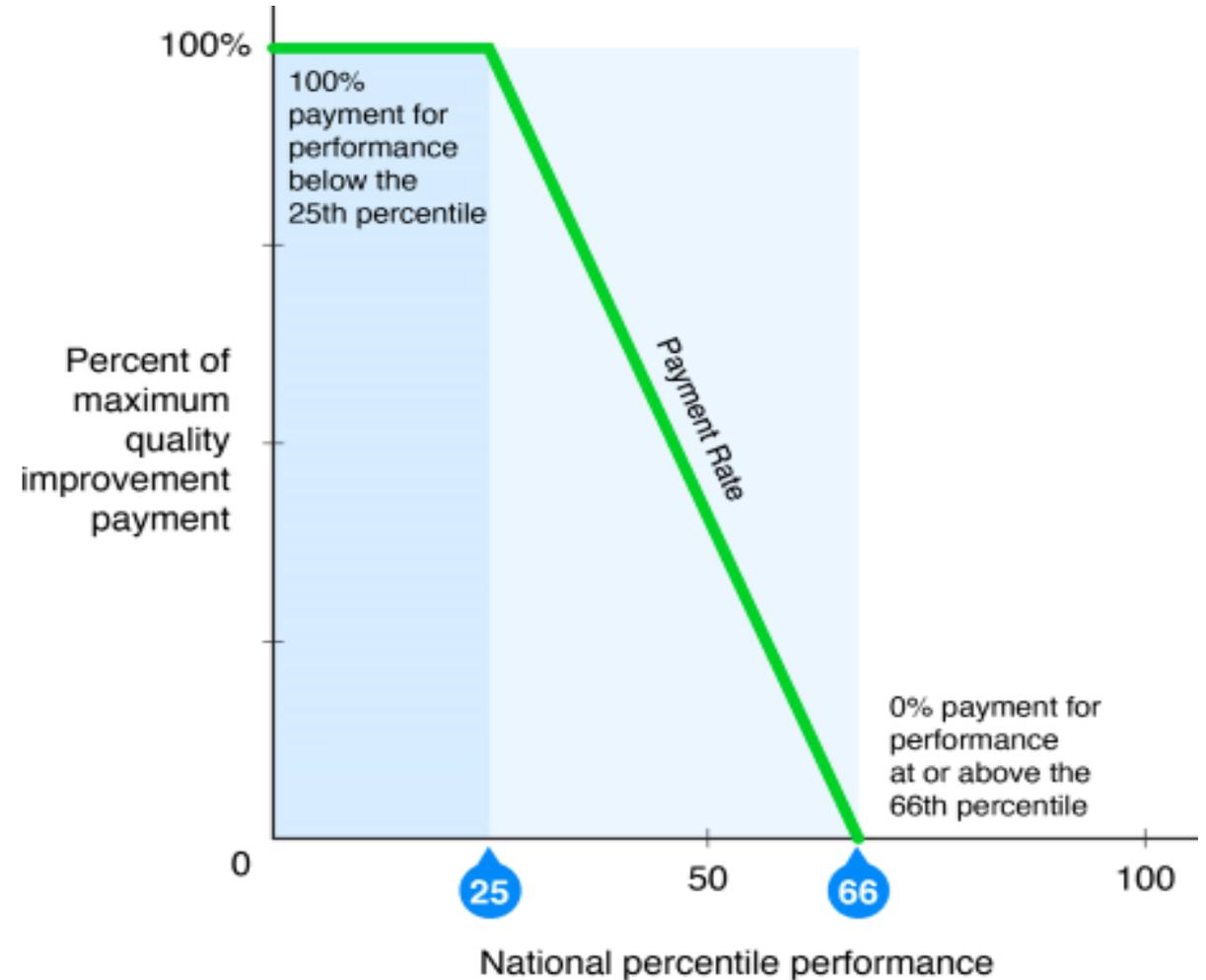
# QTI MEASURES: MY2019 NATIONAL DISTRIBUTION

At the 50<sup>th</sup> percentile of national performance for blood pressure control, diabetes control and colorectal cancer screening measures means that fewer than 60% of enrollees receive recommended care.



# QTI PERFORMANCE THRESHOLDS AND PAYMENT

- ❑ Performance thresholds for 2023 – 2025 will be based on national percentiles for Measurement Year 2021 (or Measurement Year 2022 for Childhood Immunization Status Combo 10) performance to allow for improvement over time against static frame of reference.
- ❑ Issuer contributes quality improvement payments to the Quality Transformation Fund based on percentile national performance.



# QTI INTENT, ESTABLISHING FUND, AND USE OF FUNDS

- ❑ **Intent:** The goal of the Quality Transformation Initiative (QTI) is to provide substantial economic incentives for issuers to invest in quality, while aiming for “global premium net neutrality.”
- ❑ **QTI Structure:** As part of an issuer’s contractual agreement with Covered California for the 2023 – 2025 plan years, issuers have a contractual obligation to make quality payments into the Quality Transformation Fund based on their QHPs’ performance on key quality, and in future years, equity indicators.
- ❑ **Establishment of Quality Transformation Fund:** Covered California shall establish an internal, separately tracked, Quality Transformation Fund. As part of its annual budgeting and public reporting, Covered California shall report on payments made into the Fund and how all such funds are spent.
- ❑ **Quality Transformation Fund Use:** Covered California shall spend the Quality Transformation Fund for quality related operations and activities. These activities would have been previously reviewed and approved as part of the regular annual budget adopted by the board of directors. Covered California will detail the timing and implications of both payment into the Quality Transformation Fund and the impact on Participation Fees related to Quality Transformation Fund expenditures reducing the need for issuer assessments.

### III. Covered California

#### B. Health Equity and Transformation Updates

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# SB 260 Formative Consumer Research

Rebecca Catterson



# SB-260 Formative Consumer Research

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## Findings from focus groups and in-depth interviews

3.3.22

Rebecca Catterson



# Background

- **Previous Consumer Research with Medi-Cal Transitioners**
  - Focus groups with Medi-Cal Transitioners in 2018
  - Insights about Medi-Cal Transitioners from annual Member Survey (2018-2021)
- **What We Know:**
  - SB 260 offers a new opportunity for Covered California to provide coverage to many consumers who need it.
    - We estimate that about one-third of these consumers have no coverage of any kind at the end of Open Enrollment
    - *What can Covered California do to help these consumers enroll?*
  - Covered California's implementation of SB 260 will also reach consumers who do not need coverage.
    - We estimate that about another third of these consumers get coverage from an employer or return to Medi-Cal by the end of Open Enrollment.
    - *What can Covered California do to avoid confusion and headaches among these consumers?*
  - Many of these consumers are unfamiliar with Covered California and do not see its relevance to them; current notices from DHCS and Covered California do little to change this.

# Research Objectives and Approach

- **Research Objectives**

- To understand Medi-Cal transitioners' reactions to the idea of autoenrollment
- To identify the types of information Medi-Cal transitioners will likely need to take action
- To generate insights into how Covered California can facilitate enrollment among those who need coverage and avoid confusion (or worse) among those who have other coverage.

- **Research Approach**

- Focus groups (9 total) and in-depth interviews (18 total) with former and potential Medi-Cal transitioners
- Mini-focus groups (4 total) with Service Center Representatives

## Reactions to the concept of "Auto-enrollment"

- **Is this really "auto-enrollment"?**
  - We quickly learned that using "auto-enroll" language was not helpful because consumers assumed it to imply that they were already enrolled and didn't need take any action.
  - It was more effective to explain exactly what has been done – i.e., they have been determined eligible for subsidized coverage and Covered California has selected a plan for them (a plan that they can keep or change).
- **General reactions:**
  - Most consumers did not like the idea of someone making a decision for them.
  - But this did not seem to make them any more or less likely to continue reading or to learn more.
- **They want choices:**
  - It's important to consumers to feel/know that they have options: enroll with the plan selected for them, enroll in a different plan, or decline the coverage.
  - They also wanted to know that they had options with plans and carriers – even if they don't end up shopping and comparing.

## Consumer mindset and why it matters

- **Upon learning about their Medi-Cal ending and the offer of a Covered California plan consumers are:**
  - Stressed about...
    - Losing coverage – and the familiarity of Medi-Cal – is scary
    - Financial implications
    - What this might mean for family members
  - Confused about...
    - Their own eligibility situation
    - What Covered California is
    - Why and how a plan was chosen for them
- **In order to move forward, consumers want and need reassurance that...**
  - They will get coverage that they can afford
  - Help will be available to answer their questions, guide them through the process and support them

## Many consumers will need help figuring out their eligibility scenario

- Consumers are often confused about their coverage situation
- Perceived coverage status matters more than actual coverage status in driving decision-making and action
  - For consumers to take informed and appropriate action they need to know their *actual* coverage status
- Eligibility scenarios include:
  - Know they are actually losing their Medi-Cal and need coverage
  - Understand that they have an offer of ESI and understand implications - not eligible for APTC
  - Needs to sort things out with Medi-Cal

Once consumers know their coverage status, they have lots of questions before they can move forward

- **What is Covered California?**
  - And the relationship between Covered California and Medi-Cal
- **How does private insurance work?**
  - New terminology
  - Financial implications
- **How does coverage work through Covered California?**
  - Financial help
- **Will anything be familiar?**
  - Ability to keep the same doctor
  - Same carrier as Medi-Cal plan
- **Why did Covered California pick *this* plan for them?**
- **What are their options?**

Clear answers to these questions builds consumer trust in Covered California.

## Consumers have service needs to get the support they need to take action

- **They want help and to feel comfort in knowing that help is there**
  - To get answers to questions
  - To confirm they are making the “right” choice
- **Some will search online**
  - Some will end up in the wrong place
- **Many will call**
  - They want a live person to answer outstanding questions
  - Confirm they are making the “right” decision

## Conclusions

- **Insights from this research are shaping Covered California’s implementation of SB 260 on many fronts:**
  - The content and language in notices (including the exterior of the envelope!)
  - Supplemental information relevant to common consumer questions
  - The design of a microsite dedicated to these consumers
  - The online consumer enrollment experience through CalHEERS
  - The Service Center’s preparation
- **It’s important to remember that the extent to which SB 260 implementation “succeeds” depends on many factors:**
  - Covered California’s implementation
  - Other entities communications to consumers
  - Consumers own actions and behaviors

## III. Covered California

### C. SB 260 Formative Consumer Research

- To request to make a comment,
  - *Computer Audio:* Click on the icon, “**raise hand** ” on your control panel. You will be called by your name to speak in the order of the raise hand. Please wait until the operator has introduced you before you make your comments.
  - *Dial-In by phone only:* We will open up the line for comments after we go through the raise hands. Unmute yourself to speak.
  - *Hearing Impaired:* Please use the “chat” feature to submit your questions or comments. Staff will review and speak on your behalf and respond via chat.
  
- **EACH PARTICIPANT WILL BE LIMITED TO TWO MINUTES PER AGENDA ITEM**
  
- NOTE: Written comments may be submitted to [MOEAgroup@covered.ca.gov](mailto:MOEAgroup@covered.ca.gov)

# MOEA Advisory Members

**By phone:** 1 (916) 306-7588

**Phone conference ID:**  
248605633#

# Public Comments

**By phone:** 1 (631) 992-3221

**Access code:** 275-753-812

**Audio PIN:** Shown after joining  
the webinar

**Webinar ID:** 905-728-155

# State and Federal Policy/Legislative Updates

Jahan Ahrary, Mandy Horrell, Isaac Menashe



# SENATE BILL 260 IMPLEMENTATION

# KEY CALHEERS CHANGES

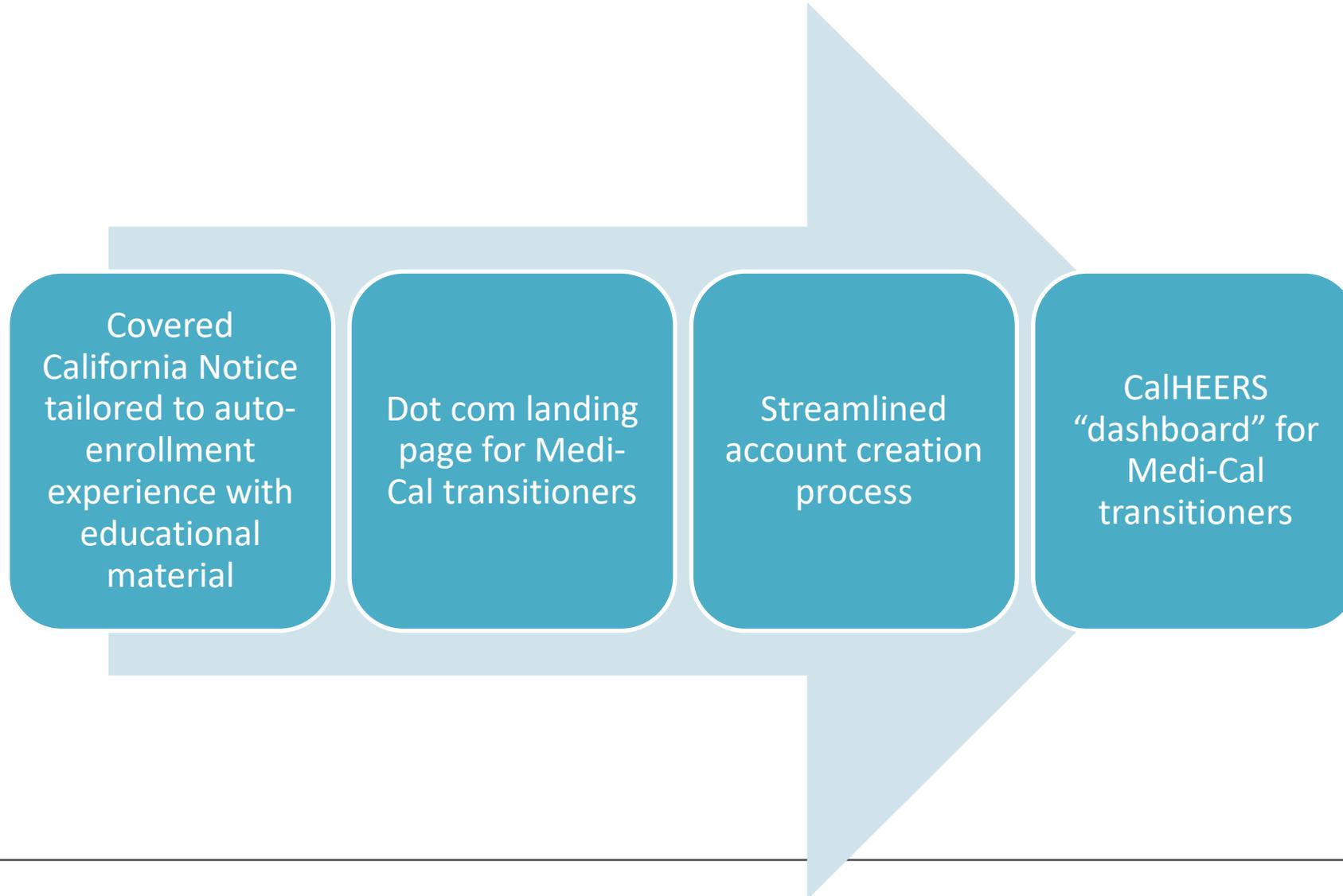
CalHEERS will be programmed to automatically select the lowest cost silver plan for the transitioning consumers beginning July 2022 with effective enrollment date starting August 2022.

