



EXECUTIVE DIRECTOR'S REPORT

Peter V. Lee, Executive Director | January 14, 2021 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

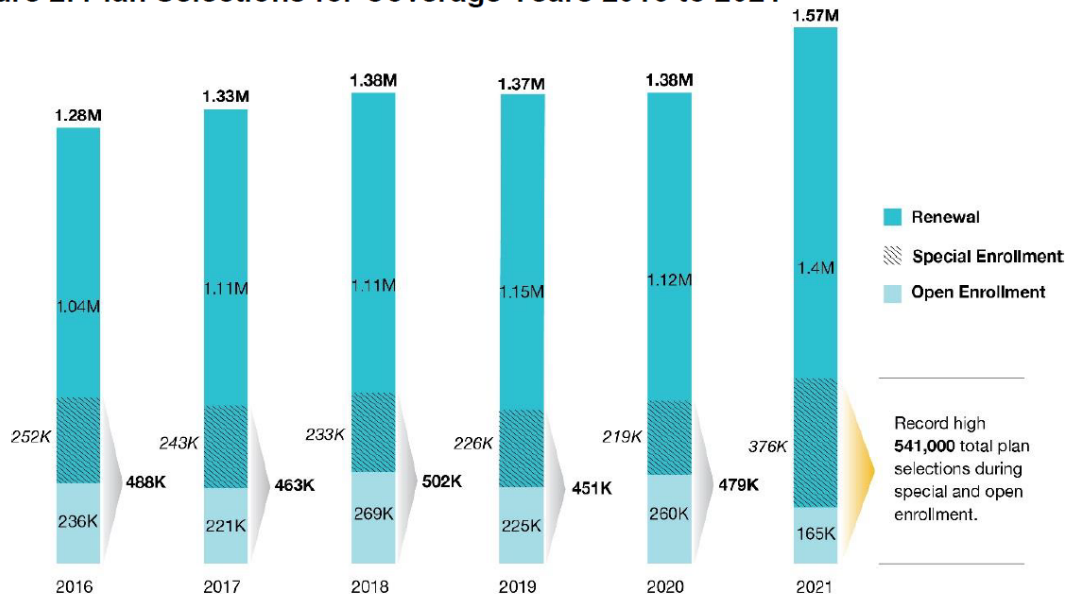
December 16 *(Possibly no meeting)*

2020 CALENDAR YEAR ENROLLMENT

NEW ENROLLMENT – 2020 SPECIAL ENROLLMENT + 2021 OPEN ENROLLMENT

As of Dec 31, 2020, 541,000 signed up between special enrollment in 2020 and those newly signing up during the current open enrollment period — the largest figure for new sign-ups since the end of a preceding open-enrollment period in Covered California's history.

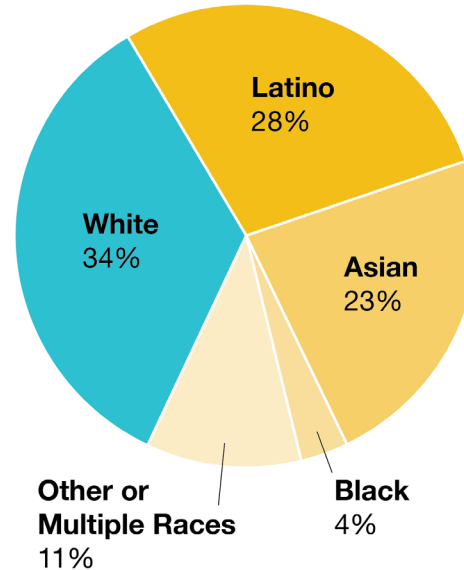
Figure 2. Plan Selections for Coverage Years 2016 to 2021ⁱ¹



For notes and methods see: <https://www.coveredca.com/newsroom/news-releases/2021/01/12/covered-california-begins-new-year-with-a-record-number-of-plan-selections-serving-those-hardest-hit-by-the-pandemic-as-state-experiences-post-holiday-surge-of-new-covid-19-cases/>

SPECIAL & OPEN ENROLLMENT PLAN SELECTIONS BY ETHNICITY

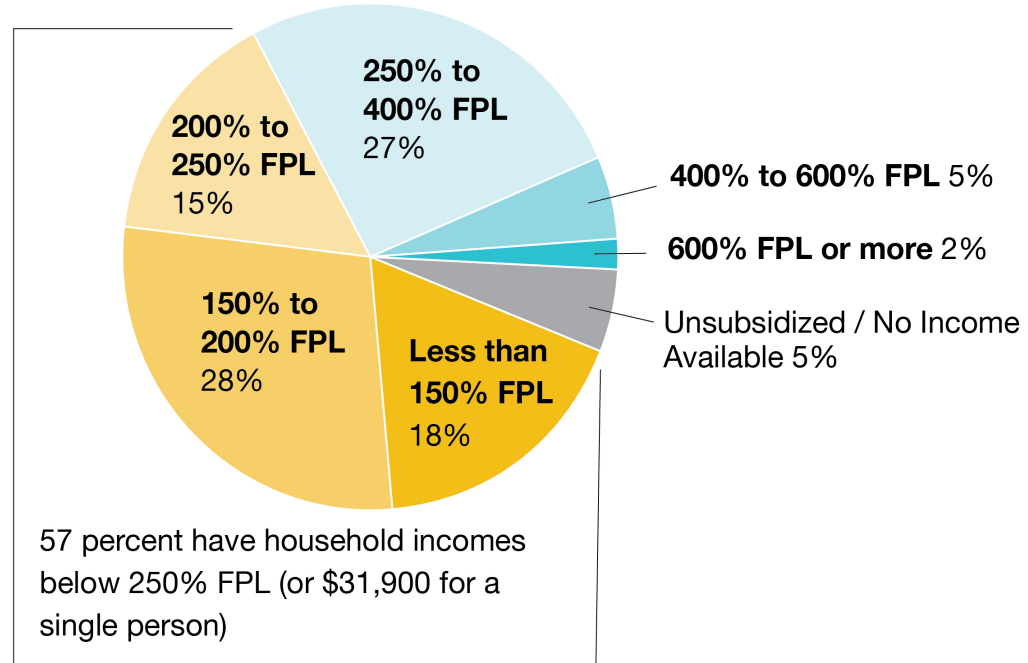
There has seen a steady increase in the diversity from new consumers who sign up during special and open enrollment.



66 percent enrolled represent communities of color, an increase from 60 percent in 2015.

SPECIAL & OPEN ENROLLMENT PLAN SELECTIONS BY INCOME

Latest enrollment data also highlights Covered California's critical role in helping low-income Californians — those hardest hit by the COVID-19 pandemic — get access to necessary health care.



PUBLIC COMMENT

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PARTICIPANT CODE: 6981308

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COVERED CALIFORNIA DATA & RESEARCH 2020 PROJECT OVERVIEW

DRIVING IMPROVEMENTS AND INFORMING POLICY: 2020 DATA AND RESEARCH HIGHLIGHTS

Covered California's in-house Data & Research efforts span a range of areas, including partnership among internal Divisions and with vendors and outside collaborators.

Key themes in our work include:

- ❑ Making data available to the public
- ❑ Performing focused analyses of emerging policy issues
- ❑ Surveying our members
- ❑ Evaluating program operations
- ❑ Conducting rigorous analysis for policymakers and the research community

What follows are several examples of the data and research efforts underway in 2020.

Note – some of these analysis have previously been presented to the Board, while others are new, and presented only as a sampling of the daily work occurring at the organization to ensure all our decisions are guided by the best available evidence.

MAKING DATA AVAILABLE TO THE PUBLIC

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Transparency is a core value for Covered California, and making regular, detailed data available about the program is a key priority. Key 2020 efforts included:

- **Regular releases of enrollment profiles** with data by demographics, income, and plan choice and subsidies at <https://hbex.coveredca.com/data-research/>.
- **2020 SEP Plan Selection Profile** – providing detailed demographics on the population enrolling during the pandemic, with comparison to 2019.
- **State Subsidy Analysis and Reporting** – Enhanced quarterly enrollee snapshot to include state subsidy-specific categories and metrics. Additionally, a new report detailing new key metrics about the program is forthcoming in January 2021 (pursuant to AB 174).

FOCUSED ANALYSES OF EMERGING POLICY ISSUES

FOCUSED ANALYSES OF EMERGING POLICY ISSUES

Wherever possible, Covered California seeks to inform its policy and operations with the best evidence on critical issues that will impact our consumers.

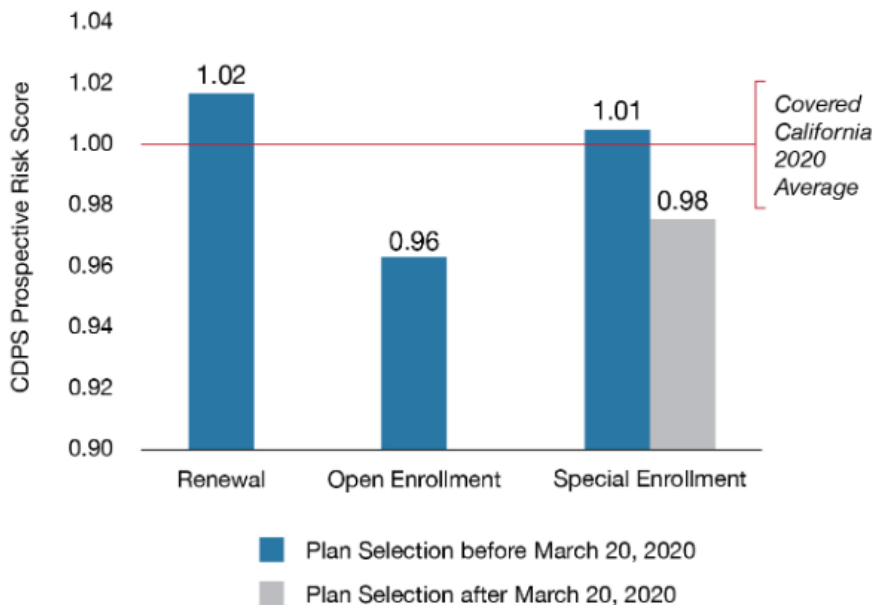
Key examples from 2020 included:

- Risk profiling of new Special Enrollment Period (SEP) enrollees to inform Qualified Health Plan (QHP) re-certifications
- Tracking income changes and member exits during the recession

AGENCY COLLABORATION ENABLES RISK PROFILING, RESULTING IN BETTER RATES FOR CONSUMERS

By partnering with the Office of Statewide Health Planning and Development (OSHPD), and leveraging the California Health and Human Services innovative approach to data sharing, we were able to provide timely insight into the risk mix of the COVID-19 SEP population just in time for the annual review of proposed rates during QHP re-certification for 2021.

