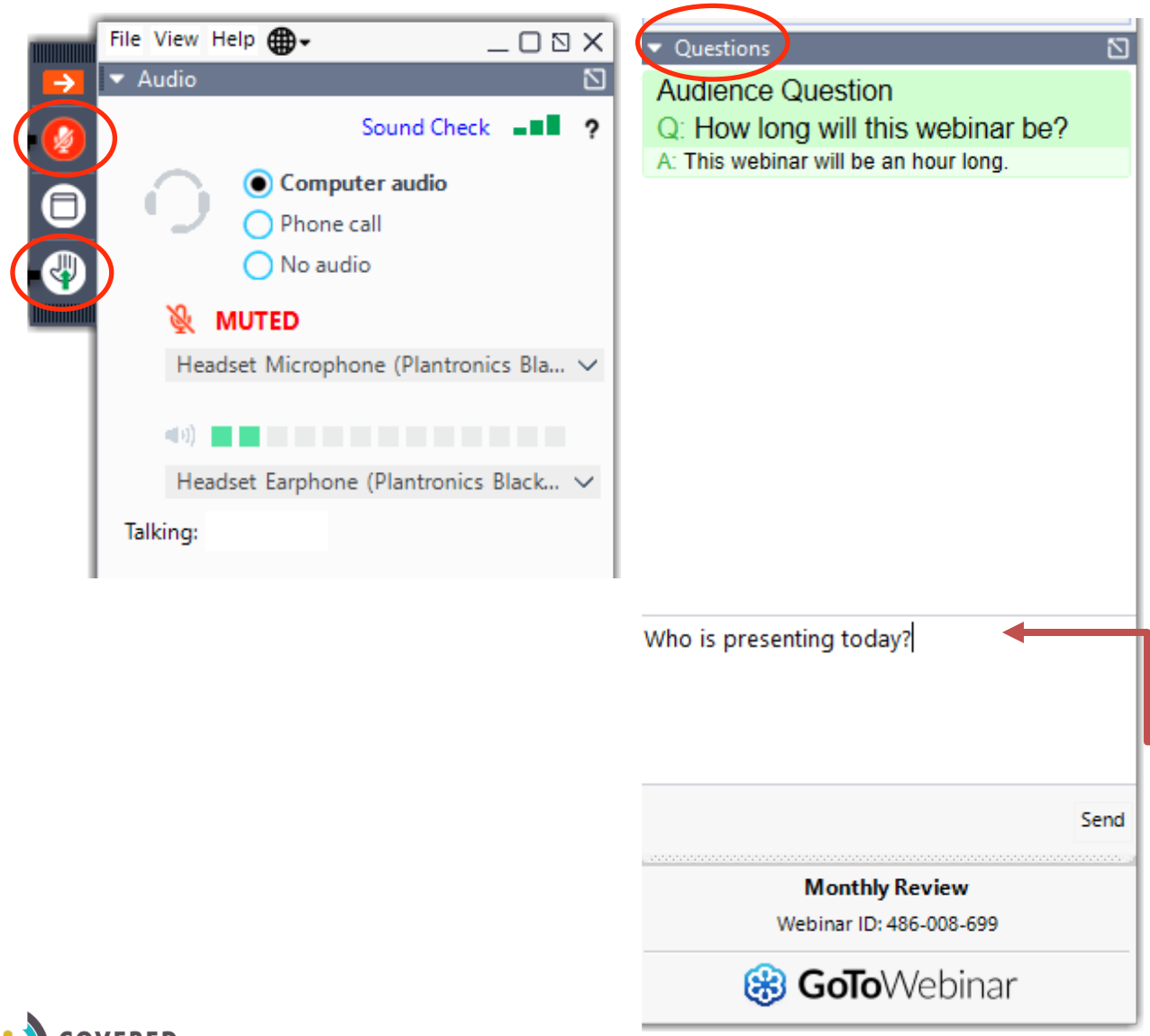
COVERED CALIFORNIA TRIBAL CONSULTATION

October 11, 2023

BLESSING

Chris Devers
Designated Representative, Southern California Tribal Chairmen's Association and
Chair of the Covered California Tribal Advisory Workgroup

GOTO WEBINAR FUNCTIONALITY



Mute and unmute yourself

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If you are unmuted, the microphone symbol will be GREEN if you are muted it will be **RED**

We will tell you when you are clear to speak.

Please mute yourself when you are done speaking.

Raise your hand

Grab the organizer's attention by raising your hand using the Hand icon This notifies the organizer that you require attention.

Ask typed-in questions

You can type in questions for the organizer at any point during the webinar. The organizer or the panelist may read it out and respond to you.

AGENDA

- Blessing
- Introductions
- Executive Director Message and Covered California Update
- Upcoming Open Enrollment activities
- Medi-Cal to Covered California Enrollment Program Update
- Reasonable Opportunity Period American Indian/Alaska Native Update
- Meet & Greet with Dr. Monica Soni (Chief Medical Officer/Chief Deputy Executive Director)
- Equity & Quality Transformation Division - Efforts and Updates
- QHP Outreach to Providers
- Open Forum

INTRODUCTIONS

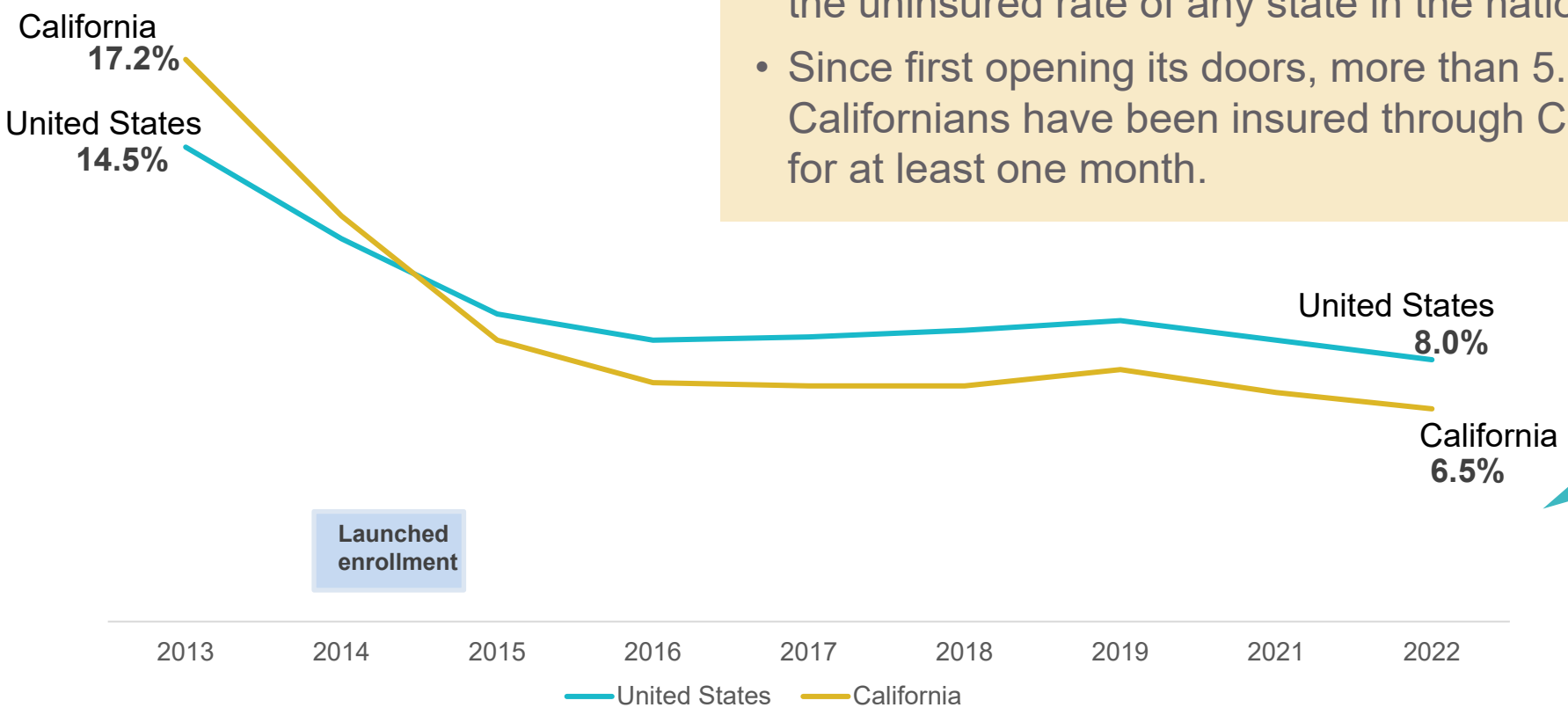
WELCOME AND COVERED CALIFORNIA UPDATE

Jessica Altman, Executive Director, Covered California

RECORD DECREASE IN CALIFORNIA'S UNINSURED RATE

Comparing the Rate of Uninsured in California and the United States

- California experienced the largest percentage point drop in the uninsured rate of any state in the nation.
- Since first opening its doors, more than 5.1 million Californians have been insured through Covered California for at least one month.



New federal data shows California's uninsured rate hit a record-low in 2022.

***Source: American Community Survey, 2022** -American Community Survey Accuracy of the Data (2022) (census.gov).
The rates for uninsured are shown for populations of all ages.

COVERED CALIFORNIA

The American Community Survey (ACS) is an annual demographics survey program conducted by the U.S. Census Bureau. U.S. Census data on California's uninsured rate in 2020 has been delayed due to the pandemic and is not reflected.

COVERED CALIFORNIA'S HEALTH PLANS AND PRELIMINARY RATES FOR PY 2024

- Rate increase of **9.6 percent** in **2024** coverage year, due in part to the continued rise in health care utilization following the pandemic, increases in pharmacy costs, and inflationary pressures in the health care industry, such as the rising cost of care, labor shortages, and salary and wage increases.
- When averaged over the past **five** years, which includes record-low rate changes in 2020 and 2021, Covered CA's average rate change is just **3.6 percent**.

COVERED CALIFORNIA'S ADDS COMPETITION AND CHOICE FOR PY 2024

- **Inland Empire Health Plan (IEHP)** will join Covered California and begin offering coverage in **Riverside** and **San Bernardino** counties. It is one of the 10 largest Medicaid health plans in the nation that serves more than 1.6 million residents,
- **Aetna CVS Health** joined Covered California in 2023 and will expand into **Contra Costa** and **Alameda** counties next year.
- **Health Net** will expand into **Imperial County**, offering an additional **HMO** plan.
- **Oscar Health** serves just over **31,000** enrollees in California and has announced that it will be **withdrawing** from California in 2024, following its withdrawal from several other markets nationwide in prior years. Enrollees will be given the opportunity to choose a new plan or to move to the carrier with the lowest-cost plan in the same metal tier.

