



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

Thursday February 29, 2024 from 1:00 PM – 4:00 PM PST

GoToWebinar Platform

Meeting Registration Link:

<https://register.gotowebinar.com/register/3909586706947301472>.

Attendees:

Members:	Member Organization:
1. *Kerry Wright	Wright-Way Financial Insurance
2. Stacey Miller	Anthem Blue Cross
3. Cindy Keltner	California Primary Care Association
4. *Marti Ochiai	Kaiser Permanente
5. *Sandy Sanchez	Community Health Association Inland Southern Region
6. *George Balteria	Collective Choice Insurance Solutions
7. Jasmine Hung	KCAL Health Insurance Services
8. Fatima Clark	Children Now
9. *Rachel Linn Gish	Health Access California
10. Bianca Blomquist	Small Business Majority
11. Ariella Cuellar	California LGBTQ Health and Human Services Network
12. Andrea Mackey	California Pan-Ethnic Health Network
13. Alicia Emanuel	National Health Law Program
14. Andrea Espinoza	Molina Healthcare
15. Betty Ho	Valley Health Plan
16. Dawn McFarland	M & M Benefit Solutions Insurance Services
17. *Pamela Moore	Aliados Health
18. Josie Tizcareño Pereira	Small Business Majority
19. *Cynthia Peshek	Ampla Health
20. *Hellan Dowden	Teachers for Healthy Kids
21. Doreena Wong	Asian Resources Inc.
22. Marshawn Harris	Bay Area Quality Insurance Services
23. Douglas Morales	AltaMed Health Services Corporation
24. Dr. Seciah Aquino	Latino Coalition for Healthy California
25. *Patricia Yeager	Health Net
26. *Shannon Okimoto	Health Quality Partners of Southern California
27. Jason Dulle	Blue Shield of California

Public:

28. *Yarín Acencio

*Member attended in person

Member Organization:

CPCA

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 and Agenda Overview

- Kerry Wright, MOEA Chair called the meeting to order

II. Administrative

- A. Welcome New MOEA Advisory Member Representatives
- B. Bagley-Keene Update
 - (i) No comments.

III. Covered California

A. Federal, State, and Legislative Updates

- No comment.

B. Covered California – Medi-Cal to Covered California Transition Updates

- **Hellan Dowdan – Teachers for Healthy Kids:** I just wondered if you had broken down transitioners regionally, and if there's some areas where you're seeing more transfer into CCA versus other areas of the state?
 - Emory Wolf – Covered California: recommend looking into our public data posted from the recent Board Meeting. Because we do have an effectuation rate by rating region posted. We're not seeing too much variation in the number of transitioners by rating region. Los Angeles, definitely continuing to drive most of our auto plan selection at a higher rate than most of our effectuation data.
- **George Balteria – Collective:Choice Insurance Solutions:** Any comparison data between SB260 and this unwind population for the auto-enrollment? It seems like the effectuation is roughly 30% in this auto-enrollment group. Are they effectuating at lower or higher rates?

