



EXECUTIVE DIRECTOR'S REPORT

Jessica Altman, Executive Director | May 19, 2022 Board Meeting

ANNOUNCEMENT OF CLOSED SESSION

COVERED CALIFORNIA BOARD 2022 MEETING DATES

All meetings will be held at Covered CA Headquarters, 1601 Exposition Boulevard, Sacramento. Unless otherwise notified, meetings will begin at 10:00 am and are held the third Thursday of the month.

2022 Meeting Dates

January 20

January 28 – Closed session only

February 7 – Closed session only

February 17

April 14

May 3 – 10th Anniversary Event

May 19

June 16

July 21 *

August 18

September 15

October 20 *

November 17

December 15 *

**Possibly no meeting*

EXECUTIVE DIRECTOR'S UPDATE

EXECUTIVE DIRECTORS UPDATE

- ❑ 10 - Year Commemorative Event
- ❑ American Rescue Plan Update and DC Trip Highlights
- ❑ Covered California's DEI Roadmap
- ❑ State Updates
- ❑ Other Federal Updates
- ❑ Data and Research

CELEBRATING 10 YEARS



COVERED CALIFORNIA'S FIRST 10 YEARS: LOOKING BACK AND LOOKING FORWARD

- ❑ Covered California held an event to commemorate its first 10 years of operation, and recognize the leadership, support, and contributions of federal and state leaders, board members, Covered California staff, and countless partners that helped Covered California advance its mission to serve millions of Californians with affordable, quality health insurance.
- ❑ Over 1,046 people attended in person and virtually, including current and former board members and staff, government officials, consumer advocates, health plans, agents, enrollers, and others to recognize the work done to implement the Affordable Care Act and to look forward to Covered California's next chapter.





**Here's to the
next 10 years!**

COVERED CALIFORNIA'S FIRST 10 YEARS: LOOKING BACK AND LOOKING FORWARD

- ❑ Covered California also issued a report which chronicles some of the most important milestones from its first 10 years, including its establishment and launch, the era of “repeal and replace,” stepping up during the COVID-19 pandemic and building toward the future.
- ❑ The report can be downloaded at:
<https://www.coveredca.com/pdfs/10-year-anniversary/10-YEAR-REPORT-BOOK-regular-edition.pdf>



AMERICAN RESCUE PLAN UPDATE

INFORMING THE FEDERAL DIALOGUE - AMERICAN RESCUE PLAN EXTENSION

- ❑ In May, Covered California and other State-Based Marketplaces held a series of meetings in Washington, D.C. to discuss the extension of American Rescue Plan subsidies. The Marketplaces held a conference to share information about contingency planning and met with Congressional representatives, the federal administration, and key stakeholder groups to share important messages about the need to extend the American Rescue Plan.
- ❑ Covered California's Executive Director, Jessica Altman, met with key California Congressional members and staff and administration officials to highlight the important, positive impact the American Rescue Plan has had in California, as well as the impact to consumers if the enhanced federal subsidies expire.

KEY CALIFORNIA MESSAGES SHARED WITH FEDERAL POLICYMAKERS

The American Rescue Plan has had dramatic positive impacts in California:

- ❑ Record-breaking enrollment with 1.8 million enrolled in 2022 and a 20 percent reduction in premium costs compared to 2021.
- ❑ Two-thirds of consumers became eligible for plans at \$10 per month or less.
- ❑ Major advancements in health equity with biggest enrollment gains among low-income and communities of color – a surge in enrollment across African American, Asian American and Pacific Islander, and Latino populations.

