



EXECUTIVE DIRECTOR'S REPORT

Peter V. Lee, Executive Director | February 17, 2022 Board Meeting

EXECUTIVE DIRECTOR RECRUITMENT UPDATE

Dr. Mark Ghaly, Board Chair

PUBLIC COMMENT

CALL: (877) 336-4440

PARTICIPANT CODE: 6981308

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- ❑ The call-in instructions can also be found on page two of the Agenda.

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PUBLIC COMMENT ON PETER LEE'S DEPARTURE

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ANNOUNCEMENT OF CLOSED SESSION

EXECUTIVE DIRECTOR'S UPDATE

COVERED CALIFORNIA BOARD 2022 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 March 2022. Unless otherwise notified, meetings will begin at 10:00 am and are held the third Thursday of the month.

Covered California's board currently plans to hold a Closed Session meeting on January 28, 2022. When Closed Session meetings are conducted, the Board convenes in Open Session and then moves to Closed Session. After Closed Session is completed, the board reconvenes in Open Session where it may report on Closed Session actions.

2022 Meeting Dates

January 20

January 28 – Closed session only

February 7 – Closed session only

February 17

March – Date to be determined

April 21 *

May 19

June 16

July 21 *

August 18

September 15

October 20 *

November 17

December 15 *

**Possibly no meeting*

2022 OPEN ENROLLMENT CAMPAIGN UPDATE

MARKETING: OE22 CAMPAIGN HIGHLIGHTS

Digital Countdown Banners

- ❑ Statewide effort, reaching diverse CA population including Hispanics, Black/African Americans, Asians and LGBTQ+
- ❑ Total campaign reached approximate 98% of CA adults 35 times
- ❑ Robust media channel mix reaching consumers at home, online and on the go
- ❑ Continuous tailored outreach on renewal for members and completion of enrollment for funnel
- ❑ Strong finish – last week of the campaign included:
 - Increased TV/Radio presence, including TV ads in top-ranking Rams vs 49ers NFL game in key markets that were supplemented with social media posts highlighting the game and importance of coverage
 - Digital deadline countdown banners to drive urgency
 - Robust database marketing efforts with Emails and Text messages to help aid conversion on 1/25, 1/27 and 1/31



Social Posts

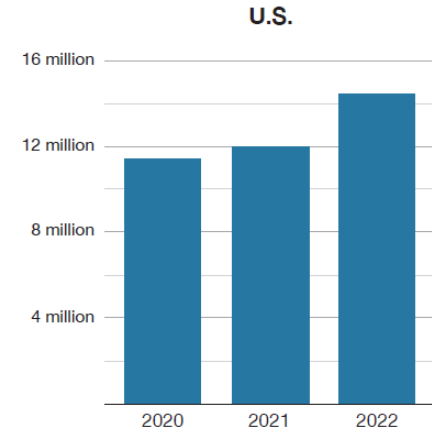
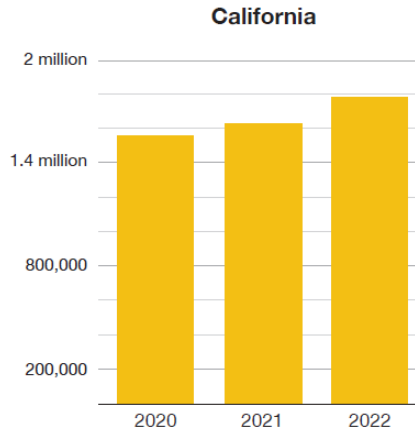


2022 OPEN ENROLLMENT TRENDS

AMERICAN RESCUE PLAN LEADS TO HISTORIC OPEN ENROLLMENT

- ❑ Total enrollment in California **exceeded 1.77 million**, the highest ever by the close of open enrollment
- ❑ Both the Federally-Facilitated Exchange (FFE) and Covered California have seen record-setting enrollment since the pandemic.
- ❑ Like Covered California, by the end of the 2022 Open Enrollment Period, HealthCare.gov enrollment was 17% higher than the previous high from 2016 – the last Open Enrollment Period in which the FFE used robust marketing and outreach strategies.

