



EXECUTIVE DIRECTOR'S REPORT

Peter V. Lee, Executive Director | September 17, 2020 Board Meeting

ANNOUNCEMENT OF CLOSED SESSION

EXECUTIVE DIRECTOR'S UPDATE

COVERED CALIFORNIA BOARD 2021 MEETING DATES

All meetings will be held at Covered CA Headquarters, 1601 Exposition Boulevard, Sacramento. Depending on social distancing and emergency rules regarding how meetings are held during the pandemic, we are planning for meetings to be virtual through the end of 2020 and likely well into 2021. Unless otherwise notified, meetings will begin at 10:00 am and are held the third Thursday of the month.

2021 Meeting Dates

January 14

February 18 *(Possibly no meeting)*

March 18

April 15 *(Possibly no meeting)*

May 20

June 17

July 15 *(Possibly no meeting)*

August 19

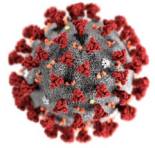
September 16

October 21 *(Possibly no meeting)*

November 18

December 16 *(Possibly no meeting)*

COVERED CALIFORNIA CAPACITY REDUCED BY 20% DUE TO COVID-19 AND STATE FISCAL CRISIS



Reductions to Staff Work Time Availability – 14%:

- 114 full-time positions per month due to Personal Leave Program (2 days per month/per employee)
- 55 full-time positions per month due to staff taking leave under the Families First Coronavirus Response Act
- 12 full-time positions per month due to disability and other Administrative Time Off
- 18 full-time positions per month due to redirection to Contact Tracing effort

Increased Workload Due to COVID-19 – 1.4%:

20 full-time positions per month to address COVID-19 personnel policies and procedures, telework provisioning, facilities modification, etc.

Vacancy Rate – 5%:

Higher than budgeted by 5% = 71 positions (budgeted for 8% [113 positions]; current rate is 13% [184 positions]; primarily attributed to the initial challenges with acclimating to a “virtual” hiring process and administrative focus on COVID-19 employee telework and facilities modification and planning efforts

Work Priority Adjustments – Impact on Capacity Unclear:

Programs experienced changes in productivity, work assignments have been reprioritized or on hold to accommodate staff reductions; administrative and information technology programs prioritized emergency COVID-19-related efforts over regular scope of duties; difficult to measure actual productivity loss

UPDATE ON COVERED CALIFORNIA'S DIVERSITY, EQUITY & INCLUSION EFFORTS



- Covered California recently completed departmentwide required implicit bias awareness training with over 1,100 staff attending the course. Training was conducted by Dr. Bryant T. Marks, Sr., Founder and Chief Equity Officer of the [National Training Institute on Race and Equity](#). We will continue to offer this course on a biannual basis for new employees and those were unable to complete the first sessions.
- Covered California is continuing our organizational implicit bias work with our leadership team who will all be engaged in a session building on the implicit bias training to develop bias mitigation efforts.
- To institutionalize efforts, Covered California has established a 15 person workgroup of diverse leaders from multiple divisions within the organization to contribute to our strategic diversity, equity, and inclusion work. The workgroup will meet on a regular basis over the next 12 months and provide advice, guidance, critical thinking and recommendations to ensure we continuously embrace and establishes ongoing process that assure diversity and inclusion at all levels of the organization.

COVERED CALIFORNIA'S IMPLICIT BIAS AWARENESS TRAINING – TAKEAWAYS AND IMPACTS

- “The class was very informative. I learned things I didn't learn from history books. It's a good first step but we need to make people aware of this. Keep it alive and strive to make a difference.”
- “Dr. Bryant's remarks and anecdotes were accurate, enjoyable and teachable. I benefitted immensely from his expertise and coaching. I wanted and might try to take it again because I enjoyed it so much. I bought the books and have started reading them so that I have both perspective and working knowledge of what it must be like to be someone for whom bias is an everyday occurrence.”
- “Be more aware of my own implicit bias as a first step and learning to understand and empathize with those who reality is different than my own. And educate others on implicit bias. These are just the first steps of moving forward to a better society in which everyone truly has equal rights and opportunities.”
- “Dr. Marks utilized powerful and meaningful training strategy to open my eyes to Implicit Bias. It was awkward and painful to see; however, it was impactful leaving a lasting impression with me for being mindful of others. Awesome !!!”

2020 SPECIAL ENROLLMENT PERIOD UPDATE

COVID-19 Special Enrollment Period ended on August 31st

- This qualifying life event allowed Californians affected by the COVID-19 pandemic to sign up for coverage between March 20th and August 31st.

Covered California added a new qualifying life event on August 1st for individuals who lost their job or experienced a loss of income.

- This qualifying life event is in response to the public health emergency and the economic crisis caused by COVID-19.
- This qualifying life event is currently scheduled to be available through December 31, 2020. Covered California will evaluate the need for extending this qualifying life event later in the year.

Covered California is also assisting consumers who have been impacted by wildfires.

- Covered California offers a standing qualifying life event for individuals who miss their open enrollment or special enrollment sign up deadline due to a state of emergency including wildfires.

TOPLINE – SPECIAL ENROLLMENT PERIOD

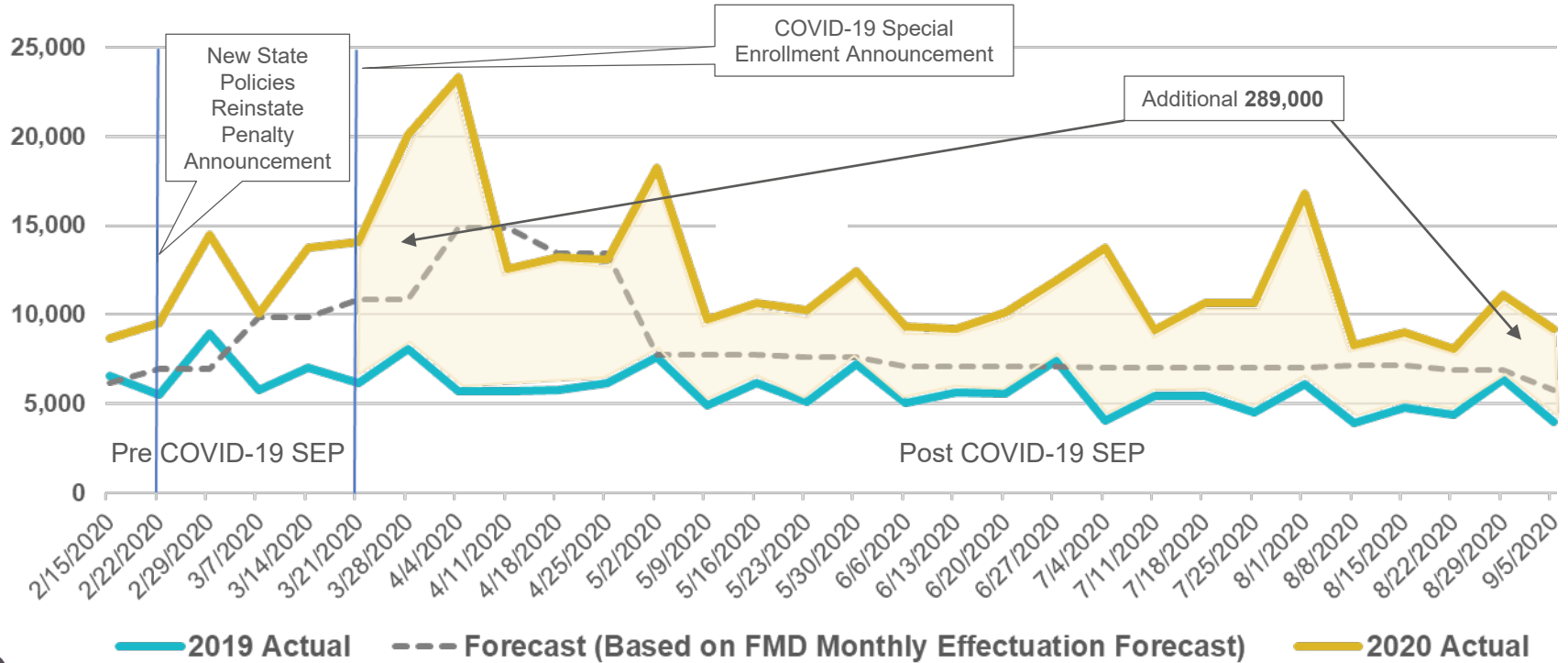
- Year-to-date special enrollment period (SEP) plan selections of **more than 357,000** is almost **90% higher** than same time last year.
- **More than 289,000** consumers have signed up since the announcement of the COVID-19 Special Enrollment. During this period, new sign-ups have grown to almost **2.2 times higher (115%)** the rate seen during same time last year.

