



EXECUTIVE DIRECTOR'S REPORT

Peter V. Lee, Executive Director | January 20, 2022 Board Meeting

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 17

March 17

April 21 *

*Possibly no meeting

May 19

June 16

July 21 *

August 18

September 15

October 20 *

November 17

December 15 *

COVERED CALIFORNIA DRIVES ENROLLMENT AND EQUITY

COVERAGE
MATTERS



DRIVING TOWARDS
HEALTH EQUITY

RECORD HIGH 1.7 MILLION PEOPLE SIGNED UP FOR COVERAGE TO START THE 2022 COVERAGE YEAR



News Release

Media line: (916) 206-7777

@CoveredCANews

media@covered.ca.gov

FOR IMMEDIATE RELEASE

Jan. 19, 2022

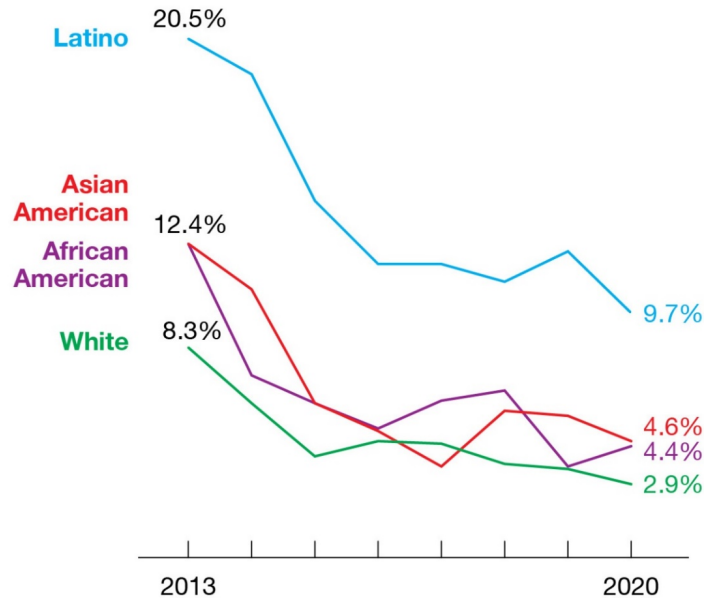
**Covered California Begins 2022 With a Record
1.7 Million Enrollees and Encourages Uninsured
Californians to Sign Up Now as Deadline Approaches**

COVERED CALIFORNIA JOINS LATINO AND AFRICAN AMERICAN LEADERS TO URGE PEOPLE TO ENROLL



- Featured civil rights icon Dolores Huerta, Dr. David Carlisle of Charles R. Drew University of Medicine and Science, Dr. Sergio Aguilar-Gaxiola of the UC Davis Center for Reducing and Rhonda Smith of the California Black Health Network.
- Highlighted a record high 1.7 million people signed up for insurance to start the 2022 coverage year.
- Promoted upcoming open-enrollment deadline of Jan. 31 for Feb. 1 coverage.

CALIFORNIA REDUCED ITS UNINSURED RATE BY MORE THAN ANY STATE, WITH BIG DROPS ACROSS THE BOARD



- Between 2013 and 2020, the uninsured rate among California Latinos has been cut by more than half.
- The uninsured rate among African Americans and Asian Americans/Pacific Islanders have been cut by nearly two-thirds.

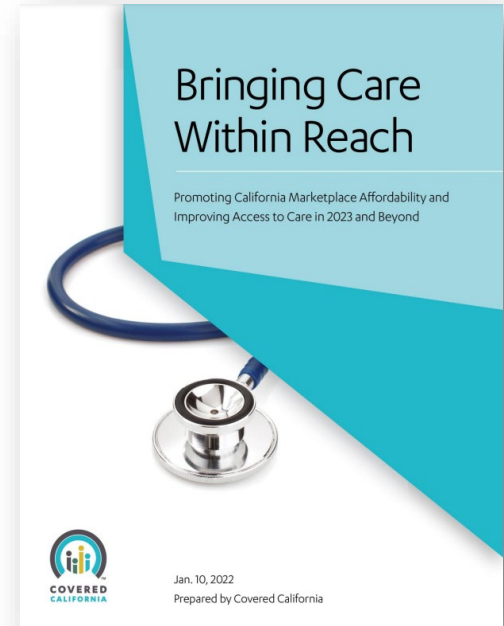
COVERED CALIFORNIA HAS SEEN INCREASED ENROLLMENT FROM COMMUNITIES OF COLOR SINCE 2020