Marketplace Enrollment as of End of Open Enrollment 2022

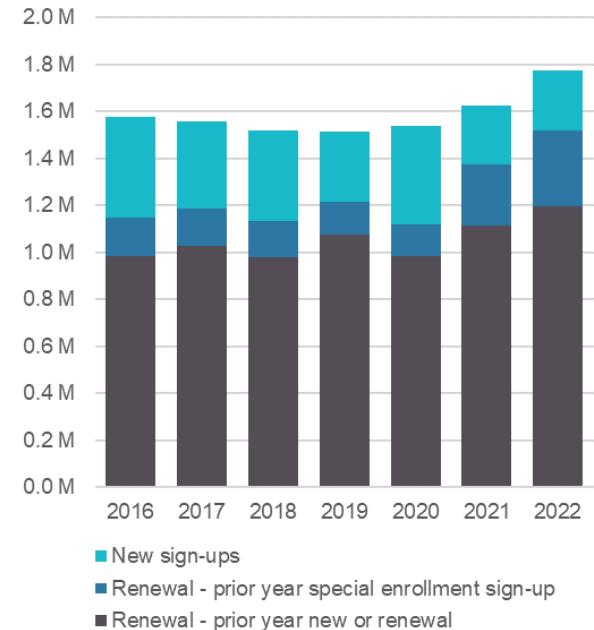


CONSUMER ACTING EARLY TO GET COVERED

- ❑ Net plan selections in 2022 are 9% higher than in 2021 and 16% higher than in 2020, driven especially by strong renewals.
- ❑ With the help from the American Rescue Plan (ARP) Special Enrollment Period, 2022 continued a surge of renewals who had signed up in the prior year special enrollment period and did not have to wait to get covered (dark blue).
- ❑ Thanks to this earlier take-up, we believe fewer consumers were left seeking coverage as new sign-ups by the time of the 2022 Open Enrollment Period (teal).

Net Plan Selections (Data as of 2/5/2022)	2020 (Count)	2021 (Count)	2022 (Count)	Diff. (2022 v 2021)
New Enrollment	418,052	249,279	255,575	3%
Renewals	1,120,767	1,376,267	1,521,867	11%
Total Plan Selections	1,538,819	1,625,546	1,777,442	9%

Plan Selections at End of Open Enrollment, by Sign-up Cohort



TRENDS FOR SIGN-UPS – AGE

- ❑ The age make-up of Covered California enrollees has remained fairly consistent during the pandemic and through the roll-out of the American Rescue Plan.

Age Bracket	2020 (Count)	2020 (Share %)	2021 (Count)	2021 (Share %)	2022 (Count)	2022 (Share %)
Age 17 or less	110,268	7%	110,069	7%	127,513	7%
Age 18 to 25	150,542	10%	150,707	9%	160,915	9%
Age 26 to 34	264,143	17%	289,702	18%	324,530	18%
Age 35 to 44	234,424	15%	252,771	16%	282,664	16%
Age 45 to 54	319,562	21%	329,938	20%	349,299	20%
Age 55 to 64	447,742	29%	477,816	29%	514,723	29%
Age 65+	12,138	1%	14,543	1%	17,798	1%
Total	1,538,819	100%	1,625,546	100%	1,777,442	100%

TRENDS FOR SIGN-UPS – INCOME

- ❑ The increase in sign-ups has been most pronounced in the incomes at 200% of the Federal Poverty Level (FPL) and above (which is \$25,760 for a single person).
- ❑ In particular, enrollment **more than doubled** for those above 400% of FPL (which is \$51,520 for a single person). This group, previously affected by the “FPL cliff,” comprised 10% of total enrollment in 2022, compared to 5% in 2021.

	2020		2021		2022	
	Count	Share %	Count	Share %	Count	Share %
150% FPL or less	236,442	15%	270,597	17%	273,604	15%
150% FPL to 200% FPL	408,285	27%	454,862	28%	448,629	25%
200% FPL to 400% FPL	660,597	43%	669,435	41%	754,177	42%
400% FPL or greater	64,107	4%	75,642	5%	174,922	10%
FPL Unavailable	169,388	11%	155,010	10%	126,110	7%
Total	1,538,819	100%	1,625,546	100%	1,777,442	100%

TRENDS FOR SIGN-UPS – METAL TIER

- ❑ In 2022, consumers opted for more comprehensive coverage.
- ❑ As a share of all enrollments, Silver was chosen more in 2022 (up by 3 percentage points), while Bronze enrollment decreased.
- ❑ The shift to richer coverage was pronounced among new sign-ups [not shown]: the share of new consumers selecting Bronze fell 8 percentage points (from 34% in 2021 to 26% in 2022).