Major components of the system build include:

- System identifier to allow for a customized journey for Medi-Cal transitioners.
- Enrollment hierarchy functionality.
- 834 identifier and opt-in status indicator for the carriers.
- Custom eligibility notice and consumer education materials.
- New dashboard to provide a tailored consumer journey.
- Self-service options for opting in/out the auto selected plan.



# CREATING A TAILORED NOTICING AND WEB EXPERIENCE FOR MEDI-CAL TRANSITIONERS



{DOC\_DATE}  
Case Number: {CASE\_ID}  
Online Access Code: {Access Code}



## Welcome to Covered California!

Dear {PRIMARY\_FIRST\_NAME} {PRIMARY\_LAST\_NAME},

Covered California is a free government service. We work with Medi-Cal to make sure Californians have access to quality health care. Covered California is the only place to get federal financial help to buy a private health plan if you do not have coverage through a job or another program like Medi-Cal or Medicare.

### Your Medi-Cal is ending. Covered California is here to help you stay covered.

You recently got a letter that your Medi-Cal program coverage is ending. California law requires us to use the household and income information you reported to Medi-Cal to help you enroll in a new Covered California health plan with financial help. We picked a health plan with the most financial help available. To start your coverage on {Coverage Start Date}, you need to pay a **premium** (confirm the amount we picked for you) (pay your first premium (monthly cost)).

Name	Plan	Monthly premium	APTC	Amount you pay
John Smith – New	{Carrier} - Silver 87 HMO	\$535.00	-\$510.00	\$25.00

- **Monthly premium** is the monthly cost of the plan before subtracting your financial help.
- **APTC** is the federal Advance Premium Tax Credit amount you qualify for. To learn more about how APTC can affect your tax returns, read "Important tax information about Covered California" below.
- **Amount you pay** is the amount you need to pay each month for this plan.

### Your choices:

1. You can keep the plan we picked for you. (You will soon get a bill from {Carrier} with your payment due date. After you pay your first bill, you will get your insurance cards and can start using your coverage. Pay as soon as you can to get your coverage started.)  
{Premium} All you need to do is confirm this plan online at our website or call us. You will get your insurance cards from {Carrier} and can start using your coverage. Confirm as soon as you can to get your coverage started. If you do not confirm this plan by {Due Date}, we will cancel the plan we picked for you. }
2. You can choose a different plan offered through Covered California. Use our website to compare other plans and costs. You can also find out if you can keep the provider or doctor you have now. You still have until {SEP date} to change plans.

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## Welcome to Covered California

Get help with your health insurance.

Covered California makes getting health insurance easier, with financial help for millions of Californians and free assistance to compare your options.

We can help you go from Medi-Cal to Covered California. You have options to choose from. We're here to help!

### Cost savings

Many Californians can get covered with a low or \$0 monthly premium and save thousands of dollars a year.

Choose a plan from brands you know and trust. Every plan we offer covers the important things like routine wellness exams, emergency care and mental health.

### After you enroll

After you complete your enrollment, your health plan will send you a welcome packet with information about your coverage and a member ID card.

### Make the most of your coverage

An in-network provider will cost you less than an out-of-network provider. Use your free preventative care for yearly flu shots, screenings and wellness exams. Get full coverage for prescriptions by using an in-network pharmacy.

### Your plan benefits

The chart below shows costs for popular services. This plan offers the most cost savings based on your household information. There are other plans you can choose. To shop and compare plans, log in to your account at [CoveredCA.com/new-plan](http://CoveredCA.com/new-plan).

Silver 87	
Annual wellness exam	\$0
Generic medication copay	\$5
Primary care visit copay	\$15
Mental health services	\$15
Urgent care visit copay	\$15
Emergency room copay	\$150

This list does not include all copays, coinsurance, deductibles or your out-of-pocket maximum. Log in or call us for full details.

### Your options and what you need to do:

#### Option 1: Keep Plan

Keep the plan Covered California chose for you.

Go to your online account or call to confirm you want to keep this plan.

If your plan has a monthly premium, pay the bill to start your coverage.

#### Option 2: Change Plan

Choose a different plan with Covered California.

Go to your online account and choose the plan you want.

#### Option 3: Cancel Plan

Cancel the plan Covered California chose for you.

Go to your online account to cancel this plan. Or do nothing, and we will cancel this plan for you.

With Covered California, you can choose a health plan from insurance companies available in your area such as:



## Financial help

Financial help is based on your age, family size, income, where you live, and the type of plan you choose. To learn more, go to [CoveredCA.com/financial](http://CoveredCA.com/financial). Financial help includes:

### Advance Premium Tax Credit (APTC)

APTC is paid directly to your insurance company to lower your monthly premium. Your monthly premium amount will be what APTC does not cover.



### How APTC affects your taxes

At tax time, the Internal Revenue Service will calculate the amount you qualify for based on the amount paid to your health plan. The IRS will make sure you got the right amount and household changes right away when you file your taxes.

## Words to know for your plan

Here are some words to help you use your new health plan.

**Premium:** This is the amount you pay every month to your health plan to keep your health insurance coverage.

**Preventive care:** This is routine health care to prevent illness, disease and other health problems. All Covered California plans include free preventive services like yearly flu shots, screenings and checkups.

**Copay:** This is a fixed amount you pay for certain covered services like doctor visits. There are no copays for preventive care services, screenings and vaccinations.



### Get help

- Go online: Use the QR code or visit [CoveredCA.com](http://CoveredCA.com)
- Find free in-person help: To find a counselor or agent, go to [CoveredCA.com/find](http://CoveredCA.com/find)
- Call Covered California: 1-800-816-4

Covered California  
PO BOX 989725  
West Sacramento, CA 95798-9725



{FIRST\_NAME} {LAST\_NAME}  
{ADDRESS\_LINE1}  
{ADDRESS\_LINE2}  
{CITY}, {STATE\_CD (FK)} {ZIPCODE}

## Your Covered California health plan is canceled

{CURRENT\_DATE}

Case Number: {CASE\_ID}

Dear {FIRST\_NAME} {LAST\_NAME},

We enrolled you or someone in your household in a {Carrier + APS Health Plan Name} health plan when you lost your Medi-Cal eligibility. (We canceled this health plan on {Cancellation date} because you told us you did not want health insurance through Covered California. If you picked a plan after that date, you will get another letter with information about your new plan.) (We canceled this health plan because you did not tell us you wanted to keep this plan by {Due Date}). If you picked a plan after that date, you will get another letter with information about your new plan.)

### Do you still need health coverage?

You have until {SEP end date} to pick a health plan through Covered California. There are many plans to choose from based on your health care needs. We are here to help answer your questions.

If you do not pick a plan by {SEP end date}, you may have to wait until you have another qualifying life event or until open enrollment to pick a Covered California health plan. The next open enrollment starts on {OE Start Date}.

### We are here to help!

- **Go online:** To learn more, go to [CoveredCA.com/for-you](http://CoveredCA.com/for-you).
- **Call Covered California:** Call us Monday – Friday, 8 a.m. to 6 p.m. at {Service Center Phone} (TTY: 1-888-889-4500).
- **Get free in-person help:** There are many certified enrollment counselors and agents to help you. To find one near you, go to [CoveredCA.com/find-help](http://CoveredCA.com/find-help).

Thank you,

Covered California

California Code of Regulations  
If you think we made a mistake

GOV00000

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**COVERED CALIFORNIA** Get Started Health Dental Vision Support

## We've Chosen a Health Plan Just for You

Sign in now to let us know if you want to **keep, change or cancel** your new Covered California plan.

[Sign In / Create Account](#)

[I am unable to access my account](#)

**blue** **Anthem** **health net** **Kaiser Permanente**

We partner with 12 health insurance companies that meet all state and federal health requirements.

### Why am I here?

#### Someone in your family is moving to a new health insurance plan.

- You are no longer eligible for Medi-Cal.
- By law, a plan was chosen for you but you don't have to keep this plan. Sign in to see other plans.
- You have 30 days from the date your Medi-Cal coverage ends to make your choice without a coverage gap. Your enrollment period closes after 60 days.
- Sign in or create an account using the access code listed in your enrollment packet.

[Sign In / Create Account](#)

### What do I need?

### What do I need?

- Access Code**  
This can be found in the enrollment packet sent to you. You'll need this to create your account.
- Employer and Income Information**  
For everyone in your family.
- Tax Information and Social Security Numbers**  
For those who file federal taxes, and for applicants who have SSNs.
- Immigration Documents**  
For non-citizens.

### How to Get Help

- Find a Licensed Agent**  
Licensed Insurance Agents and certified enrollers are ready to help.  
[Find an Agent](#)
- Live Chat**  
Chat with a Service Center representative during our regular business hours.  
[Chat Now](#)
- Call Us**  
Speak with a service center representative during our regular business hours.  
[\(800\) 300-1506](#)

### Frequently Asked Questions

- What will my new health plan cost?**  
Monthly costs depend on the amount of financial help you qualify for and which plan you choose. The amount of financial help available to you depends on your income and household size that we have on file for you.
- Will my benefits stay the same?**  
Your new health plan will provide many of the same benefits and services you have now, including free preventative care and screenings. To see details about your plan, log in to your Covered California account or create a new account.
- Can I keep my doctor?**  
Yes, if your doctor is in your new plan's network. If not, you may want to choose a different plan or change doctors.

[Sign In / Create Account](#)

Hi John,  
Welcome to Covered California!



← Account Home You can return to this page later from Account Home

### Get Your Coverage Started

Keep or Cancel Plan

Kaiser Permanente Silver 87 HMO Pending Enrollment ID 12345

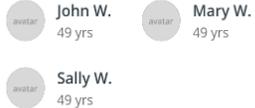
[X] Days Left

Your coverage will be active on 10/01/2021 as long as you pay your premium by 10/31/2021. Once that's done, your health provider will mail your ID card and policy details.



#### Covered Household Members

These are the household members who are part of this plan. You can keep or change these members when you click Keep or Cancel Plan



#### What You'll Pay

**\$25/month**

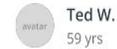
Primary Care Visits: First 3 visits at No Charge, then \$0 Coinsurance after deductible  
Generic Drugs: 60.00% Coinsurance after deductible

#### What You'll Pay

**\$15/month**

Primary Care Visits: First 3 visits at No Charge, then \$0 Coinsurance after deductible  
Generic Drugs: 60.00% Coinsurance after deductible

this plan. You can keep or change these members when you click Keep or Cancel Plan



#### Can I combine enrollments?



You may be able to change who is enrolled in each plan or enroll together in the same plan. We group people based on factors such as if they qualify for the same benefits. Find out if you can combine your plans on the [Enrollment Dashboard](#).

### You Have Options

Change Plan

If you do not think this plan will work for you, there may be other insurance companies in your area.

Visit your [Enrollment Dashboard](#) to:

- See the full details of your plan
- Find your doctor
- Compare other plans
- Change plans



# CalHEERS Portal Experience

Consumers will be able to view information on the auto-selected plan and see their options, including:

- **Keep** the plan (Opt-In) in the case of \$0 net premiums.
- **Cancel** the plan (Opt-Out) if coverage is not needed.
- **Change** the plan if they want to shop.
- **Report changes** to their information.

← Plan Selection Dashboard

### Choose Enrollment Groups

Choose the Enrollment Group(s) you would like to confirm. If you're not ready to confirm everyone you can come back to the dashboard later to finish.

**Kaiser Permanente Silver 87 HMO**  
Enrollment ID 123456

 **John W.**  
49 yrs

 **Mary W.**  
49 yrs

 **Sally W.**  
49 yrs

**Kaiser Permanente Silver 87 HMO**  
Enrollment ID 654321

 **Ted W.**  
59 yrs

[Back](#)

← Plan Selection Dashboard

### Choose Household Members

Would you like to keep or cancel [Plan Name Metal Tier] for the following household members?