Measures (Data as of 08/31/2020, All cells rounded to nearest 10).	2020	2019	Difference	% Change
Pre-COVID (March 19 and earlier)	67,710	54,780	12,930	24%
Post-COVID (March 20 and after)	289,460	134,700	154,760	115%
YTD SEP (As of August 31)	357,170	189,470	167,700	89%

- These new Special Enrollment sign-ups include a combination of those newly becoming aware of state subsidies or the penalty; those who have recently lost other coverage; and those who are enrolling due to the COVID-19 pandemic Special Enrollment period.*

WEEKLY GROSS PLAN SELECTIONS

- Total special enrollment plan selections so far this year through August 31, 2020 is more than **357,000**.
- **Additional 289,000 gross plan selections** realized since the announcement of COVID-19 Special Enrollment, compared to the same period in 2019.



INDIVIDUAL MARKET HEALTH AND DENTAL PLAN CERTIFICATION SUMMARY FOR PLAN YEAR 2021

COVERED CALIFORNIA 2021 QHP OFFERINGS

- All 11 health insurance issuers will return for 2021, two issuers are expanding their product offerings.
 - Anthem EPO: new product in Inyo, Mono, Imperial and Kern counties (Regions 13 & 14)
 - Anthem HMO: new product in Orange County (Region 18)
 - Oscar EPO: new product in San Mateo County (Region 8)
- 99.8 percent of Californians can choose between two issuers, 88 percent from three or more and 76 percent from 4 or more.

COVERED CALIFORNIA 2021 QHP ISSUER RATES

- ❑ The preliminary individual market average rate change is 0.6 percent, the lowest increase since Covered California's launch (rates subject to finalization with regulators which will be done Sept. 30th).
- ❑ Regional rates varied between a 2.6% decrease (Region 13) and a 5.6% increase in Region 7 (Santa Clara County).
- ❑ Rate changes by carriers varied between a 4.6 percent decrease and a 9.0 percent increase.
- ❑ 2021 rate and coverage details are available at:
<https://hbex.coveredca.com/data-research/>.
- ❑ Rates are provisional and subject to regulator review.

COVERED CALIFORNIA 2021 QHP RATES

Factors contributing to the 0.6 percent average rate increase include:

- ❑ Health care costs (absent COVID-19) generally projected to be in the 4 to 8 percent range, with COVID-19 having no to little net impact on premiums.
- ❑ 2020 open-enrollment (+41 percent over 2019) and special-enrollment adding more than 230,000 people between March 20 and July 24. Both cohorts are “healthier” on average than their 2019 equivalent.
- ❑ Health Insurer Tax repeal drove a weighted average premium decrease of 1.7 percent (0 percent to 3.3 percent across carriers).
- ❑ Participation fee reduced for 2021 from 3.5 percent to 3.25 percent.

2021 DENTAL PLAN OFFERINGS AND RATES

- Six out of seven dental plans are returning in 2021 and two new plans will be entering the individual and family dental marketplace.
 - Blue Shield DHMO: new product in regions 2-19.
 - Blue Shield DPPO and Guardian DPPO: new products in Regions 1-19.
 - Premier Access is withdrawing their DPPO product from all regions where they participated, Regions 1-12 and 14-19.
- The statewide weighted average rate change for family dental plans increased by 2.3 percent.

OPEN ENROLLMENT 2021 MARKETING UPDATE

KEY RESEARCH FINDINGS

The value to having health insurance is universally recognized

Even among those who are currently uninsured, there was a recognition of the benefits associated with having health insurance

Cost and complexity continue to be the barriers

While cost is the top barrier and many stated that they simply cannot afford health insurance, complexity and uncertainty about coverage, specifically with pre-existing conditions are also factors that limit having insurance

Awareness of Covered California is strong, but does not always translate to clear understanding

Most associations are related to providing health insurance, though some believe it is meant specifically for lower-income

Few people understand the help and resources we offer and many don't check to see if they can get financial help

THE PROBLEM

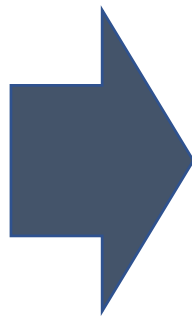
what the uninsured say

“Too expensive, I can’t afford it”

“It’s for those with lower income”

“I’m healthy, so I don’t need it”

“It’s too complicated”



what it means

not for me

not for me

not for me

not for me

*Many just don't feel
Covered California is for them.*

CORE CHALLENGE

Replace negative emotions with positive ones.

Spike confidence early on.
Build positive associations with Covered California over time.



MAIN IDEA

Covered California is the starting point for health insurance for Californians

created by people like me for people like me

Created by Californians for Californians, Covered California is our destination for affordable, quality health insurance.

a place to go to take action

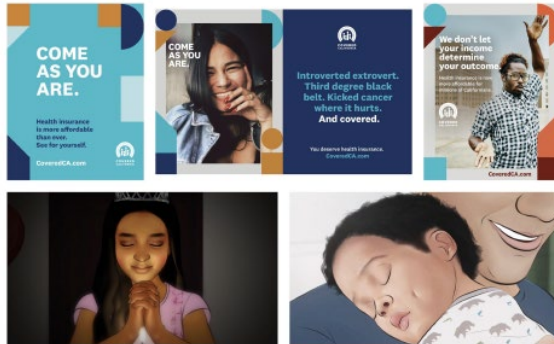
defines what we uniquely offer

CREATIVE PLATFORM EXPLORATION

Platform 1

Come as you are.

The one that says “for anyone/everyone”
without saying it.



Platform 2

This way to health insurance.

The one that cuts to the chase.
The emotion is in the directness.



Platform 3

This plan is your plan.

The one that rallies us together
around care and optimism.



AND THE WINNER IS...

Platform 2

This way to health insurance.

Platform 1

Come as you are.

The one that says “for anyone/everyone”
without saying it.

The one that cuts to the chase.
The emotion is in the directness.

Platform 3

This plan is your plan.

The one that rallies us together
around care and optimism.



THE FRAMING

I didn't have health insurance,
but not because I didn't want it.
I just needed help.
Covered California offered the help
I needed, and they can help you,
too.


Covered California
This way to health insurance.



BUILDING A POWERFUL VISUAL – REFLECTING CORE TARGET POPULATIONS AND CALIFORNIA'S DIVERSITY



this way
TO HEALTH INSURANCE.



COVERED
CALIFORNIA

CoveredCA.com



9 out of 10

**GOT FINANCIAL
HELP FOR
HEALTH
INSURANCE.**



**we
don't
let your
income
determine
your
outcome.**

**This way to
health insurance.**

CoveredCA.com



**in
sickness
and in
health.**

**This way to
health insurance.**

CoveredCA.com



protect
**YOUR MOST
VALUABLE
ASSETS.**

**This way to
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CoveredCA.com



USING ALL CHANNELS WITH PRIORITY FOCUS ON REACHING CALIFORNIA'S DIVERSE POPULATION

Covered California's Marketing Program

- ❑ Multi-Channel: Television, Radio, Print, Out-of-Home and Social Media
- ❑ Open Enrollment and move to year-round
- ❑ General Population
- ❑ Special Focus with designs and implementation specific to target groups (in-language; culturally framed; specific media buys/focus)
 - Latinos
 - Multiple Asian Communities (Chinese, Korean, Vietnamese and more)
 - Black/African Americans
 - LGBTQ+

COVEREDCA.COM REFRESH — OBJECTIVES

Anytime, Anywhere Access

- Optimize the online experience making it easier for users to find information on either mobile or desktop devices.