Ethnicity	Percentage Increase from 2020 to 2022
African American	+56%
Latino	+34%
Asian American /Pacific Islander	+21%

UPDATE ON BRINGING CARE WITHIN REACH

BRINING CARE WITHIN REACH

- ❑ Covered California released “[Bringing Care within Reach: Promoting California Marketplace Affordability and Improving Access to Care in 2023 and Beyond.](#)”
- ❑ This report provides specific options for how California – or other states – could use state funds or federal funds that are anticipated in concept in the proposed Build Back Better Act to expand cost-sharing support.
- ❑ Accompanying the report is an [Issue Brief](#) and a companion detailed analysis produced by our actuaries at [Milliman](#).
- ❑ Options were developed with input and engagement from our stakeholder working group.
- ❑ Report was developed in compliance with the 2021-2022 State Budget (AB 128) and Health Omnibus trailer bill (AB 133).



COVERED CALIFORNIA DATA & RESEARCH:

**PERSONALIZED TELEPHONE OUTREACH
TO INCREASE HEALTH INSURANCE TAKE-UP
FOR HARD-TO-REACH POPULATIONS**

OUTBOUND CALL EFFORT FOR HARD-TO-REACH POPULATIONS TO BE HIGHLIGHTED IN HEALTH AFFAIRS JOURNAL

AFFORDABLE CARE ACT

By Rebecca Myerson, Nicholas Tilgman, Andrew Fisher, Henglin Li, Wesley Yin, and Isaac Menashe

Personalized Telephone Outreach Increased Health Insurance Take-Up For Hard-To-Reach Populations, But Challenges Remain

ABSTRACT We tested the impact of personalized telephone calls from service center representatives on health plan enrollment in California's Affordable Care Act Marketplace. Covered California, using a randomized controlled trial. The study sample included 79,522 consumers who had applied but not selected a plan. Receiving a call increased enrollment by 2.7 percentage points (22.5 percent) overall. Among subgroups, receiving a call significantly increased enrollment among consumers with income below 200 percent of the federal poverty level (4.0 percentage points or 47.6 percent for consumers with incomes below 150 percent of poverty and 4.0 percentage points or 36.4 percent for consumers with incomes of 150–199 of poverty), as well as those who were referred from Medicaid (2.9 percentage points or 53.7 percent), those ages 30–50 (2.4 percentage points or 23.3 percent) or older than age 50 (5.1 percentage points or 34.2 percent), those who were Hispanic (2.3 percentage points or 31.1 percent), and those whose preferred spoken language was Spanish (3.2 percentage points or 74.4 percent) or English (2.6 percentage points or 18.6 percent). The intervention provided a two-to-one return on investment. Yet absolute enrollment in the target population remained low; persistent enrollment barriers may have limited the intervention's impact. These findings inform implementation of the American Rescue Plan Act of 2021, which expands eligibility for subsidized coverage.

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The Affordable Care Act (ACA) has helped raise health insurance coverage rates in the US to record highs, in part by establishing regulated health insurance Marketplaces that provide new coverage options.^{1,2} Yet important gaps in coverage remain; nationally, more than fourteen million people remained uninsured as of 2019 despite eligibility for Marketplace coverage.³ Reducing barriers to Marketplace enrollment is a priority for policy makers, as evidenced by new efforts from state-based Marketplaces during the COVID-19 pandemic and new funding to expand Marketplace coverage subsidies under the American Rescue Plan

Act of 2021.^{4,5}

One potential barrier to enrollment in Marketplace coverage is the complexity of the plan selection process.^{6–8} Selecting a plan can be made more difficult by limited awareness of the availability of subsidies, the complexity of income-based subsidies and contribution caps, a lack of understanding about insurance terminology (for example, deductible and copayment), the variability of plan architecture and provider networks, and administrative or time-related burdens.^{9–11} These barriers can result in people remaining uninsured or choosing a suboptimal plan.^{9,12}