AMERICAN RESCUE PLAN SUBSIDY EXPIRATION WILL LEAD TO LESS AFFORDABILITY AND MORE UNINSURED

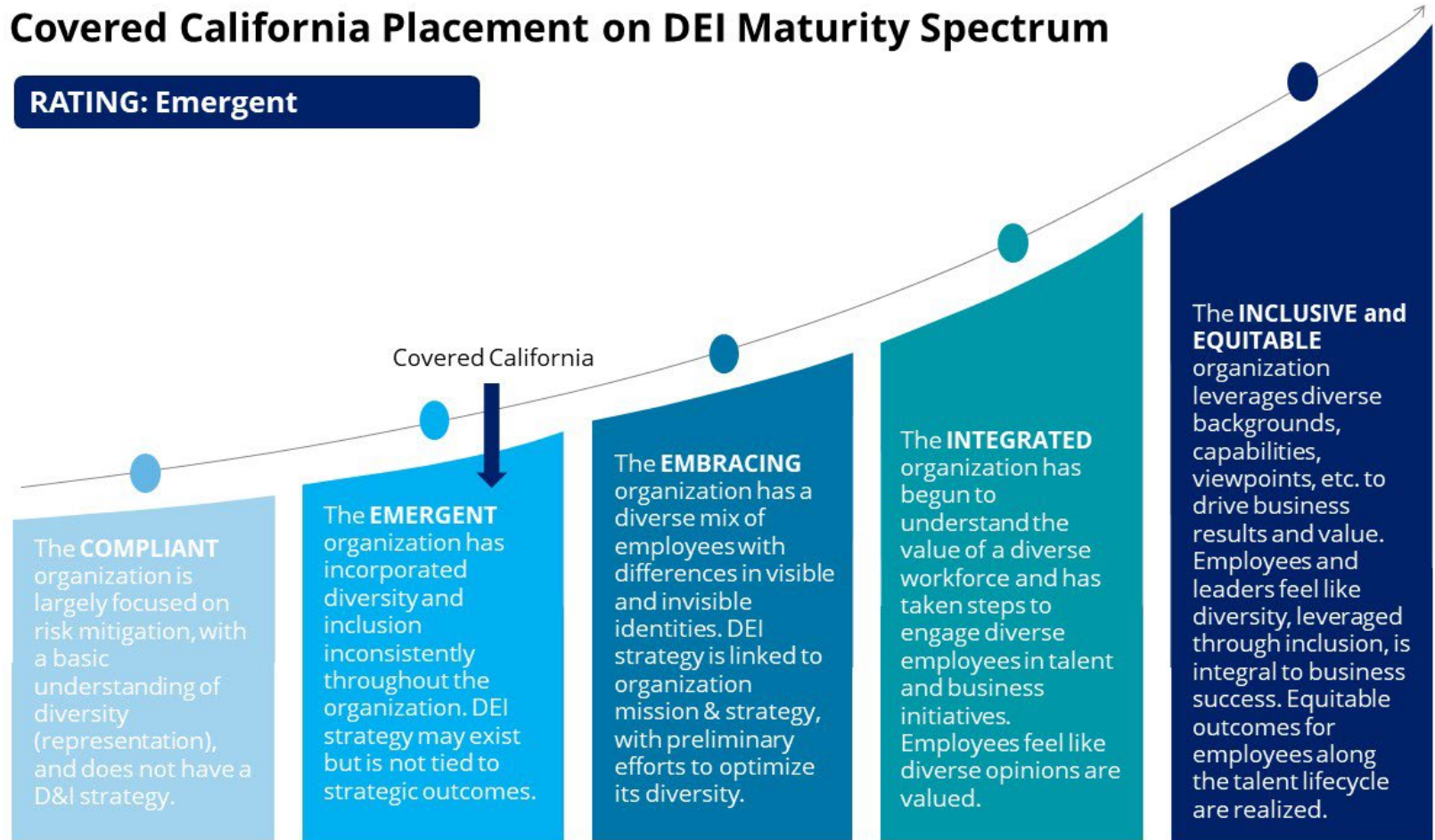
- ❑ The American Rescue Plan has received increased media coverage as various groups highlight the impact on consumers, if the ARP subsidies expire at the end of 2022.
- ❑ Families USA [reports](#) that without congressional intervention, premium costs for current coverage will shoot up by a staggering amount: more than \$12 billion in additional charges to families across the country.
- ❑ Six national organizations including American Academy of Family Physicians and American Hospital Association, in a recent [letter](#) to Congress, signaled concern that the expiration of the ARP subsidies would lead to dramatic increases [that] could cause once affordable coverage to become unaffordable, forcing people to drop marketplace coverage and possibly become uninsured.
- ❑ Blue Cross Blue Shield Association has created a [subsidy calculator](#) tool to assist consumers in understanding the premium impacts resulting from the expiration of the ARP subsidies at the end of 2022.

COVERED CALIFORNIA DIVERSITY, EQUITY, AND INCLUSION ROADMAP

Shelly Menzel, Deputy Director,
Office of Organizational Culture, Inclusion, and Engagement

Covered California Placement on DEI Maturity Spectrum

RATING: Emergent



Assessment Summary

Diversity, equity, and inclusion (DEI) strengths and barriers were identified through a comprehensive assessment of workforce data, talent processes, insights from leaders, and employee sentiment.

Infrastructure



Covered California has laid the groundwork for implementing impactful DEI efforts, but still has more infrastructure to build.

Talent Lifecycle



Covered California has focused on diversity in recruiting, but DEI can be more strategically embedded in other talent lifecycle functions.

Consistent & Inclusive Culture



Employees have a passion for Covered California's mission, but also have inconsistent DEI experiences.

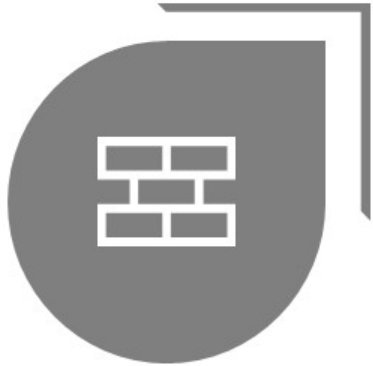
Data Analytics



Talent lifecycle data is collected but is not strategically used to set goals and drive decision-making.

Diversity, Equity, and Inclusion Goals

Based on analysis from the current state assessment, the below are high level organizational diversity, equity, and inclusion goals for Covered California.



