



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

Thursday, March 5, 2026, 1:00 PM – 4:00 PM PST

Primary Physical Location:

Covered California, Tahoe Auditorium: 1601 Exposition Blvd. Sacramento, CA 95815

Virtual Platform using GoToWebinar:

<https://attendee.gotowebinar.com/register/9351798983629663>

Attendees:

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

*Member attended in person

Agenda by Items:

**Comments, questions, or feedback made during or after each section are bulleted and followed by the member's name who made the remarks. Additionally, comments have been condensed and paraphrased. Pending comments or questions are highlighted in yellow for Covered California to follow up and respond via the MOEA Advisory Group Quarterly Summary Report.*

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

I. Call to Order, Rollcall and Agenda Overview

II. Administrative

A. Welcome from MOEA Advisory Chair, Maribel Montañez

MOEA Member Comment: None

Public Comment: None

III. Covered California

A. Welcome from Executive Director, Jessica Altman

MOEA Member Comments:

- **Rachel Linn Gish – Health Access California:** Ms. Gish expressed her appreciation for Covered California's focus on centering the consumer and prioritizing their experience, acknowledging the complexity and technical nature of recent changes. She emphasized the difficulty of communicating these changes effectively and reflected on the challenges consumers likely face in navigating healthcare amidst various competing messages. She also highlighted the need for greater collective effort in addressing these challenges, particularly from a consumer advocacy perspective, and thanked Covered California for their work in this area.
- **Doreena Wong – Asian Resources Inc:** Ms. Wong expressed gratitude to Jessica Altman and the Covered California team for their advocacy efforts in pushing Congress to pass enhanced federal premium tax credits and their readiness to adapt quickly if those changes were approved. She acknowledged Covered California's leadership and commitment, which inspired Navigators and demonstrated a strong dedication to helping community members. Ms. Wong also appreciated the prioritization of state subsidies for those most in need, specifically individuals under 200% of the federal poverty level, as these are the communities Navigators primarily serve. She concluded by thanking Covered California for these commitments to community members.
- **Kerry Wright – Wright-Way Financial Insurance:** Mr. Wright shared insights from his recent attendance at the National Association of Benefit and Insurance Professionals meeting, highlighting the differences between state-based marketplaces and Healthcare.gov. He noted that the Executive Director of Maryland, Ms. Everly, shares similarities with Jessica Altman in approach and leadership style. Mr. Wright mentioned plans to amplify the priorities of state-based marketplaces as part of a new project and expressed his intention to use Jessica as a resource for ideas and strategies to further elevate the initiatives and prerogatives of state-based marketplaces.

Public Comment: None

B. Federal Policy Update and Open Enrollment 2026 Highlights

MOEA Member Comments:

- **Rachel Linn Gish – Health Access California:** Ms. Gish expressed appreciation for the valuable data presented by Covered California, noting its importance in understanding and communicating trends, such as the 30% decline in new enrollments and the increase in

switching to bronze plans, which highlight negative impacts. She emphasized the need to continue providing this data, as it resonates with stakeholders. Ms. Gish raised the question of what happens to individuals who are not enrolling – whether they remain uninsured, turn to short-term health care plans, or rely on alternatives such as sharing ministries. She acknowledged the role of Health Access and others in limiting short-term plans in California and expressed interest in exploring this issue further to better understand and communicate the outcomes for those unable to afford coverage. She suggested that such data, if accessible, would be highly beneficial.