Plan Level	2020 (Count)	2020 (Share %)	2021 (Count)	2021 (Share %)	2022 (Count)	2022 (Share %)
Minimum Coverage	21,268	1%	22,442	1%	19,025	1%
Bronze	462,501	30%	495,299	30%	469,308	26%
Silver	854,505	56%	899,926	55%	1,032,566	58%
Gold	147,422	10%	149,744	9%	178,460	10%
Platinum	53,123	3%	58,135	4%	78,083	4%
Total	1,538,819	100%	1,625,546	100%	1,777,442	100%

2022 PLAN SELECTIONS AND PREMIUMS BY INCOME

Even though enrollees chose more generous coverage benefits, the average net premiums paid decreased across all income groups under the American Rescue Plan.

The lowest income consumers (individuals at 138% FPL to 150% FPL, or \$17,775 to \$19,320 for a single person) paid roughly half as much, paying \$53 in 2022, compared to \$96 in 2021.

In dollar terms, the 400% FPL group saw reductions averaging \$172 per member per month.

	2020			2021			2022		
	Count	Avg. Gross Premium Amt PM	Avg. Net Premium Amt PM	Count	Avg. Gross Premium Amt PM	Avg. Net Premium Amt PM	Count	Avg. Gross Premium Amt PM	Avg. Net Premium Amt PM
150% FPL or less	236,442	\$586	\$75	270,597	\$574	\$76	273,604	\$580	\$47
150% FPL to 200% FPL	408,285	\$587	\$92	454,862	\$586	\$96	448,629	\$594	\$53
200% FPL to 400% FPL	660,597	\$570	\$180	669,435	\$576	\$191	754,177	\$578	\$141
400% FPL or greater	64,107	\$539	\$525	75,642	\$563	\$542	174,922	\$600	\$370
FPL Unavailable	169,388	\$511	\$457	155,010	\$502	\$466	126,110	\$496	\$465
Grand Total	1,538,819	\$569	\$185	1,625,546	\$571	\$188	1,777,442	\$579	\$150

TRENDS FOR SIGN-UPS - ISSUER

- The top two issuers (Kaiser and Blue Shield) continue to grow their market share: 65% in 2022 vs 63% in 2021 vs 61% in 2020.

Issuer Name	2020 (Count)	2020 (Share %)	2021 (Count)	2021 (Share %)	2022 (Count)	2022 (Share %)
Anthem Blue Cross	87,286	6%	101,508	6%	160,753	9%
Blue Shield	387,451	25%	443,328	27%	508,059	29%
Bright HealthCare		0%		0%	398	0%
Chinese Community	7,227	0%	5,515	0%	3,952	0%
Health Net	243,501	16%	190,177	12%	150,807	8%
Kaiser	548,816	36%	592,981	36%	643,823	36%
LA Care	88,782	6%	100,138	6%	119,988	7%
Molina Health Care	51,551	3%	59,031	4%	67,081	4%
Oscar Health Plan	69,012	4%	74,583	5%	55,744	3%
SHARP Health Plan	21,146	1%	24,182	1%	33,540	2%
Valley Health	24,646	2%	24,249	1%	22,662	1%
Western Health	9,401	1%	9,854	1%	10,635	1%
Total	1,538,819	100%	1,625,546	100%	1,777,442	100%

TRENDS FOR SIGN-UPS - RACE/ETHNICITY

- ❑ Enrollment increased among all racial and ethnic groups compared to 2021.
- ❑ Compared to enrollment levels in 2020, the increases have been most pronounced in the African American and Latino communities, with 2022 enrollment 33 percent and 18 percent higher than 2020, respectively.