Several prior interventions sought to improve

- ❑ Published results of out-bound calls in 2019.
- ❑ Results in Publication: Enrollment increased by over 22 percent which indicates a big return on the outbound call investment
- ❑ Results on the ground: Covered California's ROCKING Service Center will be doing more outbound calls in January 2022 to boost overall enrollment

[Personalized Telephone Outreach Increased Health Insurance Take-Up For Hard-To-Reach Populations, But Challenges Remain](#)
– **Health Affairs** January 7, 2022

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RESEARCH PERSPECTIVE & MOTIVATION

- **The problem:** In 2018, an estimated 9 million Americans did not take-up insurance, despite being eligible for financial help.
- **Why does it happen:** Low willingness to pay for coverage, but also low awareness of subsidy eligibility, choice complexity, and difficulty shopping for coverage.
- **What has been done:** Primarily informational nudges using emails and letters
- **Our 2019 Outbound Call Initiative:** Tests whether a high-touch intervention – personalized, in-language phone calls from service center representatives – can increase health insurance take-up among eligible, but not yet enrolled, Californians

SETTING, POPULATION AND INTERVENTION

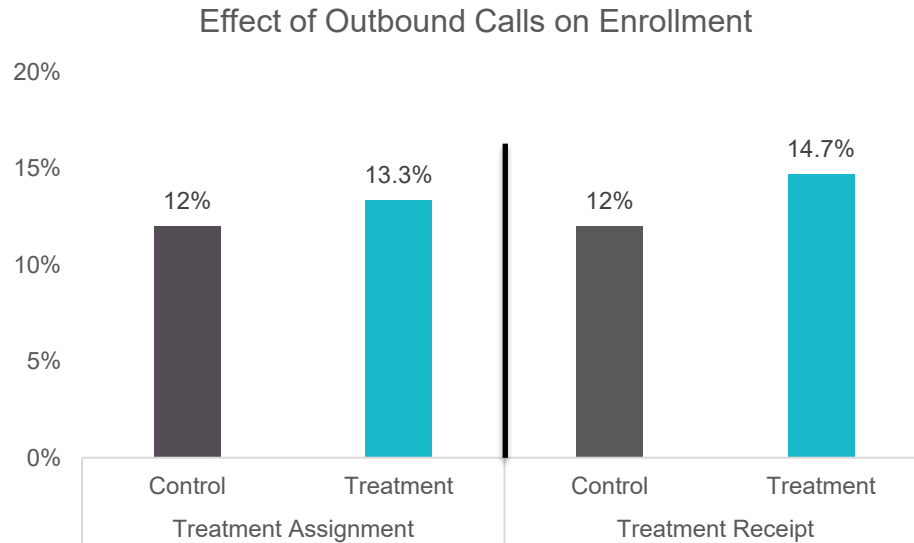
- **Covered California Open Enrollment Period in 2019:** With the individual mandate penalty reduced to \$0, consumer interest was lower than anticipated, providing an opportunity for an outbound call campaign to provide enrollment assistance
- **Consumers eligible, but not yet enrolled:** Many had applied directly at coveredca.com, while others received eligibility after being referred by a county processing a Medicaid redetermination. (This group is colloquially known at Covered California as the “funnel.”)
- **A Rigorous Study:** To learn about the effects of outbound calls on health insurance take-up – and because we did not believe we would be able to work all available cases – a randomized controlled trial (RCT) was used

SETTING, POPULATION AND INTERVENTION

- **Quick execution:** Intervention designed and implemented within a 4-week window during the busiest deadline of the year (December 15) 79,522 households eligible for outreach, of which 24,003 (30%) were assigned to a control group.
- **Maintain Customer Service:** To ensure service level, the outbound call campaign was only undertaken when inbound call volumes dropped. Not every case assigned was able to receive a call, but by the end of the campaign, the service center placed calls to 27,123 households in this short time span.
- **Primary outcome of interest:** enrollment on or before the end of the 2019 Open Enrollment Period.

