

MARKETING, OUTREACH AND ENROLLMENT ASSISTANCE ADVISORY GROUP

Meeting Minutes

Friday, June 29, 2018
Covered California Tahoe Auditorium
1601 Exposition Blvd.
Sacramento, CA 95815

Agenda Item I: Call to Order, Roll Call, and Welcome (Discussion)

Efrain Cornejo, Sales Manager, called the meeting to order at 10:02 am. Doug McKeever went through the agenda items and meeting purpose.

Members and participants present during roll call:

BALTERIA, GEORGE	QUOTE SELECTION INSURANCE SERVICES
BERGSTROM, MICHAEL	NEIGHBORHOOD HEALTH INSURANCE CTR
CAMBEROS, VERONICA	VALLEY HEALTH PLAN
CHAN, LORETTA	APAC SERVICE CENTER AND INSURANCE
CHUNG, ANGELA	HEALTH NET
DAR, SARAH	CALIFORNIA IMMIGRANT POLICY CENTER
FLORES, MARY JUNE (MJ)	HEALTH ACCESS
HU, EDDIE	ASIANS AMERICANS ADVANCING JUSTICE
LUJAN, MICHAEL	OSCAR HEALTH
MEDINA, BETTY	NORTHEAST VALLEY HEALTH CORP.
ORTIZ, ALICIA	ORTIZ AND ASSOCIATES
ORTIZ, ROBERTO	ORTIZ AND ASSOCIATES
RAONGTHUM, ANCHULEE	BLUE SHIELD CALIFORNIA
SANDERS, CAROLINE	CPHEN
SPECTOR, ROBERT	BLUE SHIELD
DOREENA WONG	ASIAN AMERICANS ADVANCING JUSTICE
WALLNER, MONA	HEALTH ACCESS
WRIGHT, KERRY	WRIGHT INSURANCE

Covered California staff in attendance:

Yuliya Andreyeva, Angie Blanchette, Michael Brennan, Terri Convey, Efrain Cornejo, Jagdip Dhillon, Gianina Frazee, Kelly Green, Jen Jacobs, Kathleen Keeshen, Waynee Lucero, Doug McKeever, Ashley Nichols, Colleen Stevens, Tonya Thomas, and Jamie Yang.

Agenda Item II: Covered California Market Update

Presenter: Doug McKeever, Chief Deputy Executive Director

Discussion:

Starting in 2013 with an uninsured rate of 17%, California is now at 6.8%. Accounting for those who are not eligible to receive coverage in California, this number goes down to 3.4%. The overall market has declined 4% from 2017-2018, but only 7% from 2016. However, there's a vast difference between the federally-facilitated marketplaces versus

Covered California where they have seen a 38% decline in enrollments from 2016 or roughly from 4 million to 2.2 million individuals.

Covered California's overall enrollment has been relatively stable since 2015 which is attributable to how Covered California was developed on a bipartisan basis back in 2013, our consistent benefit designs, and engagement with the stakeholder community which helped us understand how to best to roll out coverage in California. Covered California serves approximately 1.4 million members, but it's also important to note that Medi-Cal has increased its coverage by over 4 million which is a good thing to see is there is a very small number who are uninsured.

Brand recognition is an extremely important component of our program and it is how we move forward. Our brand is recognized and has a 96% recognition rate, which is a huge value add and a testament to the efforts we have collectively undertaken over the last five years. Not only is it the name itself, but the fact that we provide health benefits to those who are eligible. What is a little disconcerting for us is the 75% uninsured who don't know that they qualify for a subsidy. We continually work on how we can better message to those individuals so they will take the next steps to find out how they then can receive the subsidies as this group is twice as likely to enroll once they become aware of their eligibility for subsidies.

Covered California recently produced a report called "Marketing Matters" that outlined all the lessons from California that we have undertaken to both promote stability and lower costs, both nationally and as a state individual marketplace. Marketing and communication will continue to remain a huge component of our efforts as we move forward. For California's individual marketplace enrollment, Covered California's stability is attributed to the fact that our premiums have also been relatively stable since 2014. For those who receive subsidies, the four-year average has been at about 3.3% which is good and nearly at GDP. The four-year average for unsubsidized consumers, it has averaged about 7.2% which is not outside the realm of what we would expect given trends in medical care costs and prescription drug prices. It is important to note that 7.2% still has dramatic impact to those who do not receive the federal subsidies because this is a direct financial burden and it is something we are constantly aware of and looking at, especially for those who are being financially impacted by the ongoing annual increases.

Our stability over the past four to five years may also be attributed to the 11 carriers that have participated in the program from the very beginning, over our 19 regions – affording our consumers the choice they deserve in those geographical locations in which they live. We are in the final stages of our rate negotiations for 2019 plan year and premiums will be announced in the middle of July, hopefully on the 17th.

Public Comment: No comment

Agenda Item III: Marketing

Presenter: Colleen Stevens, Director of Marketing

Discussion:

We started OE5 (open enrollment 2018) with tons of quantitative and qualitative research looking at the various populations within the state, trying to really nail down what will motivate somebody and what are the barriers to people signing up for Covered California.