Infrastructure



Talent Lifecycle



Culture



Data Analytics

Diversity, Equity and Inclusion Strategies

	Data Analytics	Talent Lifecycle	Culture	Infrastructure
D1. Create a Diversity, Equity, and Inclusion Data Plan	✓			✓
D1.1. Build Scorecard to Measure Progress	✓			✓
D2. Define a Survey Strategy to Collect Employee Feedback	✓			
D3. Create Communications Plan for Data Insights	✓			
T1. Continue Evaluating and Implementing Hiring Process Best Practices		✓		
T2. Incorporate Diversity, Equity, and Inclusion into Onboarding Process		✓	✓	
T3. Develop Tailored Diversity, Equity, and Inclusion Training Plans and Toolkits		✓	✓	✓
T4. Create 360° Feedback Tool and Leadership Development Pilot	✓	✓	✓	✓
T5. Evaluate and Pilot a Professional Development Mentorship Program		✓	✓	
T6. Conduct Competency Gap Analysis and Provide Support to Promote Equity and Diversity in Leadership Positions		✓		✓
C1. Cross-Functional Meetings: Spotlight Diversity, Equity, and Inclusion Successes			✓	
C2. Create and Adopt an Inclusive Language Guide			✓	
C3. Create Virtual Opportunities for Employee Connection			✓	
C4. Enhance Diversity, Equity, and Inclusion Relationships with Other State Agencies			✓	
I1. Assess Feasibility of Dedicated Diversity, Equity, and Inclusion Roles				✓
I2. Assess Establishing Employee Resources Groups (ERGs)			✓	
I3. Build an Annual Covered California Diversity, Equity, and Inclusion Report	✓			✓



Create a Diversity, Equity, and Inclusion Data Plan (Data Plan)

Associated Goals



Data Analytics



Infrastructure

Key Activities

- Bring key data owners across the organization together to identify what internal workforce data is currently collected by Covered California
- Identify analyses currently being conducted on data and the owners of data analyses
- Develop and prioritize diversity, equity, and inclusion metrics and key performance indicators (KPIs) to measure success, including accountability metrics
- Identify additional data collection and analysis needs given the defined diversity, equity, and inclusion metrics and KPIs
- Create new processes and cadence for data collection, cleaning, analysis, and measurement and reporting, as needed
- Assign owners to data gathering, analyses, and measurement and reporting, as needed
- Identify tools needed for consistent data collection, tracking, and reporting to increase transparency (see scorecard strategy)
- Define data sharing principles and processes, considering compliance, policies, and data access

Implementation



Level of Effort: 1 FTE; ~1200 total hrs.



Timing: ~7 months total. Planning: ~3 months to complete; Execution: Initiates during month 4 with steady state reached by month 12



Lead Owner(s): EEO



Collaborative Partner: HRB, IT

Metrics

Suggested Organizational Metrics and KPIs:

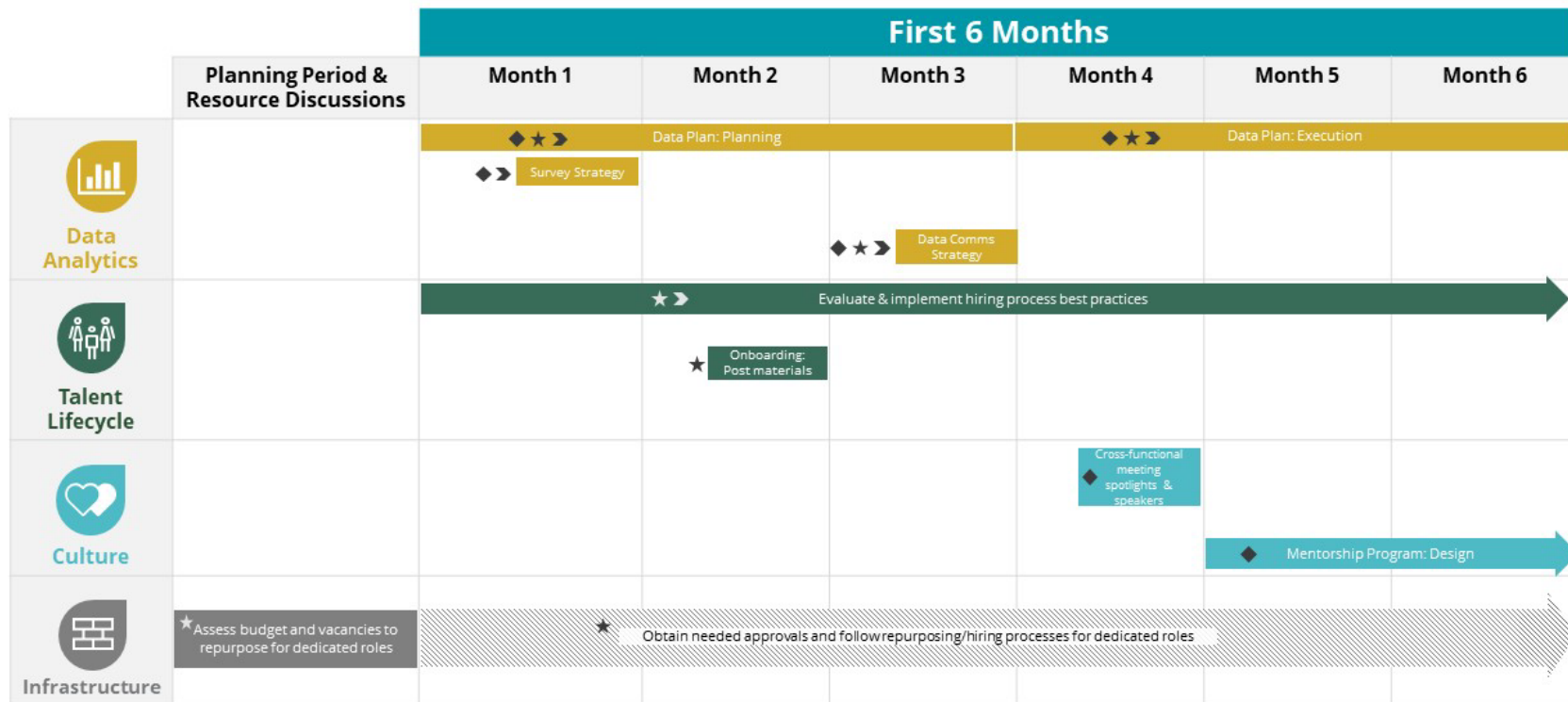
- Workforce representation of subgroups including Race/Ethnicity, Gender Identity, LGBTQ+ Identities, Veteran Status, and Disability Status
- Year over year talent lifecycle comparisons (i.e., hiring, promotions, performance, attrition, etc.) both in aggregate and by subgroup
- Percentage of positive employee sentiment around organizational culture and inclusion, leadership promotion of diversity, equity, and inclusion
- Comparison of employee sentiment scores by subgroups to quantify differences by race/ethnicity, gender, division, etc.
- Number of partnerships with diverse talent organizations
- Increase of diverse candidates in applicant pool