2024 COVERED CALIFORNIA HEALTH PLAN COMPANIES

- Covered California provides quality health coverage from private health insurance companies.
- These **12** companies meet all the state and federal requirements for health plans, plus additional contractual requirements set by Covered California.
- Health companies offer one or more of these products: PPO, HMO, and/or EPO; and a wide variety of doctors and hospitals.

aetna CVS Health
Anthem
blue california
KAISER PERMANENTE®
Balance by CCHP
IEHP Inland Empire Health Plan
health net
L.A. Care HEALTH PLAN
MOLINA HEALTHCARE
SHARP Health Plan
VHP Valley Health Plan
western health

2024 COVERED CALIFORNIA HEALTH PLAN OFFERINGS

- **All Californians** will have a **choice of two or more carriers.**
- **96%** Californians will have a **choice of three** or more carriers
- **92%** Californians will have a **choice of four** or more carriers

QHP Issuer	Pricing Region
Aetna	3, 5, 6 & 11
Anthem	HMO - 11, 15, 16, 17, 18, 19 EPO - 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 12, 13, 14
Blue Shield	HMO - all regions except 13 PPO - all regions
CCHP	4 & 8
HealthNet	HMO - 13, 14, 15, 16, 17, 18, 19 PPO - 3, 15, 16, 17, 18, 19
Inland Empire	17
Kaiser	all regions
LA Care	15 & 16
Molina	13, 15, 16, 17, 18, 19
Sharp 1 & 2	19
VHP	7 & 9
WHA	2 & 3

Rating Region	AETNA HMO	ANTHEM HMO	ANTHEM EPO	BLUE SHIELD HMO	BLUE SHIELD PPO	CCHP HMO	HEALTH NET HMO	HEALTH NET PPO	INLAND EMPIRE HMO	KAISER HMO	LA. CARE HMO	MOLINA HMO	SHARP HMO-1 CoPay	SHARP HMO-2 Coinsurance	VHP HMO	WESTERN HEALTH HMO
1 Northern counties			●	○	●					○						
2 North Bay Area			●	○	●					○						●
3 Greater Sacramento	●		●	○	●			○		○						○
4 San Francisco County			●	●	●	●				●						
5 Contra Costa County	●		●	●	●					●						
6 Alameda County	●		●	●	●					●						
7 Santa Clara County			●	●	●					○					●	
8 San Mateo County			●	●	●	●				●						
9 Santa Cruz, San Benito, Monterey			●	○	●					○					○	
10 Central Valley			●	○	●					○						
11 Fresno, Kings, Madera counties	●	●		○	●					○						
12 Central Coast			●	○	●					○						
13 Eastern counties			●		●		○			○		○				
14 Kern County			●	○	●		○			○						
15 Los Angeles County East		●		○	●		●	●		○	○	○				
16 Los Angeles County West		●		○	●		●	●		●	●	○				
17 Inland Empire		●		○	●		○	○	●	○		○				
18 Orange County		●		●	●		●	●		●		●				
19 San Diego County		●		○	●		●	●		○		●	○	○		

● Full Region
○ Partial Region

COVERED CALIFORNIA BOARD OF DIRECTORS APPOINTMENT

Mayra Alvarez – Appointed to the Covered California Board of Directors by Governor Newsom on March 24, 2023. Ms. Alvarez succeeds Dr. Sandra Hernandez.

Ms. Alvarez is currently the president of The Children's Partnership, a non-profit advocacy organization working to advance child health equity. Prior, Ms. Alvarez completed a series of assignments at the U.S. Department of Health and Human Services (HHS). She served as the Director of the State Exchange Group for the Center for Consumer Information and Insurance Oversight at the Centers for Medicare and Medicaid Services from 2014 to 2015. From 2013 to 2014, she served as Associate Director for the Office of Minority Health; and from 2010 to 2013, she served as Director of Public Health Policy in the Office of Health Reform.

In 2021, Ms. Alvarez served on the Covid-19 Health Equity Task Force. In 2010, she served on the First 5 California Commission and the Early Childhood Policy Council. In 2017, Ms. Alvarez served on the California Mental Health Services Oversight and Accountability Commission.

Strategic Pillars

The **Pillars** are the ways we achieve our mission and vision.

Affordable Choices

We connect consumers to financial assistance and a choice of affordable plans and providers that give them the best value.

Quality Care

We ensure consumers consistently receive accessible, equitable, high-quality care.

Organizational Excellence

We foster a nimble culture of continuous improvement that empowers and motivates our team to deliver on our mission with high standards.

Reaching Californians

We are relentless in our pursuit to reach Californians not currently enrolled in Covered California but who would benefit from the coverage we provide.

Catalyst for Change

We pioneer new ideas and disseminate our learnings to drive improvement in health care in California and nationally.

Exceptional Service

We provide the highest level of service and exceed our consumers' expectations.

DIVERSITY, EQUITY, INCLUSION

We apply this lens in all our work to improve the health and experience of our consumers and to create and support a workforce reflective of our core values and the people we serve.

REACHING CALIFORNIANS

Reaching Californians

We are unwavering in our pursuit to reach Californians and connect them to comprehensive and affordable coverage.

1. Reach all Californians, including those most in need of coverage through a culturally resonant and linguistically appropriate data-driven approach.
2. Strive to enroll and maintain coverage for as many Californians as possible.
3. Develop a comprehensive community engagement strategy to enhance our ability to reach historically marginalized communities and populations statewide.
4. Utilize data and technology to customize outreach, facilitate enrollment, and minimize gaps in coverage for Californians.
5. Expand efforts to connect California's small business owners and their employees to affordable coverage, either through Covered California for Small Business (CCSB) or the individual marketplace.

AMERICAN INDIAN ENROLLMENT UPDATE- BY HEALTH PLAN

As Of	5/19/2023	7/24/2023	9/22/2023
Issuer	# of Individuals*		
Aetna Health CA	<10	11	12
Anthem Blue Cross	845	848	896
Blue Shield	2,554	**2,653**	**2750**
Chinese Community Health Plan	<10	<10	<10
Health Net	372	374	385
Kaiser	2,442	**2,477**	**2,492**
LA Care	112	123	130
Molina Health Care	60	62	71
Oscar Health Plan	92	97	94
SHARP Health Plan	112	107	103
Valley Health	30	26	29
Western Health	51	53	57
Grand Total	**6,682**	**6,835**	**7,023**

*Active **or** Pending Status

ENROLLMENT BY REGION

As Of	5/19/2023	7/24/2023	9/22/2023
Pricing Region	# of Individuals*		
1 Northern Counties	1,083	**1,097**	**1,203**
2 North Bay	457	444	471
3 Sacramento Valley	754	**776**	**777**
4 San Francisco County	85	83	85
5 Contra Costa County	153	154	163
6 Alameda County	203	224	201
7 Santa Clara County	115	116	114
8 San Mateo County	57	58	55
9 Monterey County	105	105	97
10 San Joaquin County	475	484	499
11 Central San Joaquin	314	328	343
12 Central Coast	337	358	355
13 Eastern Counties	43	54	63
14 Kern County	168	170	179
15 Los Angeles County, Partial	336	**354**	**362**
16 Los Angeles County, Partial	530	**525**	**525**
17 Inland Empire	640	656+	668
18 Orange County	393	407	411
19 San Diego County	434	442	452
Grand Total	**6,682**	**6,835**	**7,023**

RATING REGIONS	AETNA HMO	ANTHEM HMO	ANTHEM EPO	BLUE SHIELD HMO	BLUE SHIELD PPO	CCHP HMO	HEALTH NET HMO	HEALTH NET PPO	KAISER HMO	L.A. CARE HMO	MOLINA HMO	OSCAR EPO	SHARP HMO-1	SHARP HMO-2	VHP HMO	WESTERN HEALTH ADV. HMO
1 Northern counties			●	○	●				○							
2 North Bay Area			●	○	●				○							●
3 Greater Sacramento	●		●	○	●			○	○							○
4 San Francisco County			●	●	●	●			●			●				
5 Contra Costa County			●	●	●				●							
6 Alameda County			●	●	●				●							
7 Santa Clara County			●	●	●				○						●	
8 San Mateo County			●	●	●	●			●			●				
9 Santa Cruz, San Benito, Monterey			●	○	●				○						○	
10 Central Valley			●	○	●				○							
11 Fresno, Kings, Madera counties	●	●		○	●				○							
12 Central Coast			●	○	●				○							
13 Eastern counties			●		●				○		○					
14 Kern County			●	○	●		○		○							
15 Los Angeles County East		●		○	●		●	●	○	○	○	○				
16 Los Angeles County West		●		○	●		●	●	●	●	○	●				
17 Inland Empire		●		○	●		○	○	○		○					
18 Orange County		●		●	●		●	●	●		●	●				
19 San Diego County		●		○	●		●	●	○		●		○	○		

● Full Region
○ Partial Region

*Active or Pending Status

MIXED HOUSEHOLDS AND ENROLLMENT YEAR OVER YEAR

Mixed HH* by Metal Level (total unique HH 1,390)	
AI/AN Member	
Catastrophic	12
Bronze	**1,297**
Silver	389
Gold	122
Platinum	56
Total	**1,784**
Non-AI/AN and or Non-Tribal	
Catastrophic	12
Bronze	502
Silver	**841**
Gold	240
Platinum	101
Total	**1696**

***Mixed Households**: Households with federally recognized tribal members and non-federally recognized **and/or** nontribal members enrolled on one application in Covered CA

Enrollment Year over Year*			
Year	**Total Enrollment**	**AI/AN enrollment as percentage of total**	**AI/AN enrollment**
2017	1,337,347	0.34%	4,570
2018	1,368,893	0.36%	4,947
2019	1,341,113	0.39%	5,244
2020	1,566,150	0.37%	5,764
2021	1,683,450	0.37%	6,251
2022	1,681,949	0.40%	6,674
2023	1,680,625	**0.40%**	**6,728**

***No** pending included

Enrollees that indicate race as AI/AN but NOT enrolled in an AI/AN Plan	
RACE	**COUNT**
American Indian or Alaska Native	1290

UPCOMING OPEN ENROLLMENT ACTIVITIES

BRIDGING THE GAP

Utilize bridges throughout the state as a powerful metaphor to highlight the role Covered California plays in connecting Californians to insurance and quality health care

- Statewide reach, with focus on populations with the greatest need
- Multi-layered messaging covering enrollment, Medi-Cal unwind, and state CSR program
- Mix of media events and community engagement
- Media, stakeholder, elected official and community leader engagement

CAMPAIGN HIGHLIGHTS

- **Statewide kickoff tour** – LA, SF, SD, Fresno, Sacramento and Redding
- Local/regional media events and community activations, driven by data and insights
- Meetings and community conversations with leaders and representatives throughout the state, including **AI/AN**
- Projection mapping on buildings in key markets and target communities to support the January 31 deadline push

QUESTIONS

MEDI-CAL TO COVERED CALIFORNIA ENROLLMENT PROGRAM UPDATE

Jahan Ahrary, Asst. Deputy Director, Policy, Eligibility, and Research Division

Background

- California Senate Bill 260 (Chapter 845, Statutes of 2019) authorizes Covered California to automatically enroll consumers in a health plan when they lose Medi-Cal coverage and gain eligibility for subsidized Covered California coverage.
- The goal of SB 260 is to ensure that consumers losing Medi-Cal do not experience a gap in coverage if they effectuate their coverage within a month of disenrollment from Medi-Cal.
- As part of the federal COVID-19 public health emergency, states were required to maintain Medicaid continuous coverage for most enrollees and terminations were barred. The continuous coverage requirement ended on March 31, 2023 .
- The Medi-Cal renewals redetermination process started in April 2023 for the June 2023 renewal month.
- Covered California started the Medi-Cal to Covered California Enrollment Program at the end of May 2023.