- **Alex Hernandez – Alex Hernandez Insurance Agency:** Mr. Hernandez, representing agents and brokers from Central Valley, shared his perspective on the challenges faced during the recent open enrollment period. He noted the impact of rising costs on members, particularly households with two individuals, such as husband-and-wife pairs, who were significantly affected this year. Despite these challenges, he praised Covered California's outreach efforts, which successfully prompted members to seek assistance earlier than usual. Mr. Hernandez acknowledged the obstacles ahead for the next open enrollment period but expressed confidence that, with Covered California's support, agents could navigate the changes and help members renew and enroll. He concluded by thanking Covered California and suggesting a focus on finding solutions for households of two.
- **Bianca Blomquist – Small Business Majority:** Ms. Blomquist echoed Rachel's comments and noted that the sobering statistics shared by Mr. Menashe align with what she is hearing and experiencing among small business members. She raised a question regarding the increasing use of private employer organizations (PEOs) in California, an IRS designation that she compared to, but distinguished from, multiple employer welfare arrangements (MEWAs). PEOs allow small businesses to access the larger marketplace collectively. Ms. Blomquist mentioned that some HR companies, such as Gusto, are exploring these arrangements and asked if others on the call have encountered or heard about the PEO issue.
 - **Robert Kingston – Covered California:** Mr. Kingston, Director of Outreach and Sales for Covered California, responded to Ms. Blomquist's question about private employer organizations (PEOs). He explained that Covered California, including its small business division, is monitoring the PEO issue due to its potential to provide small groups access to products outside of the traditional small group market. While he did not have additional comments at that moment, Mr. Kingston noted that the Legislature is examining the issue through ongoing research conducted by a research organization, which is exploring the availability and impacts of these products on the small group market.
- **Jagdeep Singh – Jagdeep Singh Insurance Agency Inc:** Mr. Singh raised a question about whether Covered California shares data with ICE, reflecting concerns often brought up by stakeholders or community members.
 - **Jessica Altman – Covered California:** Ms. Altman clarified in response to Mr. Singh's question that Covered California does not share data with ICE.

Public Comment: None

C. Federal Policy Changes: A Closer Look

MOEA Member Comments:

- **Maribel Montañez – Garnder Family Health Network:** Ms. Montañez highlighted the complexity of current communication efforts due to competing priorities. These include changes impacting Medi-Cal patients and Covered California members. She noted that some communication components for Medi-Cal have already been activated since October or November, specifically addressing the Unsatisfactory Immigration Status (UIS) population that

can no longer enroll in Medi-Cal. She then posed the question of when Covered California plans to roll out its own communication plan tailored to its consumers.

- **Craig Tomiyoshi – Covered California:** Mr. Tomiyoshi emphasized a shift from a seasonal approach to communications toward a year-round strategy focused on retention and consistent engagement. He noted that plans are already in place to ensure consumers hear from Covered California throughout the year, rather than exclusively during the Open Enrollment period. He stressed the importance of early communication, with the key being how messages are rolled out and the clarity of the call to action. Coordination with Medi-Cal, Medicare, and other messaging will be crucial to avoid overwhelming or confusing consumers. He explained that early-year efforts will focus on highlighting the value of having insurance, such as preventive care and utilizing healthcare benefits. As summer approaches and leads into fall, communications will ramp up to focus on eligibility, window shopping, and actions to prepare consumers for Open Enrollment starting November 1st. While the plans are still being finalized, he reiterated the goal to keep healthcare top-of-mind for consumers year-round.
- **Rachel Linn Gish – Health Access California:** Ms. Gish emphasized the layered effects of federal and state changes on immigrant populations, particularly those in the Lawfully Present Immigrant (LPI) category. She noted potential state-level shifts from comprehensive coverage to restricted scope for LPIs, which advocates are working to prevent. She urged Covered California to consider the holistic impact on immigrants, who interact with multiple systems and may receive conflicting messages. Coordination with Medi-Cal is critical, as consumers often view healthcare as a single entity rather than understanding the differences between programs. She also highlighted ongoing budget discussions that will continue to impact these issues in the coming years.
 - **Kelly Green – Covered California:** Ms. Green agreed with previous comments about the challenges in aligning communications for immigrant populations across programs like Medi-Cal and Covered California. She emphasized the importance of collaboration with DHCS and other partners to ensure clear, timely information reaches consumers, while recognizing potential resource limitations. Covered California will focus on leveraging available resources and staying engaged in policy discussions to address federal and state changes impacting these populations. She acknowledged the complexity of this year's challenges and reiterated the organization's commitment to informing and supporting affected consumers.
- **Alex Hernandez – Alex Hernandez Insurance Agency:** Mr. Hernandez expressed concerns about the shortened enrollment period, particularly for consumers who may not receive or understand marketing materials or notices. He asked whether a grace period would be provided for such individuals. Additionally, he inquired whether the renewal process would be simplified to ensure a smoother experience for members, including those who renew on their own, as well as for agents and enrollment counselors.
 - **Craig Tomiyoshi – Covered California:** Mr. Tomiyoshi acknowledged that the concerns raised about the shortened enrollment period, grace periods, and simplifying renewals are being actively discussed with partners. While he did not provide a definitive answer, he emphasized efforts to give consumers as much flexibility as possible—both before the deadline through window shopping and research, and after, for those who miss the deadline. He also stressed the importance of making renewals straightforward for current members and ensuring clear communication about these changes. He noted that the shortened enrollment period represents the first major structural change to the ACA in over a decade, making it a significant challenge to shift consumer behavior and expectations.