Metrics to Measure Success of Data Plan

- Number of reports that include diversity, equity, and inclusion metrics, KPIs, or data from the Data Plan

Six-Month Timeline Example

Below is a timeline of the recommended strategies to implement in the first six months, including identified owners:



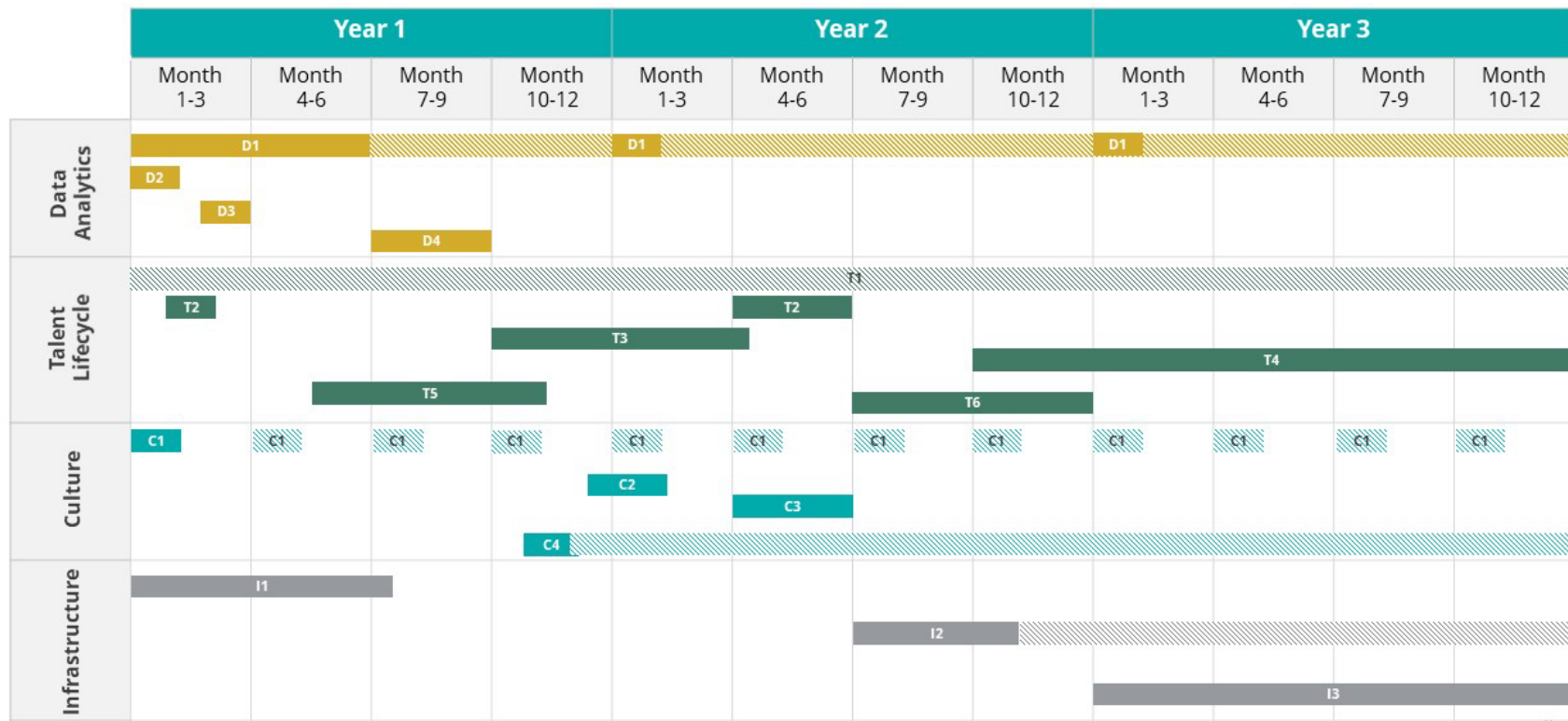
◆ = Owned by OOCIE ★ = Owned by HR ● = Owned by CCU ➤ = Owned by EEO

▨ = Dependent upon go/no go decision

7

Long-Term Implementation Timeline Example

Below is a 1–3-year timeline mapping all identified strategies from this document and associated ongoing efforts:



 Ongoing work

STATE UPDATES

GOVERNOR'S MAY REVISION FOR FISCAL YEAR 2022-23

- ❑ The Governor's May Revision was released on May 13, 2022. If federal action is not taken to extend American Rescue Plan Act premium subsidies for 2023 and beyond, the May Revision proposes to reinstitute California's state premium subsidy program that was in effect in 2020 and 2021, modified to provide additional support to individuals with incomes between 400 and 600 percent FPL.
- ❑ Proposed funding in the May Revision is \$304 million from the Healthcare Affordability Reserve Fund. Future year funding for the state subsidy program will come from the state General Fund.
- ❑ The California Senate released a statement on its budget priorities on April 28, 2022. The Senate proposes spending of \$542 million to improve affordability through Covered California.