Medi-Cal to Covered California Enrollment Program Summary

- To ensure a seamless transition, Covered California is pre-selecting the lowest cost silver plan available to the consumers to maximize premium tax credit and cost sharing support.
- Enrollment must occur before the date the consumer's Medi-Cal coverage is terminated.
- Consumers must **take action** to effectuate their coverage. They will have to either opt-in or opt-out of coverage. They also have the option of changing the plan selected.
- Consumers must effectuate coverage either by opting in if they don't have a premium or by making their binder payment.
- Consumers can switch plans and they have a full 60-day Special Enrollment Period after losing Medi-Cal to change their plan.
- Covered California will partner with DHCS, counties, health plans and consumer advocates to monitor this program's implementation to identify and address issues that may arise.

AI/AN Consumers Transitioning from Medi-Cal

- **For AI/AN consumers,** Covered California will select a plan for enrollees who transition from Medi-Cal in accordance with an enrollment hierarchy to preserve the **most beneficial plan option**, based on income. Consumers always have the option to either change their plan or opt-out altogether.

- In general, the enrollment hierarchy is:

  - For AI/AN consumers transitioning from Medi-Cal at or below 300% FPL, enrollment into the lowest cost AI/AN plan available in their region – this will generally be a bronze plan.

  - For AI/AN consumers transitioning from Medi-Cal above 300% FPL, enrollment into the lowest cost AI/AN variant of the silver plan.

Specific Messages for AI/AN

{DOC_DATE}
Case Number: {CASE_ID}
Online Access Code: {Access Code}

Welcome to Covered California!

Dear {PRIMARY_FIRST_NAME} {PRIMARY_LAST_NAME},

Covered California is a free government service. We work with Medi-Cal to have access to quality health care. Covered California is the only place to buy a private health plan if you do not have coverage through a job or anot or Medicare.

Your Medi-Cal is ending. Covered California is here to help you

You recently got a letter that your Medi-Cal program coverage is ending. C use the household and income information you reported to Medi-Cal to hel Covered California health plan with financial help. We picked a health plan available. To start your coverage on {Coverage Start Date}, you need to {$ we picked for you} {pay your first premium (monthly cost)}.

Name	Plan	Monthly premium	
John Smith – New	[Carrier] - Silver 87 HMO	$535.00	-$51

- **Monthly premium** is the monthly cost of the plan before subtracting
- **APTC** is the federal Advance Premium Tax Credit amount you qualif how APTC can affect your tax returns, read "Important tax informatio below.
- **Amount you pay** is the amount you need to pay each month for this

Your choices:

1. **You can keep the plan we picked for you.** {You will soon get a bill payment due date. After you pay your first bill, you will get your insur using your coverage. Pay as soon as you can to get your coverage s {$0 Premium All you need to do is confirm this plan online at our wel your insurance cards from [Carrier] and can start using your coverag can to get your coverage started. If you do not confirm this plan by {{ the plan we picked for you. }
2. **You can choose a different plan offered through Covered Califo** to compare other plans and costs. You can also find out if you can k doctor you have now. You still have until {SEP date} to change plans

CCOE100

Medi-Cal

COVERED CALIFORNIA

Welcome to Covered California

Get help with your health insurance.

Covered California makes getting health insurance easier, with financial help for millions of Californians and free assistance to compare your options.

We can help you go from Medi-Cal to Covered California. You have options to choose from. We're here to help!

Cost savings

Many Californians can get covered with a low or $0 monthly premium and save thousands of dollars a year.

Choose a plan from brands you know and trust. Every plan we offer covers the important things like routine wellness exams, emergency care and mental health.

After you enroll

After you complete your enrollment, your health plan will send you a welcome packet with information about your coverage and a member ID card.

Make the most of your coverage

An in-network provider will cost you less than an out-of-network provider. Use your free preventative care for yearly flu shots, screenings and wellness exams. Get full coverage for prescriptions by using an in-network pharmacy.

Your plan benefits

The plan we picked for you has special benefits for members of federally recognized American Indian and Alaska Native tribes. You will not pay copays, coinsurance or deductibles (out-of-pocket costs) if you get care through the Indian Health Service (IHS), an urban Indian health program, or a tribal program.

Also, depending on income, you may not have out-of-pocket costs when you get care from your health plan's network of doctors. Members of your household who are not American Indian or Alaska Native are not eligible for these benefits.

To learn more, go to CoveredCA.com/American-Indians.

Or to shop and compare other health plans in your area, log in to your account at CoveredCA.com/new-plan.

Your options and what you need to do:

Option 1: Keep Plan

Keep the plan Covered California chose for you.

Go to your online account or call to confirm you want to keep this plan.

If your plan has a monthly premium, pay the bill to start your coverage.

Option 2: Change Plan

Choose a different plan with Covered California.

Go to your online account and choose the plan you want.

Option 3: Cancel Plan

Cancel the plan Covered California chose for you.

Go to your online account to cancel this plan. Or do nothing, and we will cancel this plan for you.

With Covered California, you can choose a health plan from insurance companies available in your area such as:

Anthem Blue Cross, blue california, Balance by CCHP, health net, Kaiser Permanente, L.A. Care, Bright HealthCare, Molina Healthcare, oscar, SHARP, VHP Valley Health Plan, Western Health Advantage

Financial help

Financial help is based on your age, family size, income, where you live, and the type of plan you choose. To learn more, go to CoveredCA.com/financial. Financial help includes:

Advance Premium Tax Credit (APTC)
APTC is paid directly to your insurance company to lower your monthly premium. Your monthly premium amount will be what APTC does not cover.

Cost Sharing Reduction (CSR)
CSR lowers the amount you pay for deductibles and copays. To get CSR you must meet income requirements and choose a Silver plan.

How APTC affects your taxes

At tax time, the Internal Revenue Service (IRS) compares the APTC you got during the year with what you qualified for based on your actual income. You will get tax forms that show the amount paid to your health plan. You will use the forms to fill out your tax returns. The IRS will make sure you got the right amount of financial help. Be sure to report income and household changes right away to Covered California so you will not have to pay back APTC when you file your taxes.

Words to know for your plan

Here are some words to help you use your new health plan.

Premium: This is the amount you pay every month to your health plan to keep your health insurance coverage.

Preventive care: This is routine health care to prevent illness, disease and other health problems. All Covered California plans include free preventive services like yearly flu shots, screenings and checkups.

Copay: This is a fixed amount you pay for certain covered services like doctor visits. There are no copays for preventive care services, screenings and vaccinations.

Deductible: This is the fixed amount some plans require you to pay before the plan starts to pay its share for covered services, like hospitalizations and procedures. Deductibles do not apply to free preventive care services.

Coinsurance: For plans that include coinsurance, some health care services will cost you a percentage of the total cost. Depending on your plan, your share of the cost can range from 10-40%. These costs apply after you have met your deductible.

Out-of-pocket limit: This is the maximum you will pay each year for covered medical services before your health plan starts to pay for 100% of services. This protects you and your family from very high medical expenses. Most copayments, deductibles and coinsurance payments count toward this limit.

Get help

- **Go online:** Use the QR code or visit CoveredCA.com/new-plan
- **Find free in-person help:** To find a certified enrollment counselor or agent, go to CoveredCA.com/find-help
- **Call Covered California:** 1-800-816-4725 (TTY: 1-888-889-4500)

QUESTIONS

REASONABLE OPPORTUNITY PERIOD AMERICAN INDIAN/ALASKA NATIVE

Jahan Ahrary, Asst. Deputy Director, Policy, Eligibility, and Research Division

REASONABLE OPPORTUNITY PERIOD OVERVIEW

- The **R**easonable **O**pportunity **P**eriod (**ROP**) auto-discontinuance process identifies consumers who are conditionally eligible for Covered California programs and are past the due date for providing documentation to clear their inconsistency.
  - The ROP process attempts to re-verify the pending information to either clear the conditional eligibility or to discontinue the eligibility if the verification continues to remain outstanding.
- Consumers who attest to being a member of a federally recognized tribe or community group are found Conditionally Eligible for the AI/AN specific benefits and provided the **95-day** ROP to provide proof. At this time, there is no electronic verification source, so all individuals must provide documentation.
- While the consumer is Conditionally Eligible, they can enroll in a plan with the AI/AN benefits based on their FPL %.
- Previously, if the consumer does not provide proof of their AI/AN status by the ROP expiration date, their enrollment was not updated.
- Starting in **April 2023**, we implemented a new process to discontinue the AI/AN benefits and update enrollment to the non-AI/AN version of the current plan for consumers who do not provide proof by the due date.
- During the 2023 ROP process, we were able to identify and move approximately **800** individuals from AI/AN specific enrollment to non-AI/AN enrollments.

QUESTIONS

BREAK

10-minute break

HEALTH EQUITY AND QUALITY TRANSFORMATION UPDATE

S. Monica Soni, MD, Chief Medical Officer
Taylor Priestley, Director

MEET & GREET

CHIEF MEDICAL OFFICER/CHIEF DEPUTY EXECUTIVE DIRECTOR

Monica Soni, M.D.- Covered California welcomes Dr. Monica Soni as the new Chief Medical Officer / Chief Deputy Executive Director, effective May 15, 2023.

Dr. Soni comes to Covered California after serving as the Associate Chief Medical Officer at New Century Health. Prior to her work at New Century Health, Dr. Soni served as the director of specialty care for the Los Angeles County Department of Health Services, the second-largest municipal health system in the United States. Dr. Soni is a board-certified internal medicine physician and serves as faculty for both the UCLA Department of Medicine and the Charles R. Drew University Department of Internal Medicine.

A graduate of Harvard College, Dr. Soni graduated cum laude with a bachelor’s degree in anthropology. She received her medical degree from Harvard Medical School and completed her residency in internal medicine at the University of California, San Francisco.

QUALITY CARE

Quality Care

We ensure consumers consistently receive accessible, equitable, high-quality care.