- **Emory Wolf – Covered California:** We did turn on our auto-selection process to align with the end of the public health emergency. Started processing people in end of May 2023 with the first month of coverage in July 2023. When we think about how SB260 compares to before, the last comparable data we have is going back to late 2019, early 2020 because of how late the public health emergency ran. Our take-up rate then was about half of what we are seeing versus SB260. So we do think there was an increase in take up due to SB260 or an awareness of the ending of the public health emergency and people needing coverage. To build upon that we are building a monthly survey among our Medi-Cal transitioner population for those that are auto-enrolled because we think that's the best way to track those that go uninsured after the auto-plan selection. The take up is higher than it was prior to SB260. We have shared the first month's results in the January 2024 Board Meeting, but there's still a 15% uninsured rate which means there is still work to be done.
- **Rachel Linn Gish – Health Access California:** What are the reasons for people not effectuating? You mentioned 15% uninsured. What's the breakdown? Certain incomes, regions? What are their profiles?
 - **Emory Wolf – Covered California:** Something we are looking into; 15% is only 1 month of survey data. We are polling for 3 months to get fuller picture and different analysis of population; demographic differences, etc. We are doing qualitative research to see differences in processes and awareness for more focus on outreach strategies. More data to come.
- **Kerry Wright – Wright-Way Financial Insurance:** Do we know that this 15% group are not going to group coverage?
 - **Emory Wolf – Covered California:** Part of the survey is we ask what their current source of coverage is and we field the survey at the end of their enrollment period, or 60 days, and we are tracking those that go to employer coverage. About a quarter are reporting employer coverage and a fair amount are going back to Medi-Cal. January Board slides have those data points readily available for anyone that is interested.
- **Doreena Wong – Asian Resources Inc:** Helpful information. Are you able to breakdown the data into demographic information to analyze such as race, ethnicity and language? Having broken down will be helpful as we can differentiate between groups with regards to take up rate and uninsured rates as 15% is a little high since most people losing Medi-Cal will get free or low-cost coverage. Will CCA be following up with these folks who are not enrolling so they can understand their options?
 - **Emory Wolf – Covered California:** Demographic: Administrative data has a wide array of demographics available broken down. Very similar to active member profiles with regards to race/ethnicity/language preference/age group/income level/geography/county/rating region. Survey data will take a similar approach. This is only monthly, so we are waiting for 3 months of data. Covered California is interested in how the differences in effectuation rates among groups corresponds to the uninsured rates we see in our

survey data. Outbound calls, emails, and texts by our marketing team and service center are the outreach strategies to raise awareness to everyone that is eligible to increase coverage.

C. Language Consistency Initiative Update

- **Pamela Moore – Aliados Health:** Thanks to this initiative. Will you share the approved language with enrollment channels because we're in the process of updating our webpages and materials? Most materials come from CCA, but we want to be consistent with our website for example to use approved language.
 - **Shawna Samboceti – Covered California:** Absolutely, and that is our intention.
- **George Balteria – Collective:Choice Insurance Solutions:** – Echoing the same sentiment. We've been a part of the group for a long time, and this is exactly the kind of stuff that Marketing Outreach and Enrollment is all about. Thank you.
- **Doreena Wong – Asian Resources Inc:** – Agree that this project is great. I have not heard about it before. If yes, I would have encouraged it. We would love to help out and provide any feedback from MOEA members or community members. And of course use the approved language as well.
- **George Balteria – Collective:Choice Insurance Solutions:** – What languages will this initiative cover?
 - **Shawna Samboceti – Covered California:** English and Spanish for now until additional resources for more languages and testing are available.

D. Hearing Aid Coverage for Children Program Update

- **Hellan Dowdan – Teachers for Healthy Kids:** – Program has come a long way. As I understand it now, as long as it is not over \$1500 you will be eligible? Was there a problem with providers? As there wasn't enough. How many enrollees do you currently have? And have you been able to tackle the provider issue?
 - **Kailey Jackson – Department of Healthcare Services:** Correct, original scope of program was if you had coverage that included hearing aids at all, you were generally excluded from the program. Was not as straightforward as it is now. As of the end of January, we were up to 582 total applications received since the program began as of July 1, 2021 – and 334 of those applications had resulted in enrollment. Many of the folks who were not enrolled, we are working with them and found that many of them were eligible for Medi-Cal and able to get into a plan that way. We've worked on updating information to make it clearer for this group. All Medi-Cal providers can participate within this program, but there was a lot of miscommunication on the provider locator being available on an opt-in basis, and where providers are happy to provide services to existing consumers they didn't have additional bandwidth to provide services to new enrollees. We are looking at ways to improve the communication on the program and optimize where we can.
- **George Balteria – Collective:Choice Insurance Solutions:** – A person could be eligible for Covered California and not on Medi-Cal and the children could be eligible, is that correct?
 - **Kailey Jackson – Department of Healthcare Services:** Depends on the scope of the coverage through a Covered California plan. If the plan does not limit hearing aid coverage at all, or limits it to an amount higher than

\$1500 a year, the child won't be eligible for HACCP. A lot of plans still exclude hearing aids across the board; if there is a limit of \$500 a year, that does not cover enough, so they can apply. HACCP is the payer of last resort, so the providers would pay the benefit first.

