



EXECUTIVE DIRECTOR'S REPORT

Jessica Altman, Executive Director | March 9, 2023 Board Meeting

ANNOUNCEMENT OF CLOSED SESSION

COVERED CALIFORNIA 2023 BOARD 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.

January 19

February 16 – *No Meeting*

March 9

April 20

May 18

June 15

July 20 *

August 17

September 21

October 19 *

November 16

December 21 *

**Possibly no meeting*

EXECUTIVE DIRECTOR'S UPDATE

EXECUTIVE DIRECTOR'S UPDATE

- ❑ Farewell to Dr. Sandra Hernandez
- ❑ Reappointment of Jerry Fleming
- ❑ Unwinding the Public Health Emergency
- ❑ End of Open Enrollment 2023

FAREWELL AND THANK YOU FOR YOUR SERVICE

Dr. Sandra Hernandez

- ❑ Appointed by Gov. Gavin Newsom to California's Health Care Affordability Board
- ❑ Member of Covered California's Board of Directors since 2018



COVERED CALIFORNIA BOARD MEMBER REAPPOINTED



Jerry Fleming

- ❑ Reappointed by Gov. Gavin Newsom
- ❑ Member of Covered California's Board of Directors since 2019

UNWINDING THE PUBLIC HEALTH EMERGENCY

Yuliya Andreyeva
Chief of the Advertising and Operations Branch
Marketing Division

COVERED CALIFORNIA AND DEPARTMENT OF HEALTH CARE SERVICES COORDINATION

- ❑ Weekly meetings, including cross-division collaboration (Marketing, Communications, External Affairs, Policy)
- ❑ Open communication; responsive teams on both sides
- ❑ Sharing of marketing and outreach plans, including media plan details looking for opportunities to supplement and complement
- ❑ Coordinate Paid Search campaigns for maximum efficiency and effectiveness

BACKGROUND

An estimated 2-3 million Californians will lose Medi-Cal coverage as a result of Public Health Emergency (PHE) unwind. Covered California has partnered with the Department of Health Care Services (DHCS) to help ensure Californians stay covered.

DHCS

- Launched their advertising campaign on 2/8 focused on helping Medi-Cal beneficiaries (HHI <\$25K) maintain eligibility by informing them about the necessary steps to keep their coverage:
 - 1) Update information
 - 2) Complete renewal package
- Notices to those losing Medi-Cal will include some information about Covered California

Covered California

- Will auto-plan select those losing Medi-Cal and qualifying for premium tax credit into a Covered California plan
- Conduct tailored direct outreach to consumers transitioning off Medi-Cal to encourage them to explore and secure coverage through Covered California.

ADDITIONAL OPPORTUNITIES & APPROACHES

Opportunity	Approach
<p>1. Smooth Medi-Cal to Covered California transition is highly dependent on good data.</p> <ul style="list-style-type: none">• DHCS' ad campaign focuses on consumers with a Household Income (HHI) below \$25K who are more likely to remain on Medi-Cal.• There's an opportunity for Covered California to get the message out to consumers with HHI above \$25K (more likely to transition off Medi-Cal) to help ensure they too update their contact info and complete renewal process.	<ul style="list-style-type: none">• Covered California plans to extend DHCS' message to consumers who are more likely to transition off Medi-Cal (HHI of \$25-100K)• Leverage DHCS' campaign creative for continuity and production efficiencies• Statewide outreach targeting key audience segments in English, Spanish and key Asian languages (CMKV)• Leverage traditional radio at \$700-800K initial investment May-June '23 (in coordination with DHCS to maximize reach and effectiveness)

ADDITIONAL OPPORTUNITIES & APPROACHES

Opportunity	Approach
<p>2. DHCS' outreach efforts include information about Covered California within their discontinuance notice that for many may be a source of concern and uncertainty.</p> <ul style="list-style-type: none">• There's opportunity for Covered California to get ahead of this and position us as a solution, a safe landing place for those that may be losing Medi-Cal and prime them to be more receptive to our direct outreach efforts.	<ul style="list-style-type: none">• Covered California is in process of developing a dedicated ad campaign targeting Californians likely to lose Medi-Cal (details on the upcoming slides)

COVERED CALIFORNIA AD CAMPAIGN

Objective

- ❑ Build awareness that Covered California is here to help get quality health coverage if/when losing Medi-Cal
- ❑ Position Covered California as a solution to quality affordable health coverage
- ❑ Warm up impacted consumers who will receive direct consumer outreach from Covered California

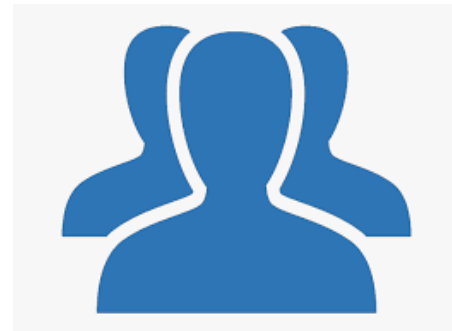


- ❑ Align campaign timing to when Medi-Cal renewal messaging starts to let consumers know they will have options, if impacted
- ❑ Leverage trust consumers have in Medi-Cal by co-branding our campaign assets
- ❑ Where make sense, align media tactics with those leveraged by DHCS for continuity
- ❑ Leverage historical Medi-Cal to Covered California transitioners' demographic profile to inform planning

CAMPAIGN PARAMETERS

Target Audience

- ❑ Statewide advertising with emphasis on areas with large Medi-Cal enrollee population
- ❑ Adults ages 18-64 with HHI \$25 - 100K
- ❑ English, Spanish, and key Asian languages (CMKV)



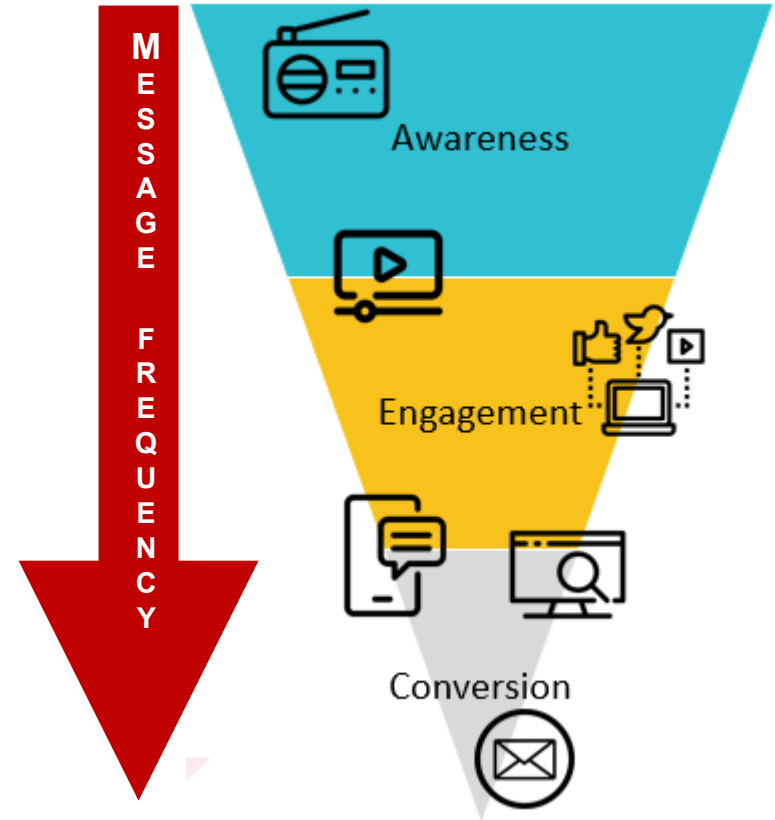
Budget and Timing

- ❑ \$3M, May through June 2023
- ❑ TBD, July '23 through May 2024

CAMPAIGN TACTICS

Leverage a strategic mix of media channels to reach our target audience segments based on their media consumption habits and to maximize campaign efficiency and effectiveness in moving consumers along the sales funnel from awareness to conversion:

