



Plan Management Advisory Meeting

April 9, 2026

Agenda

Time

01	Welcome and Agenda Review	10:00 – 10:05
02	CIS10 Payment Adjustment Program	10:00 – 10:25
03	Cal HQ Update	10:25 – 10:35
04	2027 Standard Benefit Design (Health)	10:35 – 10:45
05	Walk On Items	10:45 – 11:05
06	Open Forum	11:05 – 12:00



CIS10 Payment Adjustment Program

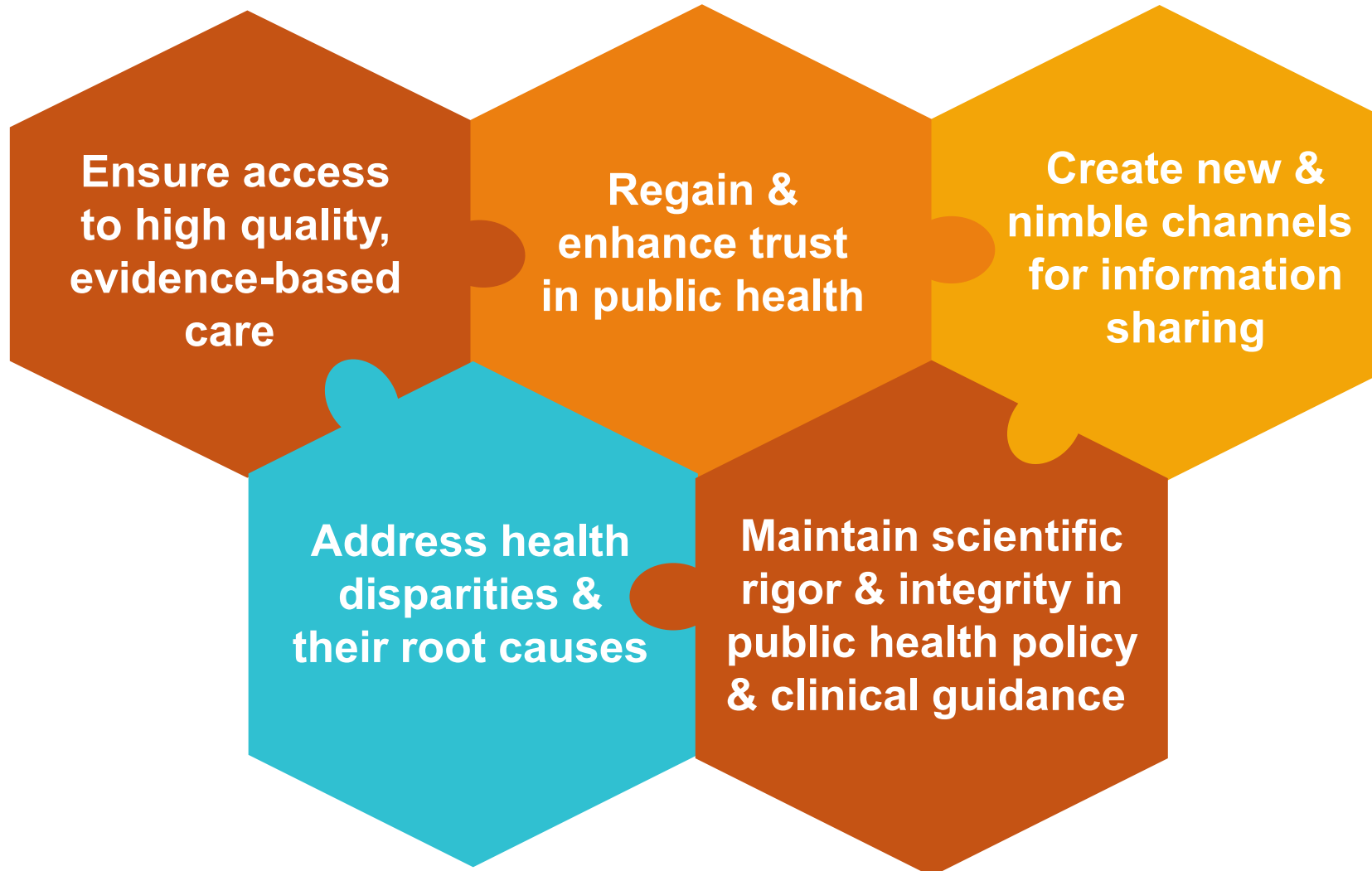
Joy Dionisio, MPH, Quality Improvement Manager
Dr. Barbara Rubino, Associate Chief Medical Officer