- **Jessica Altman – Covered California:** Ms. Altman emphasized Covered California’s commitment to using any available flexibility to benefit consumers but acknowledged that federal rules are limiting such options. She noted that the federal government is restricting the ability to extend open enrollment into January and is curbing flexibility around special enrollment periods and longer open enrollment timelines, despite Covered California’s objections. She stressed the importance of preparing for these realities while continuing to prioritize consumer interests within the constraints of the federal regulations.
- **George Balteria – C:C Insurance Solutions, an Alera Group Company:** Mr. Balteria asked whether Covered California has the flexibility to start the renewal process earlier, acknowledging the complexities involved, such as the need to approve rates. While recognizing the challenges, he expressed strong interest in exploring this possibility to better support consumers.
 - **Jessica Altman – Covered California:** Ms. Altman acknowledged that starting renewals earlier is being discussed but noted the significant operational challenges involved, such as delays in receiving key tools like the Actuarial Value (AV) calculator from the federal government, which impacts pricing timelines. She emphasized that these complexities limit flexibility but encouraged feedback on what would be most helpful, as it can inform ongoing conversations and decision-making.
- **Jagdeep Singh – Jagdeep Singh Insurance Agency Inc:** Mr. Singh asked whether Advanced Premium Tax Credit (APTC) eligibility is limited to green card holders and U.S. citizens or if other types of lawful presence qualify. He also proposed developing affordable, limited coverage plans for individuals who lose APTC, including emergency-only plans that cover specific serious conditions like heart attacks, accidents, cancer, or other life-threatening illnesses.
 - **Kelly Green – Covered California:** Ms. Green confirmed that green card holders will remain eligible for federal premium tax credits and cost-sharing reductions in 2027. **She offered to share a list of categories affected by the policy changes and invited follow-up questions.** She emphasized the importance of balancing potential options with providing comprehensive benefits, security, and access to care. Covered California is exploring policy options for consumers who may lose coverage due to affordability issues and welcomed feedback, ideas, and suggestions on feasible alternatives to better support these consumers.
- **Kerry Wright – Wright-Way Financial Insurance:** Mr. Wright asked whether clients losing access to Advanced Premium Tax Credits (APTC) and cost-sharing reductions due to HR 1 will still have access to services provided by federally funded community clinics and emergency medical care. He emphasized the need to piece together solutions for individuals who may lose coverage due to affordability challenges.
 - **Jessica Altman – Covered California:** Ms. Altman explained that Federally Qualified Health Centers (FQHCs) are accessible to all California residents, regardless of income, and operate on an income-based fee schedule. Emergency rooms must also provide care to anyone, regardless of insurance status. Limited Scope Medi-Cal remains available based on income eligibility, but individuals above the Federal Poverty Level (FPL) who lose lawful presence status will not qualify. She acknowledged the stress these changes will place on the safety net, including hospitals and FQHCs, and noted that these issues will likely be addressed in statewide budget discussions. Ms. Altman emphasized the need for collaboration to identify and share resources for affected populations, recognizing that solutions will involve local, county-level efforts and may vary across the state. She cautioned that there are no easy answers and stressed the importance of thoughtful, collaborative work to support those impacted by these challenges.