- ❑ Traditional and Digital Radio
- ❑ Connected TV/Video
- ❑ Digital (Display and Native)
- ❑ Social Media
- ❑ Paid Search (Coordination with DHCS in process)



CREATIVE APPROACH

Distinguish this outreach from Covered California's Special Enrollment campaign while creating continuity with Medi-Cal efforts:

- ❑ Co-brand creative assets to leverage consumers' trust in Medi-Cal
- ❑ Position Covered California as another state-provided service for quality affordable coverage
- ❑ Include messages of financial help with plans as low as \$0/month, enrollment assistance as well as reminders of limited window to enroll
- ❑ Drive audience to CoveredCA.com to learn more



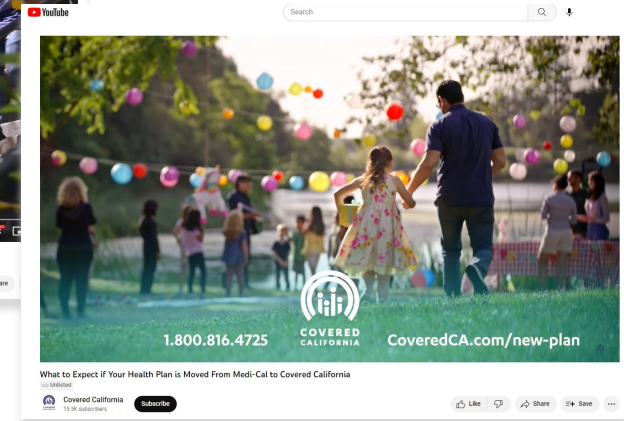
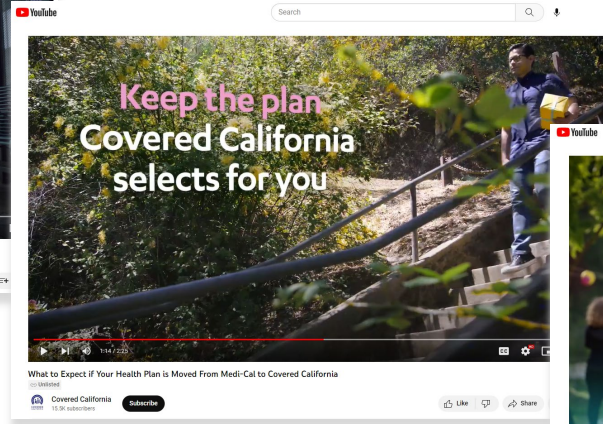
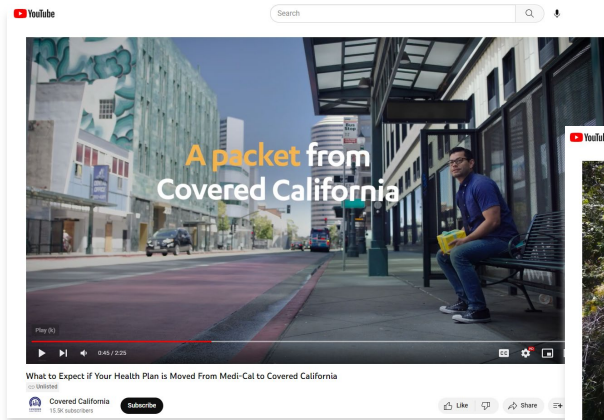
*DHCS campaign asset
for reference*

Keep your family covered.

Update your contact information so Medi-Cal can reach you when it's time to renew.

 **Medi-Cal** [Learn More >](#)

EDUCATIONAL VIDEO



English – https://youtu.be/yiV_C0pH3jQ

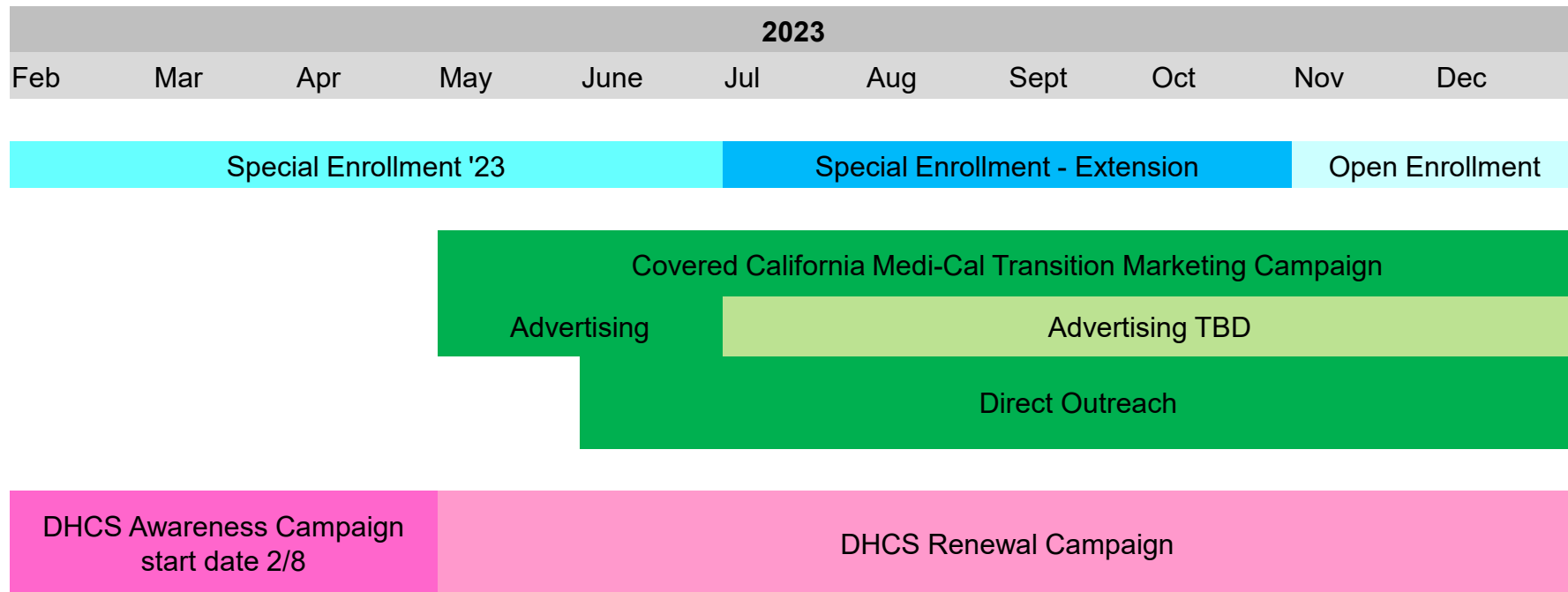
Spanish – <https://youtu.be/oi4n23UcSx0>