- **George Balteria – Collective:Choice Insurance Solutions:** From what I'm understanding you would like to receive more intake of people.
 - **Kailey Jackson – Department of Healthcare Services:** We would love to help more kids, we like to also help providers with the coverage without having to refer them out to secondary coverage so kids can stay within their medical home.
- **George Balteria – Collective:Choice Insurance Solutions:** Suggestion for Covered California to add to the four questions on the application regarding hearing and/or send an active referral to DHCS.
- **Doreena Wong – Asian Resources Inc:** Love the suggestion of adding a questions on the application as many enrollers would not know that CCA consumers are eligible. Are there any materials or information that Covered California can develop regarding this program for enrollers? Perhaps sponsored by DHCS as well? To do some additional outreach to members to let them know this is available.
 - **Stephen Jiang – Department of Healthcare Services:** we will be working with Covered California on integration and other ideas.
- **Fatima Clark – Children Now:** Echo what Dorena said; and appreciate DHCS presenting this program and how to get this information to Navigators and enrollers and increase enrollment.

IV. MOEA Advisory Member Feedback Discussion

A. Overall Consumer 2023 Experience

- **Kerry Wright – Wright-Way Financial Insurance:** Mixed household. Medi-Cal communication letters are now available in the Documents and Correspondence with contact information with case worker. Agents can now have communication with case workers and assist consumers get access to the counties. More communication with Medi-Cal is a great thing. Can we have a phone number, or have a SCR have communications directly with counties?
- **Dawn McFarland – M & M Benefit Solutions Insurance Services:** Kerry thank you for your passion for serving all people and the Medi-Cal community. It would be wonderful to have ways of helping all Medi-Cal community. We are unable to assist them in any way even though we're required to enroll them. There is a staffing issue and ways of accommodating consumers. If there was a technological way to give enrollers more information about where consumers are in the process. There are many limitations.
- **Marshawn Harris – Bay Area Quality Insurance Services:** Second what Kerry mentioned. The system was very difficult this year. Had accounts that there was unable to do anything because in Alameda County there is a 3-4 hour wait time on the phone. Consumers call back the agent when she cannot do anything. Very little agent can do. The solution is to go to a place where they are waiting 2-3 hours, where sometimes the system sends them back to Covered California. And blaming Covered California. This needs to be at the top of the agenda where low-income people are not receiving horrible customer service. A 3-4 hour wait is unacceptable.

Regarding escalations: escalation times were 7-10 business days; there is no feedback for cases going on for months; there needs to be some type of feedback. If people are trying to get coverage, they need to be resolved or some feedback to consumers. Lastly, communication on the screen; if someone is being sent to Medi-Cal or Medicare there needs to be better communication on where the status of the application is on the home screen. It is not clear.

- **Kerry Wright – Wright-Way Financial Insurance:** We should have answers and avenues for issues. We should be able to communicate better with Medi-Cal as part of our system we have to find the answers for our clients.