RACE/ETHNICITY	2020 (Count)	2020 (Share %)*	2021 (Count)	2021 (Share %)*	2022 (Count)	2022 (Share %)*
White	427,135	47%	449,579	47%	487,561	46%
Latino	343,595	38%	356,966	37%	404,338	38%
Asian	297,443	33%	318,670	33%	337,908	32%
Black or African American	29,993	3%	33,391	3%	39,877	4%
Native Hawaiian or Other Pacific Islander	1,564	0%	1,547	0%	1,659	0%
Other	120,861	13%	132,084	14%	148,289	14%
Total (respondents)	1,220,591	100%	1,292,237	100%	1,419,632	100%
(nonrespondent)	318,228	21%	333,309	21%	357,810	20%

* Share denominator does not include non-respondents. Non-respondent share of all plan selections shown in gray on last line.

TRENDS FOR SIGN-UPS - LANGUAGE

- Consumers with a language preference for English has grown from 83 percent to 85 percent of all plan selections since 2020.

Language Written	2020 (Count)	2020 (Share %)	2021 (Count)	2021 (Share %)	2022 (Count)	2022 (Share %)
Arabic	728	0%	669	0%	679	0%
Armenian	385	0%	387	0%	436	0%
Cambodian	261	0%	239	0%	233	0%
Cantonese		0%	51	0%	35	0%
English	1,237,857	83%	1,337,642	84%	1,484,318	85%
Farsi	1,436	0%	1,227	0%	1,237	0%
Hmong	87	0%	79	0%	75	0%
Korean	20,055	1%	19,420	1%	19,574	1%
Mandarin		0%	639	0%	461	0%
Russian	1,874	0%	1,925	0%	2,009	0%
Spanish	156,571	10%	152,982	10%	162,792	9%
Tagalog	1,163	0%	1,190	0%	1,145	0%
Traditional Chinese Character	60,777	4%	64,984	4%	68,217	4%
Vietnamese	14,874	1%	13,922	1%	13,182	1%
Total	1,469,068	100%	1,595,356	100%	1,754,393	100%

* (shares do not include non-respondents)

COVERED CALIFORNIA DATA & RESEARCH

OVERVIEW OF MEDI-CAL AUTOENROLLMENT PROCESS

OVERVIEW OF REQUIREMENT TO AUTOMATICALLY ENROLL INDIVIDUALS WHO LOSE MEDI-CAL COVERAGE

- ❑ California Senate Bill 260 (Chapter 845, Statutes of 2019) directs Covered California to automatically enroll individuals who lose Medi-Cal coverage and gain eligibility for subsidized coverage.
- ❑ Individuals will be enrolled in the lowest cost silver plan available, unless Covered California has information that enables enrollment with the individual's previous managed care plan.
- ❑ Enrollment is to occur before the Medi-Cal termination date.
- ❑ The first premium payment (binder payment) due date to be no sooner than the last day of the first month of enrollment.
- ❑ Covered California to provide a notice that includes the following information:
 - The plan in which the individual is enrolled.
 - The right to select another available plan and any relevant deadlines for that selection.
 - How to receive assistance to select a plan.
 - The right not to enroll in the plan.
 - Information for an individual appealing their previous coverage through Medi-Cal
 - A statement that services received during the first month of enrollment will only be covered by the plan if the premium is paid by the due date.

CONSUMER RESEARCH TO INFORM IMPLEMENTATION OF AUTOENROLLMENT PROGRAM FOR INDIVIDUALS TRANSITIONING FROM MEDI-CAL

Research Objective: Covered California partnered with NORC and Slosar Research to conduct formative consumer research to inform implementation of SB 260, specifically:

- ❑ To understand consumers' reactions to the idea of auto-enrollment
- ❑ To understand the types of information and resources that consumers will need to take action

Research Approach:

- ❑ Nine focus groups and 18 in-depth interviews, in both English and Spanish
- ❑ Among participants with diverse race/ethnicities, incomes, ages, and geographies
- ❑ With different coverage statuses:
 - Current Medi-Cal enrollees who could someday be eligible for Covered California
 - Individuals previously covered by Medi-Cal who enrolled with Covered California or employer-coverage, or who went uninsured
- ❑ Four focus groups with Service Center staff