A week ago, we finished our focus groups that focused on “life can change in an instant.” In these focus groups, we saw that people who haven’t signed up yet are building a strong denial of why not to get health insurance or they just have affordability issues. When you talk about chronic diseases, they say that’s “something in the future when I’m older” or “it’s not going happen to me”; even if they are a walking time-bomb health-wise. They still say, “I feel healthy”. Our “Life Can Change in an Instant” campaign received a lot of positive feedback and the scenarios that were used in advertisements really resonated with people. The campaign also received a national award last year as it really combined creative and research as a foundation for the campaign.

Last year, we had a very integrated campaign and had the same themes in ads, billboards, social, media,... The only difference within the campaign is that for our special populations, we had special creative that resonated stronger with them. Last year, we started adding the names of the Qualified Health Providers (QHPs) to counter people saying “...it’s not quality insurance, it’s government insurance”. We see results in our testing that listing the names (of carriers) is very successful because people recognize names such as Kaiser and Blue Shield.

One of the biggest positive changes that we made last year was creating a special team that responds to postings on Facebook or Twitter, voicing their frustrations with our website or the call center. Now, they receive a response within two hours and IT complaints are resolved within 24 hours.

Last year, we also addressed the frequently asked questions about the enrollment problems by developing videos that addressed these specific issues. We also know the number one reason people stop having insurance or are eligible for our Special Enrollment Period is because they lost their job. Since day one, we have put inserts inside of EDD envelopes with their unemployment check and this is probably our most cost-effective marketing.

Marketing tracks what people do, even by population. For example, African Americans consume the most television while Asians consuming the least. For each population, we look at their habits and how we can best reach them. Because of Google analytics, we tracked 4.4 million new visitors last open enrollment to our dot com website and of those 2.8 million can be directly linked back to a digital ad with just under 550,000 getting an

application. This upcoming year, we will be able to track them through the application and identify the “bumps in the road” that stop them in the process.

Planning OE6 (2019) for next year, we started this season with research and message testing. We also just finished our creative testing and went back to our finished storyboards, which is just a blueprint for an ad. Here, we looked at which one resonated (with consumers). We also did focus groups for the first time with those transitioning from Medi-Cal. We do not yet have the results, but we talked to people who either left Medi-Cal and didn't move to another insurance or the people who successfully were on Medi-Cal and transitioned to Covered California. We are looking at the differences in these people – where did they get their message and how do they make their decisions.

People know health insurance is needed but have too much on their plate. One woman said, “I have a choice – I can survive or get health insurance”. These people are really just trying to survive. Even though they want health insurance, most of them automatically think it is out of reach for them. Sadly, even after five years people still don't understand what financial assistance means or how it applies to them. As a result, we are going to specifically address that issue moving forward and our “Life Can Change in an Instant” message is still very relevant.

We have a mixture of brand ads and also direct response, or “DRTV”, ads that tell people who they should call and how to get help. However, we still have this gap where people still don't know about financial help – they don't know what we offer but they know the Covered California name. We looked at data from last year that on average, most consumers pay \$5 a day for their insurance. In our testing, the \$5 per day message really triggered people to check to see if they are eligible, which is our goal. Next year, we are going to have a lower level start to the media but it will be strong around key deadlines. We won't go into our collateral, but you can see these on your own as we want time for comments. There are also areas of opportunity such as recruiting Spanish speakers, content marketing and direct marketing and analytics.

Public Comment:

Doreena Wong: In terms of the focus group testing, you had some multilingual focus groups and one bilingual. I'm just wondering if there's testing in Chinese or some Asian language.

Colleen Stevens: We look at the most dominant, bigger populations of Asians and one year might test Chinese and Korean and the next year is Korean and Vietnamese.

Doreena Wong: Are you planning on it or did you do it last year?

Colleen Stevens: We have to get back to you on specific languages because it changes every year, but I know in the message testing last year was English and Spanish, but we added Cantonese this year. Each time we try to rotate the different languages and the groups (communities), but we can't do everyone, every year because there are so many.

Doreena Wong: We know there are going to be some issues coming up in the next open enrollment period, for instance. We expect the “public charge” issue and there’s some proposed regulations that would change for illegal immigrants who use public benefits and it may include the APTC. This is really going to impact us and I know a lot of people in my community, especially the immigrant community. I’m hoping Covered California can plan for that. As a Navigator, we are certainly planning for it and trying to tailor a message to get the word out.

Colleen Stevens: In the first couple of years, we did a lot of work around educating people about immigration. In the last two years, this was not a question. We did over ten focus groups just this last week and again people are saying, “I don’t want to sign up for any government program because I don’t want to be on the record as being a burden to the state.” We are aware of this and are going to look at ways to address it.

Doreena Wong: The other question/issue is around other areas or groups that you might want to target. I know your return on investment is best on the larger Asian populations, but we know that even some of our Navigators/Partners target their own communities. We would love to expand our targets. Some Navigators put their own ads in local newspapers, so we would love to coordinate that.

Colleen Stevens: We do Thai, Cambodian, Mung, Vietnamese, Cantonese, and Mandarin. So those are the main ones and then we do 11 other languages altogether. And, some are limited on where there is media.

