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

### Participants

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

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

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

- 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 MOEAgp@covered.ca.gov if you have additional questions or comments after the webinar.
**WEBINAR HOUSEKEEPING: NON-MEMBERS, PUBLIC & STAFF**

<table>
<thead>
<tr>
<th>Recording</th>
<th>Today’s virtual meeting via webinar will be recorded and posted on the Covered California Marketing, Outreach, and Enrollment Assistance Advisory Group webpage</th>
</tr>
</thead>
</table>
| Participants | □ 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.  
    ▪ **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. |
| Dial in by phone: | 1 (415) 655-0060 |
| Access Code: | 301-958-868 |
| Audio PIN: | Shown after joining the webinar |
| Webinar ID: | 891-920-203 |
| Technical Difficulties | □ Use the “**chat**” feature to submit technical difficulty comments/questions so we can assist you. |
| Contact | □ Email Covered California at **MOEAgroup@covered.ca.gov** if you have additional questions or comments after the webinar. |
I. CALL TO ORDER & AGENDA OVERVIEW
AGENDA* – MARCH 3RD 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

*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.
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,

  • **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

---

MOEA Advisory Members

**By phone:** 1 (916) 306-7588
**Phone conference ID:** 248605633#

Public Comments

**By phone:** 1 (631) 992-7588
**Access code:** 275-753-812
**Audio PIN:** Shown after joining the webinar
**Webinar ID:** 905-728-155
III. COVERED CALIFORNIA
Welcome!

Peter V. Lee, Executive Director
III. Covered California

A. Welcome!

- 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

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
Health Equity and Quality Transformation

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

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Anthem HMO</td>
<td>1.9%</td>
<td>3</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Anthem PPO</td>
<td>-</td>
<td>2</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Anthem EPO</td>
<td>4.5%</td>
<td>2</td>
<td>NA</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Blue Shield HMO</td>
<td>7.4%</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>2</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Blue Shield PPO</td>
<td>20.6%</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>CCHP HMO</td>
<td>0.3%</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Health Net HMO</td>
<td>8.3%</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Health Net EPO</td>
<td>0.05%</td>
<td>NA</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>3</td>
<td>NA</td>
</tr>
<tr>
<td>Health Net PPO</td>
<td>2.7%</td>
<td>-</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>3</td>
</tr>
<tr>
<td>Kaiser Permanente HMO</td>
<td>36.9%</td>
<td>5</td>
<td>4</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>LA Care HMO</td>
<td>6.1%</td>
<td>1</td>
<td>3</td>
<td>4</td>
<td>3</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>Molina Healthcare HMO</td>
<td>3.5%</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Oscar Health Plan EPO</td>
<td>4.3%</td>
<td>NA</td>
<td>NA</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Sharp Health Plan HMO</td>
<td>1.5%</td>
<td>4</td>
<td>4</td>
<td>5</td>
<td>4</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Valley Health Plan HMO</td>
<td>1.4%</td>
<td>3</td>
<td>3</td>
<td>5</td>
<td>4</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>Western Health Advantage HMO</td>
<td>0.6%</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

* 2021 represents measurement year 2020 which may not be representative due to COVID-19
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.
Quality is central. Equity *is* quality. Measures that matter. Make quality count. Amplify through alignment. Promote public good. Care about cost.

**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
# Attachment 1: Summary of Requirements

## Article 1: Equity and Disparities Reduction
- Collect race, ethnicity, and language demographic data
- Submit quality measure data stratified by race and ethnicity
- Implement disparities interventions and meet a multi-year disparities reduction target
- Achieve NCQA Health Equity Accreditation by year end 2023

## Article 2: Behavioral Health
- Promote access to behavioral health services; offer telehealth for behavioral health
- Collect Depression Screening and Follow-Up measure results
- Implement policies and programs to promote the appropriate use of opioids
- Promote the integration of behavioral health services with primary care services

## Article 3: Population Health
- Submit population health management plans
- Conduct prevention efforts including tobacco cessation and diabetes prevention
- Screen enrollees for food insecurity and support linkages to appropriate social services

## Article 4: Delivery System and Payment Strategies to Drive Quality
- Match all enrollees to a PCP; increase value-based payment models for PCPs
- Report on enrollment in IDSs or ACOs; measure and report on performance
- Track provider organization and hospital quality and costs and report on improvement efforts
- Monitor maternal health disparities and report on intervention efforts

## Article 5: Measurement and Data Sharing
- Participate in QRS and submit QRS measure results to Covered California
- Submit data to Covered California for the Healthcare Evidence Initiative (HEI)
- Participate in a Health Information Exchange (HIE)
- Submit data to the Integrated Healthcare Association (IHA)

## Article 6: Accreditation
- Achieve NCQA health plan accreditation by year end 2024
2023 – 2025 QHP MODEL CONTRACT

- **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.