EFFECT OF OUTBOUND CALLS ON ENROLLMENT

- Assignment to an outbound call increased enrollment by 1.3 percentage points (11%)
- Receipt of an outbound call increased enrollment by 2.7 percentage points (22.5%)

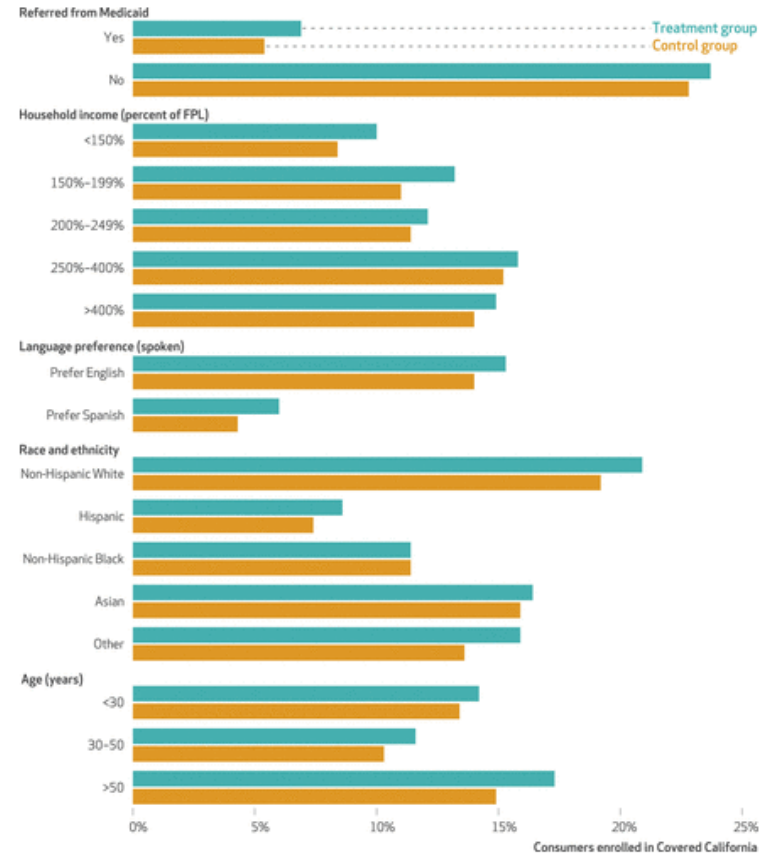


INTERVENTION IMPACT ACROSS SUBGROUPS

Prior Covered California survey research suggests Spanish-speakers and those referred from the county Medicaid agency were more likely to need assistance to complete enrollment.

Calls were particularly effective among hard-to-reach subgroups:

- 2.9pp (53.7%) among those referred from Medicaid
- 4.0pp (47.6%) among those with incomes under 150% of the federal poverty level
- 4.3pp (74.4%) among Spanish speakers
- 5.1pp (34.2%) among those over the age of 50



COMPETITIVE COST PER ACQUISITION

When Covered California considers outreach initiatives, **return-on-investment** is a key consideration. First and foremost, this intervention documented the important social “returns” of increased coverage take-up among underserved groups.

But on more practical terms, the intervention also passes a basic cost-benefit test when simply assessing the cost to conduct the campaign against the fee-revenue generated by the marketplace: **we calculated a 2-to-1 return on investment** (102 percent) from this campaign.

The estimated cost per new member acquired through the outbound call campaign was \$224, similar to Covered California’s average lifetime commission per member for broker-assisted consumers.

SHARING LESSONS LEARNED

- **What did we learn:** Personalized outreach helps consumers navigate a complex choice environment. This form of outreach is effective at increasing enrollment among previously underserved consumers.
- **Contributing to policy-relevant research:** We partnered with leading scholars on health insurance take-up to analyze and write up the results, which recently were published in the January 2022 edition of Health Affairs, so that other marketplaces could learn from our experience.