April 9, 2026

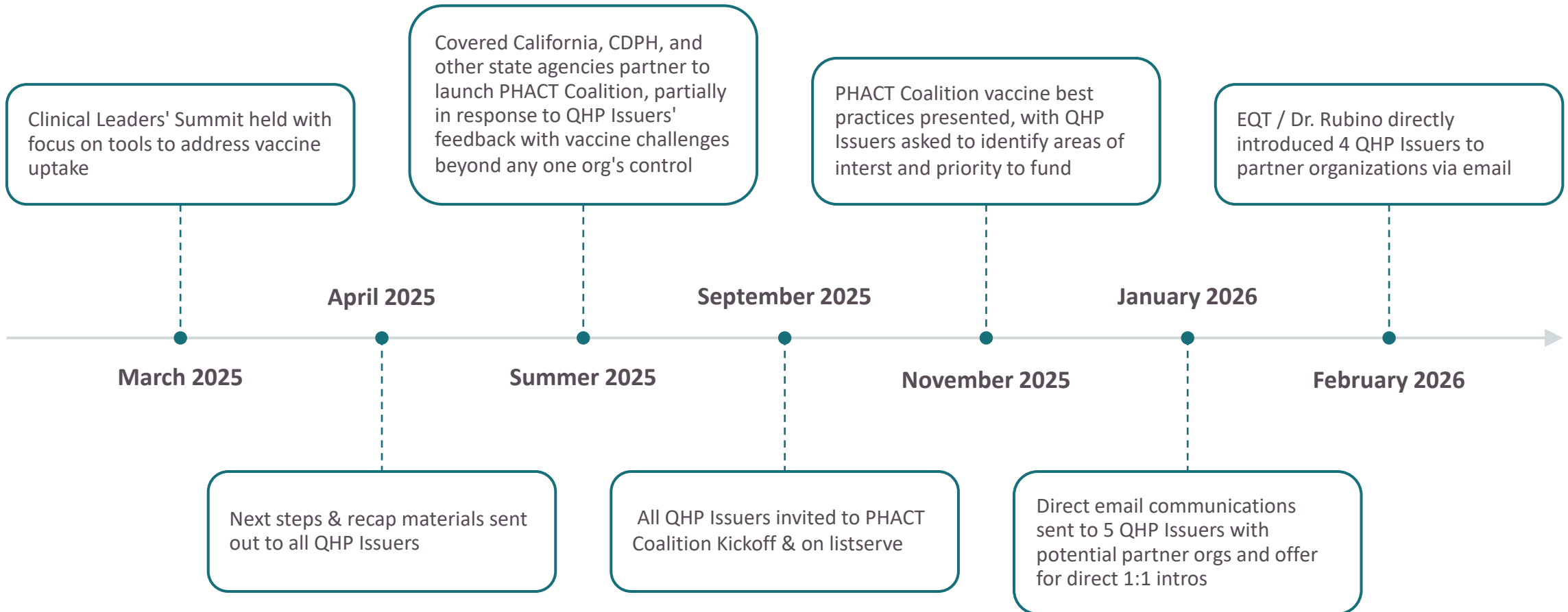
MY2024 QTI CIS10 PAYMENT ADJUSTMENT

- For Measurement Year (MY) 2024:
 - Issuers may choose to retain 50% of each product's CIS10 QTI payment
 - Funds can support issuer-led quality improvement activities
- The 50% reduction is applied after CIS10 Allowance Program assessed
- Issuers must discuss plans with Covered California before committing funds to ensure alignment with program criteria and goals
- Issuers must submit 2026 mid-year and end-of year reports outlining quantitative accounting of funds spent and a signed attestation of accuracy by QHP issuer leadership
 - The reporting template was provided by Covered California on March 27, 2026.
- Covered California's decision to continue the program in MY2025 depends on issuer adherence to guidelines and the impact of the funds.