Relative Risk Scores Among 2020 Plan Selections, by Sign-up Period



Source: Covered California administrative data.

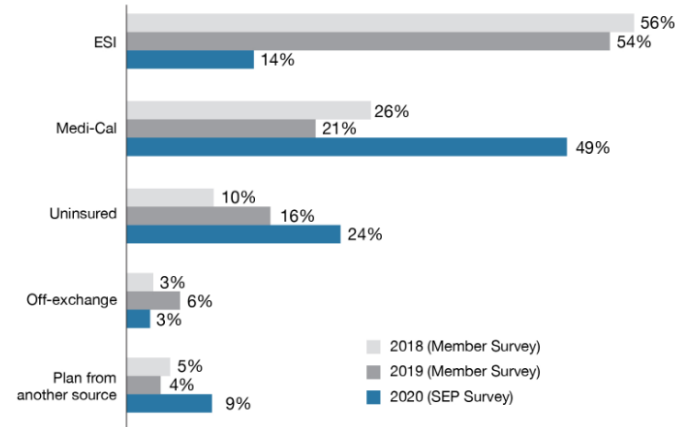
TRACKING MEMBER EXITS DUE TO RECESSION

By combining survey and administrative data, we were able to get an early read on the increased exits to Medi-Cal and un-insurance being prompted by the pandemic and recession.

FEWER LEAVE COVERED CALIFORNIA FOR JOB-BASED COVERAGE, AND MORE GO UNINSURED

- **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** – As expected in a recession, as consumers lose employment and income, exits to Medi-Cal have more than doubled when compared to the rate in 2019.
- **Far More Go to Be Uninsured** – 24% report leaving to be uninsured, up from only 10% in 2018: even in a pandemic, affordability is an obstacle to maintaining coverage.

Source of Coverage Reported by Consumers Leaving Covered California: 2020 COVID SEP Compared to 2018 and 2019



Sources: Covered California 2020 SEP Survey; California Health Coverage Survey ("Member Survey") for 2018 and 2019.



See report: [Coverage When You Need It: Lessons from Insurance Coverage Transitions in California's Individual Marketplace Pre and Post COVID-19 Pandemic](https://hbex.coveredca.com/data-research/library/CoveredCA_Coverage-When-You-Need-It_09-22-20.pdf), Sept. 2020.

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https://hbex.coveredca.com/data-research/library/CoveredCA_Coverage-When-You-Need-It_09-22-20.pdf

SURVEYING OUR MEMBERS

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Covered California undertakes a comprehensive program of survey research to ensure our policies and operations are informed by rigorous evidence on consumer attitudes and experiences.

Surveys conducted in 2020 include:

- ❑ Consumer Brand Awareness Tracker (April 2020)
- ❑ Member Survey (April 2020)
- ❑ COVID-19 Impact Survey (May 2020)
- ❑ SEP Member Survey (July 2020)
- ❑ COVID-19 and Coverage Survey (November 2020)

MEMBER SURVEY 2020 – STATE SUBSIDY

The 2020 Member Survey was designed before the 2020 pandemic hit, and focused on learnings related to the new state subsidy program.

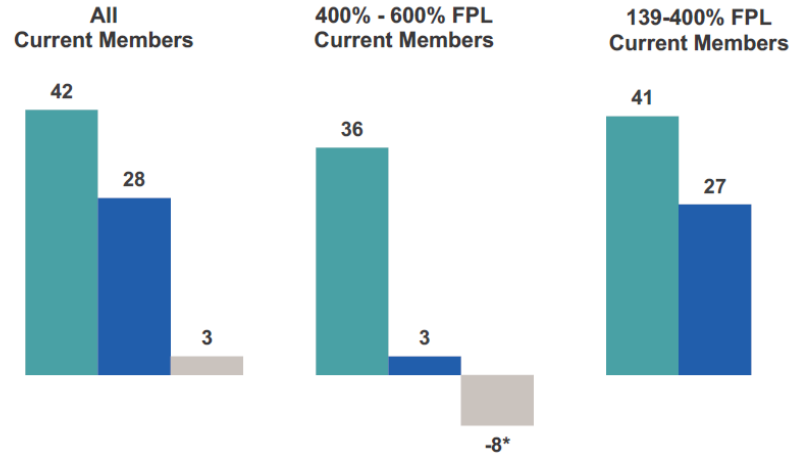
For example, among consumers over 400% Federal Poverty Level (FPL), the likelihood to recommend Covered California in 2020 was much higher if consumers were **aware** they were receiving financial help.

CALIFORNIA HEALTH COVERAGE SURVEY

State Subsidy in OE 7 | 2020 Member Survey

NPS, by Awareness of Personal Subsidy Status

- Subsidized and knows it
- Subsidized and does not know
- Unsubsidized

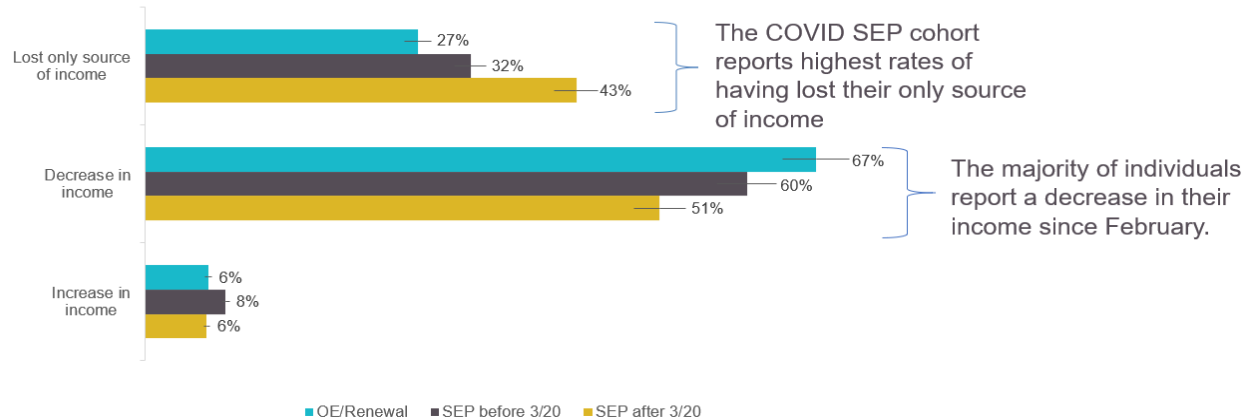


Net Promoter Score (NPS) is a score based on an 11 point scale asking “How likely is it that you would recommend Covered California to a friend or colleague?”

SPECIAL ENROLLMENT PERIOD MEMBER SURVEY 2020

Our in-house SEP Member Survey provided quick turn-around assessment of how our members were responding to COVID-19, along with profiling the new SEP cohort.

HOW WOULD YOU BEST DESCRIBE THE CHANGE TO YOUR HOUSEHOLD'S INCOME SINCE FEBRUARY 2020?



Among those who experienced a change in income

EVALUATING PROGRAM OPERATIONS

EVALUATING PROGRAM OPERATIONS

Covered California strives to implement policies effectively. Where possible, we implement trials and rigorous evaluations to build a cycle of continuous improvement.

Two examples from 2020 include:

- ❑ Partnering with Franchise Tax Board to test “penalty” messages.
- ❑ Email reminders to update consent and retain subsidy eligibility.

PARTNERING WITH FRANCHISE TAX BOARD ON A TEST OF PENALTY MAILERS

Covered California partnered with the Franchise Tax Board to send mailers to consumers alerting them about the new state mandate penalty, and testing which agency identity on the envelope would lead to higher response rates.

DIRECT MAIL TEST RESULTS

| | Test 1 (OE) | Test 2 (SE) |
|--------------------------|---|---|
| What was measured | Effects of DM on health insurance take-up via A/B hold back test | Effects of envelope branding (CC vs. FTB) on health insurance take-up via A/B envelop test |
| Findings | <p>Sending <u>two</u> letters to likely uninsured Californians during Open Enrollment significantly increased take-up and was a cost-effective means of customer acquisition</p> <p>Incremental effect: 0.36% increase in take-up resulting in 3,941 plan selections @ \$335 each</p> | <p>The CC- and FTB-branded envelopes yielded a statistically equivalent take-up rate. However, FTB envelope generated a 53% higher call volume.</p> |
| Next steps | Continue to include direct mail as part of our channel mix to reach consumers | Examine spillover to Medi-Cal |

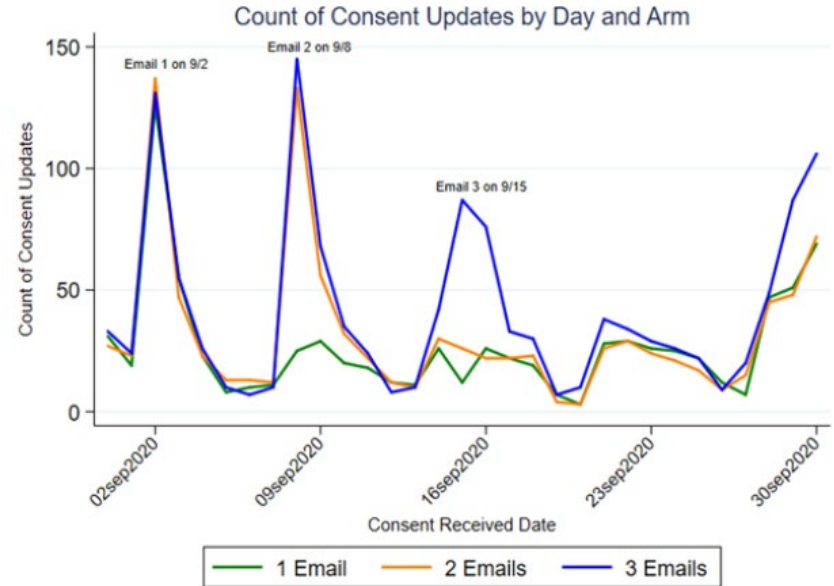


EMAIL REMINDERS TO UPDATE CONSENT

Covered California Policy and Marketing teams partner to identify the most effective messaging across a range of calls to action.