Serve Our Consumers Better

- Leaner, streamlined design to mature the brand and remain competitive.
- Design informed by research and testing.

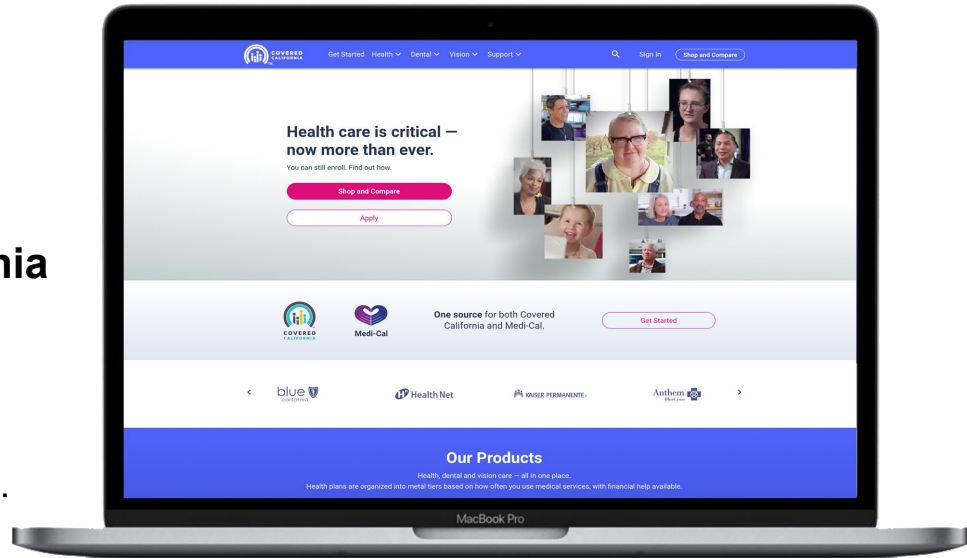
Inform Consumers about Covered California and Medi-Cal

Inclusive Design for Accessibility

- Exceeds visual standards for contrast and is fully compatible with screen reading software.

Scalable Design

- Built to accommodate incremental changes that can easily be made without the need of developers.



CORONAVIRUS DISEASE 2019 (COVID-19) UPDATE

COVID-19: CALIFORNIA STATEWIDE UPDATE

- Current Status
 - Total cases continue to increase, however daily growth in cases has remained less than 1% for over three weeks and average hospitalizations have declined.
 - Testing capacity continues to increase, now over 12.8 million tests have been completed including data from include data from commercial, private and academic labs.
 - Adequate hospital capacity to absorb a new wave of COVID infections.
- What We Still Need
 - Continue to scale up testing.
 - Increase our ability to conduct contact tracing, isolation, and quarantine.
 - Enhance the ability for businesses and schools to support physical distancing.

COVERED CALIFORNIA'S HEALTH PLAN ACTIONS

- Response Highlights
 - Multiple plans with cost-sharing waivers for not only testing but also the treatment of COVID-19.
 - Active community support through outbound calls to vulnerable members, donation of PPE and funds.
 - Accelerated payments and alternative reimbursement models for providing financial support to healthcare providers and hospitals.
 - Some plans extending time for members to pay premiums without fear of termination.
 - Providing grants and other resources to support building infrastructure for telehealth and testing.
 - Renewed focus for addressing deferred care through direct outreach and alternative treatment modalities.

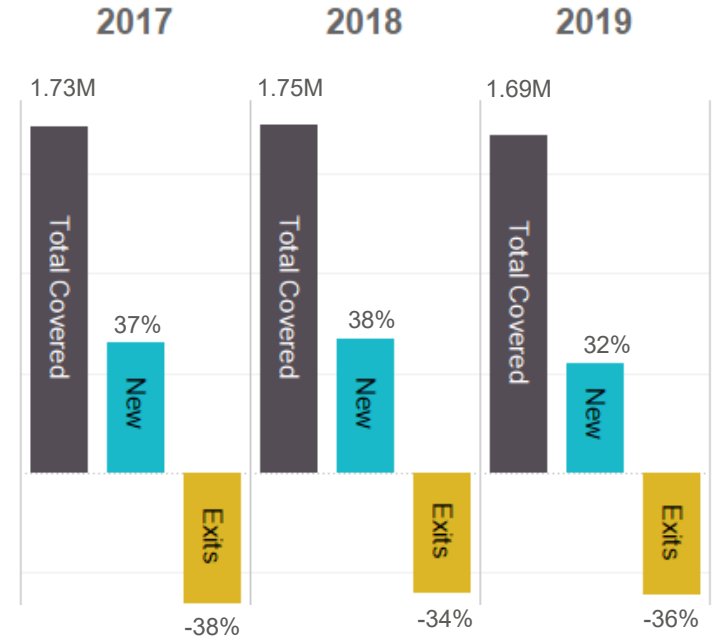
COVERED CALIFORNIA DATA & RESEARCH

COVERED CALIFORNIA'S EXPERIENCE IN SPECIAL ENROLLMENT LESSONS FROM COVID-19

COVERAGE TRANSITIONS HAVE ALWAYS BEEN A PART OF THE MARKETPLACE

- The individual market has always served as an option for those who experience changes in life circumstances.
- From 2015 to 2019, Covered California has seen significant “churn” every year, as about one-third of enrollees leave the Marketplace every year – the vast majority to get coverage from other sources.
- Prior Covered California survey data show that employer-sponsored insurance (ESI) is both the most common source of prior coverage among new entrants and most common source of coverage among disenrolled members (exits) who leave the exchange and take up coverage elsewhere.

Effectuated Members in a 12 Month Period



COVERED CALIFORNIA: MARKETPLACE COVERAGE HERE WHEN YOU NEED IT

- ❑ COVID-19 pandemic has introduced the first widespread health coverage shock since the marketplaces began in 2014, and is testing their capacity to serve as a safety net for individuals experiencing coverage disruptions.
- ❑ Covered California is analyzing the impact of the COVID-19 pandemic on the coverage journey of its consumers by combining administrative data with two Covered California member surveys, which provide self-reported sources of coverage before and after enrollment with Covered California: the annual member survey completed at the end of Open Enrollment, and a new COVID-specific SEP survey that it fielded in July 2020.
- ❑ The data that follows *preliminary and* subject to revision: a more comprehensive analysis will be released soon.

BUILDING ON EXPERIENCE TO ADDRESS THE COVID PANDEMIC AND RECESSION

- Covered California's history of broad marketing and the ongoing on-the-ground enrollment support (such as 500+ Covered California branded storefronts, 10,000+ certified agents and broad navigator targeting high-need communities) means high name recognition and avenues for enrollment year-round.
- Covered California invested over \$9 million in marketing and outreach to help spread the word about the COVID SEP after March 20, 2020, including launching COVID-specific advertising content on May 04, 2020.
- California created a COVID qualifying life event, ensuring that all would have access to coverage options during the pandemic including those who may have been uninsured at the onset of the pandemic.
 - 11 other state-based marketplaces also took similar actions.
 - The Federally-Facilitated Marketplace extended some SEP deadlines for those who lost job-based coverage, but did not create a new qualifying life event in response to the pandemic.