New Tools Needed for New Times



Ample Opportunities for Engagement



Vaccine Intervention Landscape Menu of Options

**Supported by
PHACT Coalition,
CDPH, HHS**

**Aligned with use
of CIS-10
Retained Funds**

**Evidence-based
& data driven**

**Represent
opportunity for
alignment across
issuers**

**Broad reach to
Californians
beyond CCA
enrollees**

Category	Evidence-Based Interventions	Partners/SMEs
<p>Primary Care or Care Team Supports</p>	<ul style="list-style-type: none"> ▪ Quality improvement interventions directed to primary care providers (often bundled) <ul style="list-style-type: none"> ▪ EHR alerts to prompt providers to order a vaccine (inpatient population) ▪ Provider-level performance reports ▪ Enhanced patient communication (visuals, talking points, education about patient engagement) ▪ Primary care learning collaboratives ▪ Volunteer vaccination workforce ▪ Pharmacy-based immunization support <ul style="list-style-type: none"> ▪ Access to immunization information system ▪ Peer comparison digital interventions, e.g. ranked performance and metrics 	<ul style="list-style-type: none"> ▪ Frameworks Institute virtual workshops on trust-building and communication ▪ Expert consultant in-clinic technical training for “all team” approach ▪ Co-sponsor CME collaborative training for providers (e.g. Trusted Messenger Program via Public Good Projects)
<p>Data & Surveillance</p>	<ul style="list-style-type: none"> ▪ Hotspot vaccine strategy integrating clinical data, community data and predictive models to identify zip codes where CBO partnership could increase vaccine penetrance ▪ Vaccine desert mapping and outreach incorporating vulnerability indices ▪ Creation of a vaccine dashboard ▪ Extended safety surveillance by crowdsourcing data from vaccine recipients through healthcare portal 	<ul style="list-style-type: none"> ▪ Public Good Projects media landscaping, predictive modeling, and assessment of interventions ▪ U Penn CHIBE to support understanding of localized perspectives & motivations related to health behaviors ▪ Your Local Epidemiologist listening via inbound Q&A (CDPH contractor)

Category	Evidence-Based Interventions	Partners/SMEs
<p>Individual & Community Interventions</p>	<ul style="list-style-type: none"> ▪ Personalized reminders (name, gender, practice) ▪ Standardized text reminders vs. portal messaging ▪ Alternative sites <ul style="list-style-type: none"> ▪ School-located flu vaccinations ▪ Mobile initiatives/clinics for hard to reach communities; border communities; racial ethnic minority groups ▪ Community pop-ups in collaboration with local groceries stores, farmers markets, CBOs, schools, and faith-based organizations ▪ Supportive services coupled with vaccination <ul style="list-style-type: none"> ▪ Transportation support, free rides to vaccine appointment ▪ Community health workers , ambassadors, Community nurse navigators ▪ Case management integration for Medicaid beneficiaries ▪ Authentic partnership with CBOs – examples below are CA-based: <ul style="list-style-type: none"> ▪ ¡Ándale! ¿Qué Esperas? Campaign ▪ California Alliance Against COVID-19 ▪ Case study: United in Health & CHAMACOS ▪ Awareness building and importance of framing <ul style="list-style-type: none"> ▪ Social media plus/minus influencers ▪ Multicultural media campaigns, messaging and curated resource hubs ▪ Local presentations, eg churches, and campaigns ▪ Digital story-telling and interactive tools ▪ Infographics, videos, animated videos ▪ Messages emphasizing parenting autonomy, reverse narratives ▪ Peer-led discussion groups 	<ul style="list-style-type: none"> ▪ Partnership with CACHI to fund partnerships with community-based organizations ▪ Community-specific listening tour (targeted by zip code/ region) facilitated by Manatt ▪ Support for interventions in partnership with LA Unified School District ▪ Public Good Projects social media scraping and maintenance of curated resource hubs ▪ Frameworks Institute workshops on trust-building, curated messaging ▪ Hollywood Health & Society collaborates with writers of popular TV / movies to insert evidence-based storylines into popular media and study the impact of these storylines on attitudes and beliefs (\$225K)

Covered California directly invests and partners with these recommended organizations to support children's health

Community and Social Listening Partnerships

- Direct partnership and event in-community with **Butte Accountable Community for Health**
- **Public Good Projects** social listening report used to inform vaccine and preventive health communications



Statewide themes in flu conversation: Concerns and criticisms

The following reflects key themes across 2.7k social media comments on flu vaccine-related posts, in order of dominance.