Amanda Wallner: Have you tested or thought about doing LGBTQ targeted ads in languages other than English?

Colleen Stevens: We think about it and it’s difficult to do because the media that is available for specific populations is mainly in English, but we are looking at doing less print ads and more billboards so we can reach a broader spectrum of people. We are always looking for ways, but don’t know how to exactly make it work.

Amanda Wallner: Even if the mainstream Chinese media or mainstream Spanish media could include messages to LGBTQ consumers, we would love to see something like that in the future.

Mary June Flores: As you all know, Health Access is sponsoring legislation limiting junk insurance plans and one of them is prohibiting insurers from selling short-term plans. Throughout the legislative process and also the policy conversations that we’ve had, there have been really good conversations around what that population looks like because there are still maybe 10,000 to 20,000 Californians that are attracted to short-term plans. We’ve realized Covered California is short-term insurance/coverage for people who are in-between jobs. As consumer advocates, we don’t highlight this and this is a potential opportunity to attract those individuals because they hear that Covered California is at least a year long commitment. When you prepare for open

enrollment and special enrollment periods, we want to make sure we highlight this because there will be people in-between jobs that may choose COBRA as opposed to Covered California or choose these short-term plans because they think that they are ACA-compliant plans.

Colleen Stevens: We agree. We have a workgroup that is a multidivisional and we are developing fact sheets that specifically address short-term plans and we're adding additional languages for open enrollment. Your point is very important as we are also "short-term", but we can be long-term or short-term depending on what the person's needs are. If you have any specific ideas or learnings, we would love to hear them. As a whole, we are taking this very seriously.

Mary June Flores: We have learned through our legislative argument to say Covered California is short-term coverage for people in-between jobs and that has resonated a lot with the legislators as opposed to messaging it as "we're taking away junk insurance plans". Instead, we are highlighting existing options like Medi-Cal and Covered California that provide short-term coverage for people in-between their life circumstances. We also want to work closely with you on understanding how we can get the subsidy-eligible people who are not yet insured to be insured through Covered California, something I know you are committed to and it's more important now with the individual mandate being zeroed out next year. The question is how can we elevate this and communicate the fact that people are still eligible for subsidies and should maximize this opportunity to still get insurance coverage.

Colleen Stevens: We can set up a separate meeting to discuss this. That is our number one goal – to figure out how to get that group to convert.

George Balteria: What kind of marketing/messaging will there be for short-term plans? It sounds like you are putting together some pieces for consumer education like handouts or flyers. Will there be any other direct media education related to that or will most media be similar variations of what you covered in the slides?

Colleen Stevens: We're still actively working on an answer to that. We will most likely do some sort of social post and we will have material available to share with agents about comparisons between plans and benefits between these different plans, probably not in the major campaign but we are still finding ways to look at that issue.

George Balteria: With short-term medical plans – if a person has Covered California right now and they are choosing to go with a short-term plan, the inquiry that happens is a person is looking for a cheaper option and they are not educated on what short-term medical plans are. Then, they go and find perceivably cheaper insurance if they've already made the decision to go with that less expensive plan. It's going to be very hard and maybe even impossible to change their opinion from someone in the call center, so there should be some thought given to call center operations. Is it better to educate people and tell them if plans are good/ bad or not do anything? I don't have a stance on the issue, but I'm looking for input.

Doug McKeever: There is a bill on this issue that is on the assembly floor and it may end up on the Governor's desk, so a lot of the conversations may be mute if the Governor signs the bill that will outlaw these in California.

Caroline Sanders: With the focus group testing, is it possible to have enrollers sit in on the focus groups (specifically language focus groups) to generally get a sense of what consumers are thinking?

Colleen Stevens: That's a hot ticket to get inside our focus groups. At some point, there could be selective inclusion but this is literally "standing room only". We do record them and we can't distribute these, but we can share them as best as possible. Sometimes, we have streaming video. It's hard for us to open these up to everyone, but we will try to accommodate you.

Caroline Sanders: External factors related to messaging— do you plan to share this with enrollers? Are you developing other media, toolkits or suggestive tweets that enrollers can use to help amplify some of the messages that you're trying to get out in your advertising campaign? There's interest in learning a little bit more about how we are dealing with external factors. And, to what extent you are using unearned media strategy and involving folks in that conversation.

Colleen Stevens: There are two things. Number one – when things come out that are valuable to the public at large, we have social media and some of the quicker turnaround vehicles. We try to develop things that can be timely in terms of what the discussion is. We work really hard as a program to keep it timely while keeping our agents and our call center people all speaking to the same issues and this will continue. The second part is that we do make toolkits for agents, the legislature, and stakeholders which are constantly being refreshed. The biggest thing is if you identify an issue that we should be addressing – let us know and we can incorporate it into planning such as the public awareness of the public charge issue.