GOVERNOR'S MAY REVISION – PUBLIC HEALTH EMERGENCY UNWIND

In addition to proposed funding for affordability, the May Revision also includes funding and initiatives to support the end of the Public Health Emergency.

- ❑ \$60 million General Fund over four years to continue the Department of Health Care Services Health Enrollment Navigators Project.
- ❑ \$25 million for a media and outreach campaign to encourage beneficiaries to update their contact information and to educate beneficiaries of the implications of their eligibility.
- ❑ Enlisting Coverage Ambassadors to amplify messaging on various platforms related to the continuity of coverage for beneficiaries in preparation for the end of the Public Health Emergency.

GOVERNOR'S MAY REVISE – OTHER HEALTH INITIATIVES

The Governor's May Revision outlines several other health initiatives, including:

- ❑ An additional \$57 million to maintain and improve access to reproductive health services.
- ❑ One-time funding of \$100 million for the CalRx Biosimilar Insulin Initiative.
- ❑ A two-year, \$50 million grant program to provide technical assistance to small or under-resourced providers participating in the Health Information Exchange.
- ❑ Significant continued investment in the public health response to the COVID-19 Pandemic.
- ❑ Building on substantial investments to address the behavioral health challenges Californians face as a result of the COVID-19 Pandemic.

FEDERAL UPDATES

PREPARING FOR THE END OF THE PUBLIC HEALTH EMERGENCY

- ❑ The U.S. Department of Health and Human Services recently reassured states that it will provide 60 days notice before the end of the emergency. No notice was provided on May 16, 2022, which signals that the Public Health Emergency (PHE) will be extended past the current July 15, 2022 end date.
- ❑ No information has been released yet regarding the new end date.
- ❑ Covered California continues to prepare for implementation of facilitated enrollment of consumers losing Medi-Cal coverage and gaining eligibility for marketplace subsidies.
- ❑ Covered California is closely coordinating with Department of Health Care Services (DHCS).
- ❑ DHCS recently released the PHE Operational Unwinding [Plan](#) which highlights the ongoing partnership with Covered California to appropriately transition consumers between Medi-Cal and Covered California.
- ❑ Covered California released a [toolkit](#) for enrollment partners and stakeholders to provide planning resources for the launch of auto-enrollment from Medi-Cal when the public health emergency ends.

FEDERAL REGULATORY UPDATE

- ❑ On April 28, the U.S. Department of Health and Human Services (HHS) issued the final 2023 Notice of Benefit and Payment Parameters rule that builds on President Biden's goal to increase access to affordable health care and advance health equity. Covered California is reviewing the final rule to identify new policies that will need to be adopted. Notably, the final rule includes:
 - Standardized plan options in the federal marketplace: QHP issuers will be required to offer standardized options at every product network type, metal level, and service area in which they offer non-standardized options. While HHS will not preferentially display standardized plan options, HHS differentially display standardized plan options on HealthCare.gov.
 - Federal Review of Network Adequacy: HHS will resume reviewing networks of qualified health plans in the federal marketplace to ensure they provide consumers with sufficient access to providers
 - Health Equity: Beginning with plan year 2023, QHP issuers must submit additional data for risk adjustment purposes, including race, ethnicity, zip code, and subsidies. Among other things, HHS will utilize this data to analyze whether there are cost differentials for certain conditions based on race and ethnicity.
- ❑ On April 19, in anticipation of the release of the 2023 Medicare Hospital Inpatient Prospective Payment System (IPPS) and Long Term Care Hospital (LTCH) Prospective Payment System (PPS) proposed rule, Covered California submitted a [letter](#) supporting those policies that advance the first-ever drivers of health (DOH) measures as HHS seeks to improve its quality and measurement standards. The proposed rule was [released](#) on May 10 with comments due on June 17.



DATA AND RESEARCH

INTER-AGENCY COLLABORATION TO BETTER SERVE CALIFORNIA'S UNINSURED

- ❑ In July 2021, the Franchise Tax Board (FTB) provided Covered California a dataset of tax filers who submitted the [3853 tax form](#), which was newly created for the state's mandate penalty
- ❑ All data on the form are self-reported (e.g., income, number of months with health insurance coverage, penalty paid etc.)
- ❑ Covered California used this data to conduct a series of outreach campaigns during the 2022 Open Enrollment Period
- ❑ In this analysis, we describe the health coverage options for uninsured tax filers who were uninsured at the end of 2020.
- ❑ Specifically, we estimate tax credits and premiums (after tax credits) for the lowest cost bronze and silver plans

COUNT OF SUBSIDY-ELIGIBLE INDIVIDUALS WHO ENDED 2020 UNINSURED BY INCOME

- ❑ Over 573,300 individuals were uninsured at the end of 2020 and would have been subsidy-eligible in 2021
- ❑ 57% would have been eligible for Cost-Sharing Reduction (CSR) subsidies

FPL Bracket	Count of Subsidy-Eligible Uninsured Individuals Who Paid the Penalty
138% or 150%	46,856
150% to 200%	163,372
200% to 250%	115,591
250% to 400%	179,272
400% to 600%	53,613
600% or greater	14,632
Total	573,336

COMPARING SUBSIDY-ELIGIBLE UNINSURED AND COVERED CALIFORNIA ENROLLEES

- ❑ Uninsured subsidy-eligible individuals were younger, higher income, eligible for a smaller monthly subsidy and more likely to live in a single-person household; they were less likely to have an emergency department visit or hospitalization in 2020.