Natural immunity preference	A sizable subset expressed preference for relying on the immune system rather than vaccination. Commenters argued that "natural" immunity is sufficient, citing personal experience of avoiding flu shots without getting sick. Many emphasized immune support through vitamins, diet, rest, or zinc, and expressed distrust of pharma-based prevention. Some framed vaccination as weakening the immune system, echoing spillover from COVID-19 discourse. A common claim was that people who skip flu shots are healthier than those who get vaccinated.
Low risk perception	Many commenters characterized flu risk as exaggerated, accusing media outlets of fear-based coverage designed to promote vaccines. Flu season reporting was described as misleading or intentionally alarmist, with claims that outlets were financially motivated. Spanish-language conversation frequently echoed these themes, framing flu coverage as a "pharmaceutical sales campaign" and suggesting that the public is becoming more aware and skeptical of mainstream narratives. Personal experience with mild flu outcomes often reinforced perceptions that vaccination is unnecessary.
Institutional distrust	Commenters frequently referenced the National Vaccine Injury Compensation Program as evidence that authorities acknowledge vaccine harm while shielding manufacturers from accountability. Some alleged that doctors underreport adverse events and that injury data are hidden from the public. Broader conspiracy narratives appeared, including claims of government control or intentional harm, and in Spanish-language conversation, references to technologies like 5G or graphene in vaccines. A subset framed flu messaging as groundwork for future lockdowns, while others explicitly cited profit motives as the primary driver of vaccine promotion.

Insights for messaging

- Natural immunity is often framed as sufficient on its own. Discussions emphasize diet, exercise, rest, and supplements as key ways to stay healthy, often positioning them as alternatives to flu vaccination, particularly among people who view themselves as low risk.
- Low flu risk perception seems to be driven by personal experience. Many recognize that flu is circulating, but downplay its seriousness based on their own mild experiences or those of people they know.
- As with COVID-19, institutional distrust is a core driver of flu vaccine concerns. Skepticism toward media, pharmaceutical companies, government, and healthcare systems underlies concerns about flu risk, vaccine safety, effectiveness, and preference for natural immunity.

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Upskilling Ourselves and QHP Issuers

- **FrameWorks Institute** virtual trainings to PHACT Coalition and Covered California teams
- FrameWorks live / in person workshop planned for Clinical Leaders' Summit

Key insights for messaging to “persuadable skeptics”

<p>Tone matters — a lot. “Persuadable skeptic” parents were off-put by language that seemed patronizing, coddling, emotional, or single-minded.</p>	<p>Don’t make blanket statements about pediatricians’ virtues. Unless the assertion was about credentials, participants reasoned that “it depends on the doctor.”</p>
<p>Take a collaborative stance: “Persuadable skeptic” parents expressed distrust of doctors and medical protocols that they viewed as “dictating” health care.</p>	<p>Explain and contextualize evidence: “Persuadable skeptic” parents valued evidence-based information <i>and</i> wanted it to be connected to their concerns and their child.</p>

2026 goal:
Unlock the full potential of your health insurance plan.
Your future self will thank you!

Make the most of your benefits with:

- free preventive care visits
- routine health screenings
- telehealth options
- vaccinations to protect your family and community
- health support
- chronic condition care

COVERED CALIFORNIA | For the love of Californians

Covered California directly invests and partners with these recommended organizations to support children's health

Broader Awareness through Media and Storylines

- Partnership with **USC** to incorporate vaccine and children's health-related messaging into media

HOLLYWOOD, HEALTH & SOCIETY
USC ANNENBERG NORMAN LEAR CENTER

Health Care Coverage in the U.S.