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<https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2021.01000>

CONTINUOUS IMPROVEMENT

- **Integrating Lessons into Practice:** Since 2018, we have continued to conduct outreach calls to the “funnel” during open enrollment, and tested similar calls on key outreach populations, such as nudging lower-income consumers who made a “choice error” by enrolling in Bronze plans to switch to a \$1 Silver plans for which they were eligible.
- **Future Innovation:** Thanks to partnership with Franchise Tax Board (FTB), Covered California is currently testing similar outreach campaign strategies to those who may have paid a penalty for being uninsured in 2020, and our Service Center is adapting and learning as we work to optimize introduction scripts, repeated call attempts, and other strategies to boost response with the uninsured.

FEDERAL UPDATES

FEDERAL LEGISLATION UPDATE

The House of Representatives passed Build Back Better on November 19, 2021.

On December 11, 2021, the Senate Finance Committee, the Senate Health, Education, Labor and Pensions (HELP) Committee, the Senate Veterans' Affairs Committee, and the Senate Commerce, Science, and Transportation Committee all released updated language for Build Back Better.

- ❑ Senate Finance Committee language changes the end dates from the House passed bill for the following:
 - Expanded American Rescue Plan subsidies to January 1, 2026 from January 1, 2025.
 - Enhanced subsidies for recipients of unemployment compensation to January 1, 2023 from January 1, 2026.

- ❑ Senate Finance Committee language adds:
 - Exclusion of dependent income for those under age 24, up to \$3,500 for all dependents, for purposes of premium tax credits and cost-sharing reductions beginning in 2023.
 - Funding to support state application for Section 1332 waivers and administration not exceeding \$5,000,000 per grant.

FEDERAL LEGISLATION UPDATE

- ❑ Senate HELP Committee language adds requirements for cost-sharing for insulin products not allowing for any deductible to be applied for insulin products or impose any cost-sharing in excess of either \$35 for or 25% of the negotiated price for a 30-day supply, whichever is less.
- ❑ Other health changes in the committee texts include:
 - Senate Finance Committee language- no longer includes a provision that would reduce the Medicaid disproportionate share hospital allotments for non-expansion states by 12.5%.

FEDERAL REGULATORY UPDATE

On January 5, the Department of Health and Human Services issued the [2023 Notice of Benefit and Payment Parameters](#). The proposed regulations build on the Affordable Care Act and seek to reduce barriers to accessible, comprehensive, and affordable health care while advancing health equity. Notable proposals include:

- ❑ Reinterpreting “guaranteed availability” to prohibit issuers from denying enrollment based on a consumer’s failure to pay outstanding premium debt from the prior year;
- ❑ Requiring QHP issuers on the federal exchange to offer certain standardized plan options and differentially display them, while limiting the Actuarial Value variation for all levels of coverage, to reduce consumer confusion and increase the value of coverage;
- ❑ Conducting network adequacy reviews of issuers on the federal exchange under quantitative time and distance and appointment wait time standards to improve care access, coverage, and continuity;
- ❑ Raising the threshold of contracted essential community providers in a plan’s network from 20 to 35% to improve access to care for low-income, underserved consumers; and
- ❑ Updating Quality Improvement Strategy (QIS) standards to require issuers specifically report on health and health care disparities within their QIS submissions, instead of it being an optional topic;
- ❑ HHS is also seeking input on additional ways to incentivize issuers to improve health equity and environmental conditions. Comments are due January 27, 2022.

STATE UPDATES

GOVERNOR'S 2022-23 STATE BUDGET

- ❑ Governor Newsom's FY 2022-23 State Budget was released on January 10. It includes a \$45.7 billion projected surplus.
- ❑ The Governor noted California's leadership on healthcare affordability and the establishment of American Rescue Plan subsidies, leading to a \$333 million state healthcare affordability reserve. The Budget Summary mentioned Covered California's release of the AB 133 Report.
- ❑ The Budget continues the \$20 million appropriation for the \$1 per member/per month California Premium Subsidy.