**Kaiser Permanente Silver 87 HMO** Enrollment ID 123456

 **John W. (49)**  Keep  Cancel

 **Mary W. (39)**  Keep  Cancel

 **Sally W. (19)**  Keep  Cancel

**Kaiser Permanente Silver 87 HMO** Enrollment ID 654321

 **Ted W. (49)**  Keep  Cancel

[Back](#) [Next](#)

← Plan Selection Dashboard

### Your Coverage from Covered California

Carefully review your household selections below. If you see a mistake, change who is enrolled before you sign and submit. [Change](#)

**Household Members Keeping Plan**

 **John W.**  
49 yrs Kaiser Permanente Silver 87 HMO Enrollment ID 123456

 **Mary W.**  
49 yrs Kaiser Permanente Silver 87 HMO Enrollment ID 123456

 **Sally W.**  
19 yrs Kaiser Permanente Silver 87 HMO Enrollment ID 123456

By checking the box below you are keeping Covered California health insurance coverage.

**By accepting the plan and financial help listed above, you agree to the following:**

- I will file an income tax return for {Benefit Year};
- If I'm married, I will file a joint tax return for {Benefit Year};
- I will claim deductions for all members of my family listed in this application on my {Benefit year} tax return; and
- No one else can claim me as a tax dependent for {Benefit year}.
- If applicable, I will use binding arbitration to resolve disputes or claims with my health plan.
- I give consent for Covered California to check federal and state records to determine my eligibility.

I confirm that I have read and agree to the terms and conditions stated above.

**Review & Sign**  
By entering my PIN and typing my full name I certify under penalty of perjury that I have read and understand the terms and conditions above.

Electronic Signature PIN 

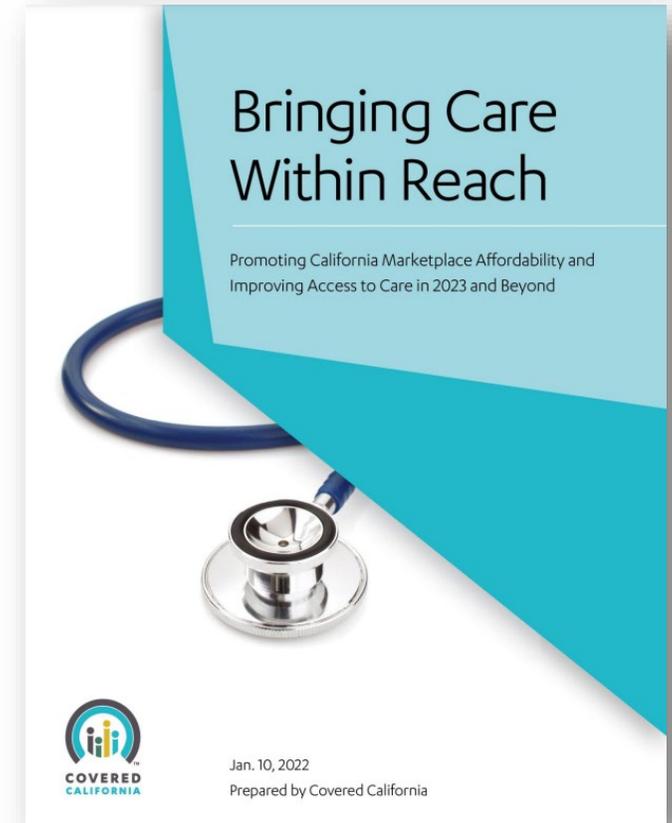
Electronic Signature

[Back](#) [Submit](#)

# ASSEMBLY BILL 133 UPDATE

# BRINGING CARE WITHIN REACH

- ❑ Report was developed in compliance with the 2021-2022 State Budget (AB 128) and Health Omnibus trailer bill (AB 133).
- ❑ Options were developed with input and engagement from our stakeholder working group.
- ❑ Covered California released “[Bringing Care within Reach: Promoting California Marketplace Affordability and Improving Access to Care in 2023 and Beyond.](#)”
- ❑ This report provides specific options for how California – or other states – could use state funds or federal funds that are anticipated in concept in the proposed Build Back Better Act to expand cost-sharing support.
- ❑ Accompanying the report is an [Issue Brief](#) and a companion detailed analysis produced by our actuaries at [Milliman](#).



# STATE LEGISLATION

[AB 1878](#) (Wood) and [SB 944](#) (Pan) would require Covered California to offer cost sharing assistance based on FPL with the actuarial values (AV) outlined below:

- ❑ Below 200% FPL: AV of at least 94 percent.
- ❑ Between 200 and 300% FPL, AV of at least 90 percent, scaled to income.
- ❑ Between 301 and 400% FPL, AV of at least 85 percent, scaled to income.
- ❑ Above 400% FPL, may offer AV of as much as 80 percent, depending on available funding.

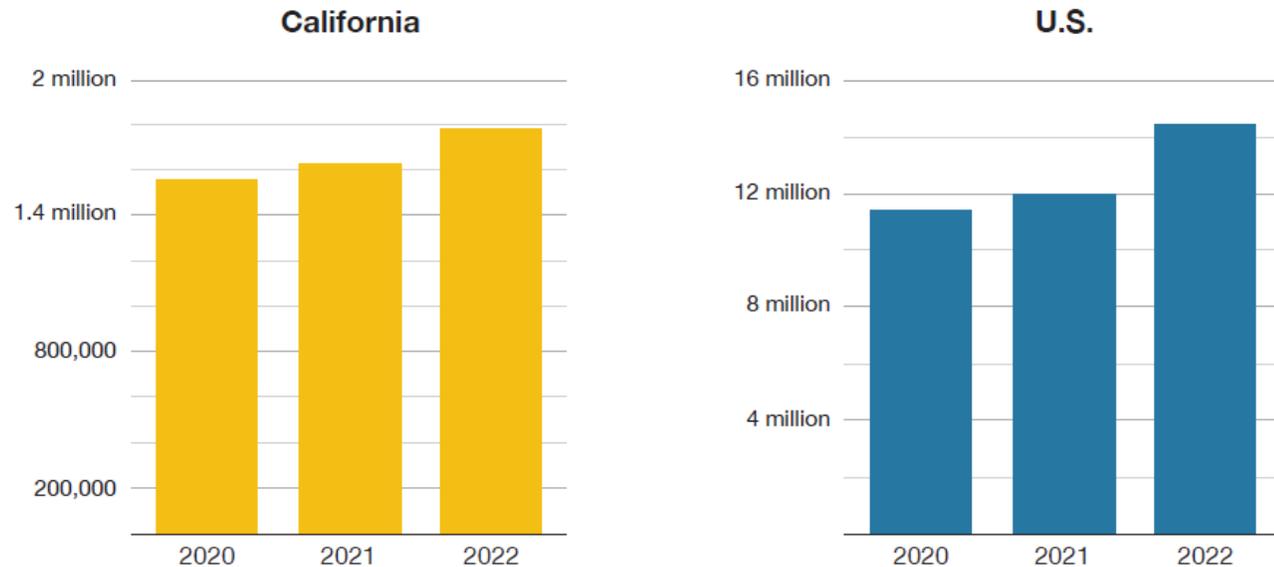
Requires adoption of standard benefit designs consistent with these provisions.

# 2022 OPEN ENROLLMENT TRENDS

# AMERICAN RESCUE PLAN LEADS TO HISTORIC OPEN ENROLLMENT

- ❑ Total enrollment in California **exceeded 1.77 million**, the highest ever by the close of open enrollment
- ❑ Both the Federally-Facilitated Exchange (FFE) and Covered California have seen record-setting enrollment since the pandemic.

Marketplace Enrollment as of End of Open Enrollment 2022

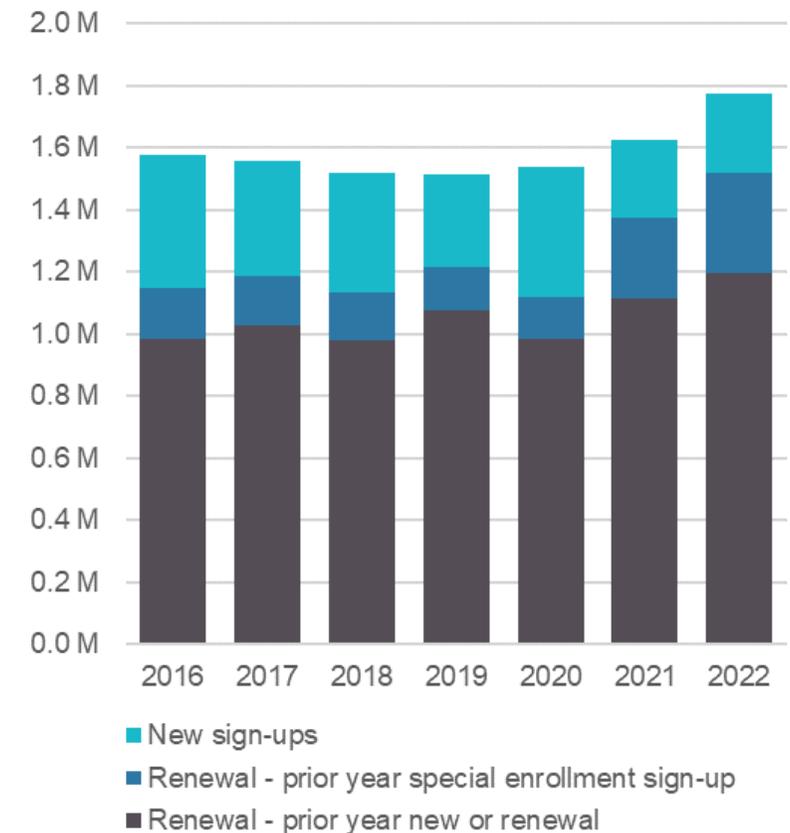


- ❑ Like Covered California, by the end of the 2022 Open Enrollment Period, HealthCare.gov enrollment was 17% higher than the previous high from 2016 – the last Open Enrollment Period in which the FFE used robust marketing and outreach strategies.

# CONSUMER ACTING EARLY TO GET COVERED

- ❑ Net plan selections in 2022 are 9% higher than in 2021 and 16% higher than in 2020, driven especially by strong renewals.
- ❑ With the help from the American Rescue Plan (ARP) Special Enrollment Period, 2022 continued a surge of renewals who had signed up in the prior year special enrollment period and did not have to wait to get covered (dark blue).
- ❑ Thanks to this earlier take-up, we believe fewer consumers were left seeking coverage as new sign-ups by the time of the 2022 Open Enrollment Period (teal).

Plan Selections at End of Open Enrollment, by Sign-up Cohort



Net Plan Selections (Data as of 2/5/2022)	2020 (Count)	2021 (Count)	2022 (Count)	Diff. (2022 v 2021)
New Enrollment	418,052	249,279	255,575	3%
Renewals	1,120,767	1,376,267	1,521,867	11%
<b>Total Plan Selections</b>	<b>1,538,819</b>	<b>1,625,546</b>	<b>1,777,442</b>	<b>9%</b>

# TRENDS FOR SIGN-UPS – AGE

- The age make-up of covered California enrollees has remained fairly consistent during the pandemic and through the roll-out of the American Rescue Plan.

Age Bracket	2020 (Count)	2020 (Share %)	2021 (Count)	2021 (Share %)	2022 (Count)	2022 (Share %)
Age 17 or less	110,268	7%	110,069	7%	127,513	7%
Age 18 to 25	150,542	10%	150,707	9%	160,915	9%
Age 26 to 34	264,143	17%	289,702	18%	324,530	18%
Age 35 to 44	234,424	15%	252,771	16%	282,664	16%
Age 45 to 54	319,562	21%	329,938	20%	349,299	20%
Age 55 to 64	447,742	29%	477,816	29%	514,723	29%
Age 65+	12,138	1%	14,543	1%	17,798	1%
<b>Total</b>	<b>1,538,819</b>	<b>100%</b>	<b>1,625,546</b>	<b>100%</b>	<b>1,777,442</b>	<b>100%</b>

# TRENDS FOR SIGN-UPS – INCOME

- The increase in sign-ups has been most pronounced in the incomes at 200% of the Federal Poverty Level (FPL) and above (which is \$25,760 for a single person).
- In particular, enrollment **more than doubled** for those above 400% of FPL (which is \$51,520 for a single person). This group, previously affected by the “FPL cliff,” comprised 10% of total enrollment in 2022, compared to 5% in 2021.

	2020		2021		2022	
	Count	Share %	Count	Share %	Count	Share %
150% FPL or less	236,442	15%	270,597	17%	273,604	15%
150% FPL to 200% FPL	408,285	27%	454,862	28%	448,629	25%
200% FPL to 400% FPL	660,597	43%	669,435	41%	754,177	42%
400% FPL or greater	64,107	4%	75,642	5%	174,922	10%
FPL Unavailable	169,388	11%	155,010	10%	126,110	7%
<b>Total</b>	<b>1,538,819</b>	<b>100%</b>	<b>1,625,546</b>	<b>100%</b>	<b>1,777,442</b>	<b>100%</b>

# TRENDS FOR SIGN-UPS – METAL TIER

- ❑ In 2022, consumers opted for more comprehensive coverage.
- ❑ As a share of all enrollments, Silver was chosen more in 2022 (up by 3 percentage points), while Bronze enrollment decreased.
- ❑ The shift to richer coverage was pronounced among new sign-ups [not shown]: the share of new consumers selecting Bronze fell 8 percent (from 34% in 2021 to 26% in 2022).

Plan Level	2020 (Count)	2020 (Share %)	2021 (Count)	2021 (Share %)	2022 (Count)	2022 (Share %)
Minimum Coverage	21,268	1%	22,442	1%	19,025	1%
Bronze	462,501	30%	495,299	30%	469,308	26%
Silver	854,505	56%	899,926	55%	1,032,566	58%
Gold	147,422	10%	149,744	9%	178,460	10%
Platinum	53,123	3%	58,135	4%	78,083	4%
<b>Total</b>	<b>1,538,819</b>	<b>100%</b>	<b>1,625,546</b>	<b>100%</b>	<b>1,777,442</b>	<b>100%</b>

# 2022 PLAN SELECTIONS AND PREMIUMS BY INCOME

Even though enrollees chose more generous coverage benefits, the average net premiums paid decreased across all income groups under the American Rescue Plan.