COVERED CALIFORNIA NEW SIGN-UPS DURING THE 2020 COVID SEP

- Year-to-date special enrollment period (SEP) plan selections of **more than 357,000** is almost **90% higher** than same time last year.
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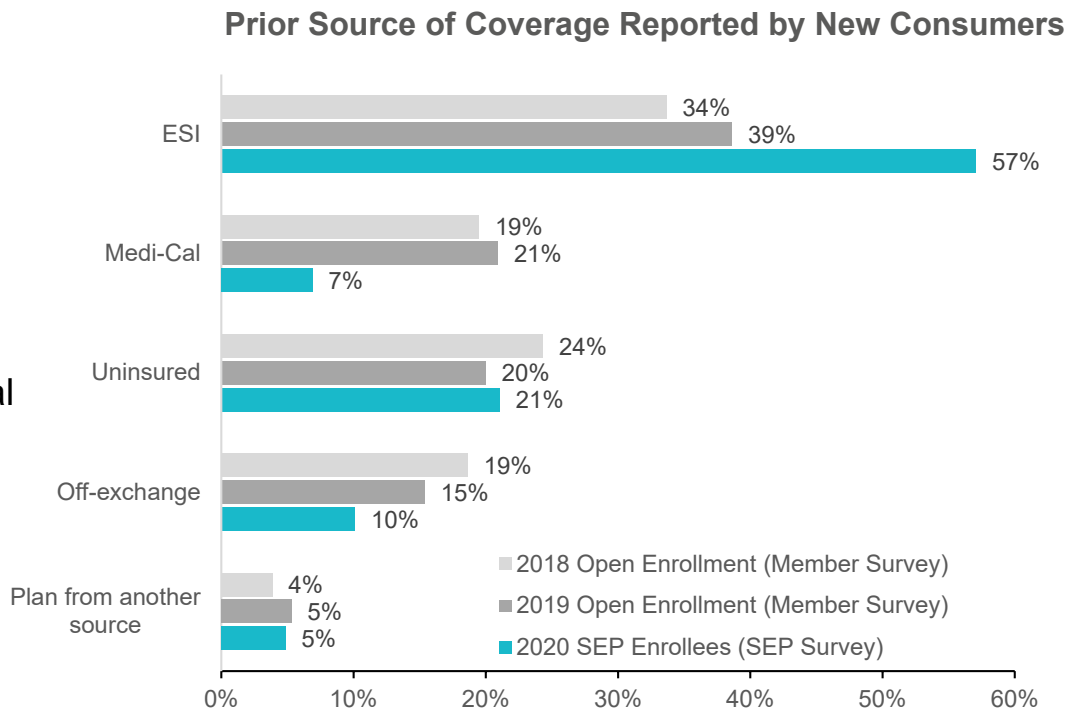
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2019	Difference	% Change
54,780	12,930	24%
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- These new Special Enrollment sign-ups include a combination of those newly becoming aware of state subsidies or the penalty; those who have recently lost other coverage; and those who are enrolling due to the COVID-19 pandemic Special Enrollment period.*

PRIOR SOURCE OF COVERAGE FOR NEW CONSUMERS SIGNING UP DURING COVID-19 SEP

- **Surge of Entries from Job-based Coverage** – Job-based coverage losses account for 57% of new SEP enrollments, compared to 39% during Open Enrollment 2019.
- **Medi-Cal Transitions Drop** – Accounting for 21% of new sign ups during Open Enrollment 2019, Medi-Cal transitions are down to 7 percent in 2020 COVID-19 SEP.
- **Uninsured Rate Resembles Open Enrollment** – 21 percent of enrollees during the COVID-19 SEP were previously uninsured, similar to the entrants during prior Open Enrollments.



Sources: Covered California 2020 SEP Survey & 2018 California Health Coverage Survey ("Member Survey"). See forthcoming release for survey question wording and details on methods.

COVERED CALIFORNIA ENROLLMENT BY RACE/ETHNICITY

There are strong indications that the clinical impact of COVID-19 are worse for Latinos and African-Americans. In addition, data on job loss indicates that Latinos and African-Americans are more likely to work in service sectors worse hit by the recession.

There are not good data on the racial/ethnic impact of the pandemic on insurance coverage. The demographic profile of Covered California's enrollment during the COVID SEP period has been largely consistent with the mix in prior enrollment periods. Similar to Open Enrollment marketing, outreach during the COVID-SEP including special attention to Spanish-language marketing, and targeting of Latinos, African-American, and Asian communities.

Covered California is doing additional research to better understand enrollment and insurance coverage by race/ethnicity.

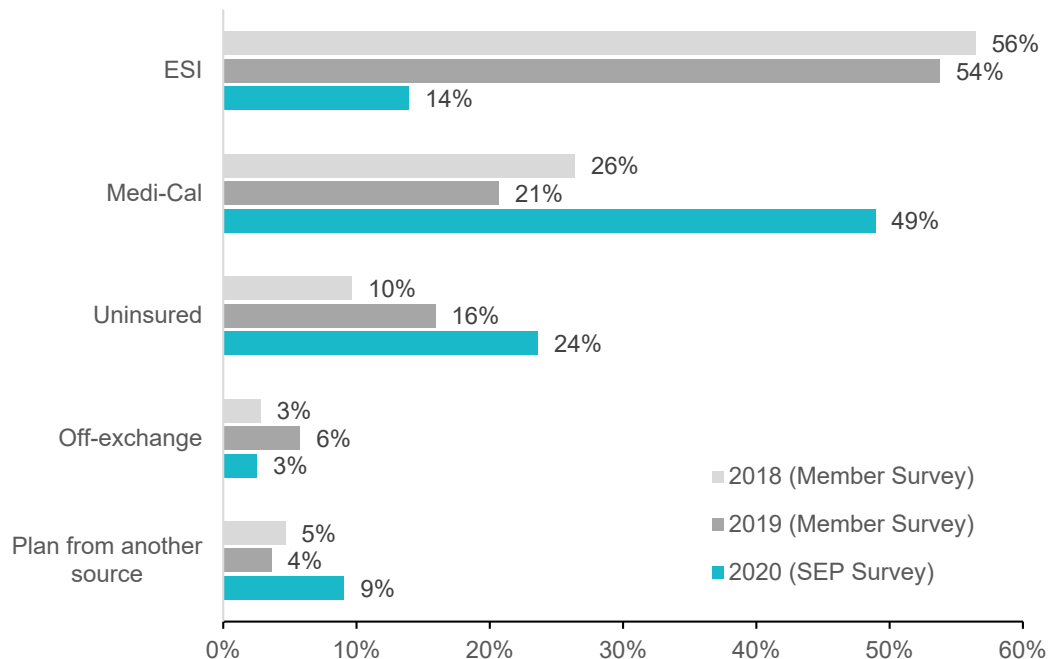
Race / Ethnicity Roll up								
	2019 Open Enrollment ¹		2020 Open Enrollment ²		2019 Special Enrollment ³ (Mar 20 - Aug 31)		2020 Special Enrollment ³ Post COVID-19 (Mar 20 - Aug 31)	
Race / Ethnicity	Enrollees	(column %)	Enrollees	(column %)	Enrollees	(column %)	Enrollees	(column %)
Asian	52,060	20.3%	83,160	22.5%	22,690	21.1%	47,420	20.9%
Black or African American	10,040	3.9%	13,510	3.7%	4,050	3.8%	8,910	3.9%
Latino	78,400	30.6%	120,230	32.6%	30,370	28.3%	67,920	29.9%
Other	27,680	10.8%	37,480	10.1%	12,580	11.7%	24,180	10.6%
White	88,070	34.4%	114,930	31.1%	37,690	35.1%	78,680	34.6%
Grand Total	256,240	100.0%	369,310	100.0%	107,390	100.0%	227,110	100.0%
(nonrespondent)	68,950	21.2%	91,250	19.8%	27,310	20.3%	62,350	21.5%

All % calculations except the non-respondents calculated out of respondents only. Non-respondent % is of total population of enrollees.