Each fall, consumers must update their consent for verification of their application information, or be at risk of losing their tax credits upon renewal.

This year, in a rigorously designed test, we learned that a *third* email does, in fact, significantly increase consumer response.



CONDUCTING RIGOROUS ANALYSIS FOR POLICYMAKERS AND THE RESEARCH COMMUNITY

CONDUCTING RIGOROUS ANALYSIS FOR POLICYMAKERS AND THE RESEARCH COMMUNITY

Covered California continues to prepare results for policymakers, including to collaborate with key academic partners (UCLA, Harvard)

- ❑ Early estimates of possible premium impacts from COVID-19
- ❑ The impact of state subsidies
- ❑ Responding to COVID-19: churn and SEP in the marketplace
- ❑ Impact of personalized telephone outreach on take-up
- ❑ Using emails and letters to reduce choice errors

EARLY ANALYSIS OF POTENTIAL COVID-19 PREMIUM IMPACTS

Led by Chief Actuary John Bertko, Covered California provided an early assessment of the potential impact of COVID-19 to premiums.

While the data on deferred and delayed care that eventually emerged offset the costs in many markets, the analysis helped spark the conversation of appropriate policy to cover these costs at a critical juncture in rate-setting for 2021.



Coronavirus May Add Billions to U.S. Health Care Bill

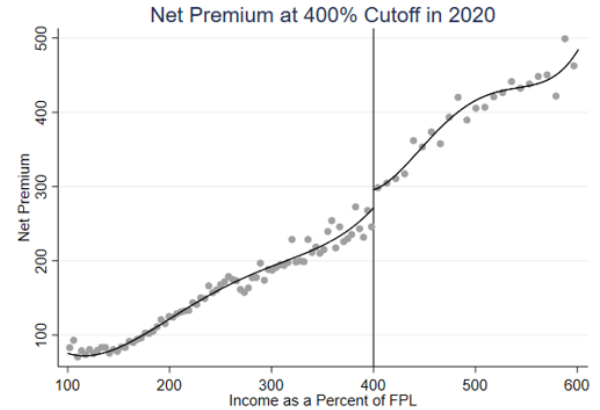
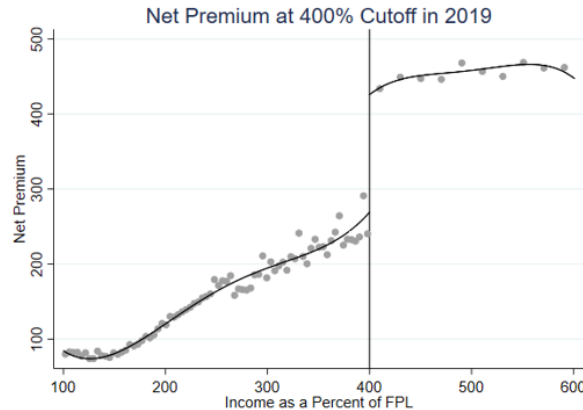
Insurance premiums could spike as much as 40 percent next year, a new analysis warns, as employers and insurers confront the projected tens of billions of dollars in additional costs of treating coronavirus patients.

DOCUMENTING THE IMPACT OF THE NEW STATE SUBSIDIES FOR THOSE EARNING 400% TO 600% FPL

Analysis of the new state subsidies showed their dramatic impact for those earning between 400% and 600% of FPL, and also revealed the need to encourage off-exchange enrollees to fully explore their options to potentially benefit from new financial help.

EFFECT OF STATE SUBSIDY PROGRAM

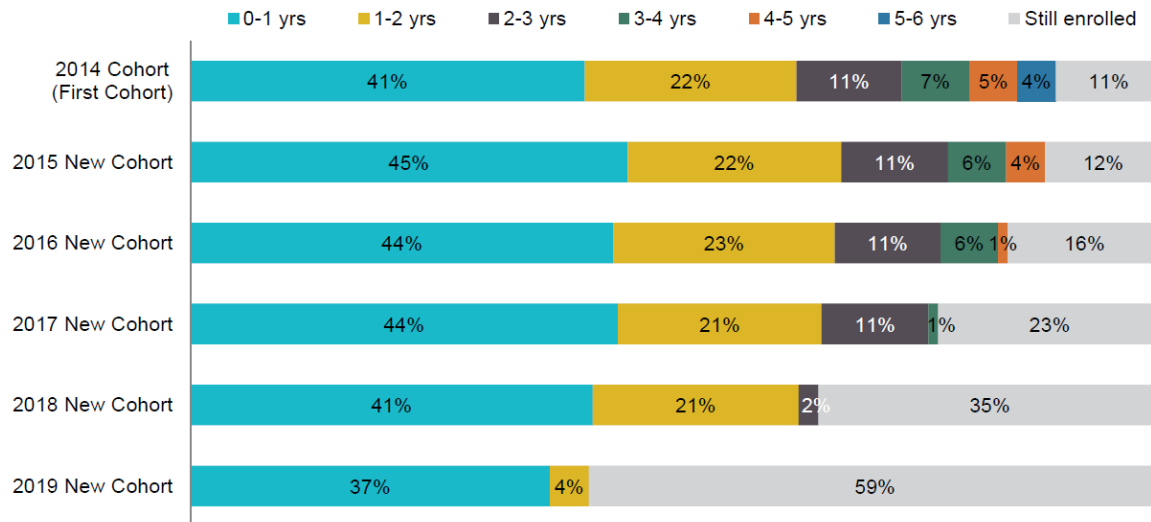
- By addressing the subsidy cliff at 400 percent FPL, California's state subsidy program dramatically narrowed post-subsidy (or net) premiums for those above and below the cliff. In 2019—the year prior to the state subsidy program's launch—enrollees just above 400 percent FPL paid an average of \$429 per member per month (PMPM), while in 2020, enrollees just above 400 percent FPL paid an average of \$306 PMPM, a 28 percent reduction in average premium costs



DOCUMENTING CHURN

Thanks to Covered California's member survey, we are able to document churn in a comprehensive way, helping to remind policymakers of the importance of the marketplace as a part of the fabric of coverage.

Figure 1. Membership Tenure among New Enrollee Cohorts, by Year



2014 n=1,204,994; 2015 n=719,016; 2016 n=620,118; 2017 n=530,741; 2018 n=552,326; 2019 n=456,946; includes all subsidized members with continuous enrollment that began at some point during the year in question. A member was considered "still enrolled" if they were an effectuated member in January 2020 as part of a single, continuous coverage period that began in the year in question.

Part of a poster presented at AcademyHealth 2020 Annual Research Meeting.

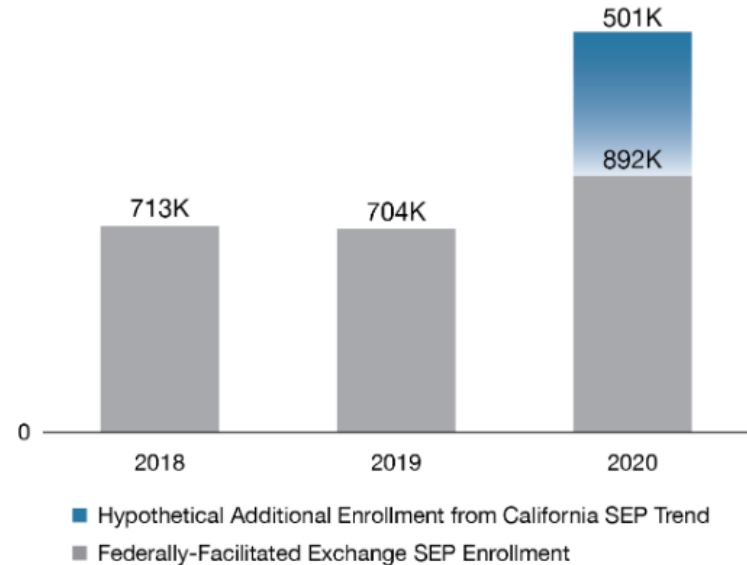


CALIFORNIA AS A PROVING GROUND ON COVID-19 SPECIAL ENROLLMENT PERIOD

California both implemented a COVID-19-related qualifying life event, and engaged in an aggressive outreach and marketing campaign to help consumer know that they might qualify.

By comparing to the experience observed in the Federally-Facilitated Exchange (FFE), California offered a contrasting example ways marketplace administrators could respond to the pandemic.

FFE SEP Plan Selections:
Hypothetical 2020 Enrollment using California Trends



Sources: CMS Special Trends Report 2020 and Covered California administrative data.

PERSONALIZED OUTREACH IMPROVING TAKE-UP DURING OPEN ENROLLMENT

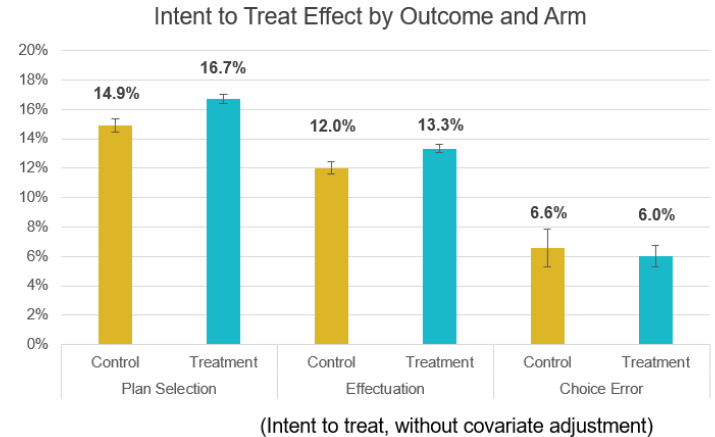
During Open Enrollment for 2019, the Service Center undertook an impressive effort to call consumers who had been found eligible, but not yet picked a plan.