The lowest income consumers (individuals at 138% FPL to 150% FPL, or \$17,775 to \$19,320 for a single person) paid roughly half as much, paying \$53 in 2022, compared to \$96 in 2021.

In dollar terms, the 400% FPL group saw reductions averaging \$172 per member per month.

	2020			2021			2022		
	Count	Avg. Gross Premium Amt PM	Avg. Net Premium Amt PM	Count	Avg. Gross Premium Amt PM	Avg. Net Premium Amt PM	Count	Avg. Gross Premium Amt PM	Avg. Net Premium Amt PM
150% FPL or less	236,442	\$586	\$75	270,597	\$574	\$76	273,604	\$580	\$47
150% FPL to 200% FPL	408,285	\$587	\$92	454,862	\$586	\$96	448,629	\$594	\$53
200% FPL to 400% FPL	660,597	\$570	\$180	669,435	\$576	\$191	754,177	\$578	\$141
400% FPL or greater	64,107	\$539	\$525	75,642	\$563	\$542	174,922	\$600	\$370
FPL Unavailable	169,388	\$511	\$457	155,010	\$502	\$466	126,110	\$496	\$465
<b>Grand Total</b>	<b>1,538,819</b>	<b>\$569</b>	<b>\$185</b>	<b>1,625,546</b>	<b>\$571</b>	<b>\$188</b>	<b>1,777,442</b>	<b>\$579</b>	<b>\$150</b>

# TRENDS FOR SIGN-UPS - ISSUER

- The top two issuers (Kaiser and Blue Shield) continue to grow their market share: 65% in 2022 vs 63% in 2021 vs 61% in 2020.

Issuer Name	2020 (Count)	2020 (Share %)	2021 (Count)	2021 (Share %)	2022 (Count)	2022 (Share %)
Anthem Blue Cross	87,286	6%	101,508	6%	160,753	9%
Blue Shield	387,451	25%	443,328	27%	508,059	29%
Bright HealthCare		0%		0%	398	0%
Chinese Community	7,227	0%	5,515	0%	3,952	0%
Health Net	243,501	16%	190,177	12%	150,807	8%
Kaiser	548,816	36%	592,981	36%	643,823	36%
LA Care	88,782	6%	100,138	6%	119,988	7%
Molina Health Care	51,551	3%	59,031	4%	67,081	4%
Oscar Health Plan	69,012	4%	74,583	5%	55,744	3%
SHARP Health Plan	21,146	1%	24,182	1%	33,540	2%
Valley Health	24,646	2%	24,249	1%	22,662	1%
Western Health	9,401	1%	9,854	1%	10,635	1%
<b>Total</b>	<b>1,538,819</b>	<b>100%</b>	<b>1,625,546</b>	<b>100%</b>	<b>1,777,442</b>	<b>100%</b>

# TRENDS FOR SIGN-UPS - RACE/ETHNICITY

- ❑ Enrollment increased among all racial and ethnic groups compared to 2021.
- ❑ Compared to enrollment levels in 2020, the increases have been most pronounced in the African American and Latino communities, with 2022 enrollment 33 percent and 18 percent higher than 2020, respectively.

RACE/ETHNICITY	2020 (Count)	2020 (Share %)*	2021 (Count)	2021 (Share %)*	2022 (Count)	2022 (Share %)*
White	427,135	47%	449,579	47%	487,561	46%
Latino	343,595	38%	356,966	37%	404,338	38%
Asian	297,443	33%	318,670	33%	337,908	32%
Black or African American	29,993	3%	33,391	3%	39,877	4%
Native Hawaiian or Other Pacific Islander	1,564	0%	1,547	0%	1,659	0%
Other	120,861	13%	132,084	14%	148,289	14%
<b>Total (respondents)</b>	<b>1,220,591</b>	<b>100%</b>	<b>1,292,237</b>	<b>100%</b>	<b>1,419,632</b>	<b>100%</b>
(nonrespondent)	318,228	21%	333,309	21%	357,810	20%

\* Share denominator does not include non-respondents. Non-respondent share of all plan selections shown in gray on last line.

# TRENDS FOR SIGN-UPS - LANGUAGE

- Consumers with a language preference for English has grown from 83 percent to 85 percent of all plan selections since 2020.

Language Written	2020 (Count)	2020 (Share %)	2021 (Count)	2021 (Share %)	2022 (Count)	2022 (Share %)
Arabic	728	0%	669	0%	679	0%
Armenian	385	0%	387	0%	436	0%
Cambodian	261	0%	239	0%	233	0%
Cantonese		0%	51	0%	35	0%
English	1,237,857	83%	1,337,642	84%	1,484,318	85%
Farsi	1,436	0%	1,227	0%	1,237	0%
Hmong	87	0%	79	0%	75	0%
Korean	20,055	1%	19,420	1%	19,574	1%
Mandarin		0%	639	0%	461	0%
Russian	1,874	0%	1,925	0%	2,009	0%
Spanish	156,571	10%	152,982	10%	162,792	9%
Tagalog	1,163	0%	1,190	0%	1,145	0%
Traditional Chinese Character	60,777	4%	64,984	4%	68,217	4%
Vietnamese	14,874	1%	13,922	1%	13,182	1%
<b>Total</b>	<b>1,469,068</b>	<b>100%</b>	<b>1,595,356</b>	<b>100%</b>	<b>1,754,393</b>	<b>100%</b>

\* (shares do not include non-respondents)

### III. Covered California

#### D. State and Federal Policy/Legislative Updates

- To request to make a comment,
  - *Computer Audio:* Click on the icon, “**raise hand** ” on your control panel. You will be called by your name to speak in the order of the raise hand. Please wait until the operator has introduced you before you make your comments.
  - *Dial-In by phone only:* We will open up the line for comments after we go through the raise hands. Unmute yourself to speak.
  - *Hearing Impaired:* Please use the “chat” feature to submit your questions or comments. Staff will review and speak on your behalf and respond via chat.
  
- **EACH PARTICIPANT WILL BE LIMITED TO TWO MINUTES PER AGENDA ITEM**
  
- NOTE: Written comments may be submitted to [MOEAgroup@covered.ca.gov](mailto:MOEAgroup@covered.ca.gov)

## MOEA Advisory Members

**By phone:** 1 (916) 306-7588

**Phone conference ID:**  
248605633#

## Public Comments

**By phone:** 1 (631) 992-3221

**Access code:** 275-753-812

**Audio PIN:** Shown after joining the webinar

**Webinar ID:** 905-728-155

# Communications & External Affairs

Jagdip Dhillon



# PETER V. LEE ANNOUNCES RETIREMENT

## Covered California director to step down in February

By ADAM BEAM September 16, 2021



## Column: How the architect of California's Obamacare success did the impossible

[f](#) [t](#) [➔](#)



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**BY MICHAEL HILTZIK | BUSINESS COLUMNIST**  
SEPT. 21, 2021 2:33 PM PT

## Leader of California's Muscular Obamacare Exchange to Step Down

# OPEN ENROLLMENT KICKOFF WITH ATTORNEY GENERAL XAVIER BECERRA

## Covered California begins open enrollment period for 2022

November 1, 2021



SACRAMENTO, Calif. (AP) — Open enrollment for the nation's largest state-run health insurance marketplace began Monday and runs through the end of January.

Click to copy



## HHS Secretary Xavier Becerra: "Take advantage of what is being offered" during open enrollment

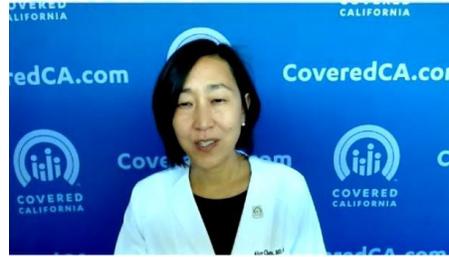
POR MARÍA G. ORTIZ-BRIONES

ACTUALIZADO NOVIEMBRE 02, 2021 6:15 PM



SACRAMENTO, Calif., November 1, 2021. Peter V. Lee, director of Covered California and US Secretary of Health and Human Services announce the first day of enrollment for Covered California Inn Sacramento, Calif., November 1, 2021 Photo by Robert Durell COVERED CALIFORNIA ROBERT DURELL

# OPEN ENROLLMENT: VIRTUAL AND IN-PERSON EVENTS IN DECEMBER



The screenshot shows a news article from 'THE KOREA TIMES' (한국일보) dated 2021-12-09. The article title is '저렴한 건강보험' 커버드 CA 가입을 (Affordable Health Insurance Covered CA Enrollment). The article mentions that 40,000+ people are still uninsured and that the cost of coverage has decreased by 53% or more, with a 10% discount for those who enroll by the end of the year. The article includes a photo of a man speaking at an event and a video frame of Dr. Vincent Han, an Emergency Medicine Physician at Kaiser Permanente.

# ETHNIC MEDIA COVERAGE OF DECEMBER EVENTS

**34 UNIVISION** LOS ANGELES

Inicio Video Tiempo Política Trabajos Lotería Contigo Más

SALUD

## Así puedes acceder a un seguro médico en California

Los altos costos médicos pueden ser devastadores para la economía de una persona en medio de una emergencia. Las inscripciones para Covered California están abiertas. Te explicamos cómo pueden beneficiarte.

PD: UNIVISION  
10 DIC 2021 - 01:25 AM EST

REACCIONA COMPARTE



**KTSF 26**

HOME NEWSNEWS PROGRAM PROGRAM COMMUNITY ACTIVITIESCOMMUNITY E26 WEB SPECIAL CONTACT USCONT

FEBRUARY 14, 2022

## Insured California accepts applications for more than 940,000 people have the opportunity to apply for free insurance (video)

December 10, 2021 national news , california news , news , hot topics



The San Diego **Voice & Viewpoint** WELLS FARGO Move your future forward. Member FDIC

2022 GALA CHURCH DIRECTORY CLASSIFIEDS DONATE EDITORIALS LOCAL NEWS

Home > Features > Community > African American Health Experts Urge Black Californians to Get COVID-19 Vaccinations and Boosters, and Enroll in Covered CA Health Plans for 2022

Features Community COVID-19 Health State and Local

## African American Health Experts Urge Black Californians to Get COVID-19 Vaccinations and Boosters, and Enroll in Covered CA Health Plans for 2022

Dec 15, 2021

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EL SAN DIEGO UNION-TRIBUNE EN ESPAÑOL

PRIMERA PLANA

## Hay ayuda financiera en San Diego para comprar seguro médico



ANUNCIO

News Observer / December 28, 2021

## Covered California Deadline Approaches as Omicron Surge Underscores Benefits of Health Insurance

SACRAMENTO, Calif. — With the rapid spread of the COVID-19 omicron variant across the state, Covered California is urging uninsured...



- An estimated 1.1 million uninsured could get financial help through Covered California or Medi-Cal.
- Over 85 percent (943,000) could get comprehensive coverage for \$0 per month (540,000 through Medi-Cal and 403,000 through Covered California).
- The remaining uninsured eligible for help (172,000) could still receive large subsidies to greatly reduce their monthly premium, while paying a small portion of the total cost of coverage.

SACRAMENTO, Calif. — With the rapid spread of the COVID-19 omicron variant across the state, Covered California is urging uninsured...

# JANUARY EVENTS TO CLOSE OPEN ENROLLMENT



# JANUARY EVENTS MEDIA COVERAGE



Health care professionals cite coverage disparities, urge enrollment ahead of Covered California deadline



## In Dr. King's Honor, California Black Health Leaders Call for Urgent Action During COVID-19 Crisis

Right now, an estimated 1.1 million Californians don't have health insurance and are eligible for more financial health than ever before through Covered California, or they qualify for low-cost or no-cost coverage through Medi-Cal. Most Californians can now qualify to get brand-name health plans with companies like Anthem, Blue Shield, Kaiser, and Health Net for less than \$10 monthly and many for \$0 per month.

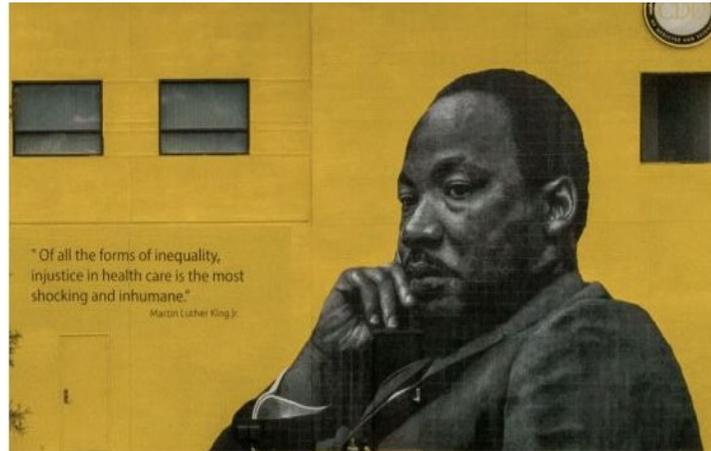
Published 3 weeks ago on January 26, 2022  
By Oakland Post



## In Dr. King's Honor, California Black Health Leaders Call for Urgent Action During COVID-19 Crisis

Published January 20, 2022

Share Tweet Share



VIDA EN EL VALLE

## Dolores Huerta urges Latinos to enroll in health coverage

Por MARÍA G. ORTIZ-BRIONES  
ENERO 19, 2022 3:32 PM

Dolores Huerta urges Latinos in California to get healthcare coverage

2:15

Latinos in California have until the end of January to sign up for comprehensive coverage and lower costs through Cover California's open enrollment period. As of 2020 Latinos are still the most likely part of Californians to be uninsured. BY MARÍA G. ORTIZ-BRIONES

**New Times**

NEWS

Rescue Plan Act reduces cost for enrolling in Covered California

January 27, 2022

BY MALEA MARTIN

If there's ever a time to get health insurance, it's right now.