Despite progress made in health coverage enrollment thanks to the Affordable Care Act, the number of Americans who are uninsured has been increasing since 2016

The Effects of Being Uninsured

- By delaying care, many end up being hospitalized for preventable conditions
- Dependents are often affected, as they may not receive routine check-ups or childhood immunizations
- Many people, even those with health coverage, struggle to pay medical bills, which can lead to medical debt and a high risk of bankruptcy
- This cycle results in billions of dollars of "uncompensated care" driving up health care premiums for everyone

30%

Three in ten uninsured adults went without needed medical care in 2019

What Is the Affordable Care Act?

The Affordable Care Act (ACA) is a health care law signed on March 23, 2010, under the Obama Administration to make affordable health insurance available to more United States citizens

To qualify for an ACA subsidy, you must live in the U.S., be a citizen or legal resident, and not be currently incarcerated. Prior to the passage of the American Rescue Plan Act (ARPA), your income had to be no more than 400% of the federal poverty level (above \$51,040)

The ARPA passed in March 2021 expands Marketplace subsidies above 400% and increases subsidies for those making between 100% and 400% of the poverty level for two years: 2021 and 2022

As the COVID-19 pandemic continues, the ACA's eligibility qualifications, affordability and enrollment support are essential. Although

New Tools Needed for New Times



QHP Issuers:

How are you using the CIS-10 Payment Adjustment Program to fund these and other partners, in alignment with Covered California, each other, and the PHACT Coalition, to support children's health?

QHP Share-Out

INSTRUCTIONS TO QHP ISSUERS

- Reporting template is now live in the Extranet:

Carrier Management (External) > EQT Library > QTI Reporting > MY2024 CIS10 Payment Adjustment Program

- Reporting must be completed at the product-level
- Mid-Year Report: Early progress update. Due May 1, 2026
- End-of-year report: Final documentation of spending outcomes
- Attestation Requirement: A QHP Issuer senior leader (e.g. CEO, CMO) must sign the
submission

NEXT STEPS

- Covered California will aggregate and analyze issuer-reported data
- Findings will be shared:
 - Publicly with the Covered California Board
- Insights will inform decisions on the future of the CIS10 Payment Adjustment Program
- Please direct any questions to: EQT@covered.ca.gov



Cal HQ Update

2026 Cal HQ Activities

Kelly Saephan, Senior Equity and Quality Specialist

April 9, 2026

ABOUT Cal HQ

California Alignment for Hospital Quality (Cal HQ) is an emerging statewide collaborative focused on improving hospital quality through aligned action.

This initiative is led by Covered California, CalPERS, and Cal Healthcare Compare, with oversight from steering committee members from state agencies, hospitals, health plans, improvement organizations, and patients to identify and advance a common set of hospital quality measures.

The Cal HQ Steering Committee provides strategic guidance, ensures industry alignment, promotes Cal HQ's activities, and advises on statewide scaling and dissemination efforts.

Cal HQ Steering Committee

HOSPITALS

Adventist Health
Commonspirit Health
Community Memorial Healthcare
Kaiser Permanente



HEALTH PLANS

Blue Shield
Health Net
Inland Empire Health Plan
LA Care Health Plan
Sharp Health Plan