<table>
<thead>
<tr>
<th>Performance Standards with Penalties</th>
<th>Percent of At-Risk Amount 2023</th>
<th>Percent of At-Risk Amount 2024</th>
<th>Percent of At-Risk Amount 2025</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Disparities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Reducing Health Disparities: Demographic Data Collection – Enrollee Race and Ethnicity Self-Identification</td>
<td>10%</td>
<td>5%</td>
<td>5%</td>
</tr>
<tr>
<td>2. Reducing Health Disparities: Demographic Data Collection – Enrollee Spoken and Written Language</td>
<td>10% (for reporting)</td>
<td>5%</td>
<td>5%</td>
</tr>
<tr>
<td>3. Reducing Health Disparities: Disparities Reduction Intervention</td>
<td>10%</td>
<td>10%</td>
<td>10%</td>
</tr>
<tr>
<td>4. National Committee for Quality Assurance (NCQA) Health Equity Accreditation</td>
<td>0%</td>
<td>10%</td>
<td>10%</td>
</tr>
<tr>
<td>Payment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Primary Care Payment</td>
<td>10%</td>
<td>10%</td>
<td>10%</td>
</tr>
<tr>
<td>6. Primary Care Spend</td>
<td>10% (for reporting)</td>
<td>5%</td>
<td>5%</td>
</tr>
<tr>
<td>7. Payment to Support Networks Based on Value</td>
<td>10% (for reporting)</td>
<td>10%</td>
<td>10%</td>
</tr>
<tr>
<td>Enrollee Experience</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Quality Rating System (QRS) QHP Enrollee Experience Summary Indicator Rating</td>
<td>20%</td>
<td>20%</td>
<td>20%</td>
</tr>
<tr>
<td>Data</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Healthcare Evidence Initiative (HEI) Data Submission</td>
<td>20%</td>
<td>20%</td>
<td>20%</td>
</tr>
<tr>
<td>Oral Health</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Dental Quality Alliance (DQA) Pediatric Measure Set</td>
<td>0%</td>
<td>5%</td>
<td>5%</td>
</tr>
</tbody>
</table>
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 66th percentile of national health plan performance instead received care at the 90th 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 (50th national percentile) care, improvement of care to the 90th national percentile performance for those between 50th and 66th 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.
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 66th percentile of national health plan performance instead received care at the 90th 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 (50th national percentile) care, improvement of care to the 90th national percentile performance for those between 50th and 66th 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 66th percentile of national health plan performance instead received care at the 90th 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 (50th national percentile) care, improvement of care to the 90th national percentile performance for those between 50th and 66th 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 50th percentile national performance.
- 2 plan products (Anthem EPO and Oscar EPO) have all four measures below 50th percentile national performance.
- 3 plan products (Blue Shield PPO, HealthNet PPO, Molina HMO) have three measures below 50th percentile national performance.

<table>
<thead>
<tr>
<th>Measure Title</th>
<th>Year</th>
<th>Benchmark:</th>
<th>&lt;25th Percentile</th>
<th>25th - 50th Percentile</th>
<th>50th - 90th Percentile</th>
<th>≥90th Percentile</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Anthem HMO</td>
<td>Anthem PPO</td>
<td>BSC HMO</td>
<td>BSC PPO</td>
<td>COOP HMO</td>
</tr>
<tr>
<td>Colorectal Cancer Screening</td>
<td>2019</td>
<td>45</td>
<td>59</td>
<td>51</td>
<td>60</td>
<td>62</td>
</tr>
<tr>
<td></td>
<td>2020</td>
<td>57</td>
<td>64</td>
<td>64</td>
<td>57</td>
<td>61</td>
</tr>
<tr>
<td>Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (&lt;6.0%)</td>
<td>2019</td>
<td>45</td>
<td>66</td>
<td>56</td>
<td>68</td>
<td>63</td>
</tr>
<tr>
<td></td>
<td>2020</td>
<td>51</td>
<td>64</td>
<td>63</td>
<td>69</td>
<td>55</td>
</tr>
<tr>
<td>Controlling High Blood Pressure</td>
<td>2019</td>
<td>51</td>
<td>64</td>
<td>63</td>
<td>69</td>
<td>55</td>
</tr>
<tr>
<td></td>
<td>2020</td>
<td>51</td>
<td>64</td>
<td>63</td>
<td>69</td>
<td>55</td>
</tr>
</tbody>
</table>
QTI MEASURES: MY2019 NATIONAL DISTRIBUTION