Agenda Item IV: Communications

Presenter: Jagdip Dhillon, Communications Manager

Discussion:

Covered California's outreach and media efforts to promote awareness in enrollment paid huge dividends in OE5 (2018). We had three legs of the bus and art tour. Our efforts, combined with healthcare being such a hot topic issue in the news all of last year, enabled us to conduct over 200 interviews with newspapers, radio, TV, and online news sources that generated over 270 million impressions providing an ad value of over \$10 million dollars. Our murals include 16 locations where local artists created healthcare-related artwork murals. We hit every major city like Sac, Oakland, LA, and Redding.

Earned media remains a big part of what we do – we sent out articles and graphics our media contacts in our African American, Spanish speaking, API and LGBTQ

communities... We try to do this every month and some of the publications pick up some and some do not, but we make it a part of our process. And, you see the diversity in some of the media sources that includes Covered California. The graphics that we are trying out for the first time this year, we're seeing if they have the same impact as the articles we already have.

As far as other events related to our bus tours, we had an African American media roundtable in L.A. called "Coffee and Conversations" that focused on the future of healthcare. Dr. Stanley Frencher from MLK Community Hospital was the guest speaker. We had API-focused press events as part of our December bus tour with Chinese and Korean press conferences. We also visited the Asian Americans for Advancing Justice offices in LA and another Vietnamese media event in OC later that same day. As far as the Spanish speaking media, we have Urina who lives in Orange County who is constantly doing radio and TV interviews in Spanish throughout the southern part of the state. She also had phone bank events like Telemundo and we are figuring out a way to better reach these populations.

We also rolled out a graduation campaign that was focused on college grads going into the world without health insurance. We really focused on those losing school-sponsored plans or leaving their parents' plans because they turned 26 and qualify for our Special Enrollment Period (SEP). We talked about it at U.C. Merced's graduation speech and had a lot of social media posts about the (S.E.P.) topic. We also went to Sac State's graduation. Covered California's focus is also on real people and real stories. (A Spanish video of a real story, "Josefina", was played for attendees.)

Public Comment:

Kerry Wright: Please do include opportunities for folks to get live face-to-face counseling. Every open enrollment period, people approach me and even though they went to CalHEERS first – we did a reevaluation and got people a better deal with lower cost and better coverage.

Doug McKeever: Thank you for your comment.

Doreena Wong: Concerning earned media – this is where you buy ads or place ads in various different media channels?

Jagdip: That is not our end of it, but we produce print-ready articles. We write the entire article and produce the graphics. These are then sent to newspapers, websites, etc. As for buying ads, we'll leave that to the marketing division and they could better answer how that works

Doreena Wong: To the extent can we coordinate ad buys – because we put ads in the paper to publicize our navigator events, etc... it would be really helpful if we would be able to coordinate it with your efforts, just to give us a schedule so we know about when ads will drop and we can then try to follow up and place our ads around the same time so they have more impact.

Colleen Stevens: As we get to open enrollment, we will nail down our dates. If you call us directly, we can get you someone to talk to about when we're actually placing ads.

We don't really share this information publicly and if you say I'm going to place three ads in the fall or I have a specific event, we can try to give you more specific information.

Agenda Item V: Outreach and Sales

Presenter: Terri Convey, Director of Outreach & Sales

Discussion:

Outreach and Sales has a decent, good size team of 55 people supporting 17,000 to 20,000 enrollers or approximately 14,000 insurance agents, 1,000 navigators, and 1,600 certified application counselors. More than half the people who get enrolled with Covered California received in-person assistance from that team of partners. Some tools help our consumers find in-person assistance on our website and we use technology quite a bit to connect our in-person enrollers to consumers. We have pages that show local help – it will identify our storefronts that are managed by enrollers, it lists certified enrollers, events, Medi-Cal offices, Help-On-Demand tools that will ping an agent, etc... there are many good resources for our in-person assisters.

Storefronts are a main feature of our program in providing in-person assistance. There are over 700 storefronts that are staffed by certified enrollers, agents, community partners, and navigators. We have all of the languages covered in our storefront program and a consumer can look up storefronts close to them by zip code. The Help-On-Demand tool is getting a lot of positive feedback. If you are on the website and looking for assistance and want to talk to someone, it pings an agent to return phone calls or talk to people. To be a part of the program, an agent must agree to return phone calls within minutes...no later than 30 minutes. It is also set up to ping agents that coincide with the preferred language of the consumer.

Online resources – we have webpages and if you go to Covered California's main page and you're an enroller you can click through the link at the bottom of the page and you can click through to whether you're a certified enroller, navigator, community partner or an agent and it will take you to the appropriate pages that are loaded with toolkits. We have about a dozen subject matter experts who create content that really will support anybody, new or experienced. And, resources to help our consumers. This same team also delivers communications, monthly newsletters and alerts as needed. We also have a "heat map" program that is a technology available for our enrollers that helps identify populations and filter certain characteristics of people who are "underserved" where we can identify gaps and help work with our enrollment partners to make additional outreach efforts. This is real time information available through the field teams, so that would be the way to get those maps.

We just finished our “Five Years Strong” events. This was very successful with four major locations with over 1,000 people in attendance in Pasadena, Fremont, Sacramento, San Diego. These are being followed up by smaller regional meetings with the same content, so we are getting out there after open enrollment with yet another campaign to help educate the enrollers and make them aware of the methodologies in place which is to get the word out on lifestyle events and that we are as short-term solution so if you have these events you can enroll with us.