SOURCE OF COVERAGE FOR CONSUMERS WHO LEAVE COVERED CALIFORNIA

- **Far Fewer Leaving for Job-based Coverage** – Exits to job-based coverage have dropped precipitously (54% in 2019 down to 14% in 2020)
- **Large Growth in Transitions to Medi-Cal** – Exits to Medi-Cal have more than doubled when compared to the rate in 2019, from 21 percent to 49 percent.
- **More Go Uninsured** – 24 percent report that are uninsured, reinforcing prior research that affordability remains a challenge.

Source of Coverage Reported After Leaving Covered California



Sources: Covered California 2020 SEP Survey & 2018 California Health Coverage Survey ("Member Survey"). See forthcoming release for question wordings and methods details.

STATE AND FEDERAL POLICY / LEGISLATIVE UPDATE

GOVERNOR'S EXECUTIVE ORDERS

- ❑ June 30 – Waives eligibility re-determinations for Californians who participate in Medi-Cal, to ensure they maintain their health coverage.
- ❑ August 24 – Allows waivers permitting pharmacists and pharmacy technicians to conduct CLIA-waived COVID-19 tests, which detect the presence of the virus. Waives staffing requirements in respect to home health agencies and pediatric day health and respite care facilities.
- ❑ August 28 – Allows the Department of General Services and the California Department of Public Health to operate up to three sites for use as laboratories to increase the state's COVID-19 testing capacity.
- ❑ September 3 – Extends consumer protections against price gouging through March 4, 2021, which generally prohibit sellers of any kind from increasing prices on food, consumer goods, medical or emergency supplies, and certain other items by more than 10 percent.

STATE LEGISLATION

- The 2019-2020 Legislative Session ended on August 31, 2020. The overall number of bills moving through the legislative process was reduced in light of COVID-19 and state budget deficit.
- Key health-related bills cover key areas such as:
 - Codifying specific Affordable Care Act protections in state law
 - Data reporting by carriers
 - Drug cost containment
- Governor Newsom has until September 30th to take action on bills passed by the Legislature and sent to the Governor's Desk.

PUBLIC COMMENT

CALL: (844) 767-5679

PARTICIPANT CODE: 5697199

- ❑ To request to make a comment, press 10; you will hear a tone indicating you are in the queue for comment. Please wait until the operator has introduced you before you make your comments.
- ❑ If watching via the live webcast, please mute your computer to eliminate audio feedback while calling in. Note, there is a delay in the webcast.
- ❑ The call-in instructions can also be found on page two of the Agenda.

EACH CALLER WILL BE LIMITED TO TWO MINUTES PER AGENDA ITEM

NOTE: Written comments may be submitted to BoardComments@covered.ca.gov.

PRESENTATIONS FROM COVERED CALIFORNIA QUALIFIED HEALTH PLANS

HEARING FROM CONTRACTING HEALTH PLANS: ASSURING QUALITY CARE

Report on First Five Years: Improving Access, Affordability and Accountability – Major Findings:

- High levels of consumer satisfaction with their health plan and health care.
- Wide variation in performance among insurers with the exception of integrated delivery systems consistently performing in the top ten percent nationally.
- Strong performance by integrated delivery systems underscore potential for improvement and the importance of fostering care that is well-coordinated.
- Improvement in performance would be potentially life-saving and clinically meaningful for hundreds of thousands of Californians.
- Relatively low scores on some consumer-reported experience measures warrant further research and improvement across all insurers.
- Behavioral health presents a significant improvement opportunity.

[Covered California's First Five Years Report](#)



HEALTH PLANS REQUESTED TO PRESENT ON FOUR STANDARD ISSUES

- Plan Overview
 - Membership description
 - Covered California as part of their proportion of overall products
- Current successes and challenges in Covered California
- COVID-19 responses
- What's coming on the horizon?

OVERVIEW OF PLANS PRESENTING IN SEPTEMBER 2020

	2019 Total Enrollment	Percent of Enrollment: Regional (Statewide)	Service Area
Oscar Health Plan	35,962	6.6% (2.6%)	San Francisco, Los Angeles and Orange
Molina Healthcare	56,023	7.5% (4.0%)	Southern California

Note: Service area enrollment is calculated by dividing the insurers' enrollment by the total enrollment in the service area.

OSCAR HEALTH PLAN

Dennis Weaver, MD, Chief Clinical Officer
Meghan Joyce, Chief Operating Officer
Frank Bird, Vice President West Region



Oscar Health Plan of CA

Covered CA Board of Directors Meeting, September 2020

Presented by:
Meghan Joyce, Chief Operating Officer
Dr. Dennis Weaver, Chief Medical Officer
Frank Bird, VP, West Region

**Oscar is a direct-to-consumer
health insurer pairing engagement
with our own full-stack technology.**

Oscar California Quick Glance

Entered the CA marketplace in 2016 for IFP & SG in 2018.

-Network Partners: Providence Health network in Southern CA; a combination of Hill Physicians, UCSF and Dignity in our expanding NorCal networks.

-Current Rating Area Footprint: RA 15 & 16 (LA), RA 18 (OC, RA 4 (SF) and RA 8 (SanMateo).

-2021 No Cost Added Benefits: \$0 Virtual PCP experience, \$0 Virtual Urgent Care, Care Management team with full Spanish experience. Our entire digital suite is now also available in Spanish.



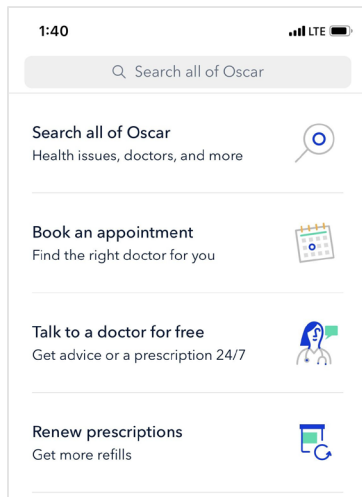
Total On Ex Membership	Total IFP Membership	% Subsidized	% on Ex	Total Production from Brokers	Broker Commission	2020 SEP Enrollments	Average Age
74,880	104k	58%	72%	61,100	18 PMPM New + Renewing	22,000	39.4

Oscar Tech Supports Members

four primary product components

App

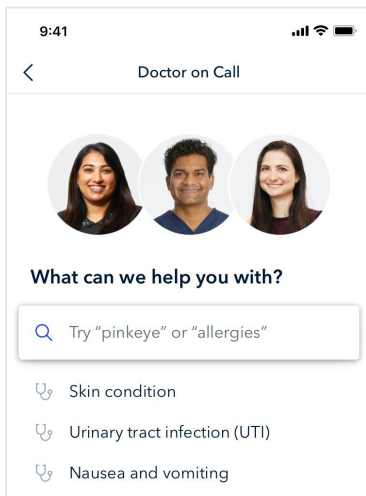
Search for care options, refill prescriptions, get step counting rewards, and more.



52% of members download mobile app

Telemedicine

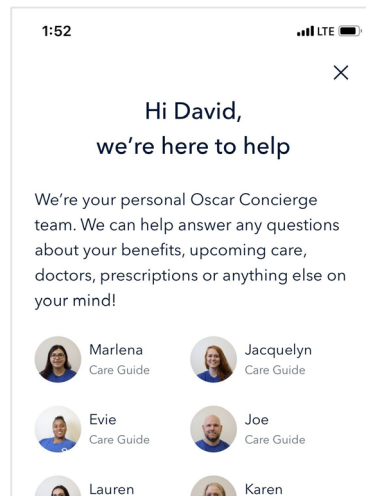
Members have access to our free, unlimited, 24/7 telemedicine platform.