IMPLEMENTATION APPROACHES INFORMED BY FINDINGS

Finding from Consumer Research	Implementation Approach
<p>Consumers repeatedly stated they wanted options, even if many said they would ultimately keep the plan chosen for them. Many also needed help understanding their options based on their coverage status (i.e., already had employer coverage).</p>	<ul style="list-style-type: none"> • Design materials to help consumers understand that their plan selection is a starting point and that they have options. • Provide simple set of options throughout the process: keep, change or cancel.
<p>Consumers want choices, including knowing they have the ability to decline coverage.</p>	<p>Give consumers the ability to actively opt-out in order to cancel their plan.</p>
<p>Consumers trust Medi-Cal and said they are more likely to open notices that display that logo.</p>	<p>Co-brand material with Medi-Cal and Covered California logos to help consumers understand the relationship between the two programs.</p>
<p>Many consumers will be new to private insurance and wanted help understanding aspects of the plan chosen for them.</p>	<p>Provide simple and clear educational material with cost-sharing information for their Silver plan and key terms related to insurance and Marketplace financial help.</p>
<p>Many consumers stated that they would call Covered California to understand their options and/or explore the website.</p>	<p>Provide customized phone and web support tailored to the auto-enrollment program.</p>

NEXT STEPS FOR SHARING RESEARCH FINDINGS AND IMPLEMENTATION APPROACHES

In continuing to work with various partners and stakeholders on SB 260, Covered California plans to share detailed implementation plans informed by consumer research with the following groups:

- ❑ Covered California advisory groups
- ❑ Tribal Consultation
- ❑ QHP Issuers

FEDERAL UPDATE

FEDERAL UPDATE

- ❑ On January 27, Covered California submitted [three comment letters](#) on the proposed Notice of Benefit and Payment Parameters for 2023. In its comments, Covered California:
 - Applauded the prioritization of equity and reiterated the work that Covered California has done to address health equity and disparities in health care;
 - Demonstrated, as evidenced by Covered California's experience, the importance of standard benefit designs and that non-standard plan designs should be eliminated or severely limited; and
 - Provided technical assistance on the new State Exchange Improper Payment Measurement (SEIPM) Program, which aims to better ensure state exchanges are making proper advanced premium tax credit payments on behalf of consumers, and recommended that the methodology account for each state's distinct enrollment population which would lead to a more precise error and improper payment rate calculation.

STATE UPDATES

GOVERNOR'S BUDGET

Legislative hearings on the Governor's proposed FY 2022-23 Budget have begun.

- ❑ Covered California presented an overview of the affordability policy options outlined in the report, [*Bringing Care Within Reach*](#), released on January 10, 2022.
- ❑ This report is designed to inform the Governor's administration, legislature, and Healthy California for All Commission on various policy options for using state reserve funds to reduce out-of-pocket costs for consumers.

OFFICE OF HEALTH CARE AFFORDABILITY

The Department of Finance released trailer bill language which would:

- ❑ Establish the Office of Health Care Affordability within the Department of Health Care Access and Information and require the office to engage in specified activities to establish, track and analyze health care cost targets.
- ❑ Establish an eight-member Health Care Affordability Board.
- ❑ Require plans to demonstrate the impact of any changes in the rate of growth in health care costs resulting from health care cost targets.
- ❑ Requires the director to consider the impact on changes in health care costs as a result of the health care cost targets, in determining whether a rate is unreasonable or justified.

STATE LEGISLATION

[AB 1787](#) (Wood) and [SB 944](#) (Pan) would require Covered California to offer cost sharing assistance based on FPL with the actuarial values (AV) outlined below:

- ❑ Below 200% FPL: AV of at least 94 percent.
- ❑ Between 200 and 300% FPL, AV of at least 90 percent, scaled to income.
- ❑ Between 301 and 400% FPL, AV of at least 85 percent, scaled to income.
- ❑ Above 400% FPL, may offer AV of as much as 80 percent, depending on available funding.

Requires adoption of standard benefit designs consistent with these provisions.

STATE LEGISLATION

[SB 967](#) (Hertzberg) would require:

- ❑ The Franchise Tax Board to include a checkbox for a taxpayer to indicate on their individual income tax return that they are interested in no-cost or low-cost health care coverage and authorize the board to share information from their tax return with the California Health Benefit Exchange for taxable years beginning on and after January 1, 2023.
- ❑ The Exchange to annually conduct outreach and enrollment efforts to individuals who indicate on their tax returns that they are interested in no-cost or low-cost health care coverage.