From a rigorous evaluation undertaken in 2020, we are learning that it worked, and especially helped Spanish dominant and county-referred consumers.

Impacts of Phone Calls During Open Enrollment – Intent to Treat Effect

Being assigned to a call offering personalized assistance from Covered California:

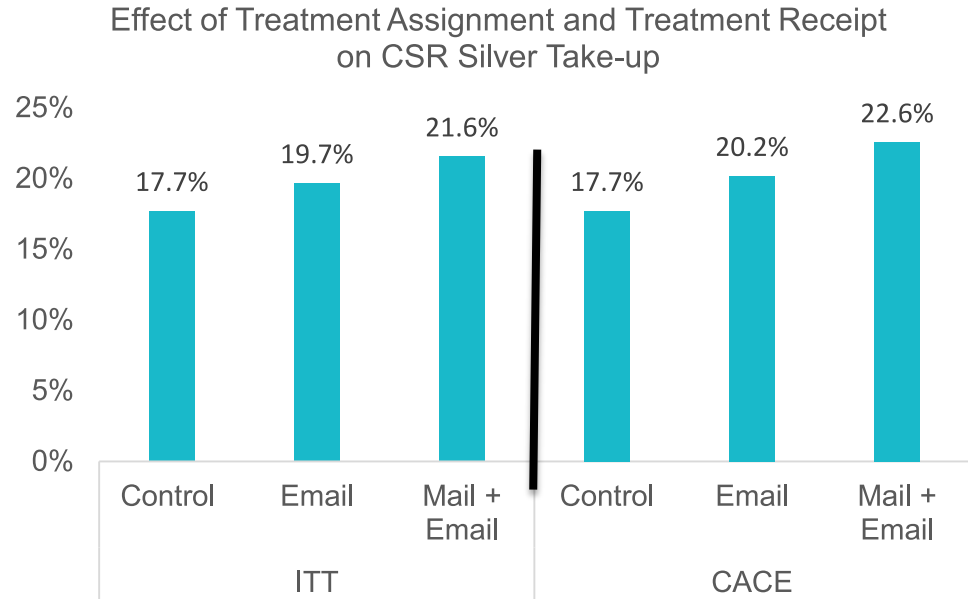
- increased plan selection by 1.8 percentage points (12%); and
- increased effectuation by 1.3 percentage points (11%).
- Decrease in choice errors: the 0.5 percentage point decrease (-8%) was not statistically significant.



Presented at Association for Public Policy Analysis and Management (APPAM) 2020 Fall Research conference panel "Health Insurance Enrollment: Learning What Works from Randomized Evaluations with Federal and State Agencies."

IMPROVING CHOICE QUALITY

We recently shared the results of a 2019 outreach effort designed to improve choice quality, encouraging Cost-Sharing Reduction (CSR) eligible consumers to take-up Enhanced Silver 87 and 94 plans with lower premium and better coverage, compared with Gold or Platinum equivalents (higher premium, worse coverage).



Presented at Association for Public Policy Analysis and Management (APPAM) 2020 Fall Research conference panel "Health Insurance Enrollment: Learning What Works from Randomized Evaluations with Federal and State Agencies."

PUBLIC COMMENT

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STATE AND FEDERAL POLICY / LEGISLATIVE UPDATE

FEDERAL REGULATIONS

- On December 4, 2020 the Department of Health and Human Services (HHS) issued the proposed 2022 Benefit and Payment Parameters, the annual rule that makes a variety of changes for the upcoming plan year. Covered California offered the following comments:
 - **FFE and SBE-FP User Fee:** The proposed user fee reduction appears to be a move to permanently and deliberately underfund and undercut the ability to effectively implement required functions of the FFE – or any Exchange. The goal of supporting the individual market should be lowering total premiums by fostering more enrollment and a healthier risk mix and making investments that pay off for American consumers.
 - **New Marketplace Option:** Eliminating Exchanges operated by states or HHS as an enrollment option would remove a consistent source of standard information for consumers about health plan selection and eliminate consumer protections while allowing private brokers to promote non-ACA compliant products.

FEDERAL REGULATIONS

- **Codifying 1332 Guidance:** Codifying the 2018 guidance that introduced new, less restrictive interpretations of the requirements to meet the statutory guardrails listed in section 1332 of the ACA would allow states to undercut consumer protections put in place by the ACA and prior guidance (2015), while encouraging cheaper, less-comprehensive non-ACA compliant products.

[Covered California Comments on the Proposed 2022 Benefit and Payment Parameters](#)

FEDERAL UPDATES

Coronavirus Response and Relief Supplemental Appropriations Act (H.R. 133) signed into law on Dec. 27

- ❑ **Supplemental federal pandemic unemployment benefits** at \$300 weekly through Mar. 14
- ❑ **Direct payments** of \$600 for individuals making up to \$75K annually, \$1,200 for couples making up to \$150K annually
- ❑ **Provider Relief Fund** for one-time, one-year increase in Medicare physician fee schedule of 3.75%
- ❑ **Gag clause prohibition between providers and health plans** that prevent visibility into cost and quality data on providers
- ❑ **Broker compensation** requirements to disclose compensation to employers offering health insurance benefits and enrollees in the individual market
- ❑ **Health plan disclosure and tracking of prescription drug spending**
- ❑ **Provisions against surprise medical bills**

STATE UPDATES

The California Legislature commenced the 2021-22 legislative session in December. A few introduced bills of note are below. We will continue to track introduced and amended bills throughout the legislative session.

Medi-Cal Eligibility:

- **AB 4 (Arambula)** would grant full-scope Medi-Cal to anyone, regardless of age, who is otherwise eligible for those benefits but for their immigration status.
- **SB 56 (Durazo)** would, effective July 1, 2022, extend eligibility for full-scope Medi-Cal benefits to individuals who are 65 years of age or older, and who are otherwise eligible for those benefits but for their immigration status.

State Bodies: Meetings

- **AB 29 (Cooper)** would require that writings and materials connected to a discussion item in a noticed meeting be made available to the public 72 hours in advance of the meeting.

GOVERNOR'S BUDGET

The Governor's 2021 Budget was released on Friday, January 8.

- ❑ The budget preserves the Covered California health insurance subsidies for middle-income households enacted in the 2019 Budget Act by providing \$405.6 million for state premium assistance for the 2022 plan year.
- ❑ Budget Bill Language requires the 2022 program design to align with the 2021 program design and allows the Board to make technical and conforming changes to the program design.

GOVERNOR'S BUDGET

- ❑ Proposes \$600 stimulus payments to individuals under an immediate package.
- ❑ Provides \$5.7 billion to respond directly to the COVID-19 pandemic, at least 75 percent of which will be reimbursed by the Federal Government.
- ❑ Reintroduces a \$1.1 billion funding proposal for CalAIM.
- ❑ Proposes establishment of the Office of Healthcare Affordability to address provider consolidation, regional cost differences and cost targets for all sectors.

GOVERNOR'S BUDGET

- ❑ Appropriates \$372 million to expedite the delivery of COVID-19 vaccinations.
- ❑ Establishes a Center for Data Insights and Innovation within the California Health and Human Services Agency (CHHSA).
- ❑ Introduces an initiative specifically addressing health equity will be laid out in the spring budget, including an initiative within the Department of Managed Health Care (DMHC) to address health plan quality in the area of health equity.
- ❑ Introduces an initiative to strengthen health information exchanges among health plans, hospitals, medical groups, testing laboratories, and nursing facilities.

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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 JANUARY 2021

| | 2019 Total Enrollment | Percent of Enrollment: Regional (Statewide) | Service Area |
|-------------------------------|-----------------------|---|--|
| Chinese Community Health Plan | 10,013 | 19.7% (0.7%) | San Francisco and San Mateo |
| Valley Health Plan | 16,366 | 28.3% (1.2%) | Santa Clara |
| Western Health Advantage | 9,386 | 7.3% (0.7%) | North Bay Area and Greater Sacramento Area |

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

CHINESE COMMUNITY HEALTH PLAN

Craig Reich, MD, Medical Director
Wil Yu, Chief Operating Officer



**Covered California Board Meeting
1/14/2021
Chinese Community Health Plan
(CCHP)
Medical Director
Craig A Reich, MD**

Chinese Community Health Plan (CCHP)

Discriminatory practices against Chinese physicians resulted in CCHP
Started to support the local Chinese physicians
San Francisco and northern San Mateo
Currently 16,000 members
Medicare 5,000 (2,500 Regular Medicare and 2,500 Dual SNP)
Covered California 9,000
Off Exchange 2,000



Health System

Provider Groups

- Jade – assigned about 60% of Commercial (capitation) and 10% of Medicare (FFS) members.
- Hill physicians assigned about 40% of Commercial members (capitated payment model).

Chinese Clinics

- 4 clinics with employed staff; 1 clinic at CH
- Contracted with many different insurances (including CCHP)

Chinese Hospital

- 54 bed in-patient
- SNF



Strengths

Small size

Language and culture

Member services – large volume of in-person services

Care coordination

Pharmacy-related measures. High adherence rates.

?cultural



Successes

Well managed utilization

Steerage to CH with favorable contracting

Above 90th percentile for the following measures:

- Assuring patients with Diabetes receive appropriate medications (highest performer)
- Assuring appropriate treatment of Acute Bronchitis (highest performer)
- Appropriate use of imaging for low back pain (highest performer)



Challenges

Building an adequate Provider Network (culture and language)

Low visit rates amongst commercial population – significant impact on RAF and RAT

Member satisfaction (CAHPS)

Sub optimal provider coding and diagnosis capture

Absence of a pay for performance mechanism for Jade providers

Lack of negotiating power in contracting due to small size



Opportunities

Performance below the 25th percentile for the following key measures:

- Breast cancer screening
- Antidepressant medication management
- Access to care
- Care Coordination
- Annual monitoring for patients on persistent medications
- Member satisfaction measures



Covid-19: Members and Providers

Chinese community (especially in Chinatown) – well prepared and adherent to restrictions.