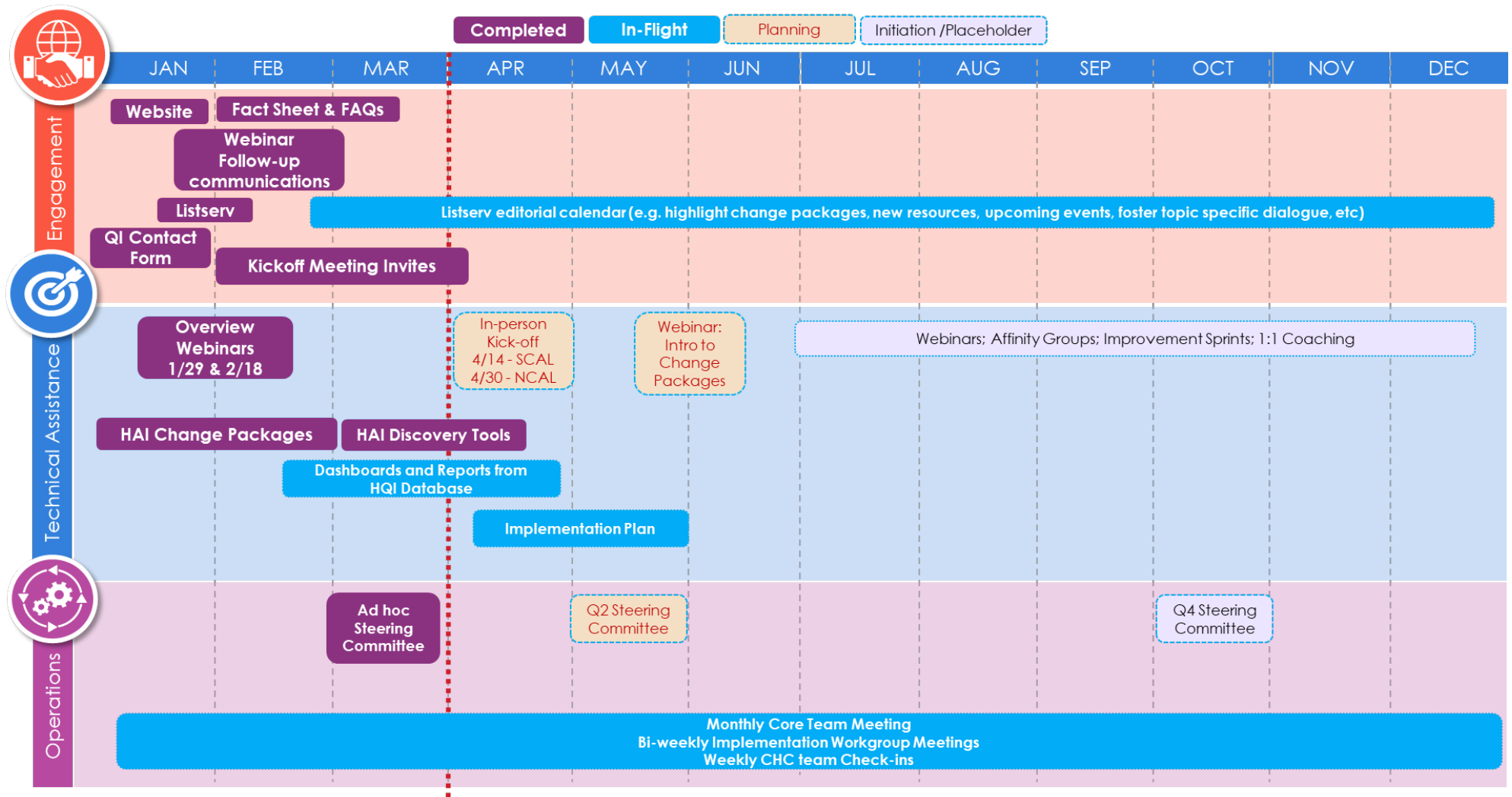


OTHER PARTNERS

California Hospital Association
California Department Of Health Care Services (DHCS)
California Quality Collaborative
Department Of Healthcare Access And Information (HCAI)
Health Services Advisory Group
Helen Macfie (SME)
Hospital Quality Institute
PFCC Partners

ACTIVITIES SINCE OCTOBER 2025 STEERING COMMITTEE

Cal HQ TIMELINE



ACTIVITIES SINCE OCTOBER 2025 STEERING COMMITTEE

Cal HQ WEBINAR PARTICIPATION



ACTIVITIES SINCE OCTOBER 2025 STEERING COMMITTEE

Cal HQ CHANGE PACKAGES

The image displays three overlapping document covers for Cal HQ Change Packages 2026. Each cover features a stylized cross logo in the top right corner and a background image related to the package's theme. The covers are arranged from left to right, with the third one partially overlapping the second.