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APPENDICES

APPENDICES: TABLE OF CONTENTS

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

SERVICE CENTER UPDATE

Improving Customer Service

- ❑ Partnered with Covered California University (CCU) for New Employee Training
- ❑ Extended hours of Operation on 1/28 - 8am to 8pm, 1/29 - 8am to 10pm, 1/30 – 3pm to 8pm, and 1/31 – 8am to 12am for the end of Open Enrollment
- ❑ Collaborated with partners in completion of generating and mailing of 1095/3895 for 2021

Enhancing Technology Solutions

- ❑ Interactive Voice Recognition (IVR) system updated with front end message advising of Hours of Operation and Tax Form information

Staffing Updates

- ❑ Vacancy rate of 7.5 percent (2022) comparable to prior year of 4.9 percent (2021)

SERVICE CENTER UPDATE

Comparing January 2022 vs. 2021 & 2020 Call Statistics:

Year	Calls to IVR	Calls Offered to SCR	Abandoned %	Calls Handled	ASA	AHT	Service Level %
2022	431,719	257,847	6.03%	241,321	0:03:12	0:19:58	65.84%
2021	513,197	343,763	1.27%	338,489	0:00:27	0:19:49	88.06%
Percent Change	16% Decrease	25% Decrease	375% Increase	29% Decrease	611% Increase	1% Increase	25% Decrease

Year	Calls to IVR	Calls Offered to SCR	Abandoned %	Calls Handled	ASA	AHT	Service Level %
2022	431,719	257,847	6.03%	241,321	0:03:12	0:19:58	65.84%
2020	784,011	422,993	20.25%	331,688	0:10:53	0:20:51	19.27%
Percent Change	45% Decrease	39% Decrease	70% Decrease	27% Decrease	71% Decrease	4% Decrease	242% Increase

SERVICE CENTER UPDATE

Comparing January 2022 vs. 2021 & 2020 Call Statistics:

- ❑ The total Calls Offered decreased from 2021 by 25%
- ❑ The total Calls Offered decreased from 2020 by 39%

- ❑ Calls Handled decreased from 2021 by 29%
- ❑ Calls Handled decreased from 2020 by 27%

- ❑ The Abandoned % increased from 2021 by 375%
- ❑ The Abandoned % decreased from 2020 by 70%

- ❑ Service Level decreased from 2021 by 25%
- ❑ Service Level increased from 2020 by 242%

SERVICE CENTER UPDATE - QUICK SORT VOLUMES

January Weekly Quick Sort Transfers:

Week 1*	Week 2	Week 3	Week 4	Week 5**	Total
01/01 - 01/08	01/09 - 01/15	01/16 - 01/22	01/23 - 01/29	01/30 - 01/31	
1,930	2,393	1,880	2,977	1,013	10,193

*Week 1 – January 01, 2022, All CoveredCA Service Centers closed in observance of New Year’s Day.

** Week 5 – Partial Week – All CoveredCA Service Centers open on Sunday, January 31st, 3:00 PM – 8:00 PM

January Consortia Statistics:

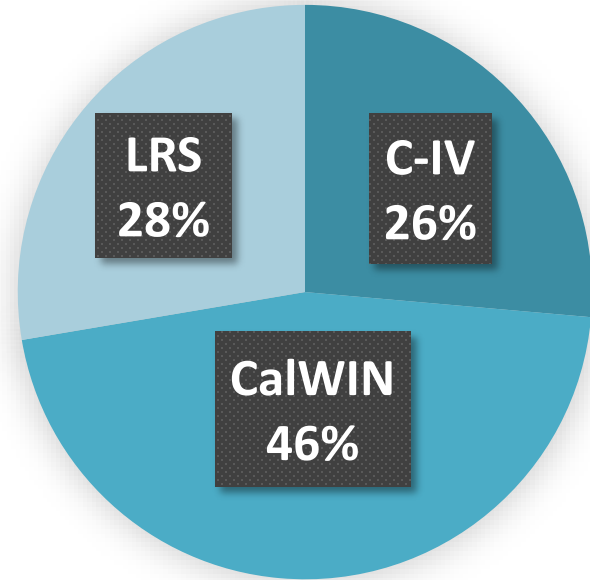
SAWS Consortia	Calls Offered	Service Level %	Calls Abandoned %	ASA
C-IV	1,410	91.84%	3.97%	00:00:16
CalWIN	2,454	93.28%	1.34%	00:00:14
LRS	1,478	79.36%	3.86%	00:00:56

- ❑ SAWS = Statewide Automated Welfare System (consortia). California has three SAWS consortia 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

SERVICE CENTER UPDATE - 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.