15% of *all* care encounters by our members are now virtual

Concierge

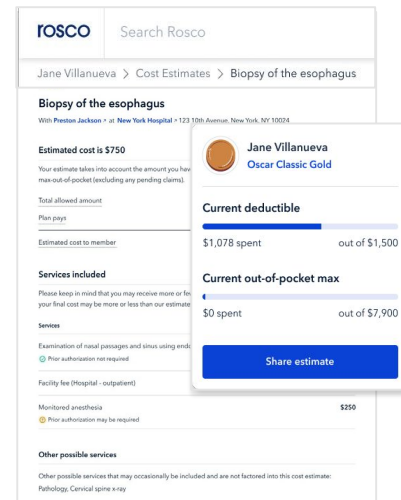
Members can contact their dedicated care team of nurses, guides, and billing experts.



83% of subscribers use concierge

Dynamic Benefits

Our proprietary system enables real-time, hyper-targeted benefit design.



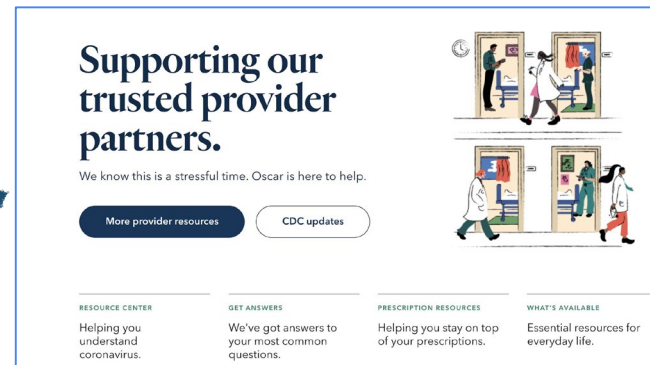
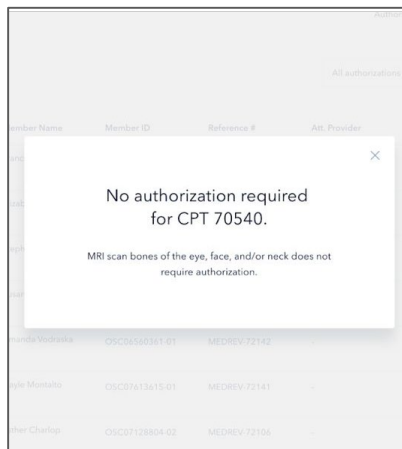
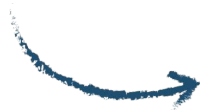
1000x faster to change benefits configuration than industry standard

Oscar Tech Drives Value for Providers

By lowering traditional frictions for payers and providers and allowing us to partner on delivering quality care.

Payment Accuracy	Claims Paid on Time	Speed to Payment	Auto-Adjudication
99.1%	99.5%	6 days	92%+

We develop tools and resources to lower administrative burdens



Successes

- 5-star QRS component rating in Plan Services for Members
- Has a strong shared savings payment model with many of its contracted hospitals, Providence Health Network (PHN), and large contracted provider groups. Hospitals and provider groups are required to meet quality benchmarks in order to receive the full shared savings amount.
- Concierge program provides high-touch member support; members can call their Concierge team to help them find a PCP, determine costs for services or prescriptions, and receive virtual health services and case management services.
- Consistently and actively promotes the use of telehealth to its enrollees.
 - As part of COVID response, promoted telehealth with increased utilization from ~16% to ~30%*



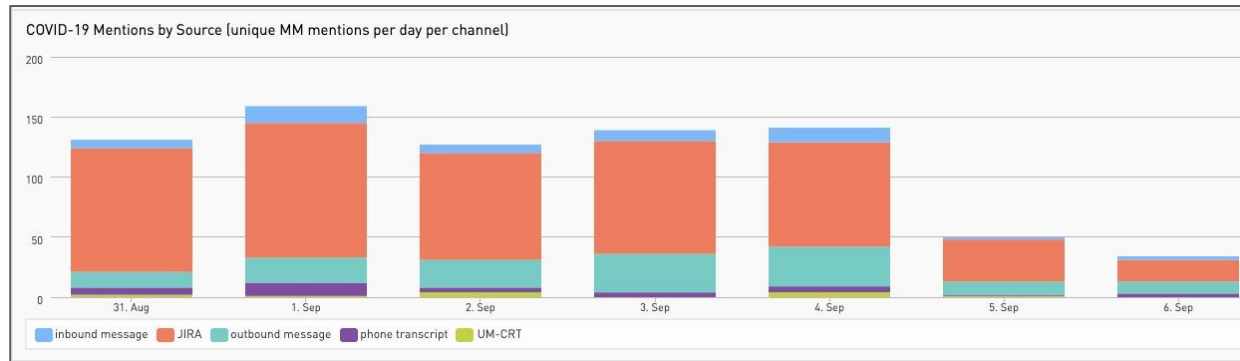
Opportunities

- 2-star QRS global rating in 2019, and opportunities for improvement in key preventive measures.



Oscar has taken a data-driven approach to serve our members uninterrupted and navigate COVID-19 related care.

- Our ability to collect and analyze information quickly allows us to proactively reach out to help our members in a personalized, differentiated way.
- For example, we are tracking any mentions of COVID-19 in real-time in any channel in which members interact with us. That allows us to follow up very quickly with members who need further help.



15-20% of Concierge interactions now relate to the virus and its secondary effects. 11% of telemedicine visits relate to COVID-19.*

COVID-19 Response: Supporting the Community

Oscar launched a Risk Assessment Survey and Testing Site Locator, open to the general public.

- The Risk Assessment Survey is a clinically-validated tool that assesses an individual's risk of contracting COVID-19 and provides personalized recommendations.
- If the assessment includes a recommendation to get tested, consumers will be taken directly to Oscar's Testing Center Locator to find a center.

oscar

Your COVID-19 Risk Assessment & Testing Site Locator

You should be prepared for COVID-19, but don't panic. It's important to take the quick survey below - even if you don't have symptoms - to get an idea of your risk and get you the support you need. We encourage you to take this survey if your circumstances change, team at 855-672-2755 and they can help walk you through it. This is a quick survey and associated recommendations do not constitute medical advice for professional medical advice, including diagnosis or treatment. Contact your personal health care provider for more information. If you are experiencing a medical emergency, dial 911 for help. Oscar members by filling out this risk assessment, you consent to Oscar sharing your information and your information. To view Oscar's Notice of Privacy Practices, click here. To view our Privacy Policy, click here. To view our Notice of Privacy Practices, click here.

*All fields are required unless otherwise specified

Personal Risk

Questions in this section help us understand if you're at risk for complications.

Do you have any chronic medical conditions? *

☒ Yes
☐ No

What chronic conditions do you have? *

☐ Chronic kidney disease
☐ Organ or bone marrow transplant
☐ Active hepatitis B infection
☐ Chronic liver disease
☐ Any cardiovascular/heart disease, including high blood pressure.
☐ Diabetes
☐ Any chronic lung disease or condition, including asthma, COPD/chronic bronchitis, or pulmonary fibrosis
☐ Blood disorders such as sickle cell anemia
☐ Metabolic/endocrine disorders
☐ Neurologic/neurodevelopmental conditions including stroke, intellectual and neuromuscular diseases
☐ Any immunocompromising disease or medications (diseases or medications)

Exposure Evaluation

Questions in this section help us understand the likelihood of exposure.

Have you been near someone with symptomatic, laboratory-confirmed COVID-19? *

☒ Yes
☐ No

Were you within 6 feet of the patient (2 airline seats) for at least 15 minutes? *

☐ Yes
☐ No

Symptom Evaluation

Questions in this section help us understand your current symptoms if you have any.

Do you have any of the following symptoms? *

☒ Fever (temperature >100.4 F or 38 C or feeling like you have a fever)
☐ New or unusual cough in the past 7 days
☐ New or unusual difficulty breathing in the past 7 days (e.g., difficulty completing a sentence without gasping for air, or needing to stop to catch breath when walking across a room)
☐ None of the above

Here's Your Personalized Risk Assessment

You're exhibiting symptoms of a respiratory infection, which may or may not be due to COVID-19 after potentially being exposed to the virus.