- **Maribel Montañez – Garnder Family Health Network:** Ms. Montañez highlighted ongoing county-level discussions in Santa Clara and San Mateo Counties involving FQHCs, consortium partners, and various programs to address the impacts of policy changes. She referenced programs like the Primary Care Access Program in Santa Clara County and the East Program in San Mateo County, which provide access to primary care services but are not full coverage. These programs are being negotiated and restructured to better manage the impact on FQHCs and counties. She emphasized efforts to collaborate and mitigate the challenges in a way that is sustainable for both FQHCs and county systems, noting that projections and planning are actively underway.
- **Marshawn Harris – Bay Area Quality Insurance Services:** Ms. Harris asked if there is any pending legislation or movement allowing individuals to purchase short-term medical coverage again. She inquired whether there have been any suggestions or actions related to this at the state or local government level.
 - **Kelly Green – Covered California:** Ms. Green responded that there is no current legislation allowing the purchase of short-term medical coverage in California. She noted that the state has maintained a longstanding policy stance against short-term plans for several years.
 - **Jessica Altman – Covered California:** Ms. Altman noted that catastrophic plans available through Covered California were discussed in the recent notice of benefit and payment parameters. While recognizing concerns about catastrophic plans, she emphasized that they offer important protections, such as coverage for pre-existing conditions, which short-term plans and healthcare sharing ministries often lack. She acknowledged the significant issues with short-term plans and suggested that they should not be the sole focus of discussions about providing minimal coverage options for consumers. She mentioned that Covered California is preparing comments on the new rule and encouraged others to participate in the process.
- **Doreena Wong – Asian Resources Inc:** Ms. Wong expressed support for ideas like starting renewals earlier and implementing a continuous campaign to promote Covered California and healthcare coverage overall. She emphasized the importance of providing simple, clear, and multilingual information to help both community members and navigators understand the changes. She also highlighted advocacy efforts aimed at reviving local health coverage programs that were discontinued, particularly for undocumented populations, and encouraging counties to address their healthcare needs. Ms. Wong inquired whether Covered California is considering increasing revenue sources, such as raising plan fees or advocating for state-level revenue increases to avoid service cuts during budget deficits. She suggested that Covered California's support for state-level advocacy efforts, including bills to address Medi-Cal cuts and uninsured populations, could be beneficial. While acknowledging that increased revenue may not fully compensate for the loss of federal benefits, she emphasized the importance of exploring these options.
 - **Jessica Altman – Covered California:** Ms. Altman clarified that the ACA's federal rules prevent Covered California from using participation fees as a revenue source to fund consumer affordability programs. She explained that this legal framework exists to limit federal expenditures on tax credits, making it an unviable strategy for subsidizing coverage or care. She emphasized that affordability programs in California have historically been funded through state resources, not participation fees. Ms. Altman highlighted the ongoing discussions in the state budget process regarding the Healthcare Affordability Reserve Fund (HCARF) and broader changes impacting Covered California, Medi-Cal, and healthcare in general. She assured that Covered California will provide technical assistance to inform these

conversations, ensuring that member data and impacts are prioritized in decisions about state revenues and the allocation of funds.

Public Comment: None

D. State Legislation and Budget Highlights

MOEA Member Comments:

- **Rachel Linn Gish – Health Access California:** Ms. Gish remarked that she has not seen this level of legislative focus on healthcare since the implementation of the ACA, noting this increased engagement as a positive development. She acknowledged the active involvement of state lawmakers and expressed hope that Covered California continues to participate in these discussions and hearings.
- **Ariela Cuellar – California LGBTQ Health and Human Services Network:** Ms. Cuellar asked about the \$15 million allocated from the Healthcare Affordability Reserve Fund in the governor's budget. She inquired how this figure was determined and whether LGBTQ organizations or other groups were consulted in the process, noting that she had not previously heard about this specific budget item.
 - **Kelly Green – Covered California:** Ms. Green explained that the \$15 million from the Healthcare Affordability Reserve Fund was negotiated in last year's state budget to subsidize gender-affirming care services included in Covered California plans. Since gender-affirming care is no longer authorized as an essential health benefit, premium tax credits cannot be used to cover these services, so the state is funding them to maintain access. This same amount is proposed in the governor's current budget, and any changes to it will depend on negotiations between the administration and legislature during this year's budget process.