QuickSort Transfers
January 2022



CALHEERS UPDATES

- ❑ CalHEERS Feature Release 22.2 is planned for February 21, 2022 and will include:
 - Changes to allow the ability to be alerted if a delegated consumer's enrollment changes (termination for non-payment, consumer makes a change, SCR makes a change, county makes a change).
Also, the ability to set custom alerts such as consent for verification expiration, aging into Medicare, active renewals, etc.
 - Changes to include English and Spanish text language related to the Affordable Care Act and links updated for all flows including intake, report a change (RAC) and Renewal and include Spanish translation text of error messages for incorrect Authentication Code updated for Consumer Delegation page.

CALHEERS UPDATES CONTINUED

- Changes implemented to reduce consumer calls to the Service Center by providing clarity on when eligibility is applied on the disposition that may cross multiple coverage years to the two highest coverage years in CalHEERS.
- Changes to update and add to the available special enrollment period (SEP) reasons, modify the business rules for existing and new SEP reasons and Eligibility Effective Date Category, and dynamically display the SEP reasons in the dropdown list.
- Changes allowing a consumer to update their plan selection for the entire duration of their SEP window following their Qualifying Life Event (QLE) as well as the duration of open enrollment (OE). There will be no limitation on number of times that a consumer can change their plan within the OE and SEP windows.

CALHEERS UPDATES CONTINUED

- Changes to enhance address validation services to reduce the number of undeliverable notices sent to consumers, which results in returned mail costs and requires SCRs/CEWs to manually address the returned mail workload.
- Changes to the Spanish Portal of CalHEERS application will be updated to provide consumers with clear understanding of data fields and instructions during the application process and during any subsequent changes to their application.

CALHEERS UPDATES CONTINUED

- Changes to improve the newly implemented Salesforce-based business process management solution. Updates will include process flow improvements of 1095 Disputes, Complaint management and Federal Exemptions to allow the verification status of the case to be automatically updated and eligibility rerun when the Service Center Representative (SCR) closes the case in salesforce.

OTHER TECHNOLOGY UPDATES

- ❑ COVID Self-Screening App updates incorporating new guidance from Cal/OSHA and CA Dept. of Public Health.
- ❑ .Com Special Enrollment Updates
 - Updated Homepage and Special Enrollment landing page to reflect end of OE
- ❑ CiCi New responses for: Immigrant/undocumented individuals, state subsidy reconciliation, SEP, OE, and renewal
 - Consolidated multiple similar responses into a single card to optimize user experience
- ❑ Renew SSL security cert for CoveredCA.com, HBEX.CoveredCA.com, and Board.CoveredCA.com

OUTREACH & SALES ENROLLMENT PARTNER TOTALS

Uncompensated partners supporting enrollment assistance efforts

ENROLLMENT ASSISTANCE PROGRAM	ENTITIES	COUNSELORS
Certified Application Counselor	248	1,199
Plan-Based Enroller	12	440
Medi-Cal Managed Care Plan	3	30

OUTREACH & SALES NON-ENGLISH ENROLLMENT SUPPORT

Data as of February 9, 2022

12,048 Certified Insurance Agents

- 17% Spanish
- 4% Cantonese
- 5% Mandarin
- 5% Korean
- 4% Vietnamese

998 Navigator: Certified Enrollment Counselors

- 67% Spanish
- 4% Cantonese
- 4% Mandarin
- 2% Vietnamese
- 1% Korean

1,199 Certified Application Counselors

- 57% Spanish
- 4% Cantonese
- 3% Mandarin
- 1% Vietnamese
- 1% Korean

440 Certified Plan Based Enrollers

- 26% Spanish
- 5% Cantonese
- 3% Mandarin
- 2% Vietnamese
- 0% Korean

30 Certified Medi-Cal Managed Care Plan Enrollers

- 60% Spanish
- 3% Cantonese
- 0% Romanian
- 3% Tagalog
- 6% Vietnamese