Grassroots marketing is also a big part of our outreach program and we are in the planning stage for OE6. We are interested in feedback to help with this process and make sure we are getting to the groups and communities that you guys have even more information on ones that we can reach. But proven strategies like phone banks, events, bus tours, open houses, call campaigns, onsite enrollment, getting some materials out into the hands of folks.

Public Comment:

Rebecca DelaRosa: For the events that you’re organizing for the coordination, do you have a schedule online?

Terri Convey: We can put it online. It’s developing now and certainly if you’ve got some suggestions and call-outs, we would be very interested in getting those.

Rebecca DelaRosa: Like our colleague Doreena and also Caroline, we’re working on messaging related to public charge and a couple of videos. Do we just follow up directly to you?

Terri Convey: Please follow up directly with me.

Caroline Sanders: I know there is a lot of interest with our partners and really coordinating and working more closely with you all. Is there a way for groups to give input into the timeline? There’s just a lot of interest trying to amplify your message, but also work with you as these dates and milestones come about.

Terri Convey: I think that’s a great suggestion and we don’t have time in today’s meeting to discuss this, but if you can connect with me and we can possibly create an agenda item for future meetings.

Doug McKeever: You can channel through Kelly’s group.

Kerry Wright: I want to just leave the comment that we agents are thankful for the storefront program. Navigators write their percentage of the book, then there’s the contribution of agents and when we’re allocating resources to reach out to the community – just be mindful of the amount of folks who come into these venues and the amount of investment should be commensurate. What we need is resources. We are talking about this during open enrollment and not having the penalty for getting folks insured. If we agents are going to keep folks insured, it’s going to take some salesmanship to get folks interested. I ask that we be mindful of how many folks come into the various different doors and look at the resources we put into those efforts.

Doug McKeever: Thank you for the comments. One comment from me which is that I don’t think sales is a bad word to use. We know that we have to sell this product and that’s part of the whole “marketing matters” campaign which is getting the word out so

folks understand that we're there for them and clearly have multiple ways in which to do that – our agent community is one of those. As it relates to the channels coming in and percentages and numbers, we know those. I think a future meeting would be helpful for us to share more specifics on those data points, so we'll take that away as an action item for us.

Agenda Item VI: The MOEA Group

Presenter: Doug McKeever, Chief Deputy Executive Director

Discussion:

We are now going to solicit your feedback on moving this group forward. But before that, I want to provide some historical context to remind everyone how this group was formed, what the intent of the group was before we get into the questions. Back in 2012, the Board approved this particular advisory group in addition to two others. The scope of the group was to provide advice and recommendations to the Board and to staff.

Looking at marketing, outreach, and enrollment assistance for that – the structure was that the individuals who were identified would serve a two-year term and that there would be an evaluation by Covered California and a recommendation to the Board if any changes to the structure or the composition of that group were to be made. And then lastly, the group was to be limited to 12 to 15 members to ensure meaningful participation by all those members. It also included a recommendation on the composition of the group. It shows a diverse group that was requested to be participating in the advisory group itself. I will note that the original group that was formed had 16 individuals who were identified and participated. As you can see, that evolved over the last couple of years to include more than 30 participants for this particular group. There were no term limits and it represented six membership categories and again, we had periodic meetings relative to the scope and activities of which this group was formed.

What we are looking for is your feedback and we want to ensure that we use this group in a manner in which you find to be valuable and one that we can leverage and take advantage of your perspectives, feedback and expertise as individuals in the field who are helping us serve the consumers of Covered California. We are looking for are ways in which this advisory group can help us achieve that mission. And, what should the scope of this group be? Should it be different from what it originally planned for back in 2012? When it was formed, the initial feedback that we got from this group was that we never marketed before, we never communicated before... it was all brand new.

I ask how do we want to cobble that together and who should we message to? We've come a long way in five years. We now do a good job at marketing and

communication. Maybe the scope of this advisory group might be a bit different than when it was formed in 2012? We want to hear your thoughts on that. Lastly, what is the right number of members to be in the group? The number of members in the group is important to the success of the group. Is it helpful if the group is a little smaller than overly large? Is there a need for term limits? How often should the group meet? Once a year or every quarter? We will open up for conversation about purpose, scope and structure.

Public Comment:

Robert Spector: One of the ideas I would toss out is potentially a scope expansion for this group, also factoring in utilization or once people are enrolled and getting them the right care at the right time. And, a couple of thoughts on that from Blue Shield's perspective: In the past few years, we've sort of been able to identify opportunities with what our membership is doing that we think carries over to all the Qualified Health Plans (QHPs). I'm trying to look at this not only from Blue Shield's membership but I'm relatively sure the other carriers are seeing that addressed in last month's Board meeting where Peter talked about 30% of the enrollees haven't had a claim or visit. We know that collectively people are utilizing an ER for services they probably could go to urgent care for, even the people with bronze plans aren't taking advantage of the three office visits as they're confusing the bronze with the HSA. These are just examples, but if affects all of us and ultimately addresses the cost of the plans and people getting the right care. In order to get those messages out, I think we can leverage the great wiring Covered California has done with the community partners. A plan on its own isn't going to be as effective as leveraging the consumer advocates or the community partners and the agents to get some of these common themes and messages out that we could all help drive out in the market. It's not just for renewal or open enrollment, but these are helping people get the right care at the right time. I ask this group to maybe consider a scope expansion that looks at an ecosystem of marketing and messaging around helping people address where we know they're not utilizing the right care.