Relatively low incidence of Covid-19

Low admits/1000. Average 2-5 Medicare hospitalizations at any one time. Very few commercial hospitalizations.

Marked decrease in member visits and OP procedures in 2020

CCHP did not provide any PPE

Moderate increase in Telemedicine

- Slow uptake by Medicare members



CCHP: ON THE HORIZON

New commercial product (“Balance”) 2021

New 0\$ premium Medicare product 2021

P4P Jade providers

New claims and UM platform

New Quality platform

Strengthening analytics dept.

Beginning process for NCQA cert. (currently URAC certified)

Thank You!



VALLEY HEALTH PLAN

Ghislaine Guez, MD, MBA, Chief Medical Officer
Debra Halladay, Chief Operating Officer



Valley HealthPlan

Covered California Board of Directors Meeting

Presented by:

Ghislaine Guez, MD, MBA – Chief Medical Officer

Debra Halladay - Chief Operations Officer

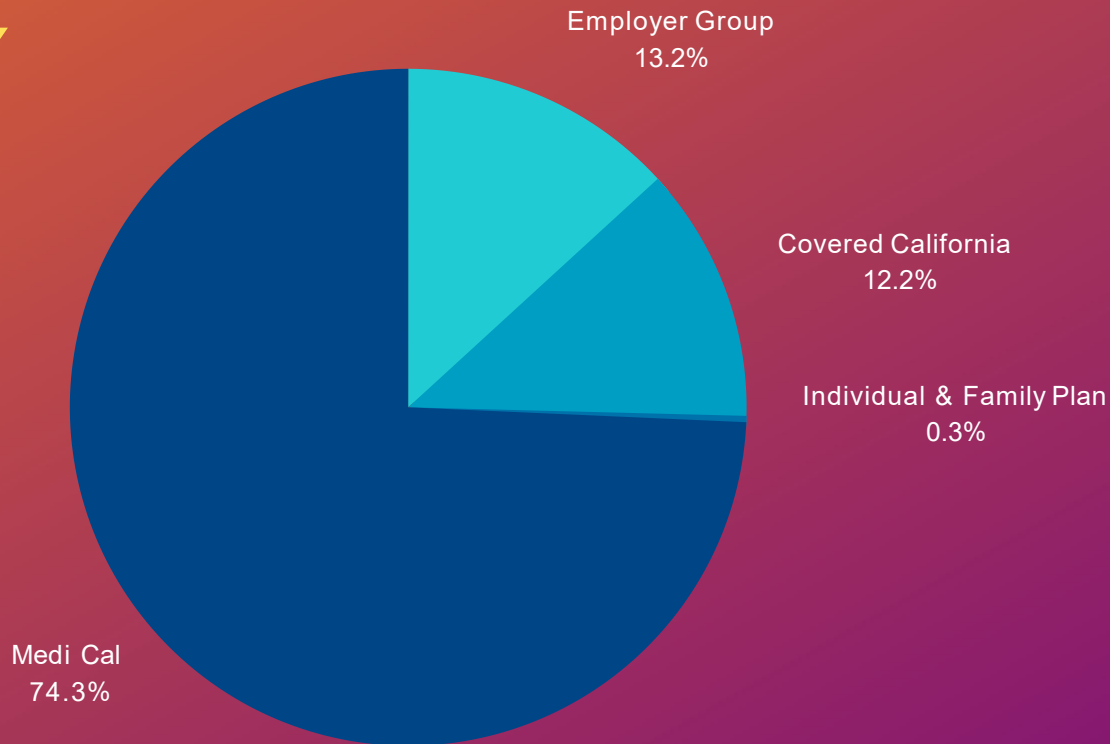


January 2021

ABOUT VHP

MEMBERSHIP BY LINE OF BUSINESS

The only locally based commercial HMO health plan in Santa Clara County, serving 176,321 County residents.



VHP & COVERED CALIFORNIA AT A GLANCE

- A participant in the Exchange since its inception
- Consistently offering the most affordable premiums in Region 7 (Santa Clara County)
- Currenting covering a total of 21,437 Covered California lives in Region 7
- VHP holds the second largest market share for Covered California members in Santa Clara County

COVERED CALIFORNIA GROWTH 2016 - 2020



VHP

SUCCESS & OPPORTUNITIES



SUCCESS

- Performance above 90th percentile for the following key measures:
 - Antidepressant medication management
- Performance above 90th percentile for the following additional measures:
 - Assuring appropriate medication for patients with diabetes
 - Assuring patients with diabetes are protected against kidney failure
 - Annual monitoring for patients on persistent medication



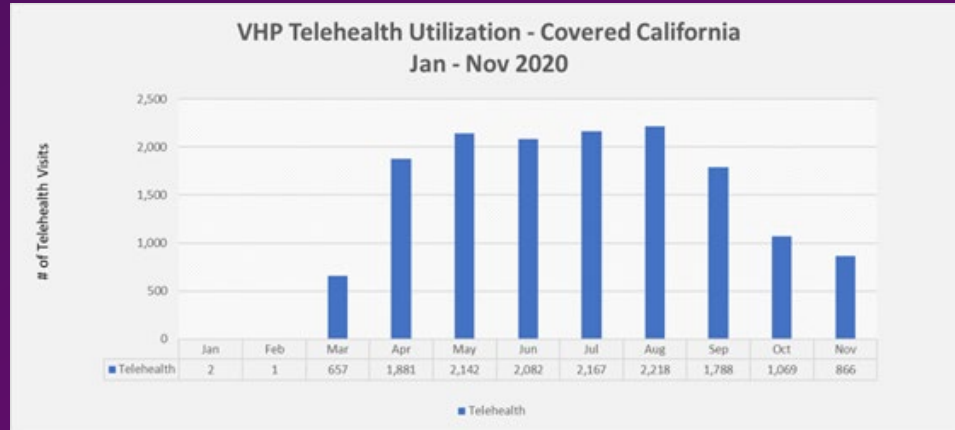
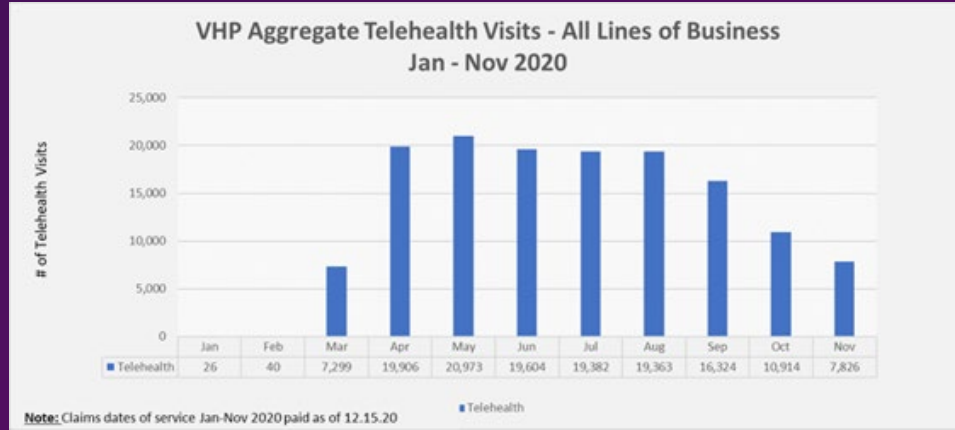
OPPORTUNITIES

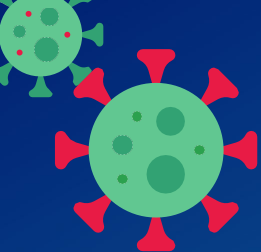
- Performance below the 25th percentile for the following key measures:
 - Engagement of alcohol and other drug abuse treatment
 - Access to care
 - Care coordination
- Performance below the 25th percentile for the following additional measures
 - Well-child visits in members 3-6 years of age
 - Assuring appropriate treatment for acute bronchitis

RESPONSE TO COVID-19 RESPONSE

- Outreach to high-risk members
- Broad “definition” of COVID-19 diagnosis
- Removal of certain prior authorization requirements
- Prior authorization extension
- Real-time tracking of impacted pharmaceutical agents
- Suspended copays for COVID-19 screening and testing
- Extended grace period
- Removed barriers to discharge
- Utilization Management restructure
- Integration and expansion of the Case Management department
- Provider outreach and support