Public Comment: None

IV. MOEA Advisory Member Feedback Discussion

A. Open Enrollment 2026 Best Practices

MOEA Member Comments:

- **Alex Hernandez – Alex Hernandez Insurance Agency:** Mr. Hernandez shared feedback from consumers who expressed confusion about the changes to subsidies, mistakenly believing that all subsidies were being eliminated. This confusion led some members to delay their renewals until January. He emphasized that providing greater clarity on this issue would have been helpful to alleviate consumer uncertainty.
- **Shannon Okimoto – Health Quality Partners:** Ms. Okimoto, representing a consortium of community health centers and a Covered California Navigator grantee, shared that many consumers did not fully understand the impact of losing subsidies. While they were aware subsidies were ending, they were unprepared for the significant premium increases, which, for some, tripled monthly costs. This created difficult financial decisions for many, such as choosing between maintaining health insurance or affording necessities like groceries. She emphasized that these premium increases were the most significant challenge reported by the population served.
- **George Balteria – C:C Insurance Solutions, an Alera Group Company:** Mr. Balteria highlighted various administrative issues impacting consumer experiences and emphasized the importance of addressing them to improve Covered California's brand image and consumer confidence. He noted problems such as payment system errors, inaccurate dashboard information, and uncertainty with carrier confirmations, citing specific examples with Kaiser and Blue Shield during Open Enrollment. He also mentioned challenges with reinstatement processes, which require coordination between carriers and Covered California, creating confusion for consumers

and representatives. While acknowledging progress in areas like website functionality, he stressed that resolving these "broken windows" in consumer interactions is crucial to enhancing the overall experience. He emphasized that many of these issues are within Covered California's control and can be improved to build trust and reduce frustrations, especially for vulnerable populations like Silver 94 enrollees, who face heightened challenges. Mr. Balteria offered to share additional details via email to support efforts in addressing these opportunities for improvement.

- **Alex Hernandez – Alex Hernandez Insurance Agency:** Mr. Hernandez added to Mr. Balteria's comments by highlighting that Kaiser removed its auto-pay option, which was a significant inconvenience for consumers who preferred automatic payments. He emphasized the importance of reinstating this feature to improve the customer experience.
- **Marshawn Harris – Bay Area Quality Insurance:** Ms. Harris echoed concerns about issues with Kaiser and consumer confusion regarding Healthcare.gov advertisements versus Covered California. She noted that some advertisements mentioned catastrophic plans for individuals older than the age limit, which caused confusion because such plans are not available through Covered California. She emphasized the need for outreach or flyers to clarify differences between federal programs and California-specific offerings. She also highlighted widespread confusion among consumers about subsidies, including whether they were still available, when they applied, and what changes to expect. She suggested improving communication with news media to ensure accurate reporting about California-specific policies. Additionally, Ms. Harris raised concerns about the difficulty consumers face when updating income and resolving Medi-Cal issues during Open Enrollment, especially with overwhelmed systems in counties like Alameda. She recommended creating a dedicated team or pathway to address Medi-Cal issues more efficiently.
- **Kerry Wright – Wright-Way Financial Insurance:** Mr. Wright emphasized the value of the Shop and Compare tool, describing it as essential for quickly assessing client options and helping consumers make informed decisions during the enrollment process. He highlighted its efficiency in presenting plans and implementing decisions via the dashboard, calling it one of the best tools he's encountered. Regarding challenges during Open Enrollment, Mr. Wright noted that many consumers fail to open their mail, leading to unexpected surprises when premium increases were automatically deducted from their accounts. While some clients were surprised by the changes, he was able to convince those on the upper income end to maintain their coverage despite the higher costs. He praised efforts to address affordability concerns but stressed that unopened mail and lack of awareness about premium changes were significant challenges for consumers.
- **Doreena Wong – Asian Resources Inc:** Ms. Wong highlighted rising insurance premiums and overall healthcare costs as the biggest challenges for consumers, leading many to drop coverage despite needing it. Some preferred paying the penalty over the increased premiums, while others opted for lower-cost plans with higher deductibles, such as bronze plans. She shared an example of a family where the head of household chose to cover his children while forgoing coverage for himself due to affordability issues. Consumers faced tough choices between healthcare costs and other essential living expenses. She emphasized the importance of one-on-one, in-person assistance as the most effective strategy, particularly for vulnerable communities, immigrants, and those with limited English proficiency who may struggle to understand written materials or distrust government entities. Her organization increased outreach efforts, including community education events and workshops, to explain policy changes and provide direct assistance. Wong noted that some consumers delayed decisions this

year due to uncertainty about the renewal of federal subsidies, but she expects less hesitation next year given the clarity that enhanced federal subsidies will not return.