Doug McKeever: Covered California is not going to pine on these suggestions as our job right now but it is to solicit your feedback and perspectives. Our "take-away" is to then collaborate, collect these ideas and then reengage all of you with what the outcome is so that we can reach a consensus about how best to move the group forward.

Mary June Flores: My comment is around the membership. I know right now there are over 30 organizations represented in the advisory committee. And, the principle vision around the committee was around 12 to 15 members. I'm thinking back in the one or two MOEA meetings I've been to and I'm not sure if every one of these organizations were present in the most recent set of meetings. Perhaps it's not as pressing or urgent for those individual organizations to come to the meetings or for resources. Or, capacity restraints are they aren't able to send a representative either in person or over the phone. If we were looking at reducing the number of members, I would recommend that Covered California reach out to each organization especially as you think about

what that right number would be so that us, the consumer advocate, can talk about how we can best represent the consumers' voice because there is a wide variety of voices that we would like to present on the Board or in the committee.

Doug McKeever: We are not predisposed to a number. We want to know is there a number and if there is what should the number be? Based on your comments, do you have a number it ought to be relative to the participants?

Mary June Flores: I don't know if I'd have a specific number but given Health Access's participation in another advisory management committee meetings, I think the membership is around 12 to 15 as well and we've been able to work together across the various interests to troubleshoot and problem solve. Even within that group, we're able to create subgroups that would really delve into specific issues and I think that's been really helpful to us. Given our experiences with the Plan Management Advisory Group, that has been a very successful model for us to not only provide quick solutions but also feedback to Covered California staff in a timely manner whereas I can see a 30+ member group potentially inadvertently delaying some of the solutions that could have been addressed in a smaller group setting.

Robert Spector: One of the things to think about, the committee composition is for lack of better words, like a cabinet where there's committee members who represent a constituency or point of view. For example, we want to make sure we have a committee that has someone at the table who can speak to benefit utilization or plan design. Or, someone who can speak to different outreach channels. Maybe just looking at ensuring representation from agents and navigators, a couple of slices of different community organizations, a few from the plan side or something like that, but looking at what would the cabinet secretary look like to make sure we have people at the table that would then represent multiple different groups.

Doug McKeever: I'll just refer folks to Page 58 on the slide deck that talks about what the Board intended the composition to be of this group, which was a very broad representation of constituents. So, we'll still follow that so that we make sure we get adequate and sufficient feedback from whoever it is that ultimately will be on the committee. Any other comments? This could be about scope and purpose.

Rebecca DelaRosa: I did attend a couple of meetings in the past and I think what could be helpful is, they didn't always have the capacity to come out to all the meetings but if there were more specific projects or outcomes that we were providing direct input to. I think that would be in terms of the role of the advisory group is to be able to have more of a process and expectation from members in terms of what our roles are. When it comes to the marketing, outreach, and enrollment, I think that could be helpful if there are certain groups that are more like community groups where we really need to have their input in terms of strategy – serving to connect patients with the sources. In terms of time management and feeling like we are advancing in terms of our time together and meeting certain outcomes, I think it would be helpful to have a little more specific, shared goals for the advisory group.

Doug McKeever: I think that's great feedback for us. I would also ask and invite all of you to provide us with what you think those topical areas are too because again, we

don't want to predispose what the agenda ought to be for this advisory group. We have the parameters or the umbrella over marketing and communication, but what is the broad component and what are some of the things we ought to be bringing to the table at those meetings? Having a meeting for a meeting's sake is not productive, so what is it you would like for us to or how would you like to scope this out so that when we do have a future meeting so that we have a good agenda with topics. Relevant to you, all that we can take away and prepare for so that info provided from us to you is relevant and valuable.

Doreena Wong: I don't have a specific magic number on who should be on the advisory group. I've been to almost all of these meetings since the beginning, so the idea of having a set membership has never seemed very practical because I was never an official member of the group. I just participated and I'm glad there was an opportunity for me and for other groups to participate, even if we weren't officially on the advisory group. I want to preserve that opportunity for those groups who want to participate to be able to participate. I'm not exactly sure how to do that, but I know these are public meetings and the public does have an opportunity to ask questions and make comments although it's much more limited than if you were an official member. I do think there is a dilemma about limiting membership in a way that limits the actual ability to hear other perspectives and other groups. One way we might be able to do that is if Covered California insists on having a set official membership as representatives is to have sub-workgroups. MJ suggested that with Plan Management's advisory group, they have workgroups. I think it would be good to have more targeted opportunities to talk more in depth about issues, like the navigator program or agents wanting to talk more in depth about sales and outreach. That may be the opportunity where more individuals from different organizations and advocates can participate. If you were going to go forward with just official members, I don't know how to choose official members. There will probably be more interest from certain sectors than others. Maybe we can talk more about what you might be looking for in an official member, but that's just my fear about limiting membership in that way. I can say that there has been a regular group that has participated, certainly not most of those members are official members when I look back at that list there's limited participation. Those are just questions I have but I don't have questions about the scope or the advisory group but I like that idea of Rob's to include how to devote messages about utilization, that could even be folded in with the current broad scope so it's more how to encourage more participation and more effective and valid, in-depth discussions we can have.