SEARCH, FIND, ENJOY

NEW TIMES NEEDS YOUR SUPPORT

MORE BY MALEA MARTIN

COVID-19 OF COST

# API AND SPANISH MEDIA COVERAGE FOR JANUARY

ASIAN AMERICANS

Many AAPI groups have the highest uninsured rate in California

COVERAGE MATTERS



DRIVING TOWARDS HEALTH EQUITY



Quedan pocos días de inscripciones en Covered California para recibir un seguro médico a bajo costo

Hasta el 31 de enero los interesados se podrán inscribir para aplicar a seguros médicos desde \$10, que están disponibles para toda la comunidad. "Tenemos muchos apoyos financieros. Gracias a las ayudas recibidas del plan de rescate que firmó el presidente Biden, todas las personas en California pueden aplicar a subsidios, no solamente quienes tengan bajos recursos", dijo la portavoz Patricia Izquierdo

即時 焦點 美國 紐約 洛杉磯 舊金山 地方 中國 台灣 國際 運動 教育 生活

2022加州全保 1月31日截止註冊

記者王珂/洛杉磯報導 2022-01-26 02:13



加州全保首席醫療官Alice Hm Chen 醫師 (左)、波莫那醫院醫療中心急診醫學專家Jasmine Wang醫師 (右)。(主辦方提供)

「加州全保」(Covered California)25日舉行「慶祝中國農曆新年, 提醒民眾投保開放期1月31日截止」說明會, 提醒民眾, 在1月31日註冊截止日期前註冊醫療保險, 近三分之二投保者可從每月10元或更少的計畫中獲得健保。

Covered California Has A Record 1.8-M Enrollees With The Jan. 31 Deadline Approaching, Encourages Uninsured Filipino Americans To Sign Up Now

by ASIAN JOURNAL PRESS



Peter Lee (left), executive director of Covered California, and Julia Liou (right), CEO of Asian Health Services, during the most recent media event of Covered California. Photo contributed by Covered CA.



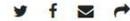
# JESSICA ALTMAN ANNOUNCED AS NEW CEO

THE SACRAMENTO BEE

HEALTH & MEDICINE

## Jessica Altman, Pennsylvania's insurance commissioner, to lead Covered California program

BY CATHIE ANDERSON  
UPDATED FEBRUARY 15, 2022 11:29 AM



COVERED CALIFORNIA

SALUD Y FAMILIA

## Nueva directora ejecutiva

De Covered California; asume la posición Jessica Altman, tras la salida anunciada con anticipación por Peter V. Lee, quien instrumentó el exitoso programa en CA

by Servicios El Latino February 15, 2022



## News Release

Media line: (916) 206-7777

@CoveredCANews

media@covered.ca.gov

FOR IMMEDIATE RELEASE  
Feb. 15, 2022

### Covered California Names Jessica Altman as Its New Chief Executive Officer

- Jessica Altman comes to Covered California from Pennsylvania, where she currently serves as the Commonwealth's insurance commissioner, regulating the fifth-largest insurance market in the nation.
- Altman brings a wealth of experience and knowledge from serving as chair of the Pennsylvania Health Insurance Exchange Authority and having led the establishment of Pennie, Pennsylvania's state-based marketplace under the Affordable Care Act.
- Altman will step into this new role following the planned departure of Peter V. Lee, Covered California's founding executive director, who has led the organization since its inception more than a decade ago.

SACRAMENTO, Calif. — Covered California's Board of Directors announced Tuesday the appointment of Jessica Altman as its new Chief Executive Officer (CEO). Altman currently serves as the insurance commissioner for the Pennsylvania Insurance Department, where she is charged with regulating the Commonwealth's insurance marketplace, protecting consumers and ensuring their health insurance needs are met.

ThinkAdvisor

Life Health > Health Insurance

## Jessica Altman to Lead Covered California

by Allison Bell

News February 16, 2022 at 04:12 PM Share & Print

### What You Need to Know

- Covered California administers health coverage relationships for 1.8 million people.
- If it were a for-profit company, it might have a value over \$500 million.
- Lee, the departing CEO, has always emphasized the importance of paying agents well and investing in marketing support.

### III. Covered California

#### E. Communication & External Affairs Updates

- To request to make a comment,
  - *Computer Audio:* Click on the icon, “**raise hand** ” on your control panel. You will be called by your name to speak in the order of the raise hand. Please wait until the operator has introduced you before you make your comments.
  - *Dial-In by phone only:* We will open up the line for comments after we go through the raise hands. Unmute yourself to speak.
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248605633#

## Public Comments

**By phone:** 1 (631) 992-3221

**Access code:** 275-753-812

**Audio PIN:** Shown after joining  
the webinar

**Webinar ID:** 905-728-155

# Marketing

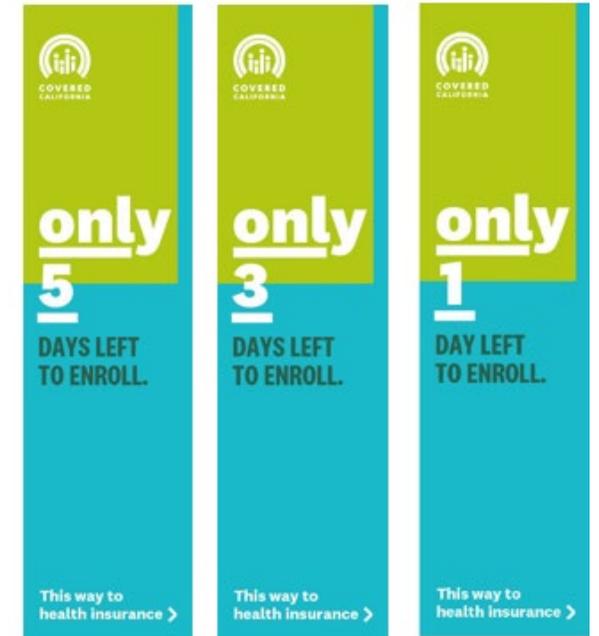
**Sarita Navarro de Garcia, Amanda Danley, Brent Knight**



# OE22 CAMPAIGN HIGHLIGHTS

- Statewide effort, reaching diverse CA population including Hispanics, Black/African Americans, Asians and LGBTQ+
- Paid media campaign delivered 1.3 billion impressions, with ads seen by CA adults on average approximately 43 times
- Robust media channel mix reaching consumers at home, online and on the go
- Continuous tailored outreach on renewal for members and completion of enrollment for funnel
- Strong finish – last week of the campaign included:
  - Increased TV/Radio presence, including TV ads in top-ranking Rams vs 49ers NFL game in key markets that were supplemented with social media posts highlighting the game and importance of coverage
  - Digital deadline countdown banners to drive urgency
  - Robust funnel marketing efforts with Emails and Text messages to help aid conversion on 1/25, 1/27 and 1/31

Digital Countdown Banners



Social Posts



# **SPECIAL ENROLLMENT 2022**

## **FEBRUARY – JUNE**

# CAMPAIGN GOALS & PLANNING PARAMETERS

- **Build familiarity and understanding** that Covered California is where Californians can get quality health coverage even outside of open enrollment when they have a qualifying life event.
- **Motivate consumers** who are experiencing a qualifying life event (QLE) to compare and choose a health insurance plan through Covered California.
  - Focus messaging on top performing QLEs (loss of coverage, new baby, marriage, moving) and new QLEs (loss of job/income,  $\leq 150\%$  FPL)
- **Inform and remind** people that financial and enrollment help are available for those who need it, and about individual mandate/penalty as well as a limited enrollment window.



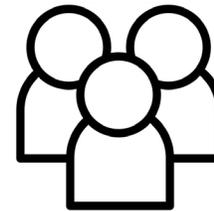
**Spend:**  
\$3 million



**Flight:**  
February 1 – June 30



**Target Audience:**  
California Adults 25-64  
who experienced QLEs



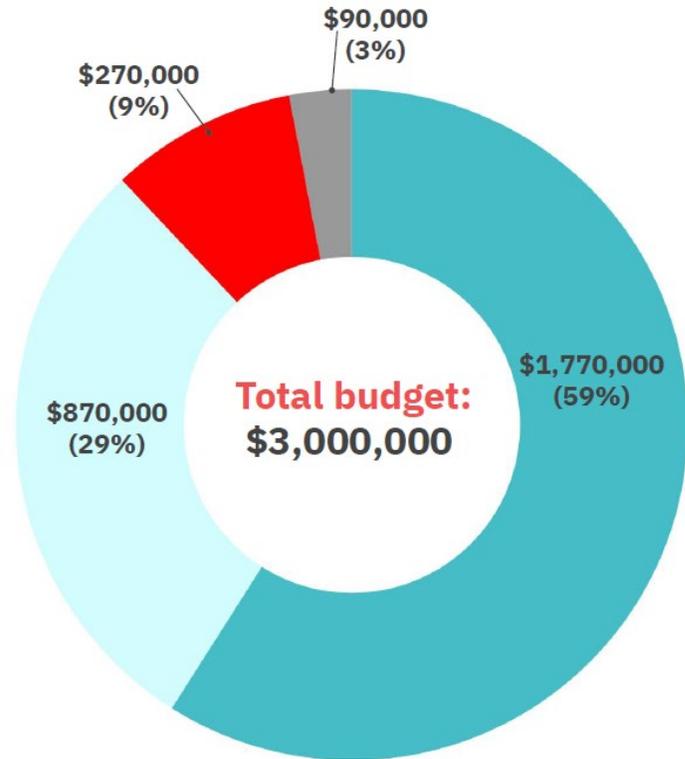
**Segments:**

- Multicultural
- Black/African American
- Hispanic
- Asian



**Geography:**  
Statewide

# COMMUNICATION APPROACH



- Multicultural    ● Asian
- Hispanic        ● Black/AA

Strategy	Channels	Targeting
Awareness	CTV, Audio	Prospecting
Engagement	Digital Display/Video, and Paid Social	Prospecting
Conversion	Digital Display/Video, Paid Social and Search*	Retargeting

# VIDEO & AUDIO

- Brand response video ad (script included) in English, Spanish, Mandarin, Cantonese, Korean and Vietnamese
- Brand response audio ad (script included) in English, Spanish
- A mix of educational videos in English and Spanish
  - What is SEP
  - What is CoveredCA
  - Get Financial Help
  - How to get CoveredCA
  - Health Insurance Terms Defined
  - Free Preventive Care

## *Life takes a turn :15s script*

If you tie the knot, lose your health coverage when you get let go or welcome someone new to the family...

*Sfx: Baby noises*

Covered California helps you get health insurance when life changes – and financial help, if you need it.

Learn more at CoveredCA.com. Time is limited.

*Supers:*

*Covered California. This way to health insurance.  
CoveredCA.com*



# DIGITAL – BANNER ADS (ENGLISH, SPANISH, CHINESE, KOREAN, VIETNAMESE)

## PROSPECTING - STATIC



## RETARGETING



## PROSPECTING ANIMATED



# DIGITAL – NATIVE DISPLAY ADS (ENGLISH + SPANISH)

## PROSPECTING



**PAID CONTENT**

**Lost Your Job Or Income? Get Health Insurance Now**

Covered California is helping Californians get health insurance when life changes - and financial help to pay for coverage.

BY: COVERED CALIFORNIA

San Diego Times Union | LOG IN

FEATURED



**Lost Your Health Insurance? Get Quality Coverage Now**

Californians who've experienced loss of health coverage in the last 60 days can now apply for quality health insurance through Covered California.

Covered California

healthline | Health Conditions | Discover | Plan | Connect

**COVID-19 Updates: FDA Approves Moderna's Spikevax COVID-19 Vaccine**

A judge blocked a state-wide mask mandate in New York.



**Life Changes. Get Health Insurance Coverage When It Does**

Californians who experienced a life change in the last 60 days - such as loss of health coverage, moving or welcoming a baby qualify to apply.

SPONSORED BY COVERED CALIFORNIA

**Is it Time to Reevaluate School Mask Mandates?**

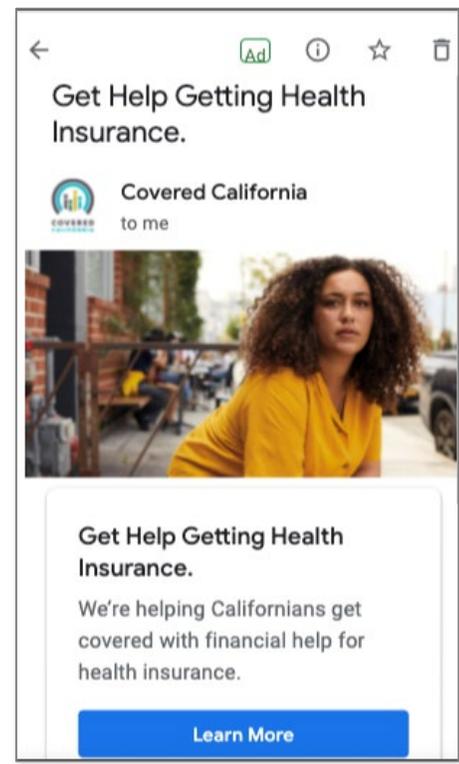
As the debate over masks in schools continues, parents and educators raise concerns over the impact such mandates may be having on the physical and...