1. Produce measurable, equitable improvements in health outcomes.
2. Hold Qualified Health Plan (QHP) and Qualified Dental Plan (QDP) issuers accountable for consistent, standard levels of quality.
3. Increase access to and support of high quality, diverse providers who practice with cultural humility.
4. Make demonstrable progress in addressing health disparities and increasing health equity.
5. Increase access to and quality of behavioral health care.

Health Equity and Quality Transformation (EQT): Team Composition

How it started:

Population Care Team -

- Chief Medical Officer
- Health Equity Officer
- 5 staff positions

How it's going:

Health Equity & Quality Transformation Division

- Chief Medical Officer
- Health Equity Officer
- Associate Chief Medical Officer
- 2 Managers
- 16 staff positions

EQT: Scope of Work

How it started:

- Qualified Health Plan (QHP) Issuer Model Contract Attachment 7 & Quality Improvement Strategy (QIS)
  - Develops, implements and monitors compliance with the quality improvement, delivery system reform and network management elements of the QHP Issuer contract
- Health Equity and Reducing Health Disparities
- Consumer Decision Making tools (e.g., Provider Directory)
- Engagement with external organizations related to delivery system improvement and population care

How it's going:

- **Qualified Health Plan (QHP) Issuer Model Contract**
  - Advancing Equity, Quality & Value
  - Performance Standards
  - Quality Transformation Initiative (QTI)
  - Quality Improvement Strategy (QIS)
- **Qualified Dental Plan (QDP) Issuer Model Contract**
  - Advancing Equity Quality & Value
  - Population Health
  - Health Promotion and Prevention
  - Delivery System and Payment Strategies to Drive Quality
  - Measurement and Data Sharing
- Demographic Data Improvement
- Plan Performance Public Reporting
- Purchaser alignment with DHCS & CalPERS
- Engagement with external organizations related to delivery system improvement and population care

EQT: Our Philosophy

1. Acknowledgment of and Accountability for History
2. Deep Listening and Respect
3. Partnership and Co-Creation
4. Redefining Best Practice

Table 6. Average Annual Percent Change (AAPC) and 95% Confidence Intervals (CI) in Age-Adjusted Incidence Rates for the top ten cancers among Native Americans and Whites in California, 2000-2015

	Native American			White		
Cancer Type	AAPC	95% CI		AAPC	P-Value	
All Cancers	2.7	2.2 , 3.3	↑	-0.9	- 1.5 , - 0.4	↓
Colon & Rectum	1.7	0.8 , 2.6	↑	-2.2	- 3.2 , - 1.3	↓
Liver	6.2	3.4 , 9.1	↑	3.5	2.6 , 4.4	↑
Lung	1.5	0.3 , 2.7	↑	-2.4	- 2.7 , - 2.1	↓
Female Breast	3.8	2.7 , 5.1	↑	-0.7	- 1.2 , - 0.2	↓
Uterus	5.9	3.7 , 8.1	↑	0.4	- 0.5 , 1.4	-
Prostate	- 1.5	-3.0 , 0.1	-	-4.2	- 5.3 , - 3.0	↓
Urinary Bladder	2.6	-0.1 , 5.3	-	-0.8	- 1.2 , - 0.3	↓
Kidney	4.7	2.5 , 7.1	↑	1.8	1.3 , 2.3	↑
Non-Hodgkin Lymphoma	2.3	-0.7 , 5.4	-	-0.2	- 0.4 , 0	-
Oral and Pharynx	2.9	0.7 , 5.1	↑	0.5	- 0.4 , 1.4	-

↑ Statistically significant increase, ↓ Statistically significant decrease.

Source of data: California Cancer Registry, California Department of Public Health. Prepared by the California Cancer Reporting and Epidemiologic Surveillance (CalCARES) Program, Institute for Population Health Improvement, UC Davis Health.

Table 7: Percent of Native American and White Patients Diagnosed with a Screen-detectable Cancer at Late Stage in California, 2000-2016

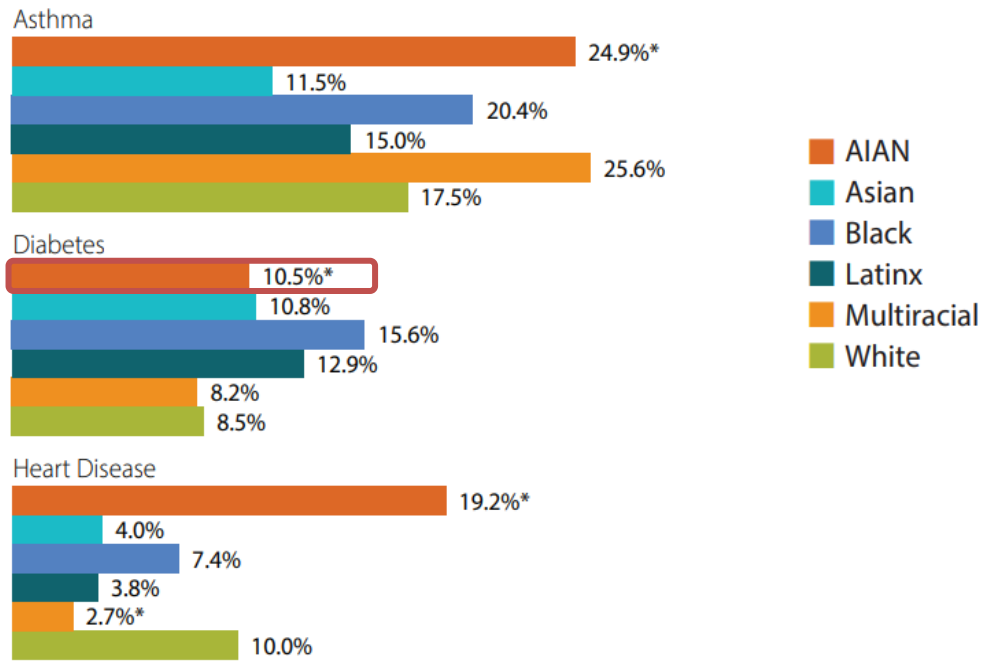
	Native American		White		
Cancer Site	N	% Late	N	% Late	p-value
Female Breast	1,008	35.3	154,094	30.0	< 0.001
Colon and Rectum	1,055	61.6	172,762	58.5	0.012
Prostate	532	30.0	106,383	26.7	0.002
Cervix	151	22.7	9,734	19.4	0.033
Melanoma	85	14.5	26,138	10.1	< 0.001
Oral	327	69.7	45,672	60.5	< 0.001
Lung	1,668	84.2	307,533	82.1	0.014
Total	**4,826**	**48.1**	**822,316**	**41.8**	**< 0.001**

Source of data: California Cancer Registry, California Department of Public Health. Prepared by the California Cancer Reporting and Epidemiologic Surveillance (CalCARES) Program, Institute for Population Health Improvement, UC Davis Health.

Colon Cancer Diagnoses Rising, Often Diagnosed at Late Stages

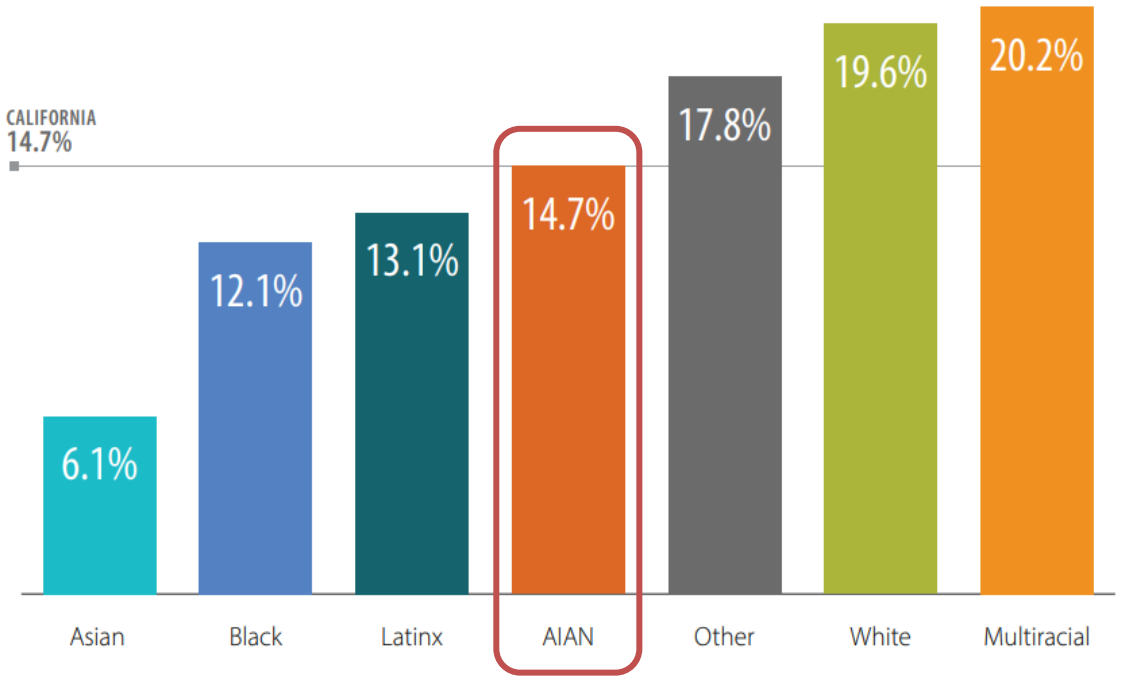
Adults with Chronic Conditions, by Race/Ethnicity