Doug McKeever: I just want to make sure there's full understanding that Covered California is not predisposed on the numbers. We don't know what that number ought to be, so we aren't going to insist upon a number or a process that's something that we're here today to talk about, so we can figure out how best to move forward with the collective group that will provide us with that feedback. As for choosing our members, I'm not sure if that's something that we are going to do in a silo and that is why we are here today so we can figure out who are the groups that are best represented. If it

happens to be that the number of groups equals 20, then so be it. That's something we are hoping you all can help us shape and frame, so that we can be as valuable as possible as we move this group forward.

Robert Spector: In the Plan Management Advisory Group, we did a couple of things where we just did work groups and we would knock out a couple of communications. Maybe one idea to consider with this is a sub-committee as necessary, where we can pull people into work on specific items and get their collective input. I don't know if it would necessarily be a committee form like this which has different protocols, but if this committee could oversee or initiate various workgroups so people can come in and tackle a specific issue and bring that expertise.

Anchulee Raongthum: I am coming from an outreach perspective, so I think what we should consider is to discuss ways to have face-to-face interaction with consumers working together with Covered California regional field reps. In terms of events, seminars that are in-person. There are a lot of opportunities for collaboration between Covered California and the other carriers as well as the navigators when we're all out in the field. Rob's idea (adding utilization) was a great idea and we should also consider retention. People need to know the value of the insurance they have and each of the different carriers have different add-ons and perks that consumers don't know about. It would be beneficial to have representation from the different carriers to share the value of the insurance besides the basic coverage that Covered California already includes. In terms of how frequent to meet, at least every month or two months because we want to keep the progress going. I agree with the other comments stated earlier, there needs to be action items and agenda topics that are proposed ahead of time by the members so that everyone has input and at the end of every meeting we need to have action items to follow up on the next meeting.

Betty Medina: The navigator program represented in the agenda so we can bring up any issues we have with the health plans or Covered California.

Kerry Wright: I want to make a couple of comments on the scope. I'd like to build on Rob's comment but as an agent in my write-up process, I always explain the difference of when it would be good to use urgent care versus the emergency room. I also try to explain and can ensure that people understand the difference between copayment and co-insurance, the difference between your deductible and out-of-pocket costs... These are concepts that people buying insurance don't always understand, so we need some effort to do some sort of outreach in this regard. On the structure – if it's not broke, don't fix it. Our experience funneling into Covered California has been valuable. I don't think there should be limitations on the committee with meetings once a quarter and additional outreach in between.

Michael Bergstrom: As far as the makeup of the committee, I think we can all agree a lot has changed in the last two years and a lot of changes will continue the next few years. I don't have a specific amount of people that should be on the board, but I think the makeup should reflect the current challenges as well as the future foreseeable ones that are going to come up so the members will be able to interact with those changes that come about. As far as meetings, biannual meetings to recap previous open enrollments around this time of year and what Covered California is looking for

moving forward and then one near the next open enrollment so we can see the results of that previous meeting and what's going to happen for the future open enrollments.

George Balteria: I agree with the size of group and we don't need an official number. We don't need a lot of people but I don't know if there's an exact number. What I think is important is a balance to the different channels for the groups. For example, there are advisory groups that are put together for insurance agents and insurance carriers, but this is one of the few groups where we get the community partners, navigators, health plans, and the insurance agents together. I think that's really important to have that balance of the different communities represented in this group. I think the content of the meeting today was also good. It was very helpful to give just an update to the group and that's always been very useful for me because it does invoke useful discussions later like at this moment. Rob brought up subgroups – we have done something with this in the past and usually they're in the form of a breakout session. It's good from time to time, not every single time and I agree that having some subgroups are good when Covered California staff might need specific feedback for certain areas. Let's not get together with all the African American or Latino or the LGBTQ community just for the sake of getting together, but only when there's actually a real agenda that needs to be handled. Since there are other communities out there like the carrier committee for example, maybe there should be some sharing proactively back and forth between committees like what Rob suggested regarding utilization.