Recommendations for you.

You should contact a doctor as soon as possible.

Given your risk factors, we strongly encourage you to contact your primary care doctor's office as soon as possible. If you are an Oscar member, an Oscar Medical Group provider will reach out to you in the next few days to check in, so please stay close to your phone. If you don't have from them, please reach out to a doctor through Oscar's 80 Doctor on Call service. You can request a call here.

Testing for COVID-19 is recommended for you. The cost of testing is \$0.

Before you go to a testing center, it's very important that you call the facility ahead of time even if there are long hold times on the phone. They'll help you understand the requirements specific to visiting their facility, and they'll give you guidance on how to protect yourself and others from exposure to COVID-19 and other viruses like the flu.

Please understand that this is an evolving situation and conditions are changing every day. If you go to a testing center, please follow all instructions and health care advice.

Disclaimers, Time Stamp & more

Los Angeles, CA, USA 50 miles

Search this area

Location	Distance
Los Angeles va Cboc Pharmacy 351 E Temple St, Los Angeles, CA Coronavirus / COVID-19 Diagnostic Testing	0.3 mi
Central Public Health Center 241 N Figueroa St, Los Angeles, CA Coronavirus / COVID-19 Diagnostic Testing	0.6 mi
Frank Hotchkiss Memorial Training Center 1700 Stadium Way, Los Angeles, CA Coronavirus / COVID-19 Diagnostic Testing	1.2 mi
Concentera - Los Angeles - 8th St 1313 W 8th St Ste 100, Los Angeles, CA Coronavirus / COVID-19 Diagnostic Testing	1.5 mi

Looking Ahead: 2021



Consumer Engagement

Route members to the right doctor, at the right time



Concierge

Intervene in real-time in members' care events



Care Delivery

Provide high quality access to care, in person, virtual, and remote care



Population Health

Quickly test campaigns to manage members' health



Insurance Infrastructure

More efficient, more effective insurance operations



Sales Management

Our own broker platform, our own online enrollment & renewals platform

- **Expanded Oscar Care**, a team of experts dedicated to members that can provide them with high quality care, including access to our Concierge Care Teams, \$0 Virtual Urgent Care, and \$0 Virtual Primary Care, a new offering for 2021.
- **Greater Provider Alignment** by continuing to build end-to-end experience for providers that eases administrative burden and focus on partnering on quality benchmarks.

Thank You

MOLINA HEALTHCARE

Sayeed Khan, MD, Chief Medical Officer

Janet Fina, Chief Operating Officer

Ellen Rudy, PhD, Associate Vice President of Quality

Molina Healthcare of California

Covered CA Board Meeting

Presented by Janet Fina, COO, Sayeed Khan, CMO, Ellen Rudy, AVP Quality

Footprint

Membership: 570,000 total (July 2020)
Covered CA lives: 45,000

Lines of Business & Service Areas

- Medicaid (Medi-Cal): TANF, SPD, Expansion
 - Six counties: Imperial, Los Angeles, Riverside, Sacramento, San Bernardino and San Diego
- Marketplace: through Covered California
 - Six counties: Imperial, Los Angeles, Orange, Riverside, San Bernardino and San Diego:
- Medicare:
 - Five counties: Imperial, Los Angeles, Riverside, San Bernardino, San Diego
- Medicare - Medicaid: Cal MediConnect
 - Five counties: Los Angeles, Riverside, San Bernardino, San Diego

Provider Network

- Primary care physician's: 6,365
- Specialists: 19,101
- Hospitals: 123

Awards

- 2019 NCQA Commendable award
- 2018 DHCS Health Equity award
- Several years- NCQA Multi-Cultural Distinction Award



SUCCESS/CHALLENGES

Successes

- NCQA distinction in multicultural healthcare
- Long -standing commitment to serving low-income Californians
- Community Connectors Program
- Active participants in CQC's primary care Practice Transformation Initiative (PTI) and has launched its own practice transformation initiative with Molina
- Improvement on childhood preventive service measures
- Received texting approval from regulator
- Started immunizations and well child calling and texting campaigns in the summer and will begin flu campaign in the fall
- In-Home wellness visits via Care Connections
- Provider auto-assignment linked to Quality

Challenges

- Challenges in connecting to members via historical methods (phone calls) for preventive screenings
 - Medication adherence rates for members, specifically members with Diabetes and Asthma
- Member turnover and impacts to Quality scores
- Historically low flu vaccinations in population
- Membership in delegated model with small panel size
- Emerging under-utilization of primary care visits in the range of 40-60% decreases due to COVID

COVID-19 RESPONSE

- For Members
 - For APTC members, if they have not been able to pay their monthly premium, they remain covered at least until Oct. 1
 - For non-APTC members, they have received an additional non-covered 30 days to pay, for a total of 60 days grace period without termination at least through Nov. 1
 - Molina covers the cost of testing and associated office, urgent care, or ER visits without copays or coinsurance. Molina also covers the cost of inpatient admissions without member cost share. This policy goes through the end of the calendar year
 - COVID-19 Member Wellness Calls – Outreach calls to at risk members to provide important COVID-19 resources and information
- For the Community
 - PPE Donations – Donated \$320,000 in PPE , 10,000 tests and 27,000 masks to over 66 skilled nursing facilities and 60 community based organizations.
 - Community Campaigns
 - School Appreciation Campaign – delivered appreciation items to school staff providing daily meals to families
 - CBO Wellness Call Campaign – call campaign outreaching to partnering agencies assessing needs and offering support
 - Summer Fun Kit Campaign – donated 3,000 summer kits to various organizations to distribute to their families. Each kit containing activities for children and health education materials.
 - Molina has committed over \$275,000 in monetary donations to community-based organizations for COVID-19 relief efforts.
- For Providers
 - Telehealth training and coding to providers through practice facilitators
 - In April, extended prior authorizations expiration dates through Sept 2020
 - Expanded Telehealth Contracted Provider services for all lines of business
 - Expedited claims payment
- Molina Plan President and CMO participate in weekly call with LA County Department of Health and several other MCOs in the County to coordinate COVID response efforts

2021- ON THE HORIZON

- Ongoing support of practice facilitation team
 - Continued training on telehealth options
- Exploring additional Medication Adherence program
- Multi-channel member engagement approach to improve cancer screenings
- Continued refinement of auto-enrollment logic to align membership with higher quality providers
- Intense focus on well child visits and member retention
- Continued focus on reducing health disparities
 - Post-partum visits via telehealth
 - Well-Child counseling visits via telehealth
 - Exploring Doula program

PUBLIC COMMENT

CALL: (844) 767-5679

PARTICIPANT CODE: 5697199

- ❑ To request to make a comment, press 10; you will hear a tone indicating you are in the queue for comment. Please wait until the operator has introduced you before you make your comments.
- ❑ If watching via the live webcast, please mute your computer to eliminate audio feedback while calling in. Note, there is a delay in the webcast.
- ❑ The call-in instructions can also be found on page two of the Agenda.

EACH CALLER WILL BE LIMITED TO TWO MINUTES PER AGENDA ITEM

NOTE: Written comments may be submitted to BoardComments@covered.ca.gov.

APPENDICES

APPENDICES: TABLE OF CONTENTS

- ❑ Covered California for Small Business Update
- ❑ Service Channel Update
- ❑ CalHEERS Update
- ❑ Service Center Update

COVERED CALIFORNIA FOR SMALL BUSINESS

Group & Membership Update

- Groups: 7,633
- Members: 62,367 *
- Retention: 89.5%
- Average Group Size: 8.2 members
- YTD Membership Growth 8,790

* membership reconciled thru 7/31/2020



Operations Update – September – Response to COVID-19

- Covered California for Small Business continues to offer small businesses that are having difficulty paying their insurance premiums our Premium Deferral Program.
- To date over 100 small businesses have enrolled in the Premium Deferral Program.