B. Medi-Cal Redetermination – Wins & Opportunities

- **Pamela Moore – Aliados Health:** I apologize in advance as I don't have answers to these questions, but it leads me to a proposal to receive these questions in advance to ask our enrollers, navigators, subcontractors and direct service staff these questions.
- **George Balteria – Collective:Choice Insurance Solutions:** Enough has been said on the challenges regarding redeterminations; there needs to be a call center, but in the meantime is it possible to change terms to allow agents to speak with case workers? Would the counties be open to this idea?
 - **Kerry Wright – Wright-Way Financial Insurance:** George, I really like you're your idea. Providing more contact information up front would be helpful, such as case worker and contact number.
- **Marshawn Harris – Bay Area Quality Insurance Services:** Can the Covered California side subcontract out to clinics or others with direct communications with counties to help assist with Medi-Cal cases? Lifelong Clinic has direct contacts with Alameda County workers for example, and can provide some additional assistance?
 - **Pamela Moore – Aliados Health:** Would like to respond to the question of *can the clinics be of use?* One of the challenges is that it's a county-by-county relationship. Some of the counties have the capacity, like Lifelong, and some do not. Also, when Medi-Cal went BenefitsCal, it removed the capacity for each county to allow enrollers to see the status of each case. We rely on the counties still.
- **Cynthia Peshek – Ampla Health:** When one of my staff uploads documents into BenefitsCal, they cannot go to back to see what was uploaded. The county is saying that documents haven't been uploaded. Are we able to see what is uploaded in BenefitsCal?
 - **Kerry Wright – Wright-Way Financial Insurance:** we are brother and sister organizations that are partners, so to better serve are clientele and members, it should be that we can verify these things.
- **Doreena Wong – Asian Resources Inc:** We never had a good communication channel between Covered California and Medi-Cal, especially as it's become obvious with redeterminations and SB260 issue, but a lot of our staff and our partners do enroll directly into Medi-Cal as enrollers and even for us, I can tell you that it does matter if you have the information, you will still be waiting for a long time, though some counties are better than others. There is a long wait time to answer calls. One cannot see the document, but you can see if documents have been uploaded. A suggestion would be to automate as much information as possible into CalHEERS to connect CalHEERS and BenefitsCal so we can have as much status information as

possible. This would allow us to provide more details as to why a particular consumer isn't Covered California or Medi-Cal eligible. Would be great to have some Covered California specialists able to track down information and resolve barriers to escalate to the appropriate contacts at the County. The county Medi-Cal workers can't do it on their own.

- **Marshawn Harris – Bay Area Quality Insurance Services:** Sometimes you can't see the upload immediately, on the homepage it will say "processing" documents; CCA can take a while to verify, up to 2 months. You can call Covered California to request manual verification. Medi-Cal takes a long time to review or see applications and they will not have any information and have up to 45 days to determine application.
- **George Balteria – Collective:Choice Insurance Solutions:** If Covered California staff knows of any meetings where it would be helpful to just provide a voice to these Medi-Cal experiences, I'm available to provide my time. With regards to wins and opportunities, the Covered California phone lines went down at some point during Open Enrollment Period, thankfully, the delegation tool was available and we were able to assist consumers and call into Pinnacle. This was a good win amidst some problems.
- **Kerry Wright – Wright-Way Financial Insurance:** Maybe DHCS can leverage Covered California's enrollment channels as assisters and not as impediments. Covered California has successfully reached out to more within the community by successfully leveraging their navigator and enroller channels.

C. Special Enrollment 2024 – Marketing & Outreach

- **Kerry Wright – Wright-Way Financial Insurance:** Very happy to have generous SEP QLEs. Very helpful.
- **Dawn McFarland – M & M Benefit Solutions Insurance Services:** Conflicted on the extension of SEP, there is a reason for the end of OE and that we sometimes encourage procrastination, but we need to be careful on how much we allow people the time to delay. People should be held accountable in a system.
- **Doreena Wong – Asian Resources Inc:** Agree with comment that SEP QLEs are for very specific reasons, such as the phone outage, and the decision that all eligible consumers have access to coverage. I think it has been particularly important to extend the enrollment period through the public health emergency. If there's any time that people needed health coverage, it was during the public health emergency.
- **Marshawn Harris – Bay Area Quality Insurance Services:** Support the QLEs, not many agents understand how we are to apply and some people are giving incorrect information on what the QLEs are and how to use them. Tools: unemployment consumer outreach through EDD, they are speaking about CCA, they are speaking to consumers; EDD population need to know when they can apply for coverage, especially if they are having subsidized COBRAs. Can we get more information on COBRA and Covered California? Perhaps a flyer?
- **Hellan Dowdan – Teachers for Healthy Kids:** COBRA, who is paying the premium? Employer or employee? Not sure on a leaflet based on how much more expensive it is than Covered California.