California, 2020



Depression Prevalence, by Race/Ethnicity

California, 2019



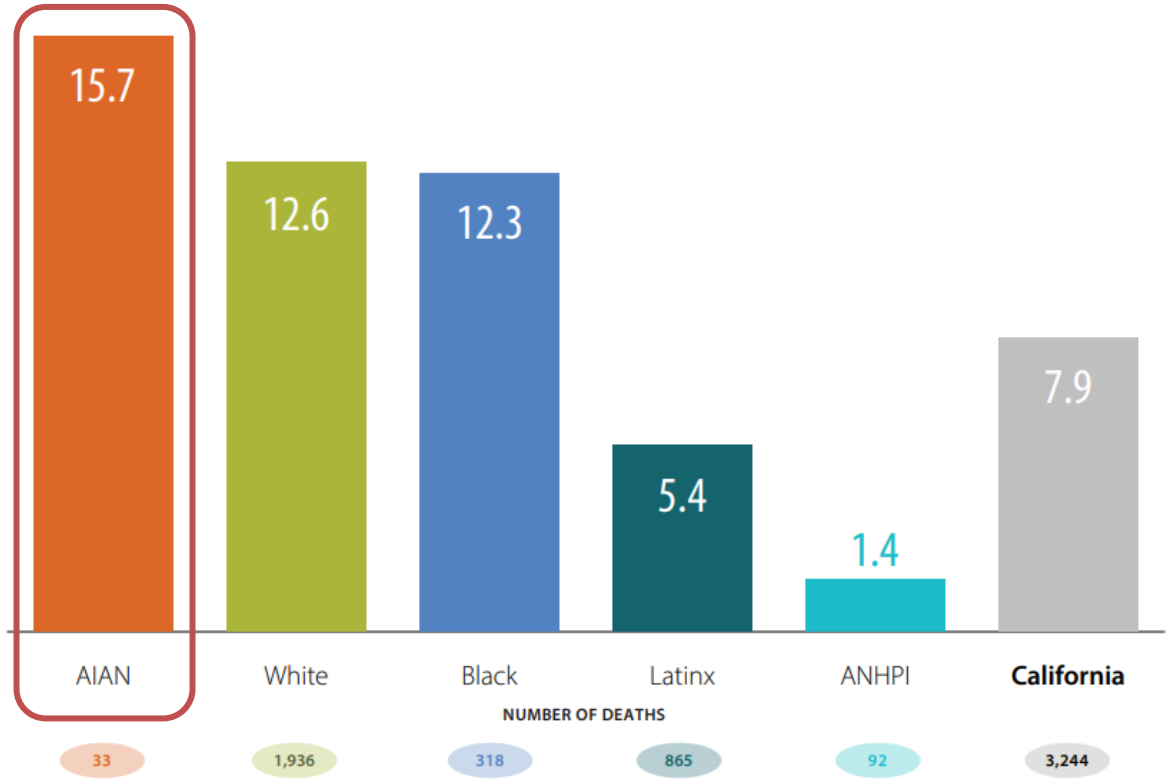
Notes: Adults who have ever been told they have a form of depression. Crude prevalence (not age-adjusted). *AIAN* is American Indian and Alaska Native. Source uses *Hispanic*. Prevalence estimate is not available for *Native Hawaiian and Pacific Islander*.

Source: "BRFSS Prevalence & Trends Data," Centers for Disease Control and Prevention, accessed February 22, 2021.

Opioid Overdose Deaths, by Race/Ethnicity

California, 2019

AGE-ADJUSTED RATE PER 100,000 POPULATION



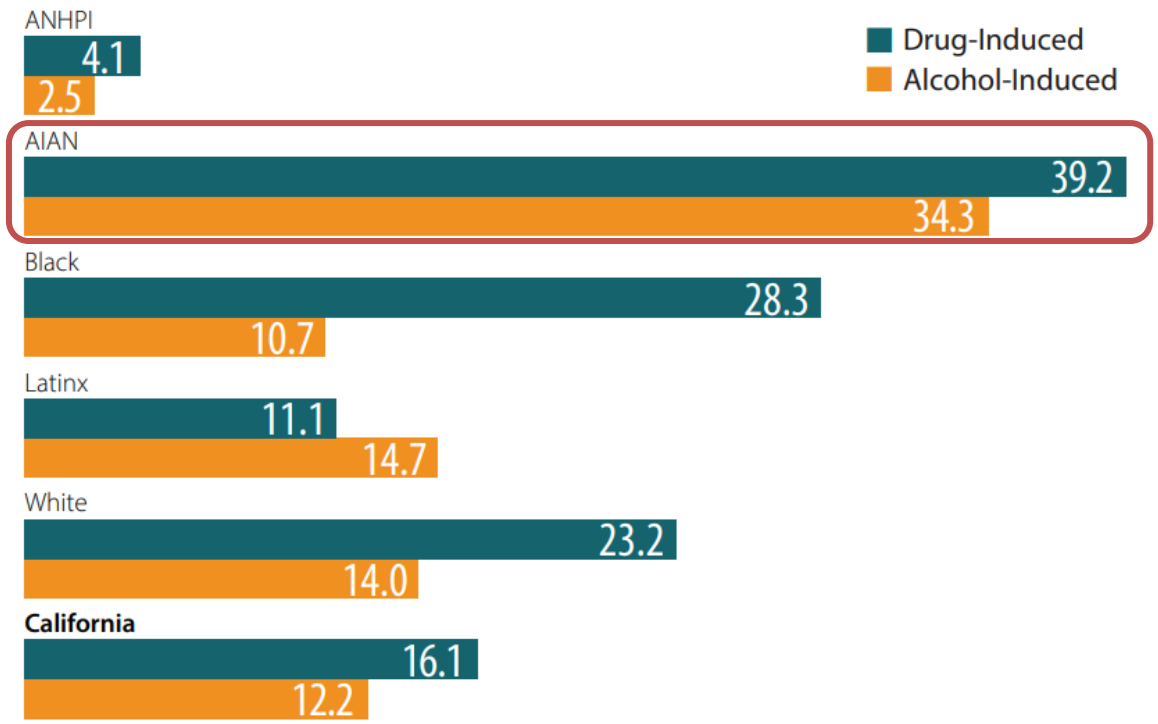
Notes: Acute poisoning deaths involving opioids such as prescription opioid pain relievers (e.g., hydrocodone, oxycodone, and morphine), heroin, and opium. Excludes deaths related to chronic use of drugs. *ANHPI* is Asian, Native Hawaiian, and Pacific Islander; *AIAN* is American Indian and Alaska Native. Source uses *Asian / Pacific Islander, Black / African American, Native American / Alaska Native*, and *Hispanic/Latino*.

Source: "California Opioid Overdose Surveillance Dashboard," California Dept. of Public Health, accessed April 12, 2021.

Drug- and Alcohol-Induced Deaths, by Race/Ethnicity

California, 2019

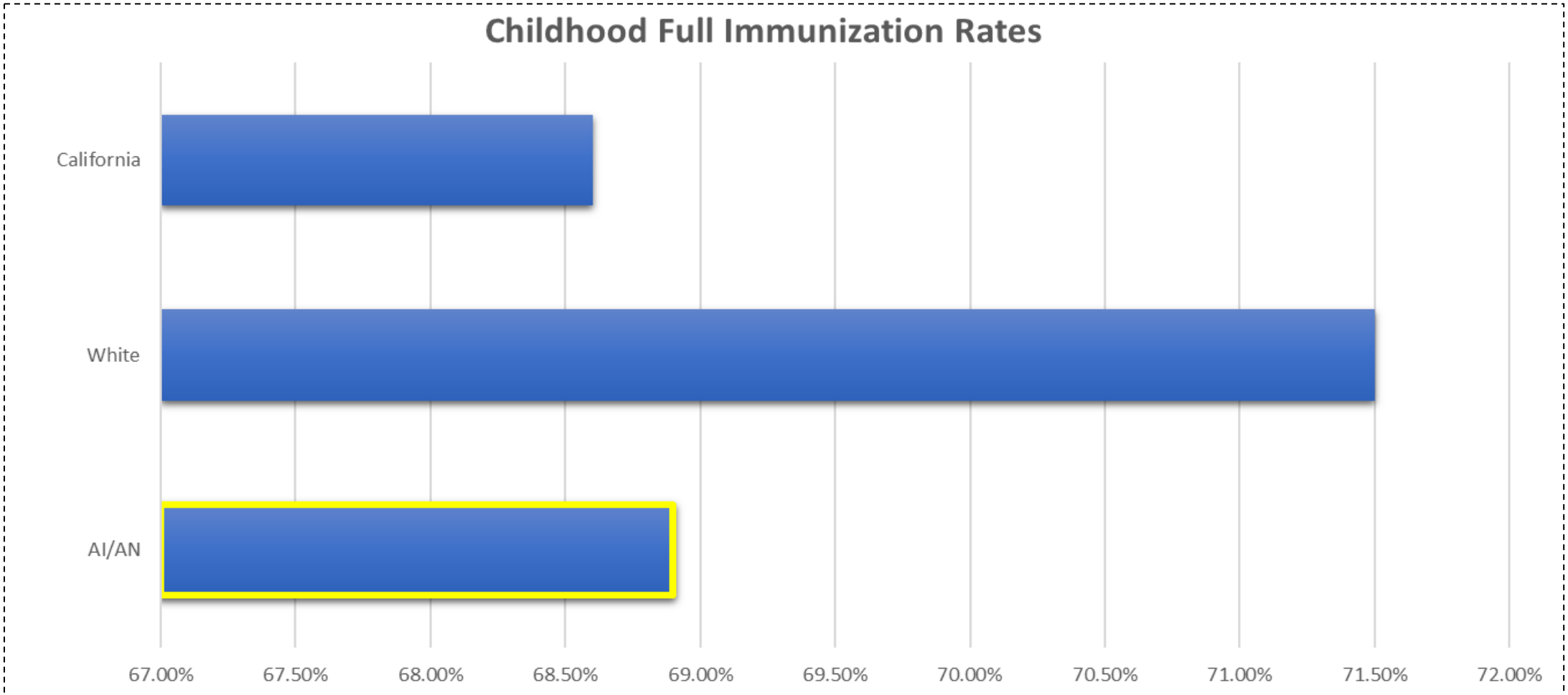
AGE-ADJUSTED RATE PER 100,000 POPULATION



Notes: Data come from registered death certificates. Excludes deaths when age is not indicated. Drug-induced deaths are those with ICD-10 codes that cover unintentional, suicide, homicide, and undetermined poisoning. Alcohol-induced deaths include accidental or intended poisoning, in addition to other conditions directly induced by use of alcohol. California totals reflect those whose ethnicity is "Not stated." *ANHPI* is Asian, Native Hawaiian, and Pacific Islander; *AIAN* is American Indian and Alaska Native. Source uses *Asian or Pacific Islander, Hispanic or Latino*, and *Black or African American*.

Source: "Underlying Cause of Death 1999-2019," CDC WONDER Online Database, Centers for Disease Control and Prevention.