- **George Balteria – C:C Insurance Solutions, an Alera Group Company:** Mr. Balteria noted an issue with the income section of the application during renewals this year, where the field often could not be edited. This limitation required agents to call the call center for assistance, leading to wasted time and a less positive experience for consumers. He pointed out that this was a new issue compared to previous years.
- **Alex Hernandez – Alex Hernandez Insurance Agency:** Mr. Hernandez raised concerns about members who delayed canceling their plans while waiting for decisions on subsidy extensions, leading to unexpected premium increases from \$100-\$200 per month to over \$1,100. When these members eventually canceled, some faced issues with backdated cancellations being denied. He noted that this could result in chargebacks for subsidies when filing taxes. He asked whether exceptions could be made for these members who chose not to keep their plans due to affordability challenges.
 - **Craig Tomiyoshi – Covered California:** Mr. Tomiyoshi acknowledged the confusion among consumers who delayed decisions while waiting for clarity on subsidy changes. He noted that, from a communications perspective, efforts were made to provide information and resources to help consumers feel empowered to seek assistance and make informed decisions.
 - **Robert Kingston – Covered California:** Mr. Kingston clarified that if a consumer did not make their January payment and the plan was canceled retroactively as "never effective," they would not be responsible for the Advanced Premium Tax Credit (APTC) for that month. However, if the consumer paid for January and the plan was enforced for that month, they would be responsible for reconciling the APTC amount used during that period when filing their taxes.

Public Comment: None

B. CMS Final Rule and H.R. 1 Updates

MOEA Member Comments:

- **Rachel Linn Gish – Health Access California:** Ms. Gish expressed her reflections on the challenges of a shortened open enrollment period, particularly during the holiday season. She acknowledged the difficulty of engaging consumers who are focused on holiday expenses and creating a memorable Christmas for their families, while also considering healthcare coverage. She emphasized the need to start communications as early as possible, rather than relying on a rush near the deadline. Ms. Gish also expressed empathy for staff who may be unable to take time off during the holidays due to the enrollment period and highlighted the importance of proactive outreach to consumers
 - **Craig Tomiyoshi – Covered California:** Mr. Tomiyoshi highlighted that the holiday season was identified early as a challenge in light of the new federal policy change. He mentioned discussions about whether it might make sense to adjust open enrollment dates, noting that other state-based marketplaces end their enrollment periods in mid-December and are being consulted about their experiences. He emphasized the importance of encouraging consumers to act early, ideally being prepared to enroll as soon as open enrollment begins on November 1st, rather than waiting until later in the period. He suggested proactive strategies, such as providing prompts for window shopping or tools to help consumers estimate costs, to help them plan ahead. He also noted the Covered California Marketing team is exploring additional options to address these challenges.