RESPONSE TO COVID-19 TELEHEALTH UTILIZATION





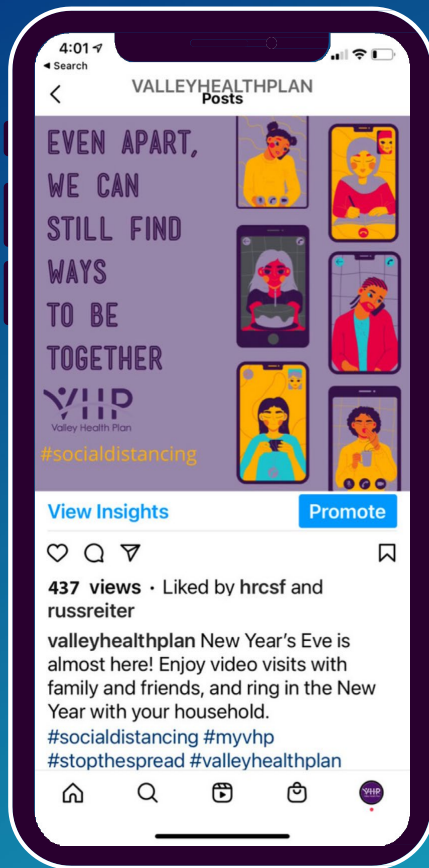
RESPONSE TO COVID-19 MEMBER OUTREACH



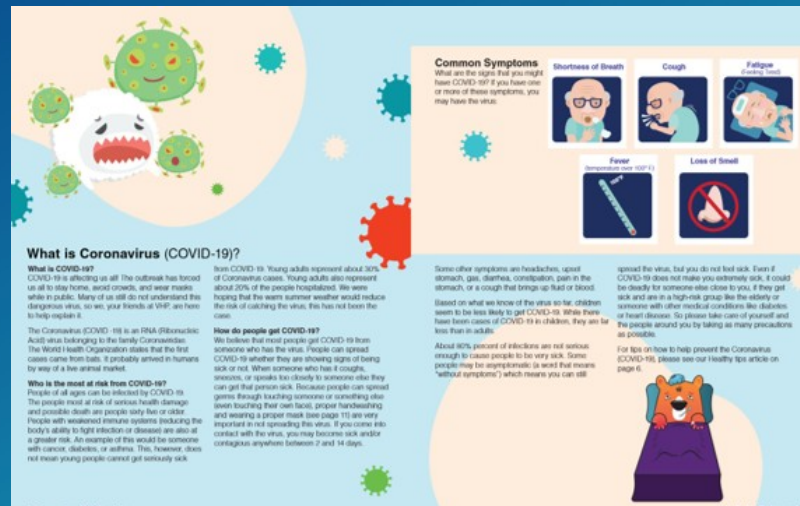
VHP's Mascot, Beary



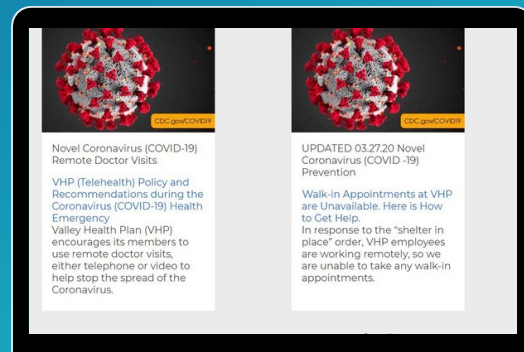
Social Media

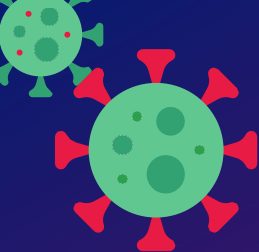


VHP Member Newsletter





VHP Website






RESPONSE TO COVID-19 PROVIDER OUTREACH

PROVIDER BULLETIN

A MESSAGE FROM Our CEO Laura Rosas, JD, MPH



VHP Chief Executive Officer

It is with great pleasure that Valley Health Plan (VHP) presents this Fall Provider Bulletin. As this is our first Provider Bulletin since my appointment as Valley Health Plan's Chief Executive Officer last fall, I would like to introduce myself. I previously served as the County of Santa Clara Health System's Chief Compliance Officer, where I oversaw compliance at the Santa Clara Valley Medical Center hospitals and clinics, the Public Health Department, Behavioral Health Services Department, Custody Health, Emergency Medical Services, and of course Valley Health Plan.


Prior to coming to the County of Santa Clara, I worked for seven years at the United States Department of Health and Human Services in Washington D.C., serving as a Division Director at the Office of the National Coordinator for Health Information Technology (ONC) and leading health information technology initiatives at the Substance Abuse and Mental Health Services

Keep reading on the next page

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2020 | Provider Bulletin

PROVIDER UPDATE

(Effective 03/12/20)

Coronavirus (COVID-19) Guidance

Dear VHP Provider,

VHP believes that cost should not be a barrier for screening and testing of members affected by the COVID-19 virus. Effective immediately, and in compliance with new California state regulations (All Plan Letter 21-006, March 5, 2020), **VHP providers may not charge members cost sharing.** This includes, but is not limited to, co-pays, deductibles and co-insurance for all medically necessary screening and testing for Coronavirus (COVID-19). This directive applies to costs associated with office and telehealth visits, associated lab tests, and radiology services at contracted hospitals, emergency rooms, urgent care centers or other provider locations where the purpose of the visit is to be screened and/or tested for COVID-19. According to the California Department of Managed Health Care, this policy will remain in effect until further notice.

This is a rapidly evolving situation. To ensure that you will receive payment that includes any waived cost-sharing amounts, VHP will provide your office with the proper claim-coding procedures. For services not related to the screening and testing for COVID-19, please continue to collect co-pays, cost sharing and deductibles.

In addition to the CDC approved COVID-19 test, both Quest and LabCorp have recently developed tests for COVID-19. You may order COVID-19 tests at any of these approved locations. Please do not send patients to lab draw stations to be tested. Lab samples should be collected at the Provider service location. For more information on these commercial tests, please see the following links for Quest, <https://www.questdiagnostics.com/home/Covid-19/> and LabCorp <https://www.labcorp.com/information-labcorp-about-coronavirus-disease-2019-covid-19>.

If you would like your patients to utilize VHP's 24/7 Nurse Advice Line to assist in the triage of patients, please provide the following information to our members:

24/7 Nurse Advice Lines for VHP Members:

Employer Group: 1.866.682.9492 (toll-free)
 Covered California and Individual & Family Plan: 1.855.348.9119 (toll-free)
 Medi-Cal Managed Care: 1.877.509.0294 (toll-free)

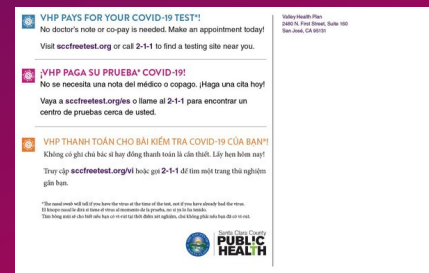
VHP is working closely with the County of Santa Clara Public Health Department and monitoring updates as they are released by the Centers for Disease Control and Prevention (CDC) at <https://www.cdc.gov/coronavirus/index.html>.

Thank you for caring for our members during this difficult time.

RESPONSE TO COVID-19 THE COUNTY OF SANTA CLARA

As part of Santa Clara County, VHP is intimately involved with County efforts to combat the spread of COVID-19. This includes:

- VHP, Public Health, and Emergency Operations Center (EOC) joint communication to inform members of test site locations
- VHP staff deployed as Disaster Service Workers (DSWs). Examples of DSW work include:
 - Supporting vulnerable populations in motels and hotels throughout Santa Clara County
 - Supporting the EOC
 - Other DSW nursing work
- VHP staff working as Contact Tracers, helping inform County residents if they have encountered a COVID-19 positive individual
- Fundraising to give back to our community and those directly impacted by COVID-19
- Coordination with Public Health for COVID-19 announcements
- Supporting County's EOC in providing data in vaccine distribution



VHP

WHAT'S COMING



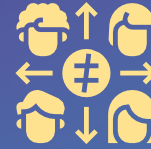
1. Continuing to build the direct network



2. Improving HEDIS and CAHPS



3. New technology to support Utilization Management and Case Management



4. Continuing to focus on reducing health disparities



5. Continuous efforts to remove barriers in the setting of COVID-19 (transitions of care)



6. Working towards NCQA Accreditation

Thank you!



Debra Halladay

Debra.Halladay@vhp.sccgov.org



Dr. Guez

Ghislaine.guez@vhp.sccgov.org



WESTERN HEALTH ADVANTAGE

Khuram Arif, MD,MBA, Chief Medical Officer
Michele Lehuta, Government Programs Director

Covered CA Board Meeting
January 14, 2021

Western Health Advantage

Presented by: Khuram Arif, M.D., CMO and
Michele Lehuta, Government Programs Director



Western Health Advantage

Local health plan. Local service.



**Designed to be
an alternative to
the typical HMO**



**WHA was created
through a coalition
of doctors and
hospitals in
Northern California**



**Non-profit, public
benefit corporation**

Mission: We expand access to health care and respond to the changing needs of our members, providers and community to improve the health and well being of all.

Sponsors: Dignity Health | NorthBay Healthcare

Local health plan. Local service.

**WHA serves over
100,000 group and
individual members
in 9 northern CA
counties
9,500 Covered CA**

**Nearly 260
Sacramento-based
employees serving
the communities
where we live and
work**

**“Commendable”
NCQA accreditation**

**A participating plan
in Covered CA
since 2013**

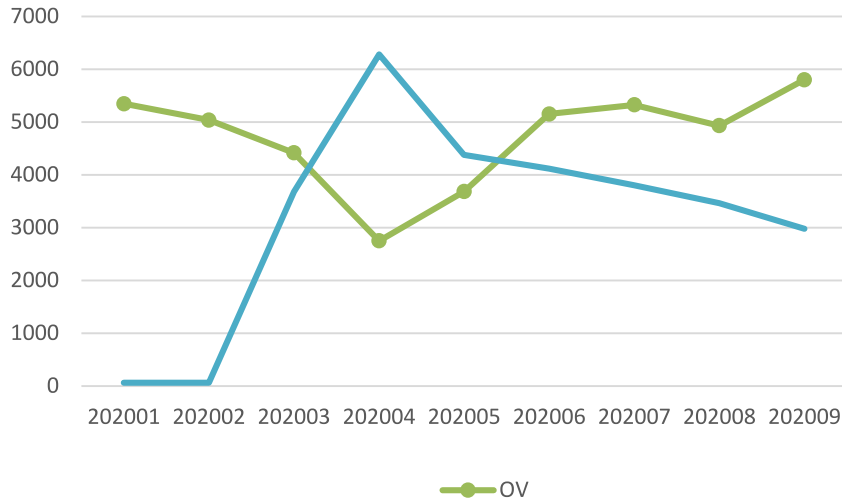
WHA Successes

- NCQA Accreditation – 1 of just 2 “Commendable” plans in CA
- Provider-sponsored, non-profit, integrated delivery system
- Medical groups/hospitals fully capitated for in-network care
- Medical group physicians/operational leads on WHA Quality Committee
- Medical group pharmacists on WHA Pharmacy and Therapeutics Committee
- Virtual visits for medicine and behavioral health have increased rapidly
- COVID-19 related drop for in-person clinic visits has reversed and visit levels are at ~ 65-70% of normal
- 2020 QHP Health Plan Rating Overall = 50th percentile
- 2020 CAHPS NCQA Health Plan Rating Overall = 4 Stars (80th percentile)