- **Marshawn Harris – Bay Area Quality Insurance Services:** COBRA is paid for by employees, but some employers are paying several months or more of coverage. In terms of Tools and marketing, I have not seen any flyers and collateral and they are not as specific in SEP. Social media tools would be helpful as well.
- **Kerry Wright – Wright-Way Financial Insurance:** Regarding tools available, just reaching out to the distribution channels via text, email, etc. is helpful to better assist that consumer when they walk in the door seeking SEP QLE assistance.
- **George Balteria – Collective:Choice Insurance Solutions:** Shop and Compare tool, something that can help is having an opt-in form for Covered California to contact them back, using Shop and Compare as a lead gen.
- **Kerry Wright – Wright-Way Financial Insurance:** Can Shop and Compare have a PDF quote creation functionality for consumers?
 - **Robert Kingston – Covered California:** Definitely something we've been working on for years now. We got very close previously and weren't able to do it, but it's something that's on the radar we'd like to move forward on in the very near future.

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V. Covered California

A. Marketing Updates

- **Rachel Linn Gish – Health Access California:** Appreciate when we are provided images and sample posts and language; we turn around immediately and post to all of our socials. We use it in our own promotional email materials. We know that enrollment video was very effective and appreciate the collaboration differentiating between a video and a static image, for example.

B. Communications Updates

- **Rachel Linn Gish – Health Access California:** As someone who also plans communications events, I want to give props for pulling together that many events at locations that usually don't have events. Great work on media events and Covered California got some great headlines out of them.

C. Outreach and Sales Updates

- No comments

VI. MOEA Member Open Discussion

- **Kerry Wright – Wright-Way Financial Insurance:** I want to thank you the Outreach and Sales Team that makes us successful here at Covered California. I want to thank you enrollers for serving our community in multiple ways.
- **Doreena Wong – Asian Resources Inc:** Thank you and I want to make a comment about the Navigator program. I wanted to express our gratitude for increasing our budget over the next three years as we've asking for more funding. I appreciate that the Covered California team listened and increased the funding and budget for the next three years. Recognition of the role the Navigators play in reaching the hardest to reach communities.

- **Kerry Wright – Wright-Way Financial Insurance:** When I was thinking of things to discuss during this open discussion, quite a bit of it was with regards to our relationship with Medi-Cal and how we can better partner with Medi-Cal. I wish our full Board would hear idea on how we would like to better partner with Medi-Cal to better serve Californians. Leveraging the navigators, agents, with more access to information in the system if Medi-Cal would let us into their system to support. We haven't messed up CalHEERS that badly, so that may be a better way to get more boots on the ground.
- **Hellan Dowdan – Teachers for Healthy Kids:** During redetermination, I work a lot with schools, and they ended up calling Covered California because they couldn't get through to Medi-Cal to help with redetermination, so bless the staff that helped and got them on the right path, so they didn't lose their coverage.
- **Kerry Wright – Wright-Way Financial Insurance:** A pat on the back for the call centers, as I know I utilize them to review what I've put in the system, and that I've done it correctly. They are affable, professional, and they always help me out; they're a great resource and I want to give them a big round of applause.
- **Karol Sandoval – Covered California:** I did just want to also mention, since this is the open discussion, this year in August at the end of August, our two year term for our members is expiring. So, during the month of June, somewhere around there, current members will have the opportunity, if they wish to extend for another two-year term. So, please be on the lookout for that. Obviously, we're encouraging everyone to continue, but if you're not able to, we understand. And there may be some opportunity for new entities to engage with us. But, hopefully, that's not the case. Hopefully, we get everyone interested in and able to join us for another two years. Thank you much, we appreciate you all, and we'll close it out.

VII. Adjourn

- **Kerry Wright – Wright-Way Financial Insurance:** Closing out and adjourning our meeting.