PLANNED DIRECT CONSUMER OUTREACH

- ❑ Beginning end of June 2023
- ❑ Includes email, direct mail, and text messaging channels
- ❑ English and Spanish
- ❑ To occur after Policy NOD01T
- ❑ Audiences:
 1. \$0 premium and have an auto plan selection
 2. Get financial help and an auto plan selection, but will pay
 3. No auto plan selection, but could still enroll
 4. Potential: no action, didn't complete the redetermination package
- ❑ Messaging tailored to each audience:
 - Look for your welcome/eligibility packet (NOD01T) from Covered California
 - Must keep/cancel by the date included in your letter
 - Special enrollment window expiring
 - Normal messaging such as, who is Covered California, value of health insurance coverage, how to find help, what is financial help, etc.



CAMPAIGN TIMING



OPEN ENROLLMENT 2023

TOTAL PLAN SELECTION TRENDS

- ❑ Net plan selections in 2023 are 2% lower than in 2022 and 6% higher than in 2021.
- ❑ The Inflation Reduction Act, extends subsidies from the American Rescue Plan, allowing consumers to continue receiving increased amounts of financial assistance and expanding subsidies to middle-income consumers, who were previously priced out of coverage.

Net Plan Selections (Data as of 2/5/2022)	2021 (Count)	2022 (Count)	2023 (Count)	Diff. (2023 v 2022)
New Enrollment	249,279	255,575	263,325	3%
Renewals	1,376,267	1,521,867	1,476,043	-3%
Total Plan Selections	1,625,546	1,777,442	1,739,368	-2%

Data in this presentation reflect active plan selections as of early February. Comprehensive Net Plan Selection profiles for this population, as well as effectuated membership snapshots through Active Member Profiles, are updated regularly at <https://hbex.coveredca.com/data-research/>.

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	2021 (Count)	2021 (Share %)	2022 (Count)	2022 (Share %)	2023 (Count)	2023 (Share %)
Age 17 or less	110,069	7%	127,513	7%	129,701	7%
Age 18 to 25	150,707	9%	160,915	9%	152,833	9%
Age 26 to 34	289,702	18%	324,530	18%	313,888	18%
Age 35 to 44	252,771	16%	282,664	16%	281,794	16%
Age 45 to 54	329,938	20%	349,299	20%	334,784	19%
Age 55 to 64	477,816	29%	514,723	29%	506,035	29%
Age 65+	14,543	1%	17,798	1%	20,149	1%
Total	1,625,546	100%	1,777,442	100%	1,739,184	100%

* Breakouts may not sum to overall population total due to a reporting defect that is under investigation.

TRENDS FOR SIGN-UPS: INCOME

- ❑ The decrease in sign-ups is primarily in the incomes groups between 150% to 200% and 200% to 400% of the Federal Poverty Level (FPL) (which is (\$21,870 to 58,320 for a single person*).
- ❑ Enrollment for 400% of FPL or greater increased by 19%, from 174,992 to 208,363. This group, previously affected by the “FPL cliff,” comprised 12% of total enrollment in 2023, compared to 10% in 2022.

	2021		2022		2023	
Income Level	Count	Share %	Count	Share %	Count	Share %
150% FPL or less	270,597	17%	273,604	15%	298,826	17%
150% FPL to 200% FPL	454,862	28%	448,629	25%	418,300	24%
200% FPL to 400% FPL	669,435	41%	754,177	42%	732,826	42%
400% FPL or greater	75,642	5%	174,922	10%	208,363	12%
FPL Unavailable	155,010	10%	126,110	7%	81,053	5%
Total	1,625,546	100%	1,777,442	100%	1,739,368	100%

*Note: reduction in FPL unavailable category for 2023 partially related to changes in the reporting system for CalHEERS in 2023.

TRENDS FOR SIGN-UPS: METAL TIER

- ❑ In 2023, consumers continued the 2022 trend opting for more comprehensive coverage.
- ❑ As a share of all enrollments, Silver was chosen more in 2023 (although down by 4 percentage points from the previous year). Minimum Coverage enrollment continues to decrease.
- ❑ The shift to richer coverage was notable among the Gold and Platinum tiers, increasing 5% and 3% respectively.

Metal Tier	2021 (Count)	2021 (Share %)	2022 (Count)	2022 (Share %)	2023 (Count)	2023 (Share %)
Minimum Coverage	22,442	1%	19,025	1%	17,814	1%
Bronze	495,299	30%	469,308	26%	462,662	27%
Silver	899,926	55%	1,032,566	58%	991,568	57%
Gold	149,744	9%	178,460	10%	187,186	11%
Platinum	58,135	4%	78,083	4%	80,138	5%
Total	1,625,546	100%	1,777,442	100%	1,739,368	100%

TRENDS FOR SIGN-UPS: ISSUER

Overall, enrollment is up by 7 percent compared to plan year (PY) 2021, with Anthem, LA Care and Sharp showing gains of over 30%. Meanwhile, Chinese Community, Oscar, and Health Net have each lost over 35% of their membership in the same time frame.

Anthem Blue Cross enrollment increased by 28% from PY 2022 to PY 2023 as a result of their Exclusive Provider Organization (EPO) expansion into the North Bay Counties, Sacramento Valley, San Francisco County, Contra Costa County, Alameda, and San Mateo County rating regions.

Aetna Health Care of California was introduced in PY 2023, with the vast majority of their enrollees residing in the Sacramento area (83%) and the other 13% residing in central San Joaquin County.

Issuer Name	2021 (Count)	2021 (%)	2022 (Count)	2022 (%)	2023 (Count)	2023 (%)
Aetna					1,418	0%
Anthem Blue Cross	101,508	6%	160,753	6%	205,723	12%
Blue Shield	443,328	27%	508,059	27%	503,791	29%
Bright HealthCare		0%	398	0%	0	0%
Chinese Community	5,515	0%	3,952	0%	3,119	0%
Health Net	190,177	12%	150,807	12%	119,978	7%
Kaiser	592,981	36%	643,823	36%	614,860	35%
LA Care	100,138	6%	119,988	6%	133,192	8%
Molina Health Care	59,031	4%	67,081	4%	58,302	3%
Oscar Health Plan	74,583	5%	55,744	5%	34,466	2%
SHARP Health Plan	24,182	1%	33,540	1%	32,518	2%
Valley Health	24,249	1%	22,662	1%	21,478	1%
Western Health	9,854	1%	10,635	1%	10,523	1%
Total	1,625,546	100%	1,777,442	100%	1,739,368	100%

TRENDS FOR SIGN-UPS: RACE/ETHNICITY

2023 enrollment shares by racial and ethnic groups remains relatively unchanged from 2022.