	Subsidy-Eligible Uninsured	Subsidy-Eligible Enrolled in Covered California
Age	38	43
FPL Percentage	267%	233%
Monthly APTC	\$375	\$473
Single-person household	39%	36%
Had an emergency department visit in 2020	6.2%	8.7%
Had a hospitalization in 2020	1.4%	2.5%
Total number of individuals	573,336	1,321,975

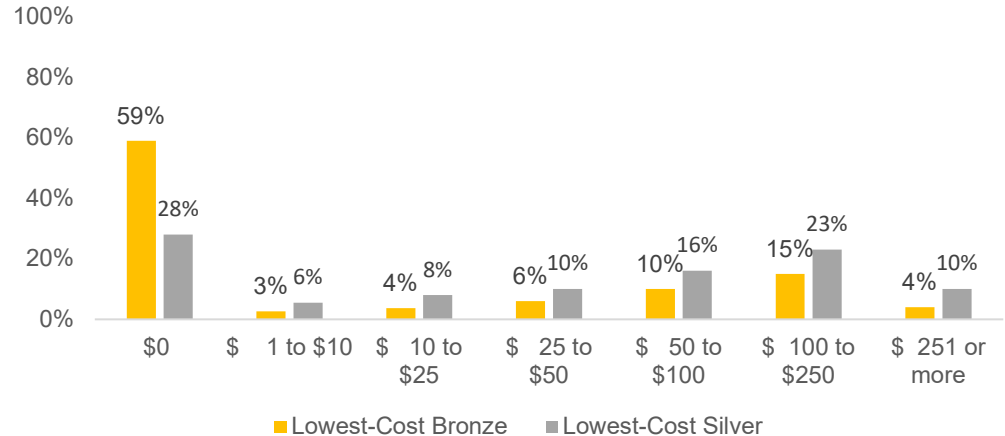
Inpatient admissions and emergency department utilization data are identified through a linkage to California Department of Health Care Access and Information discharge data for calendar year 2020.

2021 PREMIUMS FOR UNINSURED INDIVIDUALS WITH AMERICAN RESCUE PLAN TAX CREDITS

Among uninsured individuals projected to be eligible for tax credits under the American Rescue Plan in 2021:

- ❑ 59% (or 336,700) could have enrolled in a bronze plan in 2021 for free
- ❑ 28% (158,300) could have enrolled in a silver plan in 2021 for free

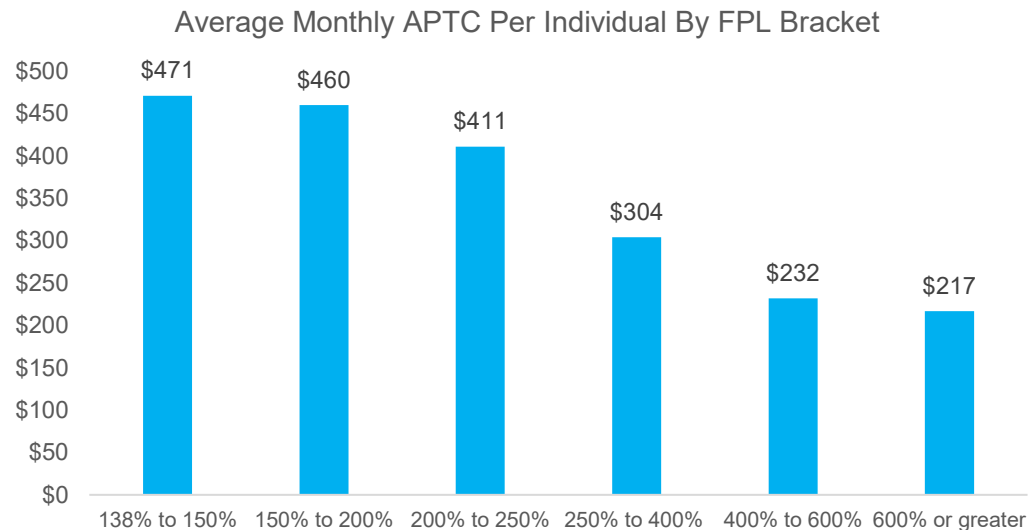
Monthly Premiums for 2021 Bronze and Silver Plans for Uninsured Individuals Under the American Rescue Plan



* Projected eligibility for coverage and financial help derived by modeling 2020 uninsured population (including age, geography and income data from Franchise Tax Board) using 2021 premiums and subsidies under American Rescue Plan