AI/AN Childhood Immunization Rates are Higher than California State Performance



Sources: (Immunizations and American Indians/Alaska Natives - the Office of Minority Health, 2017) & (Slone, Increasing vaccination rates 2022 Childhood immunizations CA)

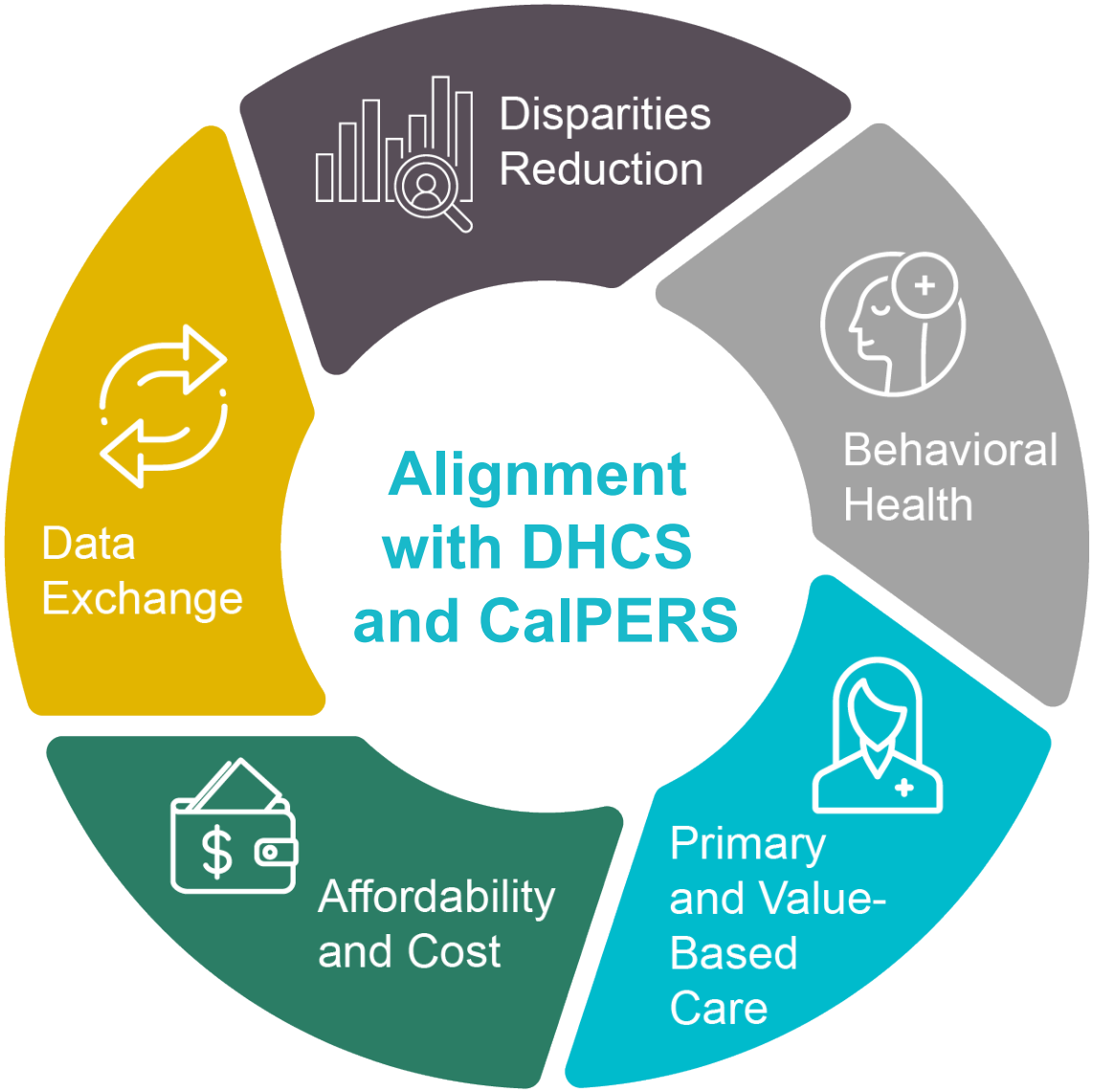
*California rate extracted from "Let's get Healthy California". Disaggregated race/ethnicity data retrieved from the Office of Minority Health (OMH).

IHS Tracks and Reports Clinical Measures Each Year

Performance Measure	FY 2021 Target	FY 2022 Target	FY 2023 Target
Diabetes: Poor Glycemic Control: Percentage of patients with diagnosed diabetes with poor glycemic control (A1c greater than (>) 9.0).	Achieve target rate of 16.8% Result: 15.8% Met	Achieve target rate of 15.6% Result: 14.6% Met	Achieve target rate of 14.4%
Childhood Immunizations: Combined (4313*314) immunization rates for AI/AN patients aged 19-35 months (where 3* refers to the Hib vaccine brand. Depending on the brand, the child is considered immunized after either 3 or 4 vaccine doses).	Achieve target rate of 42.8% Result: 37.6% Not Met	Achieve target rate of 47.8% Result: 36.1% Not Met	Achieve target rate of 40.9%
Colorectal Cancer Screening: Percentage of patients age 45-75 who have had appropriate colorectal cancer screening.**	Achieve target rate of 32.6% Result: 27.9% Not Met	Set Baseline Result: 23.7% Baseline	Achieve target rate of 23.7%
Controlling High Blood Pressure (Million Hearts Measure): Percentage of patients 18 to 85 years with diagnosed hypertension who have a BP less than 140/90.	Achieve target rate of 42.9% Result: 42.1% Not Met	Achieve target rate of 40.9% Result: 45.5% Met	Achieve target rate of 45.8%
Depression Screening 18+ years: Percentage of adults ages 18 and over who are screened for depression.	Achieve target rate of 49.4% Result: 35.0% Not Met	Achieve target rate of 42.9% Result: 37.0% Not Met	Achieve target rate of 36.4%

Source: (Indian Health Service. (2022). *Government performance and results act (GPRA): Quality at IHS.*IHS FY 2021, 2022, 2023 PERFORMANCE (GPRAMA & GPRA Clinical) MEASURES – Tribal, IHS Direct and Urban Programshttps://www.ihs.gov/quality/government-performance-and-results-act-gpra/).

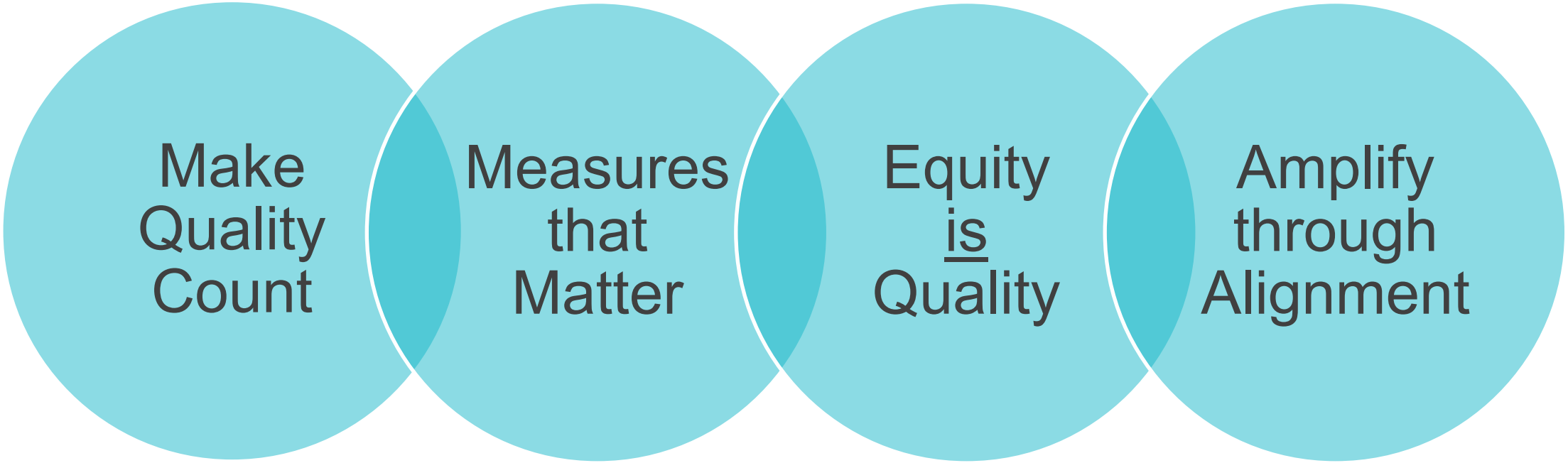
2023 – 2025 Contract Strategic Focus Areas



Sample Health Plan Requirements:

- *Data Exchange:*
  - *Collect race, ethnicity, language data*
  - *Submit quality data to Covered California*
- *Primary and Value-Based Care*
  - *Match all enrollees to PCP*
  - *Report on oral health quality measures*
  - *Screen for food insecurity*
  - *Quality Transformation Initiative*
- *Disparities Reduction*
  - *Achieve NCQA Health Equity Accreditation*
  - *Monitor maternal disparities*
- *Behavioral Health*
  - *Focus on depression screening*
  - *Promote appropriate use of opioids*
- *Affordability and Cost*
  - *Measure primary care spend*

Quality Transformation Initiative



0.8% to 4% premium at risk for

a small set of clinically important measures

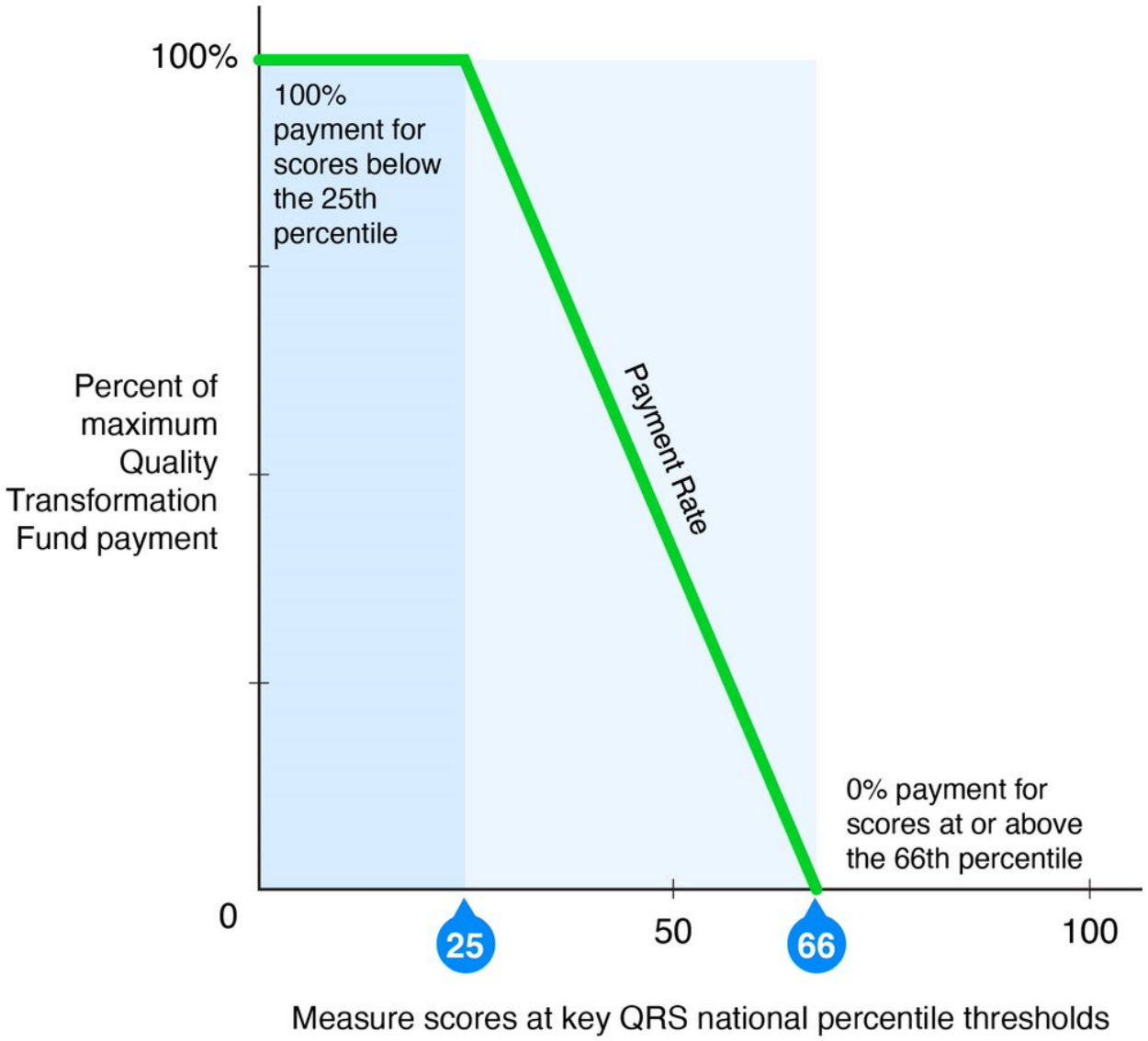
stratified by race/ethnicity

selected in concert with other public purchasers*

*Public purchasers includes CalPERS and DHCS/Medi-Cal

QTI Quality Payment Structure

- Premium at risk for payment (0.8% in PY2023, 1.8% in PY2024, 3% max. in PY2025, 4% max. in PY2026)
- Full per measure payment if the measure score is below the 25th national percentile
- Per measure payment at a declining constant rate for each measure score between the 25th and 66th national percentile
- No payment if the measure score is at or above the 66th national percentile