RACE/ETHNICITY	2021 (Count)	2021 (Share %)*	2022 (Count)	2022 (Share %)*	2023 (Count)	2023 (Share %)*
White	449,579	35%	487,561	34%	474,631	34%
Latino	356,966	28%	404,338	28%	389,426	28%
Asian	318,670	25%	337,908	24%	333,167	24%
Black or African American	33,391	3%	39,877	3%	37,983	3%
Native Hawaiian or Other Pacific Islander	1,547	0%	1,659	0%	1,509	0%
Other	132,084	10%	148,289	10%	148,145	11%
Total (respondents)	1,292,237	100%	1,419,632	100%	1,384,861	100%
(nonrespondent)	333,309		357,810		354,507	

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

* Other category includes American Indian or Alaska Native and Multiple Races

TRENDS FOR SIGN-UPS: LANGUAGE

Language preference has remained relatively consistent for all plan selections since 2021.

Language Written	2021 (Count)	2021 (Share %)	2022 (Count)	2022 (Share %)	2023 (Count)	2023 (Share %)
Arabic	669	0%	679	0%	671	0%
Armenian	387	0%	436	0%	453	0%
Cambodian	239	0%	233	0%	228	0%
Cantonese	51	0%	35	0%	0	0%
English	1,337,642	84%	1,484,318	85%	1,459,992	85%
Farsi	1,227	0%	1,237	0%	1,179	0%
Hindi					99	0%
Hmong	79	0%	75	0%	69	0%
Korean	19,420	1%	19,574	1%	18,154	1%
Punjabi					133	0%
Mandarin	639	0%	461	0%	0	0%
Russian	1,925	0%	2,009	0%	2,201	0%
Spanish	152,982	10%	162,792	9%	153,004	9%
Tagalog	1,190	0%	1,145	0%	1,028	0%
Traditional Chinese Character	64,984	4%	68,217	4%	72,145	4%
Vietnamese	13,922	1%	13,182	1%	11,991	1%
Total	1,595,356	100%	1,754,393	100%	1,721,347	100%

** (shares do not include non-respondents)*

ENROLLMENT SERVICE CHANNEL CHARACTERISTICS

Enrollment by service channel showed modest growth in the share assisted by agents, and a slight reduction in the share enrolling unassisted.

SERVICE CHANNEL	2021 (Count)	2021 (Share %)	2022 (Count)	2022 (Share %)	2023 (Count)	2023 (Share %)
Certified Enrollment Counselor	56,337	3.5%	53,251	3.0%	44,162	2.5%
Certified Insurance Agent	832,013	51.2%	965,591	54.3%	977,934	56.2%
Certified Plan-based Enroller	4,544	0.3%	10,417	0.6%	18,735	1.1%
County Eligibility Worker	339	0.0%	296	0.0%	200	0.0%
Service Center Representative	80,222	4.9%	69,688	3.9%	59,002	3.4%
Unassisted	652,090	40.1%	678,197	38.2%	639,335	36.8%
Total (respondents)	1,625,545	100%	1,777,440	100%	1,739,368	100%

DATA & RESEARCH


CALIFORNIA HEALTH COVERAGE SURVEY (AKA “MEMBER SURVEY”)





- ❑ Surveying our consumers is a key part of understanding our consumers' experiences with Covered California.
- ❑ The California Health Coverage Survey has been conducted for Covered California by NORC (with help from Slosar Research) since 2018.
- ❑ This presentation provides a quick summary of results from the 2022 survey.
- ❑ The 2023 survey is currently in the field, and we will be sharing more detailed results from that survey report when complete.


History and Objectives

- The California Health Coverage Survey is an annual, web-based survey of Covered California consumers that seeks to better understand their experiences enrolling in coverage through Covered California and using that coverage to access health care. The survey is also known as Covered California's 2022 "Member Survey." It builds on the organization's prior Member Surveys from 2015, 2016, 2018, 2019, 2020 and 2021.
- The survey is designed to produce data and insights to advance several objectives, including the following:
 - Tracking key performance indicators (KPIs) over time
 - Understanding consumers' experiences at various points in the consumer journey
 - Identifying opportunities and strategies for improving enrollment and retention
 - Identifying areas for targeted research and strategic initiatives
 - Complementing administrative data with survey data to facilitate additional insight and reporting
- The 2022 survey was conducted following the close of Covered California's Eighth Open Enrollment Period and was designed to be representative of the following four consumer cohort populations (described in more detail on later slides):

 Renewing members

 New members

 Terminating members

 Funnel/Cancelled consumers
- The set of four consumer cohorts constitutes the organizing principle for all aspects of this survey – informing sample design, instrument design, data preparation, analysis, and reporting.

Survey Methods

Sample design. The survey sample source was the 2022 Covered California administrative Member Database. Members were eligible for inclusion were 18-64 years old heads of household who were found eligible for Covered California by CalHEERS for the plan year or had disenrolled from coverage in the last 6 months of the prior plan year.

Fielding Details:

- Survey mode: Online
- Fielding period: March 7 to May 2, 2022 (8 weeks total)
- Survey length: Response times ranged from 15 to 30 minutes, depending on the consumer cohort (mean: 23 min)
- Languages: English and Spanish





Recruitment Protocol:

- Invitations were sent via email and paper letter (with pre-paid \$1 incentives), along with reminders.
- Consumers received an additional incentive upon completion of the survey.




Response rate:

- NORC sampled 76,520 households, and received 7,892 completed survey responses, for a response rate of 10.3%.



Study Populations

A single survey with multiple cohorts: This survey integrates four different groups of respondents into key populations of interest to Covered California: new enrollees , renewing enrollees , prior year enrollees who have terminated , and those found eligible who either didn't pick a plan, or choose a plan but never paid the first month's premium (cancelled/funnel) .



Key groups for analysis: The survey cohorts are sorted into key groups for analysis.

   Open Enrollment (OE) Engaged Pool

All consumers who had been found eligible for Covered California by CalHEERS, and had either enrolled, or otherwise 'engaged' by seeking information about plan options or actively submitting an application for coverage.

  Current year (CY) members

All consumers who picked a plan during the open enrollment (including active and passive renewals), and paid their first month's premium.