HEALTH RELATED BUDGET INITIATIVES

- ❑ Expansion of eligibility for full-scope Medi-Cal to all income-eligible persons regardless of immigration status with an implementation date of January 2024.
- ❑ Continued efforts to establish the Office of Health Care Affordability to address underlying cost drivers and improve the affordability of health coverage.
- ❑ Pursuance of a state contract for the manufacture of affordable insulin.
- ❑ Continuation of the CalAIM initiative in the Department of Health Care Services
- ❑ Expanded focus on behavioral health and substance abuse treatment services.

SINGLE PAYER INITIATIVES

AB 1400 (Kalra):

- ❑ Pools all government funded health care programs into one single program, known as CalCare.
- ❑ Does not eliminate employer sponsored insurance options.
- ❑ Prohibits carriers from offering care that is offered under CalCare but allows them to offer other services.
- ❑ Makes all residents of California eligible for the coverage with no cost sharing or premium responsibility.

AB 1400 is currently in the Assembly Appropriations Committee.

SINGLE-PAYER INITIATIVES

ACA 11 (Kalra):

- ❑ Imposes an excise tax, payroll taxes, and a State Personal Income CalCare Tax for individuals with annual taxable income above \$149,000 to fund the CalCare program, cost controls and a reserve.
- ❑ Allows the Legislature to raise the above tax rates by a majority vote in both houses if the amount raised is not sufficient for its purposes.
- ❑ Exempt these revenues from Prop 98.
- ❑ Delays the operational date until such time as the Legislature establishes the CalCare program in statute.

ACA 11 is a constitutional amendment and would require a two-third's vote of the Legislature to qualify for the ballot.

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

- Service Center Update
- CalHEERS Update
- Service Channel Update

SERVICE CENTER UPDATE

Improving Customer Service

- ❑ Added federal 1095 and state 3895 form tax information on the Interactive Voice Response (IVR system)
- ❑ Extended hours of Operation on 12/27 and 12/28 - 8am to 8pm, 12/29 - 8am to 10pm, and 12/30 - 8am to 12am.
- ❑ Updated (IVR) 2021 Unemployment Benefit messaging

Enhancing Technology Solutions

- ❑ Partnered with IT and implemented 1095 and 3895 tax form dispute process to DocuSign and Salesforce

Staffing Updates

- ❑ Vacancy rate of 7.9 percent (2021) comparable to prior year of 5.6 percent (2020)

SERVICE CENTER UPDATE

Comparing December 2021 vs. 2020 & 2019 Call Statistics:

Year	Calls to IVR	Calls Offered to SCR	Abandoned %	Calls Handled	ASA	AHT	Service Level %
2021	437,348	282,649	5.33%	266,306	0:02:43	0:19:54	70.95%
2020	637,488	411,701	9.33%	369,462	0:05:42	0:19:44	51.44%
Percent Change	31% Decrease	31% Decrease	43% Decrease	28% Decrease	52% Decrease	1% Increase	38% Increase

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2021	437,348	282,649	5.33%	266,306	0:02:43	0:19:54	70.95%
2020	637,488	411,701	9.33%	369,462	0:05:42	0:19:44	51.44%
Percent Change	31% Decrease	31% Decrease	43% Decrease	28% Decrease	52% Decrease	1% Increase	38% Increase

SERVICE CENTER UPDATE

Comparing October 2021 vs. 2020 & 2019 Call Statistics:

- The total Calls Offered decreased from 2020 by 31%
- The total Calls Offered decreased from 2019 by 48%

- Calls Handled decreased from 2020 by 28%
- Calls Handled decreased from 2019 by 24%

- The Abandoned % decreased from 2020 by 43%
- The Abandoned % decreased from 2019 by 76%

- Service Level increased from 2020 by 38%
- Service Level increased from 2019 by 283%

SERVICE CENTER UPDATE - QUICK SORT VOLUMES

December Weekly Quick Sort Transfers:

Week 1*	Week 2	Week 3	Week 4**	Week 5*	Total
12/1 - 12/4	12/5 - 12/11	12/12 - 12/18	12/19 - 12/25	12/26 - 12/31	
1,152	1,826	2,097	1,363	2,485	8,923