QTI Measures

Core Measures*	Clinical Context
Blood Pressure	Key risk factor for cardiovascular disease (heart attacks and strokes), the leading cause of death in the United States
Diabetes (A1c control)	~50% Californians have prediabetes or diabetes, which is a leading cause of blindness and amputation and key risk factor for cardiovascular disease
Colorectal Cancer Screening	Cancer is the second leading cause of death after heart disease, and colorectal cancer is the second leading cause of cancer death after lung cancer. Screening reduces the risk of developing and dying from CRC cancer by 60-70%
Childhood Immunizations	Childhood immunizations prevent 10.5m diseases annually. For every $1 spent on immunizations, there is as much as $29 in savings
Reporting only	Depression Screening and Follow-Up for Adolescents and Adults
Reporting only	Medication Treatment for Opioid Use

*All measures will be stratified by race/ethnicity

Guiding Principles: Use of Funds

Centered on goal to improve health outcomes for Covered California enrollees

Equity First: funds should preferentially focus on geographic regions or communities with the largest identified gaps in health and quality among California subpopulations

Direct: use of funds should lead to measurable improvements in quality and outcomes for enrollees that are related to QTI Core Measure performance

Evidence-based: use of funds should be grounded in approaches that have established evidence of success in driving improvements in quality or outcomes

Additive: funds should be used to advance quality in a currently underfunded arena.

Timeline for Measurement Year 2023

July - Sept 2023

Engagement and feedback sessions

Jan 2024

Release final PY25 attachment 4 QTI amendment

Feb - March 2024

CMS releases QRS Draft Call Letter

June 15, 2024

QHP issuers submit QRS data for each product to CMS and Covered CA

Summer 2024

CMS releases QRS Final Call Letter

Aug - Sept 2024

CMS publication of final QRS scores

QTI Performance Reports Released

Covered CA will prepare and release QTI Performance Reports for each product within 90 days of CMS publication of final QRS scores

QTI Performance Reports will include an invoice for payment along with summary of QRS scores on the QTI measure set for each product

Payment or Dispute Deadline

QHP issuers have 60 days upon receipt of final QTI Performance Reports to remit payment or dispute in writing

If there is dispute, payment is due 30 days after resolution of dispute

QUESTIONS

QHP Outreach to Providers

Plan Management Division & QHP issuers

OPEN FORUM

THANK YOU!

Sana Zulfiqar
External Affairs Specialist, Tribal Liaison Lead
Sana.Zulfiqar@covered.ca.gov

APPENDICES

AFFORDABLE CHOICES

Affordable Choices

We connect consumers to financial assistance and a choice of affordable plans and providers that give them the best value.

1. Connect as many Californians as possible to financial assistance to maximize take-up of affordable coverage.
2. Ensure that all Californians have robust and meaningful choices and understand their choices of affordable coverage.
3. Research, implement improvements and provide technical assistance to inform the policy dialogue about lowering premiums and out of pocket costs for consumers.
4. Participate in and reinforce the state's efforts to contain costs.

ORGANIZATIONAL EXCELLENCE

Organizational Excellence

We foster a nimble culture of continuous improvement that empowers and motivates our team to deliver on our mission with high standards.

1. Attract, retain, and invest in our team by fostering an inclusive, innovative, and collaborative workplace culture.
2. Maintain and enhance Covered California's trusted brand and reputation through transparency, accountability, security, and sustainability.
3. Optimize data as meaningful information to drive decision-making.
4. Incorporate diversity, equity, and inclusion in everything we do.
5. Provide employees with the tools, training, and support they need to do their jobs well.

CATALYST FOR CHANGE

Catalyst for Change

We pioneer new ideas and disseminate our learnings to drive improvement in health care in California and nationally.

1. Build and use evidence to empower decision makers and foster innovation in how to deliver affordable coverage and quality care.
2. Enhance the way we share the innovative work Covered California is doing.
3. Increase alignment between and amplify work of partners, including Medi-Cal, the California Public Employees' Retirement System, the California Department of Health Care Access and Information, and the California Department of Managed Health Care, to enhance affordability, coverage, quality, and equity.

EXCEPTIONAL SERVICE

Exceptional Service

We provide the highest level of service and exceed our consumers' expectations.

1. Provide consumers with a seamless and consistent consumer experience regardless of which channel they use.
2. Make the self-service enrollment process as simple as possible and provide a seamless transition to assistance when needed.
3. Provide clear and understandable information to assist consumers to apply for, use, and maintain coverage, in a culturally resonant and linguistically appropriate way.
4. Increase the consistency and efficiency of consumer interactions with Covered California and enrollment partners.

What this Strategic Plan will mean for our consumers

- **Coverage You Can't Miss:** We will reach Californians where and when they need us, while ensuring historically marginalized and hard-to-reach populations aren't left behind.
- **Coverage That Resonates:** We will construct our efforts for all Californians, deepening our understanding of the needs of our diverse communities and further tailoring our strategies to meet them.
- **Coverage That's Easy:** We will minimize barriers to coverage by having our system do the work for consumers, rather than consumers having to work for our system.
- **Coverage For California's Future:** We will maximize our levers to achieve hard-fought progress on affordability, cost, quality, and equity.

AI/AN MEMBER CASE RESOLUTION

If you have an AI/AN enrollee that is having issues with their plan, you can contact the following to expedite the case and attempt to resolve as quickly as possible.

externalaffairs@covered.ca.gov
tribalconsultation@covered.ca.gov

For the timeliest assistance, please also include all of the following where applicable:

- Constituent's Name
- Case # or Application ID #
- Constituent's Date of Birth
- Constituent's Telephone Number
- Constituent's email
- Signed Information Release Form (if applicable) – see below for more details

2024 HEALTH BENEFIT DESIGN BY METAL TIER

Coverage Category	Minimum Coverage	Bronze	Silver	Silver 73 CA Enhanced CSR	Silver 87 CA Enhanced CSR	Silver 94 CA Enhanced CSR	Gold	Platinum
Percent of cost coverage	Covers 0% until out-of-pocket maximum is met	Covers 60% average annual cost	Covers 70% average annual cost	Covers 73% average annual cost	Covers 87% average annual cost	Covers 94% average annual cost	Covers 80% average annual cost	Covers 90% average annual cost
Cost-sharing Reduction Single Income Range	N/A	N/A	N/A	$29,161 to $36,450 (>200% to ≤250% FPL)	$21,871 to $29,160 (>150% to ≤200% FPL)	up to $21,870 (100% to ≤150% FPL)	N/A	N/A
Annual Wellness Exam	$0	$0	$0	$0	$0	$0	$0	$0
Primary Care Visit	After first 3 non-preventive visits, full cost per instance until out-of-pocket maximum is met	$60*	$50	$35	$15	$5	$35	$15
Urgent Care		$60*	$50	$35	$15	$5	$35	$15
Specialist Visit	Full cost per service until out-of-pocket maximum is met	$95*	$90	$85	$25	$8	$65	$30
Emergency Room Facility		40% after deductible is met	$450	$350	$150	$50	$350	$150
Laboratory Tests		$40	$50	$50	$20	$8	$40	$15
X-Rays and Diagnostics		40% after deductible is met	$95	$95	$40	$8	$75	$30
Imaging			$325	$325	$100	$50	$75 copay or 25% coinsurance***	$75 copay or 10% coinsurance***
Tier 1 (Generic Drugs)	Full cost per script until out-of-pocket maximum is met	$17**	$19	$15	$5	$3	$15	$7
Tier 2 (Preferred Drugs)		40% up to $500 per script after drug deductible is met	$60**	$55	$25	$10	$60	$16
Tier 3 (Non-preferred Drugs)			$90**	$85	$45	$15	$85	$25
Tier 4 (Specialty Drugs)			20% up to $250** per script	20% up to $250 per script	15% up to $150 per script	10% up to $150 per script	20% up to $250 per script	10% up to $250 per script
Medical Deductible	N/A	Individual: $6,300 Family: $12,600	Individual: $5,400 Family: $10,800	N/A	N/A	N/A	N/A	N/A
Pharmacy Deductible	N/A	Individual: $500 Family: $1,000	Individual: $150 Family: $300	N/A	N/A	N/A	N/A	N/A
Annual Out-of-Pocket Maximum	$9,450 individual $18,900 family	$9,100 individual $18,200 family	$9,100 individual $18,200 family	$6,100 individual $12,200 family	$3,000 individual $6,000 family	$1,150 individual $2,300 family	$8,700 individual $17,400 family	$4,500 individual $9,000 family

Benefits in blue are NOT subject to a deductible. Benefits in blue with a white corner are subject to a deductible after the first three visits.

Drug prices are for a 30-day supply.

* Copay is for any combination of services (primary care, specialist, urgent care) for the first three visits. After three visits, future visits will be at full cost until the medical deductible is met.

** Price is after pharmacy deductible amount is met. *** See plan Evidence of Coverage for imaging cost share.

2023 FAMILY DENTAL AND VISION COMPANIES

Anthem BlueCross

blue california

California Dental Network
A DentaQuest company

DELTA DENTAL

Dental Health Services

- All health plans include dental care for children at no extra cost.
- Adults can purchase a family dental plan when they enroll in a Covered California health insurance plan.
  - There must be at least one adult (age 19 or older) enrolled in a family dental plan in order for a child in the family to enroll. (Not all adults in the household are required to enroll.) If a family chooses to enroll children in a family dental plan, all children younger than 19 who live in the household must enroll.

https://www.coveredca.com/individuals-and-families/getting-covered/dental-coverage/family/

EyeMed

vsp individual vision plans

SuperiorVision
A MetLife Company

Children under age 19 get free vision care included with their parent's Covered California health plan.