  Prior year (PY) members

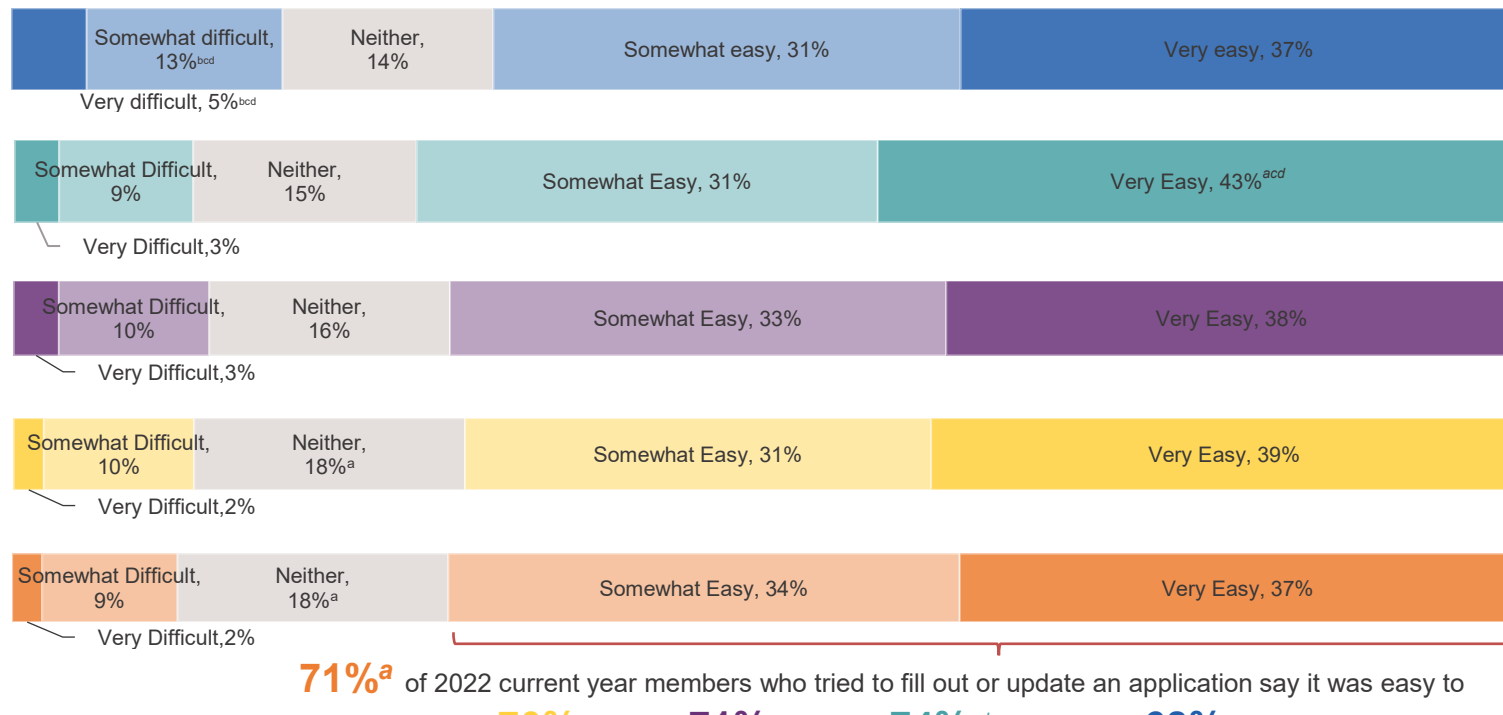
All consumers who were enrolled in the last 6 months of the prior plan year, including a combination of those who renewed coverage for 2022 (renewing) with those who dropped.

Example Content Domains:

- Applying for coverage
- Experience using website
- Type of help or information needed
- Reasons for (not) enrolling
- Sources of assistance
- Awareness of financial help
- Shopping and comparing plans
- Likelihood to recommend
- Health plan value
- Sources of coverage before Covered CA
- Sources of coverage after Covered CA
- Access to care
- Health plan ratings and experience
- Delay in care due to cost

Ease of Applying for Coverage

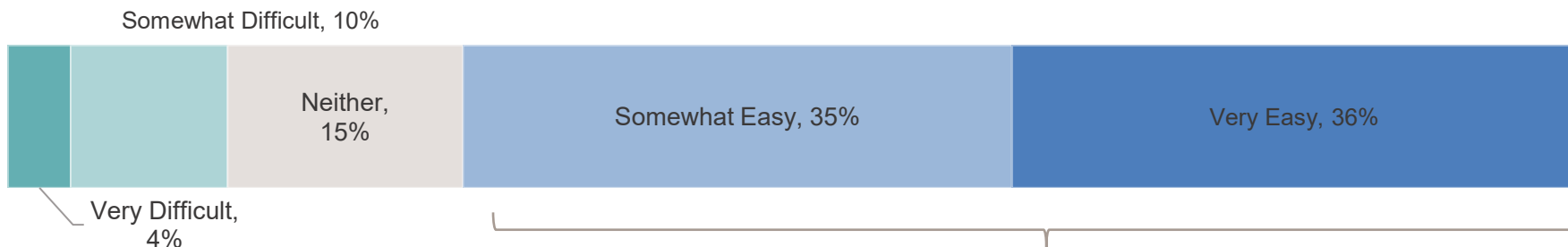
Q. How easy or difficult was it to fill out or update the Covered California application for (2018, 2019, 2020, 2021) 2022?



Q31. "...As a reminder, the Covered California application asks for information like social security number, household size, address, and income." All current year members: (2018) n=4,083; (2019) n=2,180; (2020) n=4,439; (2021) n=1,810; (2022) n=3,017. 95% CIs not shown here. Excludes those who responded 'not applicable.' Subscript letters signify if a value is significant at the p<0.05 level, compared to other years.

Ease of Applying for Coverage

Q. How easy or difficult was it to fill out or update the Covered California application for 2022?



71% of the OE Engaged Pool said it was easy to fill out or update an application.



Within the OE Engaged Pool, **74%** of the new consumers who enrolled in coverage reported that it was easy to fill out an application, compared with only **63%** of consumers in the OE Engaged Pool who did not complete enrollment (funnel/cancelled).

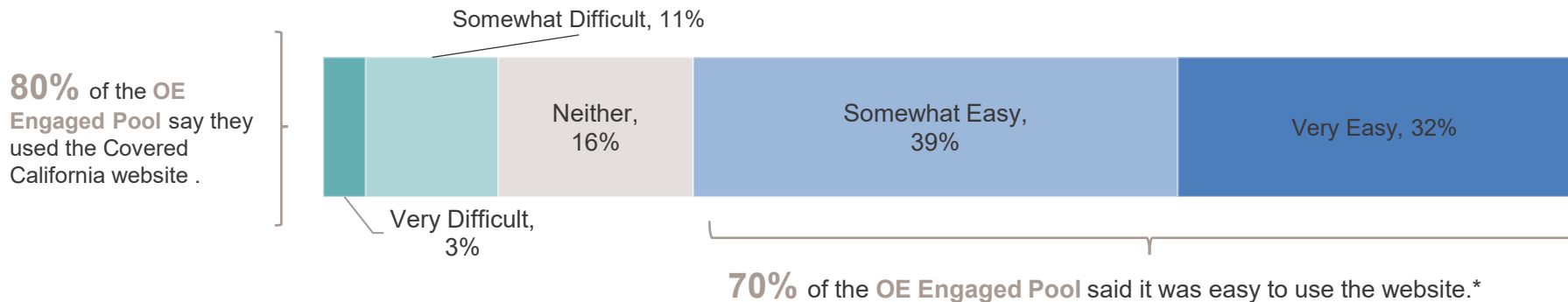


Within the OE Engaged Pool who did not end up covered (funnel/cancelled), **44%** of those who indicated their preferred spoken language was Spanish said the application was easy or very easy, compared to **65%** among non-Spanish speakers (who did not end up enrolling).