AVERAGE TAX CREDIT AMONG SUBSIDY-ELIGIBLE INDIVIDUALS WHO ENDED 2020 UNINSURED BY INCOME

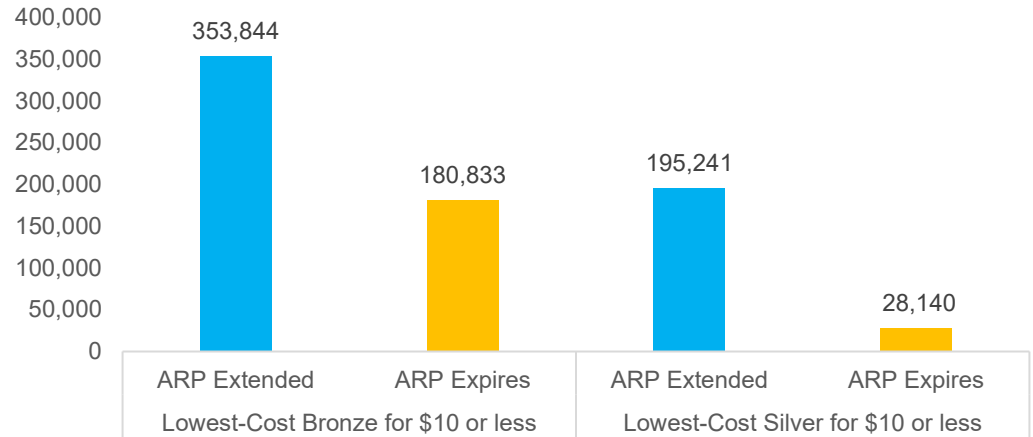
- ❑ Low-income individuals could have benefited from over \$460/month in tax credits in 2021
- ❑ Middle-income individuals could have benefited from over \$200/month in tax credits in 2021



EXPIRATION OF ARP WOULD DRAMATICALLY REDUCE THE AVAILABILITY OF PLANS WITH NET PREMIUMS OF \$10 OR LESS

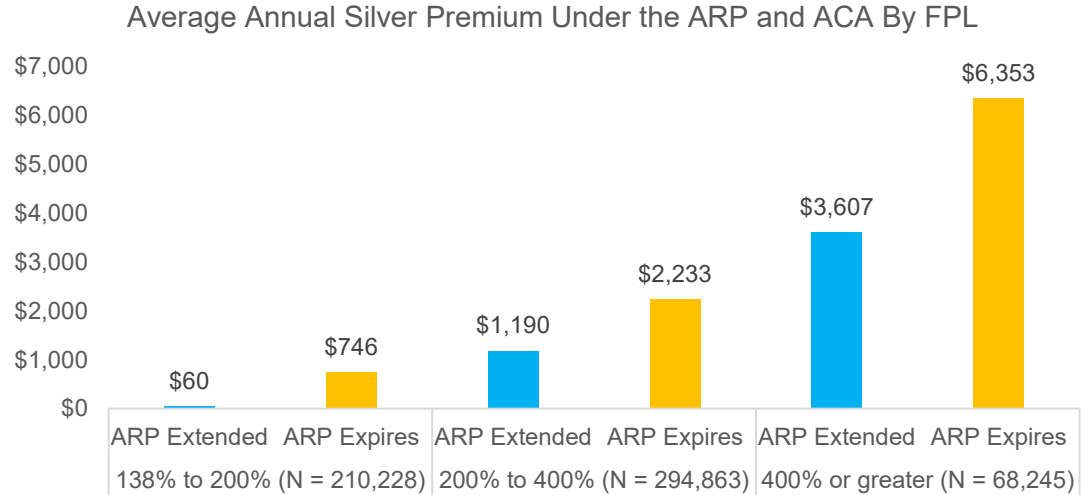
- ❑ The generous tax credits available under the ARP would allow tens of thousands of uninsured Californians to obtain coverage for \$10 or less a month
- ❑ If the ARP expires, these counts would dramatically fall

Number of Uninsured Individuals Who Could Enroll in a Bronze or Silver Plan for \$10 or Less Under the ARP and ACA



EXPIRATION OF ARP WOULD DRAMATICALLY INCREASE MARKETPLACE PREMIUMS FOR THE UNINSURED

- ❑ The ARP's expiration would substantially increase the annual cost of health insurance for uninsured individuals across the income spectrum



COVERED CALIFORNIA'S ONGOING OUTREACH TO THE UNINSURED

- ❑ Covered California is offering a special enrollment period for individuals who paid the penalty for not having coverage in 2021
- ❑ Covered California will conduct direct outreach to the uninsured using 2021 tax filing data provided by the Franchise Tax Board
- ❑ Covered California will test the effectiveness of personalized messages based on potential net premium

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
- ❑ California for Small Business Update
- ❑ Outreach & Sales Update
- ❑ CalHEERS Update

SERVICE CENTER UPDATE

Improving Customer Service

- ❑ Partnered with Covered California University (CCU) for New Employee Training

Enhancing Technology Solutions

- ❑ Collaborated with CCIT to record consent message, advising consumers that all calls are recorded within the Interactive Voice Response (IVR) system
- ❑ Worked with CCIT to deploy Service Center staff to Windows 10 operating system

Staffing Updates

- ❑ Vacancy rate of 6.1 percent (2022) comparable to prior year of 6.6 percent (2021)