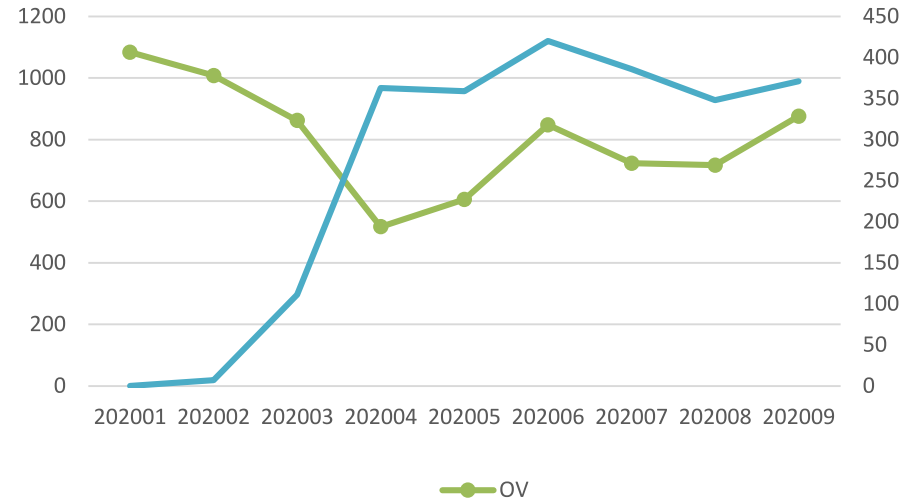
Healthcare Innovation in Real Time

Q1 – Q3 2020

WHA Telemedicine Adoption (**Medical**
Visits/Month – Covered CA)



WHA Telemedicine Adoption (**Behavioral**
Visits/Month – Covered CA)



WHA Quality Measures: Opportunity and Improvement

| Metric | Covered CA Performance 2019 | Covered CA Performance 2020 | Commercial BoB Performance | WHA Improvement Efforts |
|--|---------------------------------|--------------------------------------|----------------------------|--|
| | Score (US Benchmark Percentile) | Score (US Benchmark Percentile 2019) | Score (NCQA Percentile) | |
| Breast cancer screening | 64 (<25th) | 66 (25-50th) | 77.18 (66th) | Increased WHA P4P incentive 2021 |
| Engagement alcohol/drug abuse treatment | 5.07 (<25th) | 3.08 (<25th) | 3.9 (<5th) | Added to WHA P4P incentive |
| Comprehensive diabetes care – HBA1C < 8% | 49 (<25th) | 53.35 (25-50th) | 64.96 (75th) | Increased WHA P4P incentive |
| All cause readmissions | 95 (<25th) | 63 (50th – 90th) | 0.56 (25th) | Continue Physician Education |
| Care coordination | 83 (<25th) | 77 (<25th) | 86.8 (50th) | Physician/Group Education |
| Flu vaccine for adults (18-64yrs) | 41.2 (<25th) | 43.9 (25th – 50th) | 58.2 (50th) | Zero copay vaccine at pharmacy in 2020 |
| Adult BMI | 74 (<25th) | 76.95 (<25th) | 86.4 (50th) | Retired HEDIS measure |
| Child/adolescent weight assessment and nutritional counselling | 33 (<25th) | 47 (<25th) | 61.56 (10th) | Added to WHA P4P incentive |
| Annual monitoring for patients on persistent medication | - | | - | Retired HEDIS measure |

WHA COVID-19 Response

- **Primary Care and Specialty medicine Virtual visits**
- **Behavioral health virtual visits**
- **90-day prescriptions available at pharmacies**
- **Zero copay testing/screening since March 2020**
- **Zero copay treatment since July 2020**
- **Vaccination reminders including safety precautions at doctors office**
- **Drive-up flu clinics**
- **Zero copay flu shot at pharmacy**
- **Zero copay COVID19 vaccine approved for Office and Pharmacy**

WHA Horizon

- **Teladoc** – 24/7 Virtual Urgent Care effective 1/1/2021
- **Rx Locking Cap** – controlled prescription bottle locks effective 1/10/2020
- **Virta Health** – Diabetes tele-nutrition program effective 1/1/2021
- **Lexis Nexis** – Social Determinants of Health reporting effective 1/2021
- **Lexis Nexis** – Keep Contact to correct member contact info effective 1/2021
- **WHA launched new Value Based P4P 2021 program effective 1/1/2021**
 - High performing measure incentives removed
 - Low performing measure incentives increased
 - Behavioral Health and Well Child incentives added
 - SDOH incentives added



Thank You!

For more information, visit westernhealth.com

916.563.2250 | 888.563.2250 (toll free)

APPENDIX

Valley Health Plan

ABOUT VHP

LINES OF BUSINESS

EMPLOYER GROUP



INDIVIDUAL PRODUCTS

- Covered California
- Individual & Family Plan



MEDI-CAL



January 2021, CC Presentation

ABOUT VHP SERVING REGION 7 AREA

Northern Region

Los Altos
Los Altos Hills
Mountain View
Palo Alto
Sunnyvale

Central/Eastern Region

Milpitas
San Jose
Santa Clara

Western Region

Campbell
Cupertino
Los Gatos
Monte Sereno
Saratoga

Southern Region

Gilroy
Morgan Hill

VIETNAMESE COMMUNITY OUTREACH DR. TRINH NGOC HUY RADIO SHOW



Since 2001, Dan Sinh Media has served the audience of San Jose, Milpitas, Santa Clara, and Sunnyvale area. The show focuses on the Vietnamese-American's lifestyle, health and culture.

VHP's Pham My
Linh talking about
Valley Health Plan
insurance



"Learn About Santa Clara - Valley Health Plan"

2020

CAMPAIGNS

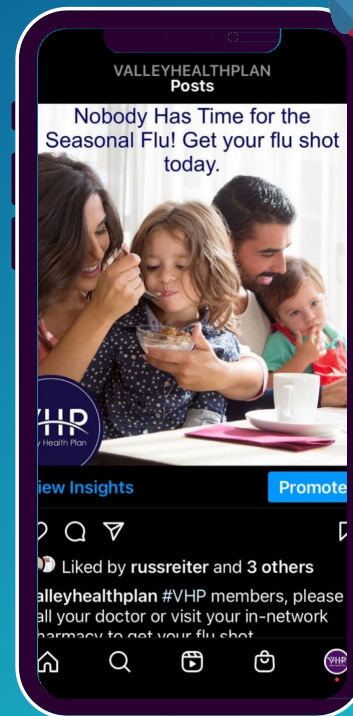
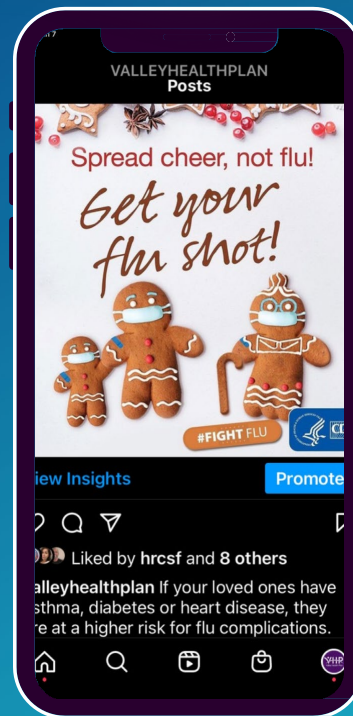
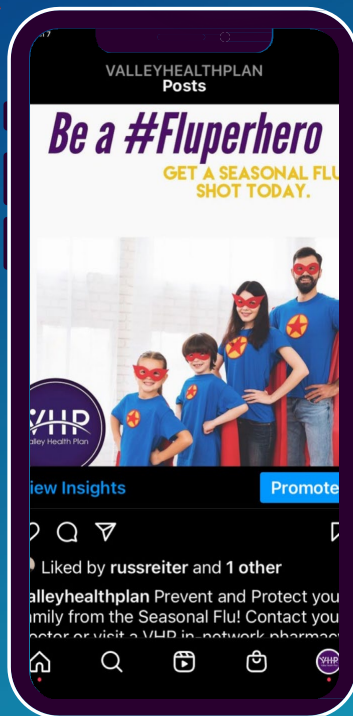
#FLUPERHERO



The VHP #Fluperhero campaign encourages people to protect themselves, their families, and the community by receiving a seasonal flu shot.



Be a #Fluperhero!



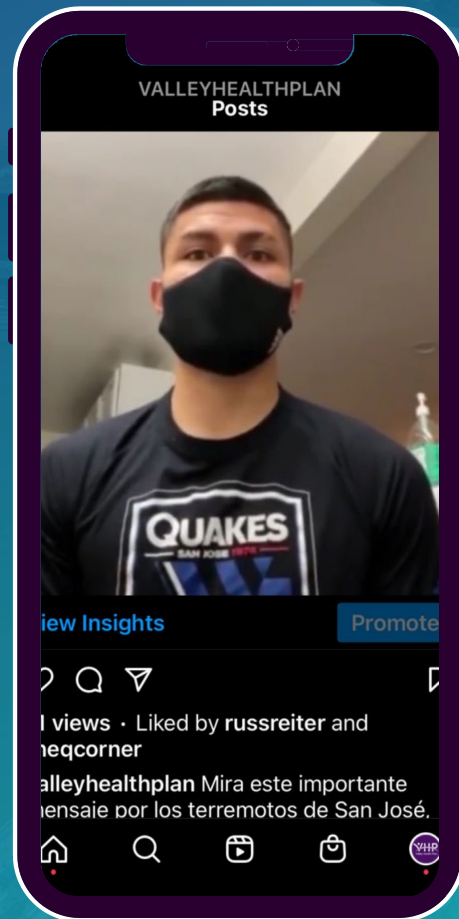
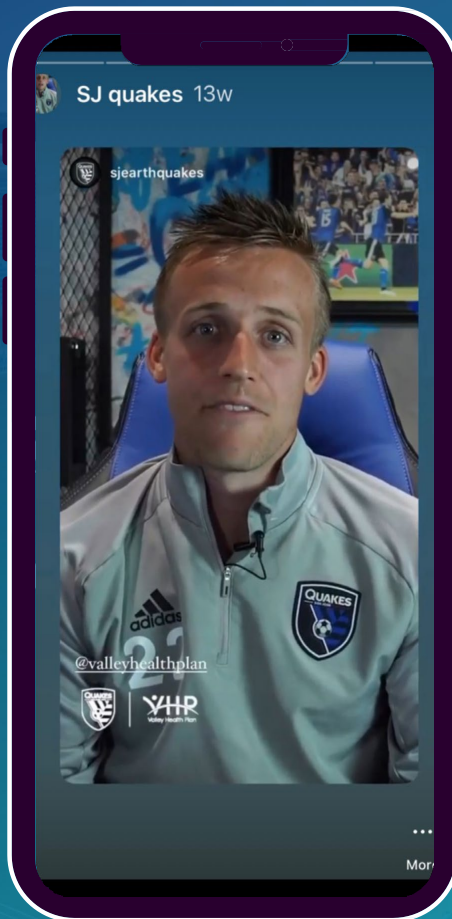