Q31. "...As a reminder, the Covered California application asks for information like social security number, household size, address, and income." OE Engaged Pool: n=1,779; Engaged Funnel/Cancelled: n=628; New members: n=1,153. 95% CIs not shown here. Excludes those who responded 'not applicable.'

Ease of Using the Website

Q. Overall, how easy or difficult was it to use Covered California's website?



Within the OE Engaged Pool, **61%** of cancel/funnel members and **75%** of new members say it was easy to use the website.

* Individual responses shown may not sum to aggregates due to rounding.

Global Measures of Needing and Getting Help

Trend of current year members said they needed additional help or information during Open Enrollment:

59%^{bc} in 2018

50% in 2019

54%^d in 2020

49% in 2021

46% of 2022

■ 2018 (a)

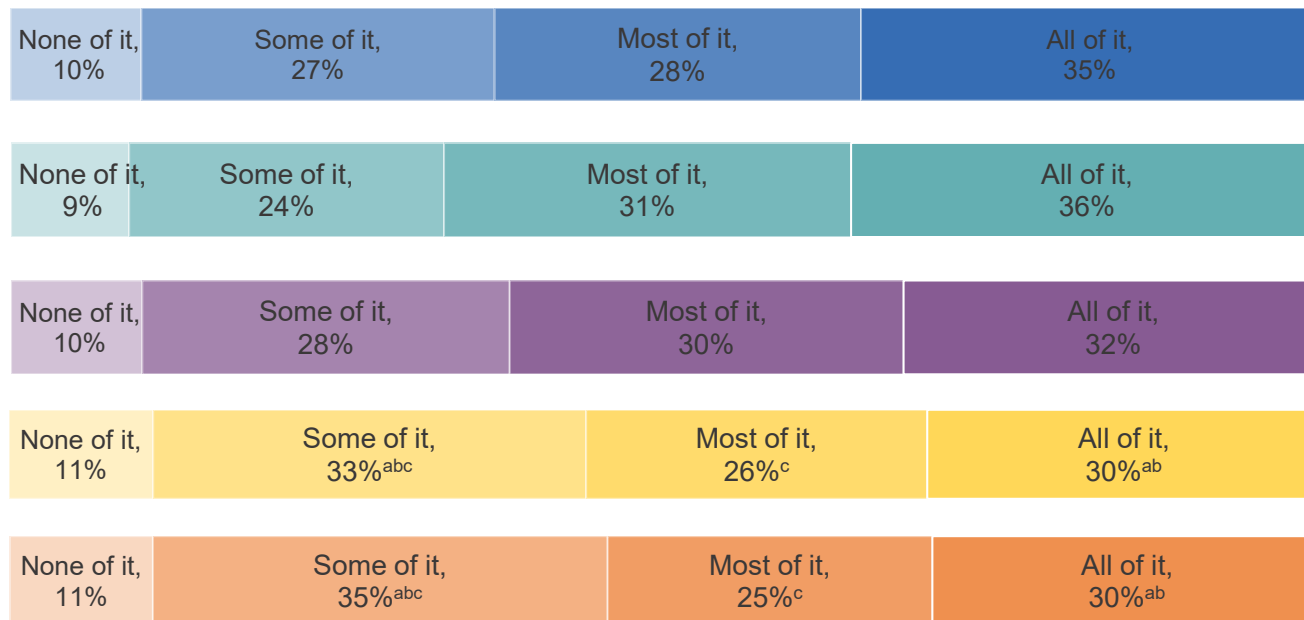
■ 2019 (b)

■ 2020 (c)

■ 2021 (d)

■ 2022 (e)

Q. How much of the help or additional information that you needed were you able to get?



Q37. "Think about when you looked into Covered California or tried to enroll in or renew a plan for 2022. Did you ever feel like you needed help or additional information during this process?" 95% CIs: 2018 (57%-62%); 2019 (46%-53%); 2020 (52%-56%); 2022 (46%-52%); 2022 (44-49%). All current year members: (2018) n=4,382; (2019) n=2,327; (2020) n=4,792; (2021) n=1,983; (2022) n=3,334.

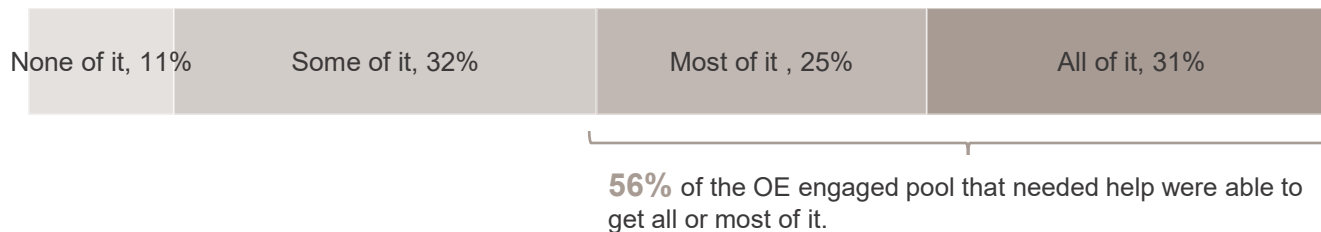
Q37B. 95% CIs not shown here. Current year members that say they needed help or additional information: (2018) n=2,623; (2019) n=1,256; (2020) n=2,621; (2021) n=1,048; (2022) n=1,576. Excludes the 3% (2018), 2% (2019), 3% (2020), 4% (2021) and 10% (2022) of CY members who responded 'not sure.'

Subscript letters signify if a value is significant at the p<0.05 level, between years.

Global Measures of Assistance, by Cohort

Q. How much of the help or additional information that you needed were you able to get?

54% of the OE Engaged Pool say they needed help or additional information, including **54%** of new members and **53%** of engaged funnel/cancelled consumers.



Among the OE Engaged Pool, fewer consumers who did not complete enrollment (funnel/ cancelled) were able to get most or all of the help they needed (**42%**) compared to consumers who completed enrollment (**65%**).



Among the **58%** of engaged funnel/cancelled consumers who needed help and were *not* able to get all or most of the help they needed, **26%** are currently uninsured[‡]. This suggests that there is an opportunity to provide additional assistance to funnel and cancelled consumers.