READ MORE →



Column: She was billed \$809 for a boot for her broken foot. Amazon charges \$80

## RETARGETING



← Ad ⓘ ☆ 🗑

**Get Help Getting Health Insurance.**

**Covered California** to me



**Get Help Getting Health Insurance.**

We're helping Californians get covered with financial help for health insurance.

[Learn More](#)



SPONSORED BY COVERED CALIFORNIA

**Get Health Insurance And Avoid The State Tax Penalty**

Covered California is helping Californians get health insurance when life changes - and financial help to pay for coverage.

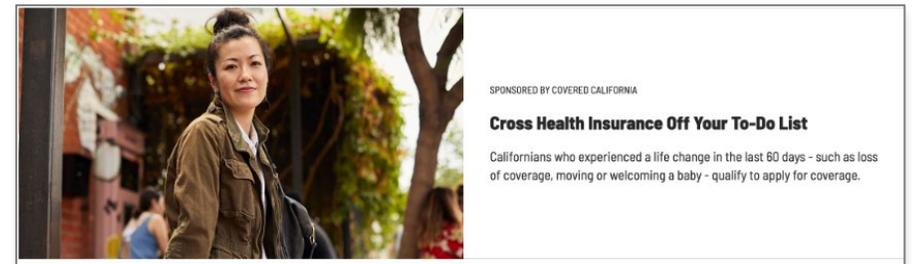
**America Together**



POLICE AND LAW ENFORCEMENT

18 hours ago

**10-year-old with brain cancer sworn into 100 law enforcement agencies: 'He is not letting it set**



SPONSORED BY COVERED CALIFORNIA

**Cross Health Insurance Off Your To-Do List**

Californians who experienced a life change in the last 60 days - such as loss of coverage, moving or welcoming a baby - qualify to apply for coverage.

# COLLATERAL

- Special Enrollment factsheet available in the following languages
  - English
  - Spanish
  - Chinese
  - Korean
  - Vietnamese
- Update underway to include the new QLE for low-income consumers (up to 150% FPL)



## special enrollment

### WHAT YOU NEED TO KNOW.

Individuals and families who experience a qualifying life event can enroll in a Covered California health insurance plan outside of the annual open enrollment period, which is usually from November through January each year. This is called special enrollment.

In most cases, you have 60 days after the date of a qualifying life event to enroll or change your existing plan. If you know ahead of time when you will lose your health insurance, you have an additional 60 days to enroll before that date to prevent any gaps in coverage.

### WHAT ARE QUALIFYING LIFE EVENTS?

- **Lost health insurance**
- **Married, divorced, or new domestic partnership**
- **Child is born, adopted or received into foster care**
- **Moved to or within California**

For a complete list and to learn more about qualifying life events, visit [CoveredCA.com/special-enrollment](https://coveredca.com/special-enrollment)

### WHEN DOES COVERAGE START?

For most people, your enrollment will be effective the first day of the month after you apply. In some situations, such as if you are pregnant or adopt a child, you may choose to have your enrollment begin on a different date.

### WILL YOU GET FINANCIAL HELP?

Most likely, yes! Approximately 90% of Covered California enrollees get financial help. How much financial help depends on your household income, family size and where you live.

**You could pay as little as \$0/month for your plan, and you won't pay more than 8.5% of your income for our benchmark Silver plan. You may also qualify for low or no-cost Medi-Cal.**



To estimate your monthly payment with our calculator tool, scan the QR code or visit [CoveredCA.com/#quick-calculator](https://coveredca.com/#quick-calculator)

### HOW TO ENROLL

To find free, expert enrollment help near you, visit [CoveredCA.com/support/contact-us](https://coveredca.com/support/contact-us)

If you qualify for Medi-Cal, you can enroll anytime. To find out if you or someone in your family is eligible, apply at [CoveredCA.com](https://coveredca.com) or call your county human services agency.

For more information and free in-person help, contact:

**CoveredCA.com | 800.300.1506**

Covered California complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Atención: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.800.300.0213 (TTY: 1.888.889.4500). 注意: 如果您使用繁體中文, 您可以免費獲得語言協助服務。請致電 1.800.300.1533 (TTY: 1.888.889.4500).

ENG-0721

Printable Materials page: <https://hbex.coveredca.com/toolkit/collateral.shtml/>

# SOCIAL MEDIA CAMPAIGNS (ENGLISH + SPANISH)

## Targeting Funnel Audience

- Reaching potentially uninsured, job seekers, those experiencing life events, and website visitors who have not yet enrolled
- Topics include special enrollment, financial help (9 out of 10 receive, 2/3 pay \$10 or less), new qualifying life events (under 150% FPL), finish enrolling
- Averaging 6 posts per month

## Targeting Fans & Plan Selected Audience

- Reaching social channel followers and current members who plan selected
- Topics include reporting changes, free preventive care, essential health benefits, value of health insurance, locating tax documents
- Averaging 3 posts per month



# FUNNEL EMAIL / DIRECT MAIL / TEXT MESSAGING OUTREACH

**Audience:** Consumers in the funnel, who are potential enrollees who have provided an email and/or entered the CalHEERS system (English & Spanish)

- Funnel outreach includes information about qualifying life events, special enrollment, the American Rescue Plan, financial help, benefits of Covered California health plans, value of health insurance, how to get help, etc. Tailored messaging to unique audiences, such as:
  - Spanish speaking funnel population
  - Consumers who terminated coverage from California carriers (SB260)
  - Penalty payers
- Outreach includes:
  - Twice weekly automated email campaign based on status in the enrollment funnel with 20 unique emails
  - Two to four additional emails per month
  - One text message per month
  - Two direct mail letters per month

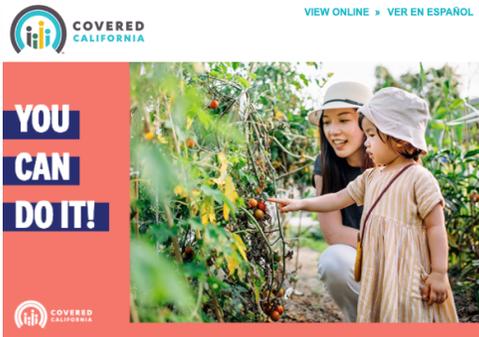


Dear Fellow Californian,

If you've previously submitted your application to Covered California for health insurance, but did not select a health plan, you could still be eligible for health coverage during [special enrollment](#). Covered California offers a special enrollment period in health insurance for [qualifying life events](#), like: losing your previous coverage, having a baby, getting married and moving within or to California.



For most [qualifying life events](#), you have **60 days from the date of your event** to enroll in a health plan. You can choose from private brand-name [health insurance companies](#) such as Kaiser, Anthem Blue Cross, Blue Shield and more. You might even qualify for [financial help](#) to lower your monthly cost of coverage.



Dear Fellow Californian,

I'm sure you've heard the saying: *An apple a day keeps the doctor away*. But did you know doctor visits don't have to be limited to when you're sick? **All Covered California health insurance plans include preventive care at no additional cost, so it will not only help you get healthy, but will help you stay healthy.**



The next open enrollment period isn't until this fall, but you may still be eligible for health coverage, from a private brand-name [health insurance provider](#), during Covered California [special enrollment](#) due to a [qualifying life event](#) – it's time to finish your application and apply for health coverage (dental, too). For most qualifying life events, you have **60 days from the date of your qualifying event** to [apply](#) for a health plan.



# MEMBER EMAIL / DIRECT MAIL / TEXT MESSAGING OUTREACH

**Audience:** Current Covered California members (English & Spanish)

- Member outreach includes information about using their plan, free preventive care and essential health benefits included in health plans, importance of keeping their account updated, reporting changes, updating consent and health tips.
- Outreach includes:
  - Two emails per month
  - One text message every other month
  - One direct mail letter every other month



Dear Fellow Californian,

Some of us only go to the doctor when we are sick or hurt, but to help maintain good health and catch issues early, it is important to be proactive and take advantage of the many [FREE preventive care services](#) included your health plan through Covered California.

If you're wondering, what is preventive care? Preventive care is defined as services that help detect or prevent serious diseases and medical problems before they become major. [Watch our video](#) for an introduction to these FREE services available to you:



Using preventive care services is an important investment for the quality of your health. Learn more about some of the most popular FREE preventive care services included in your health plan below. It's important to note that preventive care is free even if you haven't met your yearly deductible.



## Annual Wellness Exams

It is important to schedule an appointment with your doctor to assess your health on a yearly basis, even if you are feeling good. These exams can detect health problems early and provide important information to help your doctor identify strategies to improve your health.

Be sure to ask your doctor for your "Free Annual Checkup" to avoid any charges when you schedule your appointment.



Dear Fellow Californian,

By now, you should have received your tax documents from Covered California. If you selected **MAIL** as your communication preference, your tax documents would have come in the mail. If your communication preference is EMAIL, you should have received an email alert that you have a new message in your Covered California Secure Mailbox once your tax documents were available.

To download your tax documents online, you will then need to [log in to your CoveredCA.com account](#). (Even if your communication preference was MAIL, you will still be able to log in to your secure mailbox and download your tax documents at any time.) For step-by-step instructions on how to access your health insurance tax documents, view the video below:

Watch Video: "How to Access Your Health Insurance Tax Documents"



If you would like to learn more about your 2021 tax documents from Covered California, please watch the video below for more information:

Watch Video: "Learn More About Your Health Insurance Tax Documents"

### III. Covered California

#### F. Marketing Updates

- To request to make a comment,
  - *Computer Audio:* Click on the icon, “raise hand ” on your control panel. You will be called by your name to speak in the order of the raise hand. Please wait until the operator has introduced you before you make your comments.
  - *Dial-In by phone only:* We will open up the line for comments after we go through the raise hands. Unmute yourself to speak.
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**Webinar ID:** 905-728-155

# Outreach & Sales

Terri Convey

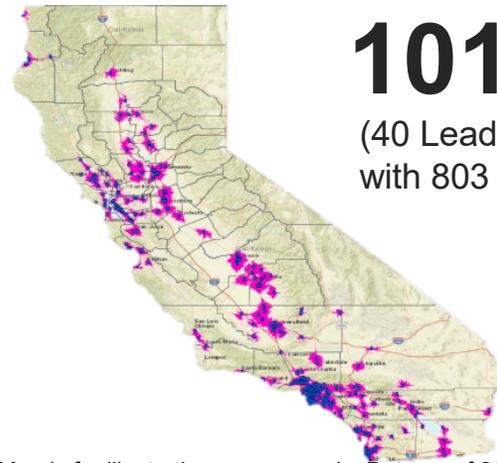


# FY 21-22 NAVIGATOR PROGRAM GRANTEES

## Current Program Contract

- July 1, 2021 through June 30, 2022
- Navigator Program annual funding level of \$6.5 million
  - Funded \$6.4 million to 40 grant entities
  - Reserve \$100,000 for additional payments to entities exceeding their effectuated enrollment benchmark number
- **36,577** Total Program Effectuations Goal (Minimum Enrollment Requirement)
- **4,456** Total Program Outreach Activity goal expectations

Region	Lead Entities	Funding Amount	Sub-Entities
Los Angeles	15	\$2,000,000	21
Northern CA	7	\$1,275,000	19
Central Valley	4	\$950,000	0
San Diego	5	\$950,000	5
Bay Area	2	\$550,000	8
Orange County	2	\$325,000	4
Inland Empire	4	\$275,000	5
Central Coast	1	\$75,000	1
<b>Total</b>	<b>40</b>	<b>\$6,400,000</b>	<b>61</b>



**101** Entities with 552 enrollment locations\*  
 (40 Lead and 61 Sub-Contractor Active Enroller Entities with 803 active certified enrollment counselors)

**87.2%** of Californian's total population lives within a 15-minute drive time of a Navigator location.

\*Map is for illustration purpose only. Data as of 2/4/22, Covered California intends to award funding to the lead entities who will subcontract with the sub-entities. Awards are subject to contract execution.

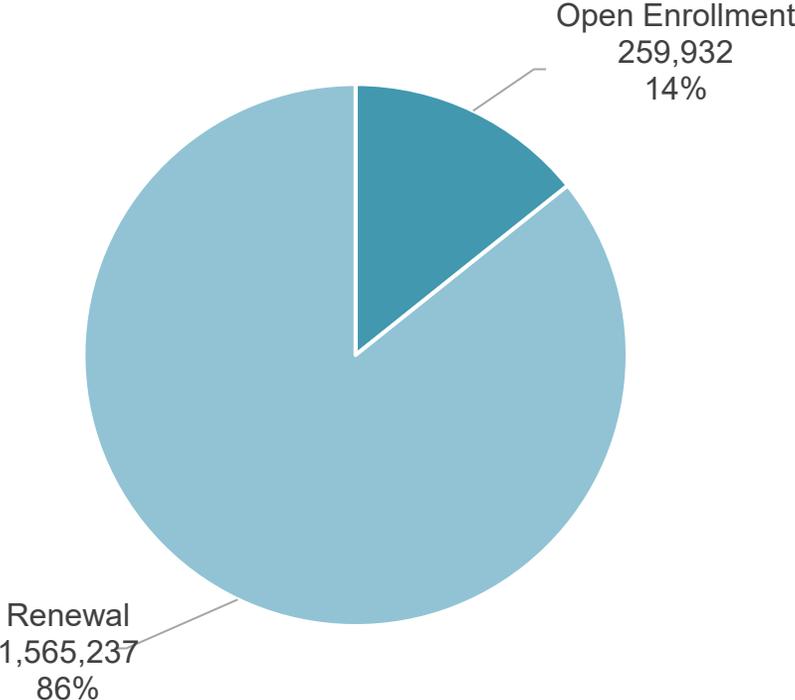
# FY 2022-23 NAVIGATOR PROGRAM CONTRACT AMENDMENT RECOMMENDATION TO THE BOARD

## **Recommendation to Board Members at the February 17, 2022 Board Meeting:**

- Amend the existing Navigator grants for FY 2022-23, adding funding for the new fiscal year and extending grant contract term dates to June 30, 2023.
- Allocate the Navigator Program funding level to \$6.5 million for the additional year (FY 2022-23), to be awarded across the current active Navigator grantees.
- Continue the current Minimum Enrollment Requirements and current Outreach Activity goal expectations for FY 2022-23.
- Seek input from Navigator partners and stakeholders and bring those findings to the Board for discussion.