At the 50th 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.
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.
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

□ 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

---

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
SB-260 Formative Consumer Research

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

*Footnote: See appendix for detailed methods
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 to 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
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

- Covered California Notice tailored to auto-enrollment experience with educational material
- Dot com landing page for Medi-Cal transitioners
- Streamlined account creation process
- CalHEERS “dashboard” for Medi-Cal transitioners
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 the assistance to compare your options.

Your Med-Cal is ending, Covered California is here to help you stay covered.

You recently got a letter that your Med-Cal program coverage is ending. California law requires the state to notify you if your household income information reported to Covered California shows you are no longer eligible for the Med-Cal program.

Your Med-Cal is ending, Covered California is here to help you stay covered.

You recently got a letter that your Med-Cal program coverage is ending. California law requires the state to notify you if your household income information reported to Covered California shows you are no longer eligible for the Med-Cal program.

Your Med-Cal is ending, Covered California is here to help you stay covered.

You recently got a letter that your Med-Cal program coverage is ending. California law requires the state to notify you if your household income information reported to Covered California shows you are no longer eligible for the Med-Cal program.

Your Med-Cal is ending, Covered California is here to help you stay covered.

You recently got a letter that your Med-Cal program coverage is ending. California law requires the state to notify you if your household income information reported to Covered California shows you are no longer eligible for the Med-Cal program.

Your Med-Cal is ending, Covered California is here to help you stay covered.

You recently got a letter that your Med-Cal program coverage is ending. California law requires the state to notify you if your household income information reported to Covered California shows you are no longer eligible for the Med-Cal program.

Your Med-Cal is ending, Covered California is here to help you stay covered.

You recently got a letter that your Med-Cal program coverage is ending. California law requires the state to notify you if your household income information reported to Covered California shows you are no longer eligible for the Med-Cal program.

Your Med-Cal is ending, Covered California is here to help you stay covered.

You recently got a letter that your Med-Cal program coverage is ending. California law requires the state to notify you if your household income information reported to Covered California shows you are no longer eligible for the Med-Cal program.

Your Med-Cal is ending, Covered California is here to help you stay covered.

You recently got a letter that your Med-Cal program coverage is ending. California law requires the state to notify you if your household income information reported to Covered California shows you are no longer eligible for the Med-Cal program.

Your Med-Cal is ending, Covered California is here to help you stay covered.

You recently got a letter that your Med-Cal program coverage is ending. California law requires the state to notify you if your household income information reported to Covered California shows you are no longer eligible for the Med-Cal program.

Your Med-Cal is ending, Covered California is here to help you stay covered.

You recently got a letter that your Med-Cal program coverage is ending. California law requires the state to notify you if your household income information reported to Covered California shows you are no longer eligible for the Med-Cal program.

Your Med-Cal is ending, Covered California is here to help you stay covered.

You recently got a letter that your Med-Cal program coverage is ending. California law requires the state to notify you if your household income information reported to Covered California shows you are no longer eligible for the Med-Cal program.
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.

Get Your Coverage Started

Kaiser Permanente Silver 87 HMO

<table>
<thead>
<tr>
<th>Days Left</th>
<th>Your coverage will be active on 10/31/2021 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.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Covered Household Members</td>
<td>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.</td>
</tr>
<tr>
<td>What You'll Pay</td>
<td>$25/month</td>
</tr>
<tr>
<td>$15/month</td>
<td>Primary Care Visits: First 3 visits at No Charge, then 30% coinsurance after deductible.</td>
</tr>
<tr>
<td>$15/month</td>
<td>Generic Drugs: 50% coinsurance after deductible.</td>
</tr>
</tbody>
</table>

What You'll Pay

Ted W., 59 yrs.