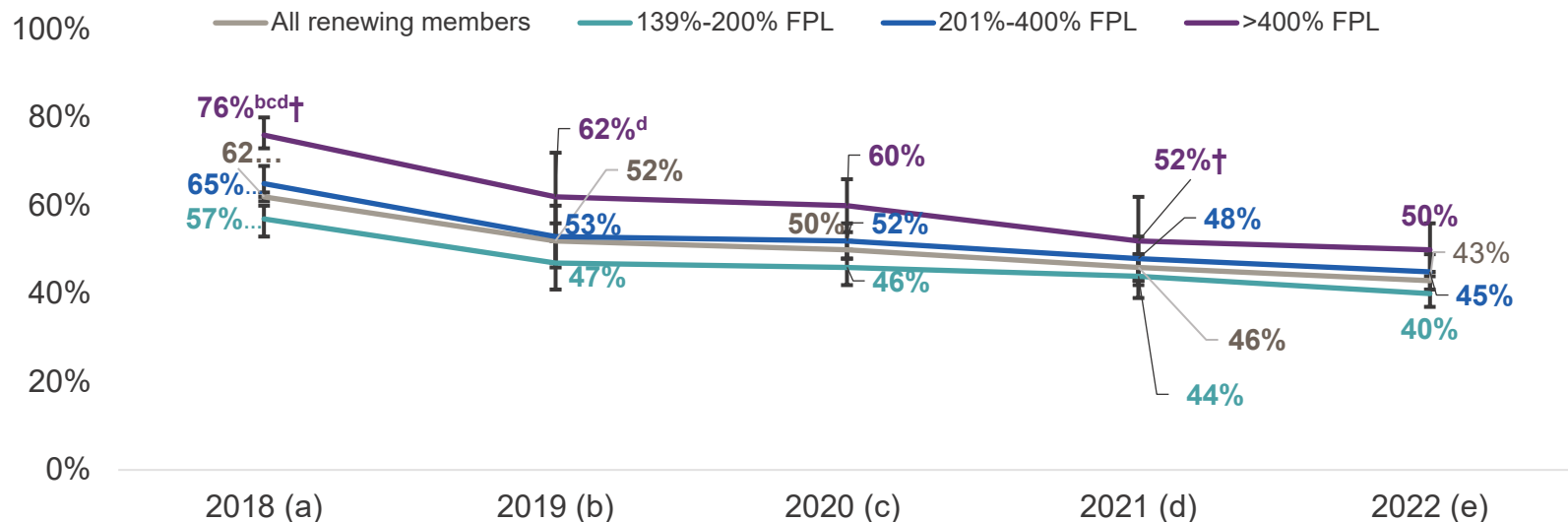


When assessing the type of help consumers reported needing, we see some differences for different demographic subgroups. For example, **41%** of respondents who identified as Latino reported needing help filling out the application, compared to **27%** of respondents who identified as White.

Q37. "Think about when you looked into Covered California or tried to enroll in or renew a plan for 2020. Did you ever feel like you needed help or additional information during this process?" OE Engaged Pool: n=1,910.
 Q37B. Of those who say they needed help or additional information. OE Engaged Pool: n=1,004; Engaged funnel/cancelled: n=353; New members: n=651. 95% CIs not shown here. Excludes those who answered 'not sure.'
 Other measure base rates among OE Engaged Funnel and Cancelled consumers: Q29J n=117. Uninsured who answered Q37B: n=83. †n<200. ‡n<100.
 Q40/40b. "Q. Here are some types of help or information someone might need. Did you personally want or need any of the ones listed here?" OE Engaged Pool Latino n=569, White n=708.

Shopping and Comparing Plans Among Renewing Members, by Current Year Combined FPL

Percentage of renewing members who shopped and compared plans during the most recent Open Enrollment period before renewing or enrolling in their health plan.



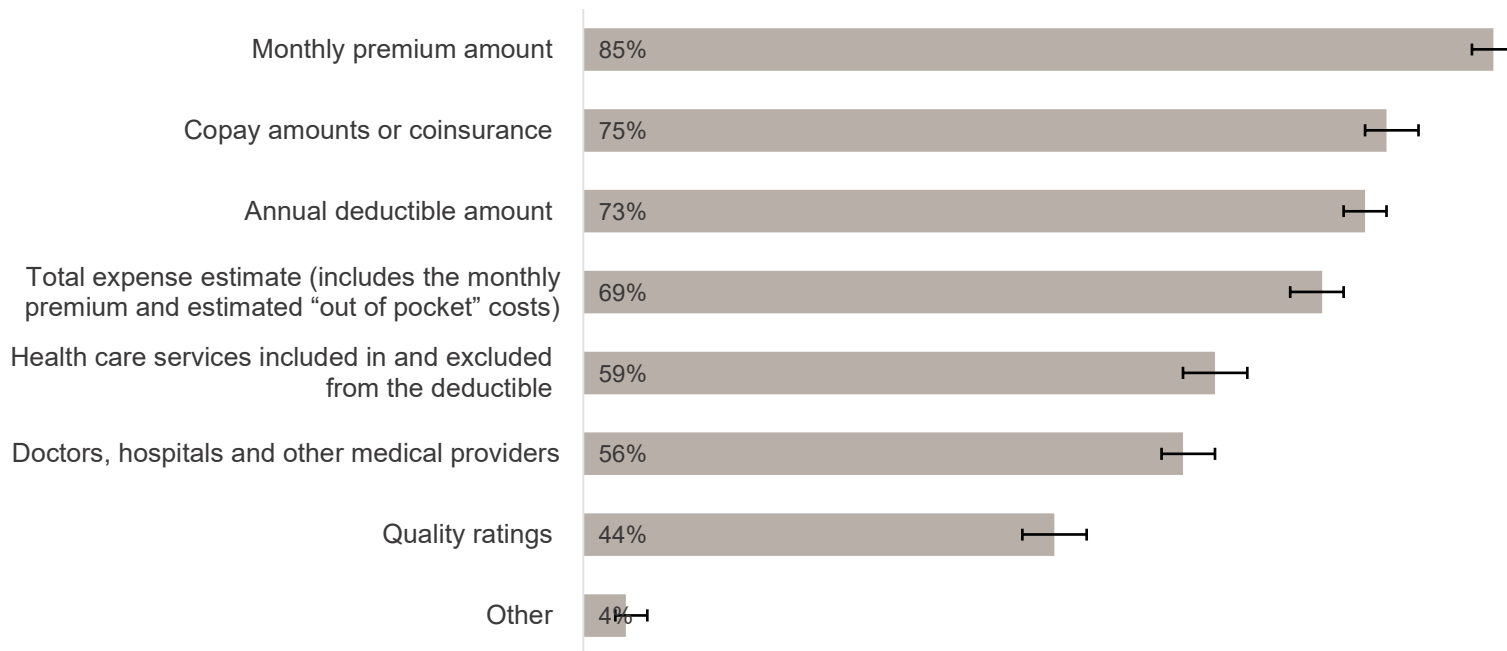
Since 2018, the percent of renewing members who have shopped and compared has declined (62% in 2018 to 43% in 2022); while there has been a decline across all FPL groups, the largest percentage point decrease was among renewing members with >400% FPL, and the least decrease among those with 139%-200% FPL.

Q46. "During enrollment periods, some people shop and compare plans. Others automatically renew the plan they had the year before or choose a new plan without shopping and comparing. Did you shop and compare plans during the (2018, 2019, 2020, 2021) 2022 enrollment period before renewing or enrolling in your current health plan for (2018, 2019, 2020, 2021) 2022?" Between 2018 and 2020 there were minor wording changes to this item. All renewing members: (2018) n=3,119; (2019) n=1,410; (2020) n=2,397; (2021) n=1,095; (2022) n=2,126. 139%-200% FPL: (2018) n=1,258; (2019) n=642; (2020) n=876; (2021) n=474; (2022) n=822. 201%-400% FPL: (2018) n=1,337; (2019) n=501; (2020) n=798 (2021) n=452; (2022) n=857. >400% FPL: (2018) n=178; (2019) n=201; (2020) n=636; (2021) n=119; (2022) n=345. Subscript letters signify if a value is significant at the p<0.05 level, between years for each subgroup. † n<200; small base sizes may cause large confidence intervals.