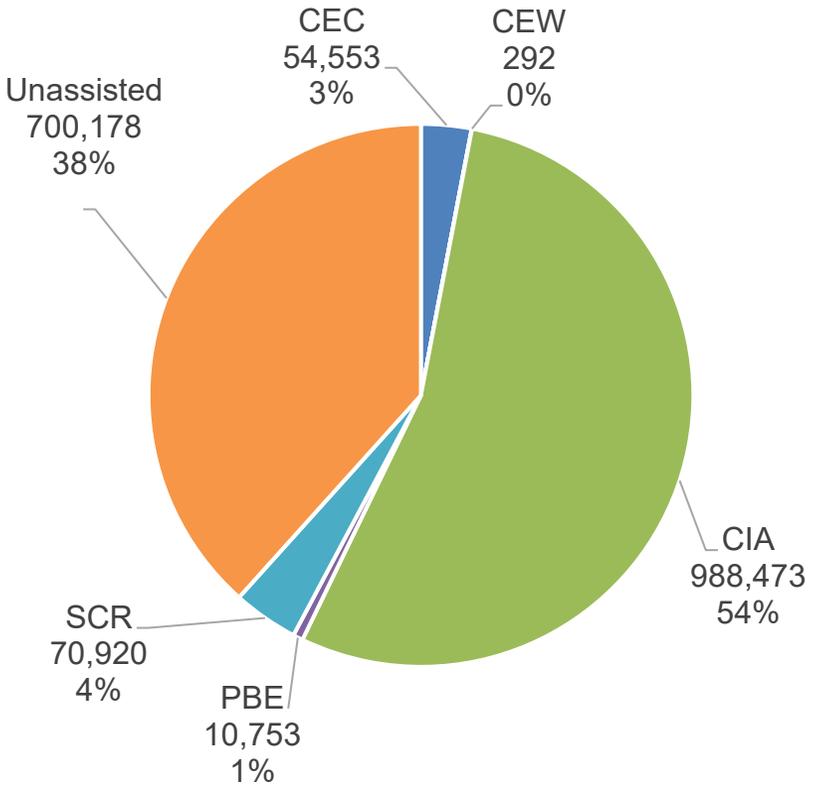
**Next Steps: Take Recommendation to Board Members to take action at the next Board Meeting.**

# OPEN ENROLLMENT 2022 BY ENROLLMENT TYPE & SERVICE CHANNEL



**Service Channel Types**

- CEC – Certified Enrollment Counselor
- CEW – County Eligibility Worker
- CIA – Certified Insurance Agent
- PBE – Plan-Based Enroller
- SCR – Service Center Representatives
- Unassisted – Self Enrollers



# OPEN ENROLLMENT LEAD GENERATION CAMPAIGN



- Bilingo Media is Covered California Sales Lead Generation Contractor
- Goal is to generate enrollment opportunities
- Targets diverse communities throughout the state
- Media plan includes television, radio, digital, in-person campaigns targeting Spanish, Mandarin, Cantonese, Vietnamese, Korean, Hmong, Punjabi, Farsi, Arabic, and African American consumers



# SEP 2021: DURING JUNE 2021 THROUGH OCTOBER 2021

## Spanish

- **Digital – Facebook**
- 27 event dates
- Los Angeles, Monterey/Salinas, San Diego
- 442 consumer leads

## English – African American

- **Radio - KJLH**
- 3 event dates
- San Francisco
- 7 consumer leads

## Chinese – Mandarin

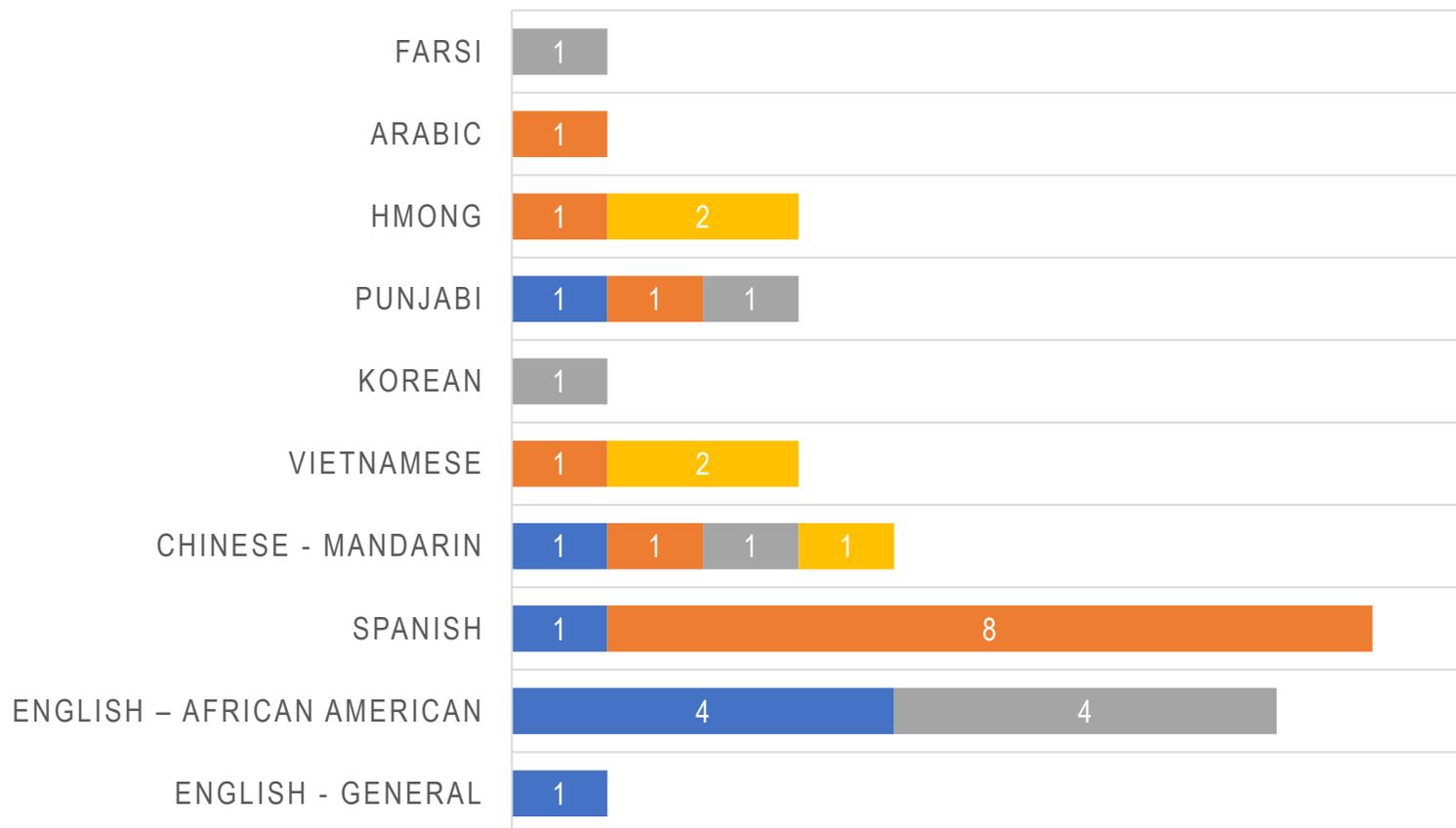
- **TV – Skylink Sino TV**
- 2 event dates
- San Gabriel Valley
- 226 leads

- From June 2021 through October 2021, the Outreach and Sales and Communications Teams worked with Bilingo to execute **three campaigns**
- Focusing on the languages: **Spanish, English** for the **African American** population, and **Mandarin** for the Chinese population.
- In **five** geographic territories
- **675** consumer leads

# OE 2022: DURING NOVEMBER 2021 THROUGH JANUARY 2022 – MEDIA PARTNERS' COUNT

## TOTAL MEDIA PARTNERS

■ Digital ■ TV ■ Radio ■ In-Person Events



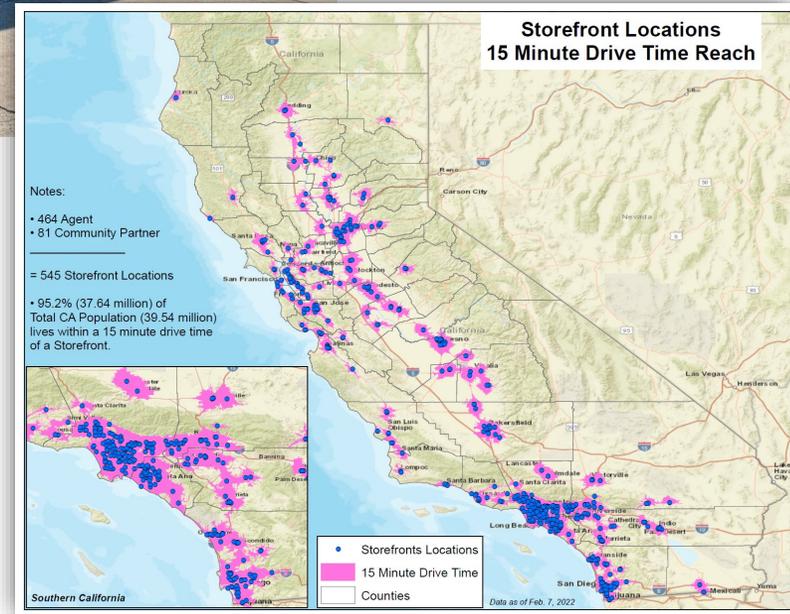
- For Open Enrollment 2022 period, the Outreach and Sales and Communications Teams worked with Bilingo to execute **344 events with 34 media partners**
  - 8 Digital
  - 13 TV
  - 8 Radio
  - 5 In-Person Events
- **10** languages and ethnicities

# COVERED CALIFORNIA STOREFRONTS

- **95% of all Californians** are within a 15-minute drive from one of Covered California's storefront locations.
- Today we have **548 storefront locations\***.
- Approximately **45% of enrollment from agents** is conducted by agents who operate storefronts (426,189 members this current year).
- The Storefront program gets its **start in third quarter 2014** by branding many of the community organizations distributed throughout the state as Covered California storefronts.
- With the engagement of the sales field team to **recruit new locations, online lookup tools** that point consumers to find local help, and a rigorous **certification program**, Covered California's signature program has grown in both the quality and number of locations since its founding.



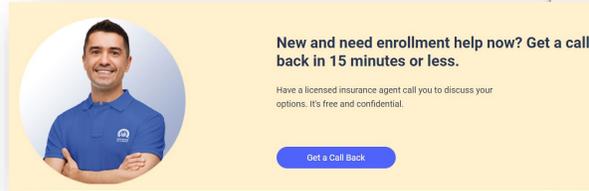
**548**  
storefront  
locations\*



# HELP ON DEMAND

## Program Highlights

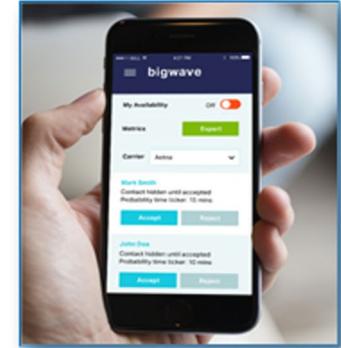
- Online call back tool found on CoveredCA.com
- 15 minutes or less call back
- Agents with proven success invited to join as needed
- Includes 558 Certified Insurance Agents
- 241 Agents speak multiple languages



## Referrals Sent to Certified Enrollers by Smartphone App

### REFERRAL MANAGEMENT APP FEATURES

- App available on Apple and Android smartphones
- Accept and update referrals statuses
- View and export referral metrics
- Set hours of availability for each day and easily adjust daily availability at a moments notice



## How It Works For Consumers

### CONSUMER LANDING PAGE

- Requesting minimal consumer information for the Agent to contact the requester
- **16 languages for the consumer to choose**

Get free expert help within 15 minutes

Help On Demand is for new enrollment only. If you already have a Covered California plan, please contact your certified enroller if you have one, or call our service center at 800-300-3000 for assistance.

Please fill in your contact information below. ALL FIELDS ARE REQUIRED UNLESS OTHERWISE INDICATED AS OPTIONAL.

First name:

Last name:

Phone:

Email (Optional):

Zip Code:

City:

Preferred Language:

Would you like to participate in a follow-up survey?  Yes  No

Are you currently enrolled in Medi-Cal coverage?  Yes  No

Are you and your family members currently enrolled in health insurance program?  Yes  No

Submit

Other languages include: Spanish, Korean, Vietnamese, Cantonese, Tagalog, Russian, Hindi, Urdu, Arabic, Chinese, Vietnamese, Spanish, Korean, Vietnamese, Cantonese, Tagalog, Russian, Hindi, Urdu, Arabic, Chinese.

\*15 minutes or less response time is expected during normal business hours (8am - 5pm) based on Certified Enroller availability. Weekend, holiday and other normal business hours contact times are subject to availability of Certified Enrollers.