You Have Options

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
Choose Enrollment Groups

Choose the Enrollment Groups 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., 49 yrs

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 yrs
Keep  Cancel
Mary W., 39 yrs
Keep  Cancel
Sally W., 19 yrs
Keep  Cancel

Kaiser Permanente Silver 87 HMO
Enrollment ID 654321
Ted W., 49 yrs
Cancel

Plan Selection Dashboard
Your Coverage from Covered California

Carefully review your household selections below. If you see a mistake, change info is cancelled before you sign and submit.

Household Members Keeping Plan:

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., 49 yrs

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 the application on my (Benefit Year) tax return;
- If I have dependents, I will list all dependents 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
[ ]

Sign your full name to sign: [ ]
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.
- 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).

### Net Plan Selections (Data as of 2/5/2022)

<table>
<thead>
<tr>
<th></th>
<th>2020 (Count)</th>
<th>2021 (Count)</th>
<th>2022 (Count)</th>
<th>Diff. (2022 v 2021)</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Enrollment</td>
<td>418,052</td>
<td>249,279</td>
<td>255,575</td>
<td>3%</td>
</tr>
<tr>
<td>Renewals</td>
<td>1,120,767</td>
<td>1,376,267</td>
<td>1,521,867</td>
<td>11%</td>
</tr>
<tr>
<td>Total Plan Selections</td>
<td>1,538,819</td>
<td>1,625,546</td>
<td>1,777,442</td>
<td>9%</td>
</tr>
</tbody>
</table>

Data in this presentation reflect active plan selections as of early February. Comprehensive Net Plan Selection profiles for this population, as well as effectuated membership snapshots through Active Member Profiles, are updated regularly at [https://hbex.coveredca.com/data-research/](https://hbex.coveredca.com/data-research/).
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.
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.

<table>
<thead>
<tr>
<th></th>
<th>2020</th>
<th>2021</th>
<th>2022</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Count</td>
<td>Share %</td>
<td>Count</td>
</tr>
<tr>
<td>150% FPL or less</td>
<td>236,442</td>
<td>15%</td>
<td>270,597</td>
</tr>
<tr>
<td>150% FPL to 200% FPL</td>
<td>408,285</td>
<td>27%</td>
<td>454,862</td>
</tr>
<tr>
<td>200% FPL to 400% FPL</td>
<td>660,597</td>
<td>43%</td>
<td>669,435</td>
</tr>
<tr>
<td>400% FPL or greater</td>
<td>64,107</td>
<td>4%</td>
<td>75,642</td>
</tr>
<tr>
<td>FPL Unavailable</td>
<td>169,388</td>
<td>11%</td>
<td>155,010</td>
</tr>
<tr>
<td>Total</td>
<td>1,538,819</td>
<td>100%</td>
<td>1,625,546</td>
</tr>
</tbody>
</table>
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).

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

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

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

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

* 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.

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

* (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

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
PETER V. LEE ANNOUNCES RETIREMENT

Covered California director to step down in February

By ADAM BEAM  September 10, 2021

Leader of California’s Muscular Obamacare Exchange to Step Down

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

Peter V. Lee, Covered California’s first and only executive director, will be stepping down early next year. (M. San / Los Angeles Times)

BY MICHAIL WIZRA | BUSINESS COLUMNIST
SEPT. 20, 2021 2:30 PM PT
OPEN ENROLLMENT KICKOFF WITH ATTORNEY GENERAL XAVIER BECERRA

Covered California begins open enrollment period for 2022

SACRAMENTO, Calif. (AP) — Open enrollment for the nation's largest state-run health insurance marketplace begins Monday and runs through the end of February.
OPEN ENROLLMENT: VIRTUAL AND IN-PERSON EVENTS IN DECEMBER
JANUARY EVENTS TO CLOSE OPEN ENROLLMENT

Peter V. Lee
Covered California

Dr. Ninez Ponce, MPP
UCLA

Dr. Alice Chen
Chief Medical Officer
Covered California

Coverage Matters to Health Equity for Everyone

Wendy Lu
Spokesperson
Covered California
JANUARY EVENTS MEDIA COVERAGE

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

Right now, as estimated 1.1 million Californians don’t have health insurance and are eligible for more financial health care than ever before through Covered California, or they qualify for lower-cost or no-cost coverage through MediCal. 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 00 per month.