Caroline Sanders: I'm having a lot of different thoughts and I appreciate everyone's comments. I'm interested in having a potential conversation about communication around utilization. We serve on the Plan Management Advisory Committee and we have a pretty full plate. One of the issues we want to get to but never do is the consumer experience. Perhaps that's happening in another way or another manner, but I do wonder with the conversation about utilization and understanding what's actually happening and someone else mentioned retention. If there might be an opportunity to bring together the different enrollment channels, plans and providers to talk about some of these issues around consumer experience, utilization, etc...? In terms of size, I do think a small group is helpful when there's policy making and decision making that needs to happen. I think it would be helpful for me to hear more from Covered California from you all on what you would like or what's helpful and useful and what you get out of bringing us together. If you're looking for input, then I think it's good to have a broader group to sort of respond and give you different perspectives but maybe with smaller subgroups that meet in between and we talked about what some of those subgroups could be like – maybe graphic marketing, media subgroup, a group on messaging or using social media to get messages out. Or, maybe just meeting with enrollers, plans, and providers in subgroups to surface some potential issues that you could address in communications.

Doreena Wong: I didn't address the frequency issue. It would be good to have regular meetings in terms of being able to schedule and plan, but beyond that I think what's more important than how often we have meetings is what is it that we are going to be talking about during the meetings. I think there are times that is more important to meet than others. I think that in preparation for the next open enrollment period or maybe even during open enrollment, it would be really helpful. At least I know as a navigator,

to be able to meet so that we can raise issues real time as it's happening and give feedback to Covered California. Perhaps we could meet and schedule the meetings so that it is more frequent sometimes but to the extent that we can have a regular meeting time – that would be helpful. If there's a decision making responsibility for this advisory group (which I have never had that feeling that we really had any kind of decision-making power), then yes – probably having a smaller group discussion specific on a topic and then coming back to this group, having another discussion where actual decision making could be done,... then it makes sense to have a limited membership. It depends on really what the advisory group's authority is. Generally speaking, we haven't even followed up on any of our recommendations. I have no sense of whether something ever happens with our recommendations. There's never any follow up, but if we had an agenda with specific follow up action items it would encourage participation but also then we could structure the committee in a way where the participants could be more effective in guiding Covered California.

Doug McKeever: You (Doreena) and Carrie both asked about the intent of the group, so I'm going to point back to what the Board back in 2012 outlined in what they called the California Health Benefit Exchange Stakeholder Engagement Plan. And, this is for the scope of the three groups that were established at that time which included MOEA, the Plan Management Advisory Group and what was then called a Small Employer Health Options Program (SHOP) Advisory Group– all of which the scope was to provide Covered California with advice, recommendations and serve as sounding boards to the exchange board and Covered California staff on the issues that they list in this particular Board Recommendation and then they went on to state that charters will be developed for each group to formalize the scope of each groups work. To the question that's been raised about the intent and the purpose of the group, it is to provide advice, guidance, and feedback relative to the things we're looking at and in this particular groups case it would be for efforts revolving around marketing and communications, so I hope that helps clarify what the groups intended purpose was when it was formed back in 2012.

Colleen Stevens: And, I'll give one example of how this group is helpful just in today's meeting. We as a team put a lot of effort into the immigration issue and we thought we had that all handled, but then there's a new reality and so again this is the first week where that public charge came up again. It was very helpful to hear that validated today from people who are on the ground that this is an ongoing issue and it solidifies it's an important issue for us to pursue. Even though there doesn't seem like there was follow up, that was an added piece of information that will go into the mix that will help us make better decisions. Your comments are taken seriously and it helps and reminds us where we need to focus. As I spend time with consumers in focus groups, I see all of your comments today and at the Board meetings as a different kind of stakeholder. In some ways, this is a focus group for people who are working in the trenches and can help inform our way of thinking about our job that we have to do.

Doug McKeever: I'm going to spend the last five minutes covering the next steps which is the need to develop a charter to kind of re-scope this group based upon the feedback that's been received today. I haven't heard any discussions about a nomination process and I don't think we have to have one of those based on the

feedback we've gotten today. I'm not hearing overwhelming support for something that's overly small or overly large, but it's really the intent which should be making this as inclusive as possible and have a broad range of individuals and groups participate so that we hear the perspectives of everyone who has a stake in this process. As for the calendar, I'm not sure exactly where we'll land on the calendar although I think monthly is a bit too much but I've heard quarterly and then twice a year as examples. I'm not sure where we'll land, but we'll mull that over that. There were some great suggestions about potentially adding some of the content for this group to consider relative to feedback that we would get from you and from Rob, in particular. The next steps for the group are our "take away" is all of this rich feedback. We'll consolidate it into some minutes and then we'll come up with some strategies with a recommendation that we'll push back out to the group where we will probably enlist your feedback online, most likely via email to seek guidance on whether or not what we captured was accurate – number one. The approach that we are looking at for the group moving forward makes sense and we'll also include in there some of the membership suggestions and we'll take that and formalize it into something we can move the group forward with.

Doreena Wong: Can I also suggest one workgroup topic would be to use this time that we have to help get feedback on at least the navigator program that is being developed? I think since we have the time it would be good to solicit feedback from the different navigators about that and it would be a good workgroup.

Doug McKeever: We'll take that into consideration and I'll tell you if it's not a part of this, it's going to be a part of our efforts moving forward regardless but maybe it would be helpful and fruitful for others to get to hear about what that process may look like moving forward to get other feedback on that issue.

Agenda Item V: Adjourn

Doug McKeever: Thank you and closing remarks.
Meeting Adjourned at 11:58 am