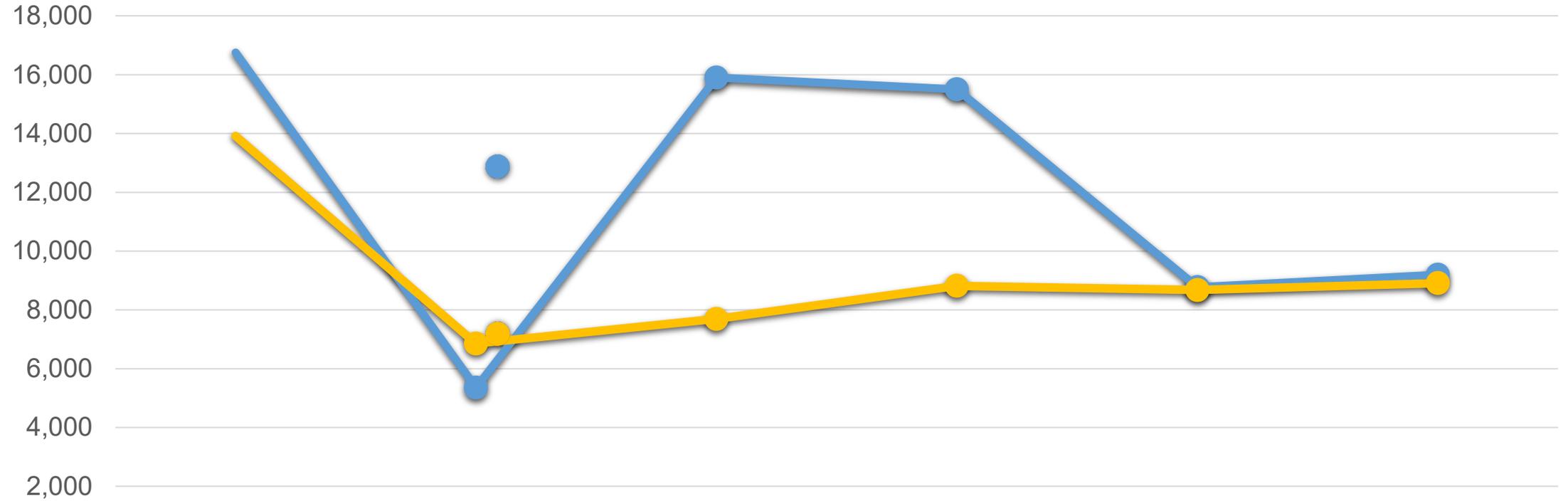
## Open Enrollment – Coverage Year 2022

- 38,567 referrals received from 10/1/2021 through 1/31/2022
- Highest one-day total was 2,575 referrals on January 31, 2022
- Advertised call back time reduced by 5 minutes due to improved agent response times to consumer referral requests:

**New and need enrollment help now? Get a call back in 15 minutes or less.**

# HELP ON-DEMAND REFERRALS

Year-Over-Year Comparison



	January	February	March	April	May	June
2020	16,758	5,354	15,904	15,500	8,776	9,195
2021	13,914	6,857	7,694	8,819	8,677	8,909

# COVERED CALIFORNIA FOR SMALL BUSINESS

# COVERED CALIFORNIA FOR SMALL BUSINESS (CCSB)

Group & Membership Update through Jan. 31, 2022	
Groups	8,677
Members	74,860
Average Members per Group Size	8.6
2021 Year-to-Date New Membership Sales	10,038



## CCSB Operations Update:

- CCSB continues to educate new and existing employer groups and broker partners on MyCCSB.com portal enhancements as well as new expanded coverage options for 3 and 4 contiguous metal tiers.

### III. Covered California

#### G. Outreach and Sales Updates

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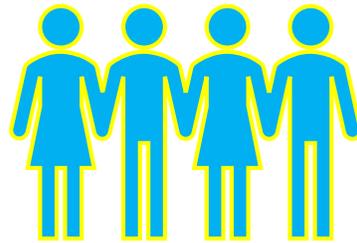
# MOEA Member Discussion

George Balteria, Chair



# READINESS FOR FEDERAL PUBLIC HEALTH EMERGENCY ENDING APRIL 16, 2022

- Are there any considerable preparations being made to assist consumers once the Public Health Emergency ends?
- What messaging tools have been considered?
- What resources do you think would support consumers?



## IV. MOEA member Discussion

### A. Readiness for Federal PHE Ending April 16, 2022

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# Open Forum



## IV. MOEA member Discussion

### B. Open Forum

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Thank you!



# Appendix



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# Appendix: Detailed Methodology



## Focus group Methods

- **Nine focus groups conducted August 23-27, 2021**
  - Six with current Medi-Cal enrollees (who could transition) recruited from the general population
    - Four in English
    - Two in Spanish
  - Three with recent Medi-Cal transitioners (MCTs) recruited from Covered California's data file
    - Two in English
    - One in Spanish
- **All participants were provided a monetary incentive**

## Medi-Cal Enrollee Focus Group Participants

- **Participant characteristics:**

- Racial diversity: Asian-American, Black, Hispanic/Latinx, Non-Hispanic White
- FPL: 100% to 300% of FPL
- Age range: 23 to 63 years old
- Counties represented: Alameda, Kern, Los Angeles, Orange, Riverside, San Bernadino, San Diego, San Francisco, San Joaquin, Tulare

## Medi-Cal Transitioner Focus Group Participants

- **Participant characteristics:**
  - Racial diversity: Asian-American, Black, Hispanic/Latinx, Non-Hispanic White
  - FPL: 55% to 450% of FPL
  - Age range: 22 to 61 years old
  - Counties represented: Alameda, Contra Costa, Fresno, Los Angeles, Orange, Sacramento, San Diego, San Francisco, Ventura

# Focus Group Approach

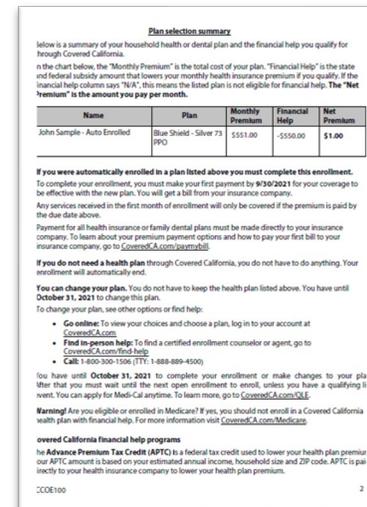
- Present hypothetical scenario where participants are told they start making more money and report their updated monthly income to Medi-Cal
- Walk through draft materials:



Envelope



Cover letter



NOD 01



Flyer

## In-depth Interview Methods

- **Conducted 18 in-depth interviews October 13-28, 2021**
  - Ten with current Medi-Cal enrollees (who could transition) recruited from the general population
    - Five in English
    - Five in Spanish
  - Eight with recent MCTs recruited from Covered California's data file
    - Five in English – Three with individuals currently uninsured, two with individuals who are covered by ESI
    - Three in Spanish – One with an individual currently uninsured, two with individuals who are covered by ESI
- **All participants were provided a monetary incentive**

## Medi-Cal Enrollee In-depth Interview Participants

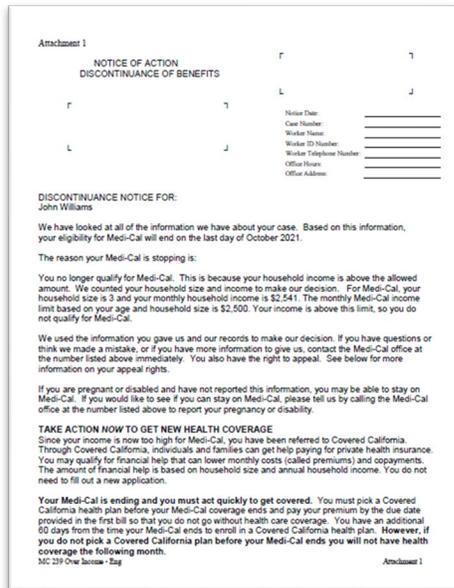
- **Participant characteristics:**
  - Racial diversity: Black, Latinx, Non-Hispanic White
  - FPL: 95% to 155% of FPL
  - Age range: 28 to 53 years old
  - Counties represented: Contra Costa, Fresno Los Angeles, Orange, Riverside, San Bernadino, San Jose

## Medi-Cal Transitioner In-depth Interviews Participants

- **Participant characteristics:**
  - Racial diversity: Asian-American, Latinx, Non-Hispanic White
  - FPL: 138% to 250% of FPL
  - Age range: 24 to 58 years old
  - Counties represented: Los Angeles, Riverside, San Bernadino

# In-depth Interview Draft Materials

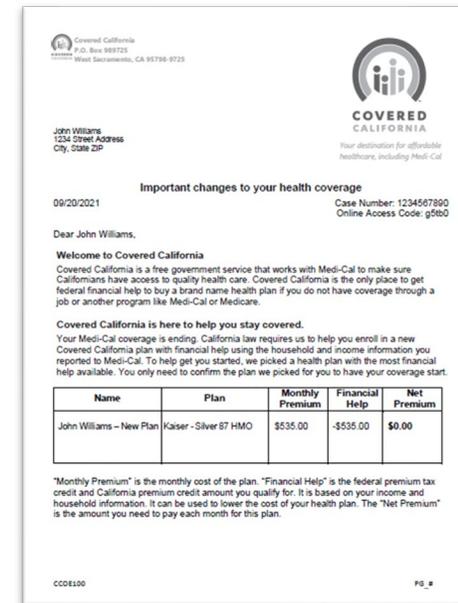
- Present hypothetical scenario where participants are told they start making more money and report their updated monthly income to Medi-Cal
- Respondent leads navigation and review of draft materials\*



NOA



Envelope



Revised NOD 01

\*Moderator returns to content skipped after the respondent reaches their final "destination" (e.g. opt-in or opt-out)

# In-depth Interview Draft Materials, contd.

**Paying for Health Insurance**  
Covered California is a free government service. It connects Californians with brand-name health insurance. It is the only place you can get financial help when you buy health insurance from well-known companies.

We can help you go from Medi-Cal to Covered California. You have many options to choose from. We're here to help!

You have 3 choices:  
1. Keep the plan we chose for you  
2. Choose a different plan at [CoveredCA.com](#)  
3. Cancel the plan we chose  
Read the letter for more details.

**Financial help**  
Most people qualify for financial help. It is based on your age, location, family size, income, and the type of plan you choose. Financial help includes:  
**Advance Premium Tax Credits (APTC)**  
If you qualify, APTC lowers the amount you pay for health insurance each month. APTC is a tax credit based on your income and household information. APTC is paid directly to your health insurance company. You can choose when to use this financial help. You can use it monthly to lower your monthly premium cost or all at once at tax time next year.  
**Cost Sharing Reductions (CSR)**  
If you qualify, CSR lowers the amount you pay to see your doctor. It includes lower deductibles and copays. If you meet the income and other rules, you must enroll in a Silver plan to get CSR. Americans Indians and Alaska Natives get CSR with any plan level. To learn more go to [CoveredCA.com/financial](#).

**Your plan benefits**  
The chart below shows costs for popular services. This plan offers the most cost savings based on your household information. There are other plans you can choose. To shop and compare plans, log in to [CoveredCA.com](#).

Enhanced Silver 87	Covers 75% of average annual cost
Annual wellness exam	No cost
Primary care visit (copy)	\$12
Urgent care visit (copy)	\$12
Emergency room (copy)	\$100
Generic medication (copy)	\$0 or less
Individual/family deductible	\$1,400/ \$2,800
Annual out-of-pocket maximum for one	\$2,850
Annual out-of-pocket maximum for family	\$5,700

Does not include all medical copays and coinsurance rates. For complete information, visit [CoveredCA.com](#).

**Get help**  
• Go online. Log in to your account at [CoveredCA.com](#)  
• Find free telephone help. To find certified enrollment counselor or agent, go to [CoveredCA.com/get-help](#)  
• Call Covered California: 1-800-300-1000 (TTY: 1-866-869-4200)  
• Learn more. Scan the QR code or visit: [Microsite URL](#)

Revised flyer

**We've Chosen a Health Plan Just for You**  
Sign in now to let us know if you want to keep, change or cancel your new Covered California plan.

[Sign In / Create Account](#)  
[Let us enable to access my account](#)

blue | Anthem | healthnet | U.S. AIR FORCE PERMANENTE

Why am I here?  
Someone in your family is moving to a new health insurance plan.

You are no longer eligible for Medi-Cal.  
By law, a plan was chosen for you but you don't have to keep this plan. Log in to see other plans.

You have 30 days from the date your Medi-Cal coverage ends to make your choice without a waiting gap. Your enrollment period closes after 60 days.

[Sign In / Create Account](#)

Website landing page

Hi John,  
Welcome to Covered California!

**Your Plan Status** Not Enrolled Yet

**U.S. AIR FORCE PERMANENTE Silver 87 HMO**  
30 days left  
Choose to keep this plan by 10/31/2021 to start coverage by 10/01/2021.

**Your Premium**  
Monthly: **\$0/month**  
Primary Care Visits: Free  
Generic Drugs: \$5  
Yearly Deductible: \$3800/\$1000  
Quality Rating: ★★★★★  
[See More Details](#)

**Find My Doctor**  
Sometimes, keeping your doctor is important. Let's check to see if your doctor is in network.  
[Find My Doctor](#)

**Want to Compare?**  
Shop brand-name plans and compare benefits.

**blue** [Choose This Plan](#)  
[See More Details](#)

**healthnet** [Choose This Plan](#)  
[See More Details](#)

**Anthem** [Choose This Plan](#)  
[See More Details](#)

**How did you determine my Premium?**  
Great question! We used details about your family size and income to figure out how much financial help you qualify for.

Your Household Size: 3  
John Williams | Mary Williams | Cady Williams

Did we forget anyone? You can confirm your household when you choose your plan.  
[Compare Plans](#)

CalHEERS prototype