SERVICE CENTER UPDATE

Comparing April 2022 vs. 2021 Call Statistics

Year	Calls to IVR	Calls Offered to SCR	Abandoned %	Calls Handled	ASA	AHT	Service Level %
2022	307,358	176,806	3.34%	170,219	0:01:30	0:19:13	73.66%
2021	339,887	214,344	1.70%	210,532	0:00:33	0:19:49	79.18%
Percent Change	10% Decrease	18% Decrease	96% Increase	19% Decrease	173% Increase	3% Decrease	7% Decrease

SERVICE CENTER UPDATE

- ❑ The total Calls Offered decreased from 2021 by 18%
- ❑ Calls Handled decreased from 2021 by 19%
- ❑ The Abandoned % increased from 2021 by 96%
- ❑ Service Level decreased from 2021 by 7%

SERVICE CENTER UPDATE

April Weekly Quick Sort Transfers

Week 1*	Week 2	Week 3	Week 4	Week 5	Total
4/1 - 4/2	4/3 - 4/9	4/10 - 4/16	4/17 - 4/23	4/24 - 4/30	
294	1,409	1,380	1,345	1,444	5,872

- Partial Week

April Consortia Statistics

SAWS Consortia	Calls Offered	Service Level %	Calls Abandoned %	ASA
C-IV	917	96.29%	1.20%	0:00:10
CalWIN	1,664	92.37%	0.48%	0:03:27
LRS	1,071	92.16%	1.40%	0:00:19

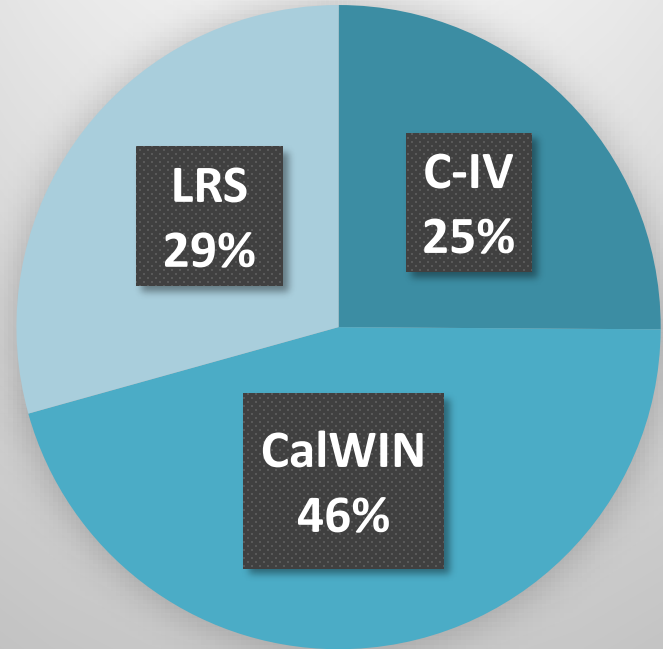
- SAWS = Statewide Automated Welfare System (consortia). California has three SAWS consortiums to provide service to the counties.
- C-IV = SAWS Consortium C-IV (pronounced C 4)
- CalWIN = California Welfare Information Network
- LRS = formally LEADER = Los Angeles Eligibility Automated Determination, 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
April 2022



COVERED CALIFORNIA FOR SMALL BUSINESS UPDATE

- ❑ Group & Membership Update:
 - Groups: 8,416
 - Members: 74,231
 - Average Group Size: 8.5 members
 - YTD New Sales: 4,320

**membership reconciled through 3/30/2022*



CALHEERS UPDATES

- ❑ CalHEERS Feature Release 22.6 is planned for June 20, 2022 and will include:
 - Changes to auto enroll consumers who are transitioning from MAGI Medi-Cal/MCAP/CCHIP to APTC into Covered CA plans. Enhancements include updated messaging and direction for consumers to link their case to a new CalHEERS account and access their auto enrolled plan details, the ability for consumers to Opt In/Opt Out of their auto enrolled plan through CalHEERS Portal or the Interactive Voice Response system and downstream processing and communication to the enrollment modules and carriers based on consumer Opt In/Opt Out confirmation.

CALHEERS UPDATES CONTINUED

- Changes to allow Counties/SAWS the ability to reactivate an inactivated individual from the CalHEERS Portal and Flexi App, identify the correct CalHEERS case in order to establish case linkage with the appropriate SAWS case, and the ability to fix/incorrect County of Responsibility (COR) assignments received from CalHEERS.
- Changes to update tribe names in eHIT and the CalHEERS database to match the federal list of tribes and put an end date to tribes that are no longer federally recognized. Individuals from the no longer recognized tribes will be moved to “Tribe Not Listed” and a case note will be added to inform admins of the reason for the change in tribe name to “Tribe Not Listed”.

CALHEERS UPDATES CONTINUED

- Changes to ignore the months that the consumer attested to Minimum Essential Coverage (MEC), while using the benefits from the months prior to APTC eligibility in the Annual APTC determination scenarios where a consumer who applied for subsidies, enrolled in a QHP and is moving from an unsubsidized exchange eligibility to subsidized exchange eligibility.

OTHER TECHNOLOGY UPDATES

- ❑ CiCi – Implemented chatbot forgot username/password self-serve functionality for consumers on 4/20/2022
- ❑ Agent Finder tool now available in additional languages: Spanish, Chinese, Korean, Vietnamese
- ❑ Created the Covered California 10-year anniversary event site
- ❑ Identified New Trending Topics for CiCi based on consumer patterns – login help, Medi-Cal information, application help, and financial help