Published January 20, 2022

Dolores Huerta urges Latinos to enroll in health coverage

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 2021 Latinos are still the most likely part of Californians to be uninsured. 01 MARÍA H. ORTIZ-BRIDGES

Published January 19, 2022

Covered California
API AND SPANISH MEDIA COVERAGE FOR JANUARY

Many AAPI groups have the highest uninsured rate in California

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

Covered California

Se acerca la fecha limite para solicitar seguro médico mediante Covered California

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

Covered California

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

Covered California

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

Covered California

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

Covered California

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

Covered California

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

Covered California

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

Covered California
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.

What You Need to Know
- Covered California administers health coverage relationships for 18 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.

- 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
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
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, ≤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](calculator)，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

Total budget: $3,000,000

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Channels</th>
<th>Targeting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Awareness</td>
<td>CTV, Audio</td>
<td>Prospecting</td>
</tr>
<tr>
<td>Engagement</td>
<td>Digital Display/Video, and Paid Social</td>
<td>Prospecting</td>
</tr>
<tr>
<td>Conversion</td>
<td>Digital Display/Video, Paid Social and Search*</td>
<td>Retargeting</td>
</tr>
</tbody>
</table>
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
  o What is SEP
  o What is CoveredCA
  o Get Financial Help
  o How to get CoveredCA
  o Health Insurance Terms Defined
  o 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…

Stfx: 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

All video assets can be found at https://www.youtube.com/c/CoveredCA
DIGITAL – BANNER ADS
(ENGLISH, SPANISH, CHINESE, KOREAN, VIETNAMESE)

PROSPECTING - STATIC

lost your job or income?

life changes.

lost your health insurance?

GET COVERED WHEN IT DOES.

PROSPECTING ANIMATED

lost coverage?

marriage?

new baby?

just moved?

life changes.

GET COVERED WHEN IT DOES.

RETARGETING

9 out of 10
GOT FINANCIAL HELP FOR HEALTH INSURANCE.

get help getting health insurance.

get covered.

AND AVOID THE STATE TAX PENALTY.

compare brand name

HEALTH INSURANCE PLANS.

Get covered
DIGITAL – NATIVE DISPLAY ADS (ENGLISH + SPANISH)

**PROSPECTING**

*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

*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, marriage or welcoming a baby - qualify to apply.

SPONSORED BY COVERED CALIFORNIA

**RETARGETING**

*Get Help Getting Health Insurance to me*

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

Learn More

SPONSORED BY COVERED CALIFORNIA

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

A judge blocked a statewide mask mandate in New York.

*Sponsored by Covered California*
• Special Enrollment factsheet available in the following languages
  o English
  o Spanish
  o Chinese
  o Korean
  o Vietnamese

• Update underway to include the new QLE for low-income consumers (up to 150% FPL)

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 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
**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
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.
  - 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

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
Outreach & Sales
Terri Convey
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

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

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.
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

*Data collected February 4, 2022
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

- 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

**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
OE 2022: DURING NOVEMBER 2021 THROUGH JANUARY 2022 – MEDIA PARTNERS’ COUNT

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
• 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.

*Data as of 2/22/2022
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

How It Works For Consumers

CONSUMER LANDING PAGE

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

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

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

<table>
<thead>
<tr>
<th></th>
<th>January</th>
<th>February</th>
<th>March</th>
<th>April</th>
<th>May</th>
<th>June</th>
</tr>
</thead>
<tbody>
<tr>
<td>2020</td>
<td>16,758</td>
<td>5,354</td>
<td>15,904</td>
<td>15,500</td>
<td>8,776</td>
<td>9,195</td>
</tr>
<tr>
<td>2021</td>
<td>13,914</td>
<td>6,857</td>
<td>7,694</td>
<td>8,819</td>
<td>8,677</td>
<td>8,909</td>
</tr>
</tbody>
</table>

Year-Over-Year Comparison
COVERED CALIFORNIA FOR SMALL BUSINESS
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.

<table>
<thead>
<tr>
<th>Group &amp; Membership Update through Jan. 31, 2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>Groups</td>
</tr>
<tr>
<td>Members</td>
</tr>
<tr>
<td>Average Members per Group Size</td>
</tr>
<tr>
<td>2021 Year-to-Date New Membership Sales</td>
</tr>
</tbody>
</table>
III. Covered California

G. Outreach and Sales 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
MOEA Member Discussion
George Balteria, Chair
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

☐ 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
IV. MOEA member Discussion

B. Open Forum

- 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
Thank you!
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:
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 Bernardino, 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*
In-depth Interview Draft Materials, contd.

Revised flyer

Website landing page

CalHEERS prototype