- **Glenn Oyoung – Covered California:** Mr. Oyoung emphasized the challenges of marketing during the holiday season, noting that healthcare brands, including Covered California, typically avoid heavy advertising in the last two weeks of December due to high media costs and reduced consumer engagement. He stressed the importance of an "always-on" approach to marketing and outreach, ensuring consumers are consistently aware of Covered California throughout the year, not just during enrollment periods. This strategy is vital given the revolving door of consumers, including those who currently have employer-sponsored insurance but may need Covered California in the future. He highlighted the importance of trust-building—ensuring people feel good about Covered California, even if they don't need its services immediately—by demonstrating care and offering high-quality, affordable healthcare. While efforts will continue during the holiday season, he clarified that marketing dollars will be used strategically to avoid waste.
- **George Balteria – C:C Insurance Solutions, an Alera Group Company:** Mr. Balteria raised a question about Covered California's use of its opt-in texting system, expressing curiosity about how it is currently being utilized and whether it could be leveraged more strategically. He suggested that texting could be an efficient tool to support agents and enrollers during the upcoming open enrollment period, especially given the shorter timeline. He proposed exploring this system further to enhance productivity and effectiveness and indicated that this might be a topic worth discussing in more detail.
 - **Jennifer Miller – Covered California:** Ms. Miller responded to Mr. Balteria's inquiry by explaining that Covered California currently uses opt-in text messaging for enrollees or prospective enrollees who opt in during the application process. Text messages are primarily used to send reminders, such as deadlines or information about health insurance plans, with a focus on retention. She noted that the organization is actively exploring ways to expand the use of SMS capabilities to make the system more robust and utilize it for purposes beyond reminders. This expansion is under discussion among the teams and is being considered for future implementation.
- **Marshawn Harris – Bay Area Quality Insurance Services:** Ms. Harris suggested improving the enrollment and renewal process by creating a "one-click enroll/renew" option that simplifies the experience while still allowing users to update or make changes as needed. She emphasized the importance of minimizing the number of pages or steps involved, especially given the high volume of enrollments that some users manage. Additionally, she proposed an opt-in feature for automatic renewal ahead of the renewal date, potentially requiring a response via paper or another method to streamline the process further. She also recommended enhancing the online escalation service, sharing her experience that the current system often lacks sufficient information to resolve issues, which forces her to call for assistance anyway. She suggested making the system more effective by providing clearer guidance and ensuring inquiries can be resolved without additional follow-up. Ms. Harris noted the value of submitting escalations late at night and receiving responses the following day, which would better support workflows that occur outside regular business hours.
- **Hugo Morales – Radio Bilingüe:** Mr. Morales expressed concerns about the challenges his organization is facing in providing critical information to low-income and working-class Latinos, as well as individuals above the poverty line, during a difficult time marked by ICE raids and deportation fears. He highlighted the strain on their small staff, which is dedicating significant time to daily announcements, rights education, and addressing ICE's changing tactics. Additionally, his organization is broadcasting weekly news to Mexico, including Mexico City, which adds to their workload. Mr. Morales emphasized the need for simplified messaging and visual tools, such as graphs and templates, to effectively communicate important changes and

updates. He proposed creating shorter public service announcements (PSAs) and running them around the clock on their full-power radio stations, which broadcast 24/7 from the Mexican border to the Oregon border. He sees this as an opportunity to leverage their airwaves to disseminate critical information. Furthermore, he stressed the importance of providing phone numbers and contacts for people to reach out to, such as Covered California or local clinics. He believes person-to-person communication is more effective in delivering essential information and assistance.

Public Comment: None

*****BREAK*****

V. Covered California

A. Marketing Updates

B. Communications and Public Relations Updates

C. External Affairs and Community Engagement Updates

D. Outreach and Sales Updates

MOEA Member Comments:

- **Hugo Morales – Radio Bilingüe:** Mr. Morales highlighted a significant shift in Univision's ownership and editorial direction, which is relevant to Covered California's outreach efforts. He noted that the network has been taken over by some of Mexico's wealthiest individuals, who are known to lean conservative. This change has led to the firing of key news anchors and a new editorial approach, including the airing of paid government advertisements encouraging people to self-deport. He emphasized the importance of trust in Covered California's efforts and suggested that this development at Univision may impact its ability to serve as a reliable platform for outreach. He urged Covered California to take note of these changes if it had not already done so.

Public Comment: None

VI. MOEA Member Open Discussion

MOEA Member Comments:

- **Connie Lo – Asian Americans Advancing Justice Southern California:** Ms. Lo raised questions about the recent Notice of Proposed Rulemaking (NPRM) released by CMS, pointing out that it includes potentially significant changes that could impact the way Covered California operates. She expressed concerns about the potential revocation of the Medical Loss Ratio (MLR) requirement, which could have implications for Covered California's operations and financial accountability. Additionally, she noted the proposal to implement a mechanism for state exchange improper payment measurement, which appears to be like the Payment Error Rate Measurement (PERM) used for Medicaid. This change would introduce stricter oversight and measurement of improper payments within the marketplace. Ms. Lo asked for comments on how these proposed changes might affect Covered California's programs and operations.
 - **Kelly Green – Covered California:** Ms. Green responded to Ms. Lo's inquiry by noting that there may not be any Covered California colleagues available at the moment to address the specific concerns raised. She assured Ms. Lo that the team would follow up with her afterward to provide the necessary information and clarification

Public Comment: None

VII. Adjourn