- Foundational Infection Prevention Practices**
Cal HQ Change Package 2026
Background image: A healthcare worker in a white coat and mask performing hand hygiene.
Table of Contents:
 - About Cal HQ About this Change Package
 - Definition & Scope
 - Measurement
 - How to Improve
 - Fundamental Practices
 - 1. Leadership Support
 - 2. Healthcare Personnel Education & Training
 - 3. Patient, Family and Caregiver Engagement
 - 4. Surveillance
 - 5. Hand Hygiene
 - 6. Environmental Cleaning & Disinfection
 - Conclusion & Action Planning
 - Appendices
 - References

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- Preventing Catheter-Associated Urinary Tract Infections (CAUTI)**
Cal HQ Change Package 2026
Background image: Hands in green scrubs holding a urinary catheter.
Table of Contents:
 - About Cal HQ About this Change Package
 - Definition & Scope
 - Measurement
 - How to Improve
 - Primary Drivers & Change Ideas
 - 1. Prevent Unnecessary Urinary Catheter Use
 - 2. Ensure Proper Technique
 - 3. Optimize Prompt Catheter Removal
 - 4. Practice urine Culture Stewardship
 - Conclusion & Action Planning
 - Appendices
 - References

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- Preventing MRSA Transmission & Infection**
Cal HQ Change Package 2026
Background image: A gloved hand holding a petri dish with a bacterial culture.
Table of Contents:
 - About Cal HQ About this Change Package
 - Definition & Scope
 - Measurement
 - How to Improve
 - Primary Drivers & Change Ideas
 - 1. Identify Infections
 - 2. Promote Antibicrobial Stewardship
 - 3. Prevent Transmissions
 - Conclusion & Action Planning
 - Appendices
 - References

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ACTIVITIES SINCE OCTOBER 2025 STEERING COMMITTEE**Cal HQ KICKOFF MEETINGS**

Join our in-person kickoff for this multi-year, statewide collaborative to improve quality and safety for ALL Californians.



Choose the date and location that's most convenient:

April 14, 2026 | 8:30 – 3:00

The Grand, Long Beach – **registration closed**

April 30, 2026 | 8:30 – 3:00 pm

CalPERS Offices, Sacramento – **registration open!**

**ACTIVITIES SINCE OCTOBER 2025
STEERING COMMITTEE**

**Cal HQ KICKOFF
AGENDA**

*A convening for **quality, patient safety, and infection prevention** leaders from **hospitals** and **health plans** across California.*

Session Title	Speakers & Objectives
<i>Registration, Breakfast & Networking – Beginning at 8:00am</i>	
The Cal HQ Approach	Understand the genesis and goals of Cal HQ, what makes us different, and how your organization will benefit from participating in this collaborative.
Keynote 1	Libby Hoy , Founder & CEO PFCCpartners
Connecting to Purpose	Through tabletop activities, explore the unique and complementary roles, responsibilities, and resources we each contribute to improving quality and safety.
<i>Lunch</i>	
Keynote 2	Dr. Chase Coffey , Chief Quality Officer & Associate Chief Medical Officer, LA General Medical Center
Collaborating to Improve Quality	Test Cal HQ resources and engage in peer-to-peer conversation about technical, cultural and cross-industry strategies to reduce hospital-acquired infections.
Co-designing Forward	Create specific action plans to collaborate in new ways to drive state-wide improvements in quality and safety.

ACTIVITIES SINCE OCTOBER 2025 STEERING COMMITTEE**Cal HQ KICKOFF PARTICIPATION**

In-Person Meeting Registrations: 195 total registrations as of April 1st

Long Beach – April 14

- **112 registrants**
 - 32 Hospitals (69 registrants)
 - 8 Health Plans (19 registrants)
 - 13 Other registrants
 - 11 Staff registrants

Sacramento – April 30

- **80 registrants**
 - 27 Hospitals (39 registrants)
 - 7 Health Plans (21 registrants)
 - 12 Other registrants
 - 8 Staff registrants

WE'D LOVE TO HEAR FROM YOU!
QUESTIONS?



Visit <https://calhq.calhospitalcompare.org/> for more information.



2027 Standard Benefit Design (Health)

David Bishop, Deputy Director, Plan Management Division

2027 Standard Benefit Design (Health)

One update is made to the Patient Centered Benefit Designs presented at the March Board Meeting

- Addition of endnote to the Medical designs:
33. HSA-eligible plans may offer telehealth and other remote care services on a pre-deductible basis consistent with 26 U.S.C. Section 223.