Adults can enroll directly with one of our two contracted vision companies. Both offer excellent benefits.

https://www.coveredca.com/vision/adult/

AMERICAN INDIAN/ALASKAN NATIVE PROGRAM ELIGIBILITY

Program Eligibility by Federal Poverty Level for 2024

Your financial help and whether you qualify for various Covered California or Medi-Cal programs depends on your income, based on the Federal Poverty Level (**FPL**)

COVERED CALIFORNIA

SEE NOTE BELOW FOR INCOMES IN THIS RANGE

Federal Premium Tax Credit* — *Tax credit continues beyond 400%*

American Indian / Alaska Native (AIAN) Zero Cost Sharing (100%-300%) — AIAN Limited Cost Sharing (over 300%)

Silver 94 (100%-150%) | Silver 87 (>150%-200%) | Silver 73 (>200%-250%)

Household Size	% FPL	0%	100%	138%	150%	200%	213%	250%	266%	300%	322%	400%*
	1	$0	$14,580	$20,121	$21,870	$29,160	$31,056	$36,450	$38,783	$43,740	$46,948	$58,320
	2	$0	$19,720	$27,214	$29,580	$39,440	$42,004	$49,300	$52,456	$59,160	$63,499	$78,880
	3	$0	$24,860	$34,307	$37,290	$49,720	$52,952	$62,150	$66,128	$74,580	$80,050	$99,440
	4	$0	$30,000	$41,400	$45,000	$60,000	$63,900	$75,000	$79,800	$90,000	$96,600	$120,000
	5	$0	$35,140	$48,494	$52,710	$70,280	$74,849	$87,850	$93,473	$105,420	$113,151	$140,560
	6	$0	$40,280	$55,587	$60,420	$80,560	$85,797	$100,700	$107,145	$120,840	$129,702	$161,120
	7	$0	$45,420	$62,680	$68,130	$90,840	$96,745	$113,550	$120,818	$136,260	$146,253	$181,680
	8	$0	$50,560	$69,773	$75,840	$101,120	$107,693	$126,400	$134,490	$151,680	$162,804	$202,240
	add'l, add	$0	$5,140	$7,094	$7,710	$10,280	$10,949	$12,850	$13,673	$15,420	$16,551	$20,560

Medi-Cal

Medi-Cal for Adults | Medi-Cal for Pregnant Women | Medi-Cal Access Program (for Pregnant Women)

Medi-Cal for Kids (0-18 Yrs.) | CCHIP (San Francisco, San Mateo, and Santa Clara county residents)

AMERICAN INDIAN/ALASKAN NATIVE ZERO-COST AND LIMITED-COST SHARING PLANS

- **Zero-cost sharing plans:** If between 100 percent and 300 percent federal poverty level (FPL), consumer is eligible for AI/AN plan that is not subject to deductible, coinsurance and cost sharing. Does not need a referral from an Indian Health Clinic when receiving Essential Health Benefits (EHB) from a QHP.
- **Limited-cost sharing plans:** If below 100 percent or above 300 percent FPL, consumer is not subject to deductible, coinsurance and cost sharing if receiving health care services from an Indian Health Clinic or with a referral to a QHP provider from an Indian Health Clinic.

AMERICAN INDIAN/ALASKA NATIVE BENEFIT EXAMPLE

The following is an example of the differences in cost sharing between a Silver 70 standard plan, a Zero Cost Share AI/AN plan and a Limited Cost Share AI/AN plan for some **covered services**.

Covered services	Silver 70 Standard Plan	Zero Cost Share AI/AN Plan	Silver 70 Limited Cost Share AI/AN Plan	Silver 70 Limited Cost Share AI/AN Plan if Member Goes to an AI/AN Provider*
Primary Care Visit	$50	$0	$50	$0
Specialist Visit	$95	$0	$95	$0
Laboratory Tests	$40	$0	$40	$0
Urgent Care Visit	$60	$0	$60	$0

*Indian Health Service (IHS), an Indian tribe, Tribal Organization, Urban Indian Organization, or receives a referral to a QHP provider from an IHS clinic.

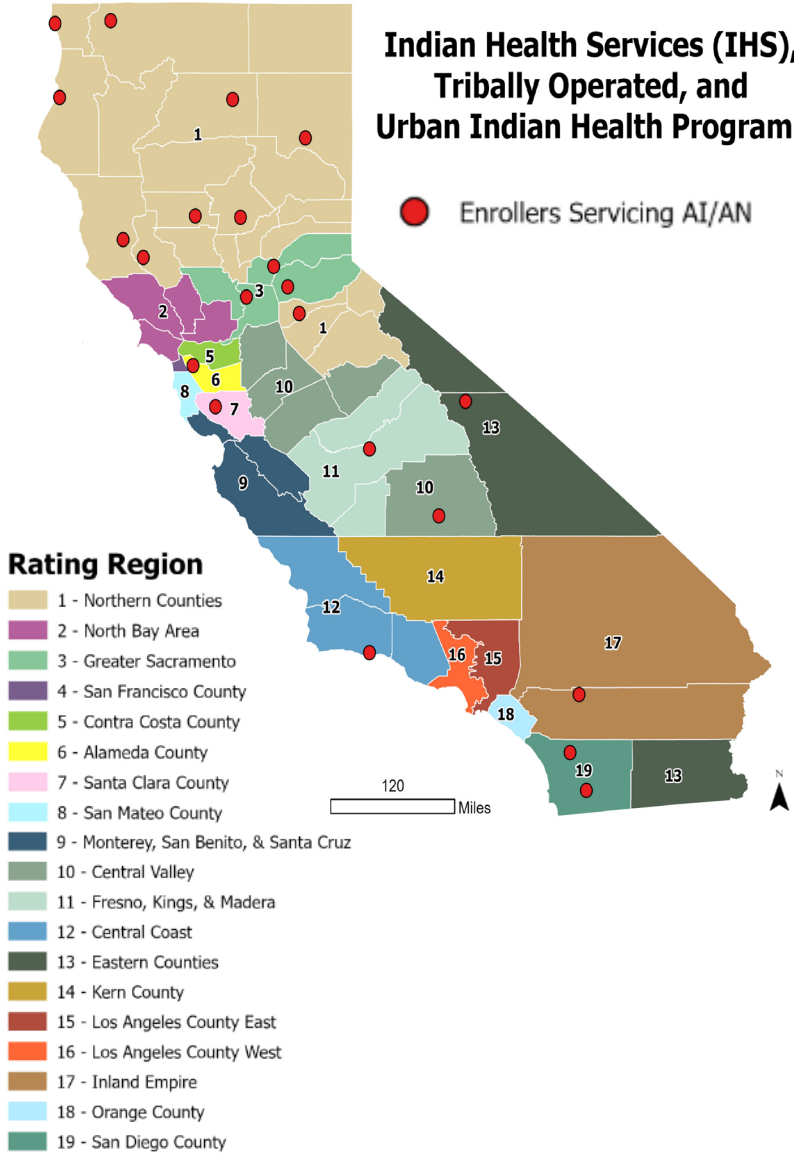
DOCUMENTS TO PROVE AI/AN STATUS

Submit a copy of **one** of the following documents:

1. Tribal Enrollment/Membership Card.
2. Authentic document from a tribe declaring membership for an individual.
3. I-872 American Indian Card.
4. U.S. American Indian/Alaska Native tribal enrollment or shareholder documentation.
    1. Enrollment or membership document from a federally-recognized tribe or the Bureau of Indian Affairs. It must be on tribal letterhead or an enrollment/membership card that contains the tribal seal and/or an official signature.
    2. Document issued by an Alaska Native village/tribe, or an Alaska Native Corporation Settlement Act (ANCSA) regional or village corporation acknowledging shareholder status.
5. Certificate of Degree of Indian Blood (CDIB) issued by the Bureau of Indian Affairs or a tribe, if the CDIB includes tribal enrollment information.
6. Letter from the U.S. Department of Health and Human Services (HHS) granting a tribal exemption based on tribal membership or Alaska Native shareholder status.

CERTIFIED ENROLLMENT ENTITIES

Account Name	Program	Organization Type
American Indian Health and Services	Certified Application Entity	American Indian Tribes or Tribal Organizations
Chapa-De Indian Health	Certified Application Entity	Licensed health care clinics
Consolidated Tribal Health Project, Inc	Certified Application Entity	American Indian Tribes or Tribal Organizations
Elk Valley Rancheria	Certified Application Entity	American Indian Tribes or Tribal Organizations
Feather River Tribal Health, Inc	Certified Application Entity	Indian Health Services Facilities
Fresno American Indian Health Project	Certified Application Entity	American Indian Tribes or Tribal Organizations
Indian Health Center of Santa Clara Valley	Certified Application Entity	Licensed health care clinics
Indian Health Council, Inc.	Certified Application Entity	Indian Health Services Facilities
Karuk Tribe	Certified Application Entity	American Indian Tribes or Tribal Organizations
Lake County Tribal Health Consortium	Certified Application Entity	American Indian Tribes or Tribal Organizations
Lassen Indian Health Center	Certified Application Entity	American Indian Tribes or Tribal Organizations
MACT Health Board, INC.	Certified Application Entity	American Indian Tribes or Tribal Organizations
Native American Health Center	Navigator Entity (sub)	Non-Profit
Northern Valley Indian Health, Inc.	Certified Application Entity	Indian Health Services Facilities
Pit River Health Service, Inc	Certified Application Entity	American Indian Tribes or Tribal Organizations
Riverside San Bernardino Co Indian Health	Certified Application Entity	Indian Health Services Facilities
Sacramento Native American Health Center	Certified Application Entity	Licensed health care clinics
Shingle Springs Tribal Health Program	Certified Application Entity	American Indian Tribes or Tribal Organizations
Southern Indian Health Council, Inc.	Certified Application Entity	American Indian Tribes or Tribal Organizations
Toiyabe Indian Health Project	Certified Application Entity	American Indian Tribes or Tribal Organizations
Tule River Indian Health Center, Inc.	Certified Application Entity	Indian Health Services Facilities
United Indian Health Services	Certified Application Entity	Licensed health care provider



COVERED CALIFORNIA QHP AI/AN NETWORK

- There are currently 85 Indian Health Service (IHS), tribally operated, and urban Indian health programs in Covered California's QHP networks
  - Majority are in Region 1 (Northern CA) and Region 17 (Inland Empire)
- Covered California continues to encourage QHP Issuers to include and expand the number of Indian Health Service (IHS), tribally operated, and urban Indian health programs in their networks
- A list of Indian Health Service (IHS), tribally operated, and urban Indian health programs that are currently in Covered California's QHP networks are available on the AI/AN toolkit:

https://hbex.coveredca.com/california-tribes/