*Partial Week

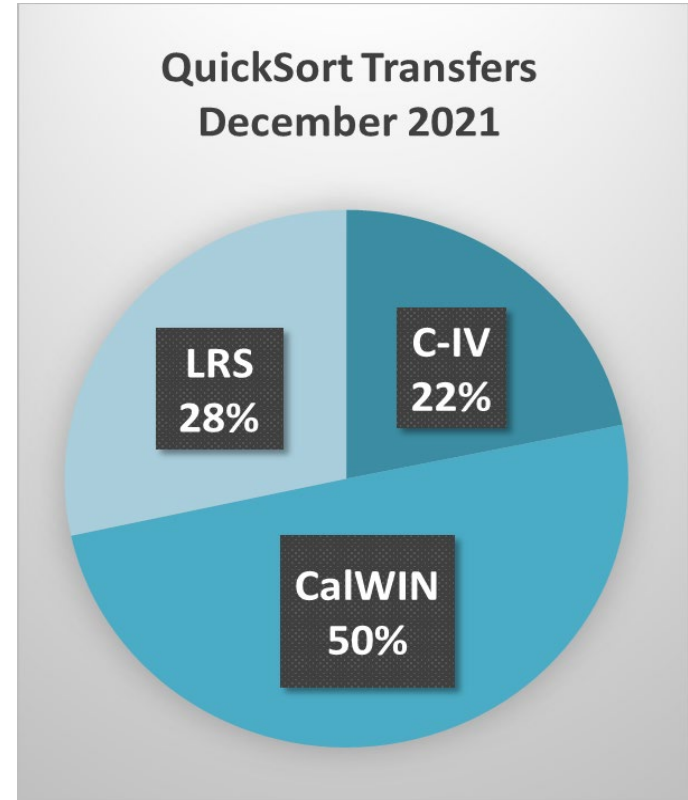
December Consortia Statistics:

SAWS Consortia	Calls Offered	Service Level %	Calls Abandoned %	ASA
C-IV	905	94.70%	2.21%	0:00:13
CalWIN	2,069	94.10%	0.19%	0:00:16
LRS	1,180	82.20%	2.80%	0:00:49

- ❑ 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.



CALHEERS UPDATES

- CalHEERS Feature Release 22.2 is planned for February 21, 2022 and will include:
 - Changes to allow the ability for an Agent 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) and 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 Spanish translation text of error messages for incorrect Authentication Code updated for Consumer Delegation page.

CALHEERS UPDATES CONTINUED

- Changes 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 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 a clear understanding of data fields and instructions during the application process and during any subsequent changes to their application.
- 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.

CALHEERS UPDATES CONTINUED

- Other Technology Updates:
 - Bright HealthCare Microsite
 - Launched microsite for new carrier on 1/3/22
 - .com Adult Vision landing page updates
 - Added new carrier “SuperiorVision”
 - Health Reimbursement Arrangement (HRA) Tool
 - Updated tool with 2022 rates
 - New “Tax Form” and “Financial Help” responses for Chatbot
 - Consolidated multiple similar responses into a single card to optimize user experiences
 - Launched 1095/3895 dispute form in DocuSign with integration to Salesforce

OUTREACH & SALES ENROLLMENT PARTNER TOTALS

Uncompensated partners supporting enrollment assistance efforts:

ENROLLMENT ASSISTANCE PROGRAM	ENTITIES	COUNSELORS
Certified Application Counselor	252	1,352
Plan-Based Enroller	11	445
Medi-Cal Managed Care Plan	3	33

OUTREACH & SALES NON-ENGLISH ENROLLMENT SUPPORT

Data as of January 13, 2022

11,980 Certified Insurance Agents

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

1,069 Navigator: Certified Enrollment Counselors

- 66% Spanish
- 4% Cantonese
- 3% Mandarin
- 2% Vietnamese
- 2% Korean

1,352 Certified Application Counselors

- 55% Spanish
- 3% Cantonese
- 2% Mandarin
- 2% Vietnamese
- 1% Korean

445 Certified Plan Based Enrollers

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

33 Certified Medi-Cal Managed Care Plan Enrollers

- 61% Spanish
- 3% Cantonese
- 3% Romanian
- 3% Tagalog
- 6% Vietnamese