PARTNERSHIPS

SAN JOSE EARTHQUAKES

- Collaborated on "Healthy Tips" videos to promote healthy eating and exercise
- Sponsored virtual free-play events with the San Jose local community
- Promoted the VHP flu shot campaign
- Encouraged people to wear masks and explained the safety of wearing them

SJ Earthquakes
Tommy Thompson
promoting flu shot.



San Jose Earthquakes Eric Calvillo
explaining the safety of wearing masks.



PARTNERSHIPS

SAN JOSE EARTHQUAKES

Quakes Drive-In Watch Parties

- Fans were able to watch the away games live, in a socially distanced setting.
- Stadiums were open for people to park their vehicles inside and watch the game on the big scoreboard screen.

COVID-19

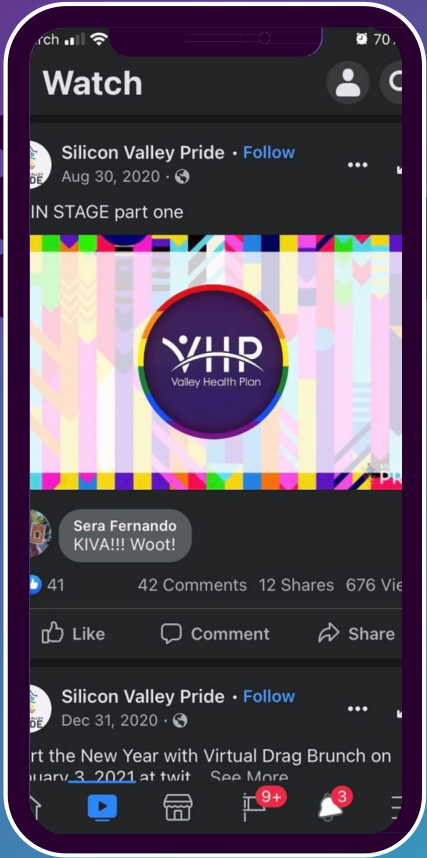
LGBTQ+ COMMUNITY OUTREACH



2020 Silicon Valley
Virtual PRIDE festival
VHP joined the virtual
celebration which hosted
online performances and
entertainment.



Senator County Supervisor
Dave Cortese



"HalloWellness" Pop-Up
Halloween-themed clinic
VHP gave away masks and
resources to folks and families of
the community. Folks could also
get free wellness testing and
vaccinations.



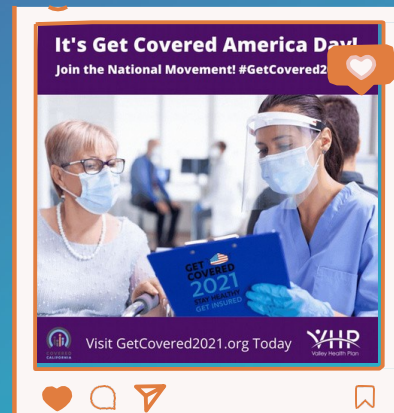
COVID-19

LATINX COMMUNITY OUTREACH



VHP Donated 3,000 Beary Facemasks at the the 2021 Bi-National Health Week,

Masks were given away by our community-based partners, organizations, and health providers during free Covid-19 testing and flu shot events.



PUBLIC COMMENT

CALL: (877) 336-4440

PARTICIPANT CODE: 6981308

- ❑ 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: 7,848
- ❑ Members: 65,808 *
- ❑ Retention: 90.4%
- ❑ Average Group Size: 8.4 members
- ❑ YTD Membership Growth 13,366

*membership reconciled thru 12/31/2020



Operations Update - January – Response to COVID- 19

- ❑ During the pandemic, Covered California for Small Business has continued to grow its membership, evidenced by a 16.5% membership increase over 2019.
- ❑ Covered California for Small Business has posted double digit membership increases for 6 consecutive years.

SERVICE CENTER UPDATE

Improving Customer Service

- Extended hours of Operation 8am to 8pm, some days 8am to 10pm, and 8am to 12am.
- Increased the Courtesy Call Back capacity from 200 to 800 concurrent calls
- Added Front End Message advising consumers of the deadline extension to December 30th
- Implemented messaging notifying consumers that we are experiencing high call volume and they will need to call back at a later time

Enhancing Technology Solutions

- Implemented Phase II of the Meraki Pilot with adding 22 users from Service Center and Faneuil
- Partnered with CCIT to update submissions for tax form disputes, streamlining process to include the federal 1095 and state 3895 form

Staffing Updates

- Vacancy rate of 5.6 percent (2020) comparable to prior year of 8.3 percent (2019)

SERVICE CENTER PERFORMANCE UPDATE

Comparing December 2020 vs. 2019 Call Statistics

| Year | Calls to IVR | Calls Offered to SCR | Abandoned % | Calls Handled | ASA | AHT | Service Level % |
|----------------|--------------|----------------------|--------------|---------------|--------------|-------------|-----------------|
| 2020 | 637,024 | 411,701 | 9.33% | 369,468 | 0:05:42 | 0:19:44 | 51.44% |
| 2019 | 845,509 | 453,154 | 21.93% | 348,528 | 0:14:15 | 0:20:22 | 18.53% |
| Percent Change | 25% Decrease | 9% Decrease | 57% Decrease | 6% Increase | 60% Decrease | 3% Decrease | 178% Increase |

*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 decreased from 2019 by 9%
- ☐ Calls Handled increased by 6%
- ☐ The Abandoned % decreased by 57%
- ☐ Service Level increased by 178%.

QUICK SORT VOLUMES

December Consortia Statistics

| SAWS Consortia | Calls Offered | Service Level % | Calls Abandoned % | ASA |
|----------------|---------------|-----------------|-------------------|----------|
| C-IV | 521 | 97.00% | 1.00% | 00:00:11 |
| CalWIN | 1,380 | 90.58% | 1.38% | 00:00:21 |
| LRS | 871 | 88.29% | 0.92% | 00:00:31 |

December Weekly Quick Sort Transfers

| Week 1* | Week 2 | Week 3 | Week 4* | Week 5* | Total |
|-----------|------------|-------------|-------------|-------------|--------------|
| 12/1-12/5 | 12/6-12/12 | 12/13-12/19 | 12/20-12/26 | 12/27-12/31 | |
| 1,152 | 1,278 | 1,309 | 637 | 1,275 | 5,651 |

*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 VOLUMES

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.



CALHEERS UPDATES

- CalHEERS last release was implemented December 21, 2020 and included:
 - Changes to generate the new State FTB Form 3895 - *California Health Insurance Marketplace Statement* - for consumers to reconcile their state subsidy credit on their state taxes.

- CalHEERS Release 21.2 is planned for February 15, 2021 and will include:
 - Changes to reduce duplicate case creation by providing notification of an existing case, allows Consumers and Certified Enroller's to self-delegate to the existing case, which will reduce calls to the Service Center for delegation requests.
 - Changes to add/elevate email consent in Account Creation and Application to ensure Consumers are aware that Covered CA may contact Consumers about their current health coverage, other health related communications, and various Covered CA campaigns including completion of account creation by email.

OTHER TECHNOLOGY UPDATES

- ❑ Getcovered2021.org website and campaign support
- ❑ Deployed COVID-19 screening site for employees
- ❑ Salesforce Marketing cloud deployed automated funnel campaigns leveraging CalHEERS data feed
- ❑ CoveredCA.com
 - Breaking News Banner
 - Deployed high traffic page for CalHEERS to send consumers when needed
- ❑ CiCi (Chatbot)
 - Automatic updates customers when CalHEERS is experiencing high traffic
- ❑ Salesforce Service Cloud (Dec Release)
 - Updates contact search for quicker results
 - Implemented FTB integration for reporting of granted exemptions
 - Updated exemption applications in DocuSign and Salesforce

OUTREACH & SALES ENROLLMENT PARTNER TOTALS

Uncompensated partners supporting enrollment assistance efforts.

| ENROLLMENT ASSISTANCE PROGRAM | ENTITIES | COUNSELORS |
|---------------------------------|----------|------------|
| Certified Application Counselor | 253 | 1,557 |
| Plan-Based Enroller | 11 | 460 |
| Medi-Cal Managed Care Plan | 2 | 21 |

OUTREACH & SALES NON-ENGLISH ENROLLMENT SUPPORT

Data as of January 14, 2021

11,202 Certified Insurance Agents

18% Spanish
4% Cantonese
5% Mandarin
5% Korean
4% Vietnamese

1,252 Navigator: Certified Enrollment Counselors

59% Spanish
3% Cantonese
3% Mandarin
2% Vietnamese
1.1% Korean

1,557 Certified Application Counselors

52% Spanish
4% Cantonese
2% Mandarin
1% Vietnamese
0.5% Korean

460 Certified Plan Based Enrollers

29% Spanish
5% Cantonese
2% Mandarin
2% Vietnamese
0.5% Korean

21 Certified Medi-Cal Managed Care Plan Enrollers

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