OUTREACH & SALES ENROLLMENT PARTNER TOTALS

Uncompensated partners supporting enrollment assistance efforts.

ENROLLMENT ASSISTANCE PROGRAM	ENTITIES	COUNSELORS
Certified Application Counselor	253	1,344
Plan-Based Enroller	11	448
Medi-Cal Managed Care Plan	2	25

OUTREACH & SALES NON-ENGLISH ENROLLMENT SUPPORT

Data as of September 17, 2020

10,697 Certified Insurance Agents

17% Spanish
7% Cantonese
7% Mandarin
4% Korean
4% Vietnamese

1,050 Navigator: Certified Enrollment Counselors

63% Spanish
4% Cantonese
3% Mandarin
3% Vietnamese
2% Korean

1,344 Certified Application Counselors

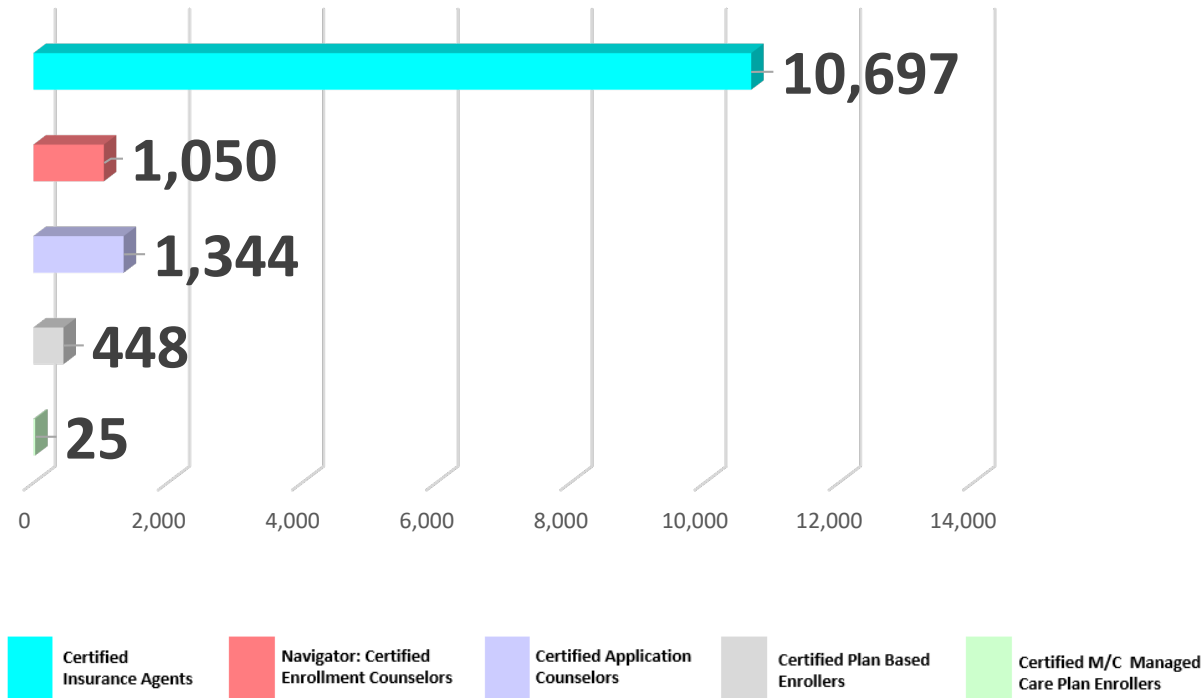
59% Spanish
5% Cantonese
4% Mandarin
1% Vietnamese
1% Korean

448 Certified Plan Based Enrollers

45% Spanish
10% Cantonese
2% Mandarin
7.5% Vietnamese
7.3% Korean

25 Certified Medi-Cal Managed Care Plan Enrollers

44% Spanish
36% Cantonese
31% Mandarin
1% Russian



CALHEERS UPDATES

- CalHEERS Release 20.9 is planned for September 21, 2020 and will include:
 - Multiple updates to Eligibility Rules and Notices to improve the consumer experience during Renewals and Open Enrollment.
 - Enhanced active Consumer Search on the Agency Counselor Portal to allow use of additional consumer data for refined search results and will allow consumers to be more easily identified.

- CalHEERS Release 20.10 is planned for October 5, 2020 and will include:
 - An update to add a new Special Enrollment Period (SEP) reason, "Victim of domestic abuse or spousal abandonment" to track individuals who sign up for health insurance due to domestic abuse or spousal abandonment.

OTHER TECHNOLOGY UPDATES

- **CiCi (Chatbot) – August 2020**
 - Updated Special Enrollment Intent to include information about the qualifying life event for those affected by the California wildfires
- **CoveredCA.com Redesign - August 2020**
 - User Interactions Tracking – Configuring analytics for tracking link and button clicks on new web pages
 - Spanish Site 50% complete – Working with Comms division to implement Spanish translations for newly designed Spanish site
- **Salesforce Service Cloud - August 2020 (Aug/Sept Release)**
 - Created process to notify supervisor of any open cases when a staff is offboarded (This will make sure that any open cases are not forgotten about)
 - Updated Search UI to improve response time
 - Updated Live Chat form to maintain same look and feel as CiCi

SERVICE CENTER UPDATE

Improving Customer Service

- Prioritized language calls while on hold to ensure language callers are answered by their native language.
- Added new sign up now messaging in the IVR for consumers

Enhancing Technology Solutions

- Partnered with CCIT to provide laptops to all Service Center Supervisors and webcams to staff without laptops
- Interactive Voice Response (IVR) Rewrite

Staffing Updates

- Vacancy rate of 10 percent (2020) comparable to prior year of 10.6 percent (2019)

SERVICE CENTER PERFORMANCE UPDATE

Comparing August 2020 vs. 2019 Call Statistics

Year	Calls to IVR	Calls Offered to SCR	Abandoned %	Calls Handled	ASA	AHT	Service Level %
2020	316,741	191,573	2.20%	178,578	0:00:48	0:18:50	77.88%
2019	239,841	135,522	1.60%	133,003	0:00:35	0:19:43	79.20%
Percent	32% Increase	41% Increase	38% Increase	34% Increase	37% Increase	4% Decrease	2% Decrease

*Time formats (H:MM:SS) are not equal to decimals. Time formats must be converted to decimal before performing calculations. (Example 0:15:45 = 15.75)

- The total Calls Offered increased from 2019 by 41%
- Calls Handled increased by 34%
- The Abandoned % increased by 38%
- Service Level decreased by 2%.

QUICK SORT VOLUMES

August Consortia Statistics

SAWS Consortia	Calls Offered	Service Level %	Calls Abandoned %	ASA
C-IV	448	97.00%	1.00%	00:00:09
CalWIN	847	92.56%	0.59%	00:00:17
LRS	551	89.29%	2.00%	00:00:21

August Weekly Quick Sort Transfers

Week 1	Week 2	Week 3	Week 4	Week 5*	Total
8/2 – 8/8	8/9 – 8/15	8/16 – 8/22	8/23 – 8/29	8/30 – 8/31	
699	568	579	689	229	2,764

*Partial Week

- SAWS = Statewide Automated Welfare System (consortia). California has three SAWS consortia's to provide service to the counties.
- C-IV = SAWS Consortium C-IV (pronounced C 4)
- CalWIN = California Welfare Information Network
- LRS = formally LEADER = Los Angeles Eligibility Automated Determination, Evaluation and Reporting Systems

QUICK SORT DISTRIBUTIONS

Quick Sort refers to the calculator tool used to determine if a consumer is eligible for CoveredCA or should be referred to Medi-Cal. The tool also determines which consortia the consumer should be referred. This volume represents the total of those transfers.

QuickSort Transfers
August 2020