Aspects of Plans Compared, Among Shoppers

Q. When you looked into health plans for 2022 through Covered California, which aspects of plans did you compare?

Percent Responding “Compared” for each Aspect



Q51. “Here are some aspects of plans someone might compare when deciding which plan to choose. When you...?”
 Current year members that shopped: n=2,167. Response options for each aspect of plans: “compared”; “did not compare”; “not sure.”

Most Important Factors in Enrollment, Besides Monthly Premium Amount

Q. What was the most important factor in your decision to enroll in or renew the plan you have for 2022?	New Members Previously Enrolled in ESI n=312	New Members Previously Uninsured n=152†	Renewing Members n=1,338	All CY Members n=2,021
Keeping the same plan as before	13% ^{bc} (9%-18%)	8% (4%-14%)	40% ^b (37%-43%)	37% (34%-39%)
Choice of doctors or hospitals	32% ^{bc} (27%-38%)	16% (10%-23%)	18% (16%-20%)	19% (17%-21%)
Range of benefits covered or having a specific benefit covered	15% (11%-20%)	17% (11%-24%)	10% (9%-12%)	11% (9%-13%)
Copay/coinsurance for using services	13% (9%-17%)	14% (9%-20%)	10% (8%-12%)	10% (9%-12%)
Having a plan with a specific health insurance company	10% (7%-14%)	10% (6%-16%)	7% (6%-9%)	7% (6%-9%)
Annual deductible amount	9% (6%-13%)	14% (9%-21%)	6% (5%-7%)	6% (5%-8%)
Copay/coinsurance for prescriptions	3% (1%-5%)	8% (4%-13%)	5% (4%-6%)	5% (4%-6%)
Other	6% (4%-9%)	13% (8%-20%)	4% (3%-6%)	5% (4%-6%)
Total	100%	100%	100%	100%
	a	b	c	



37% of 2022 Current Year Members said monthly premium amount was the most important factor in deciding to renew or enroll in their 2022 plan. This above graph shows the most important factors, other than premium amount.

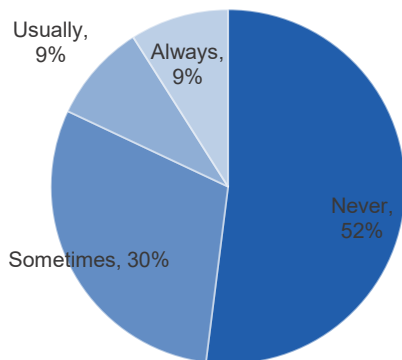


Among renewing members who did not select “Monthly Premium Amount” as the most important factor in their decision to enroll, keeping the same plan as before was the most important factor for re-enrolling in their coverage; for new members previously enrolled in ESI who did not select “Monthly Premium Amount”, the choice of doctors and hospitals was the most important factor; for new members who were previously uninsured and who did not select “Monthly Premium Amount”, the range of benefits and the choice of doctors or hospitals were the most important factor.

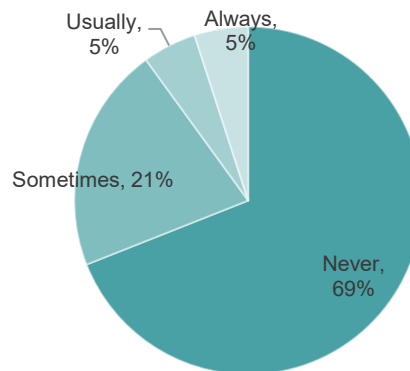
Delaying Care Due to Cost Concerns

Q. While enrolled in your plan through Covered California in 2021, how often did you...

...delay visiting or not visit a doctor because you were worried about the cost?



...delay filling or not fill a prescription because you were worried about the cost?



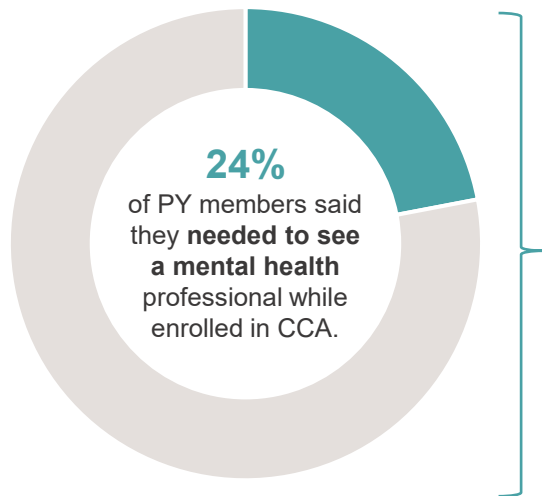
Prior Year Metal Tier	% Who Ever Delayed A Visit
Bronze or Catastrophic (n=1,163; a)	55% (52%-57%)
Silver 70/73 (n=612; b)	47% ^a (42%-52%)
Silver 87/94 (n=1,337; c)	43% ^a (40%-46%)
Gold or Platinum (n=517; d)	46% ^a (41%-52%)

Prior Year Metal Tier	% Who Delayed Filling Rx
Bronze or Catastrophic (n=1,152; a)	33% (30%-36%)
Silver 70/73 (n=609; b)	30% (26%-35%)
Silver 87/94 (n=1,324; c)	29% (27%-33%)
Gold or Platinum (n=514; d)	29% (25%-34%)

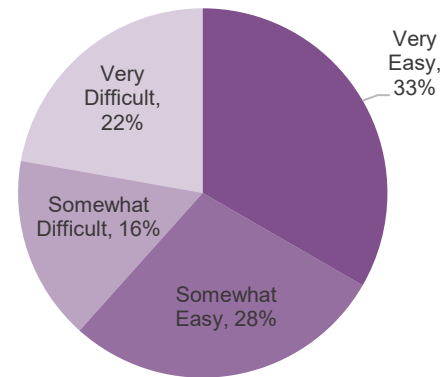
Q67. All prior year members: n=3,628. 95% CIs: Always (8%-10%); Usually (8%-10%); Sometimes (26%-32%); Never (50%-54%).

Q68. All prior year members: n=3,598 95% CIs: Always (4%-5%); Usually (4%-6%); Sometimes (20%-23%); Never (68%-71%).

Mental Health Care Access while Enrolled



Ease of accessing a mental health professional, among the PY Members who needed and saw a mental health professional



61% of PY Members, who needed a mental health provider, and reported seeing one, said it was easy to do so, while enrolled in Covered California in 2022.

QX65A. "While enrolled in your plan through Covered California in 2021, was there ever a time when you felt that you might need to see a professional because of problems with your mental health, emotions or nerves or your use of alcohol or drugs?" All PY members: n=3,688.

QX65B. "While enrolled in your plan through Covered California in 2020, did you see a mental health provider?" PY members who responded "Yes" to QX65A: n=x

QX65C. "While enrolled in your plan through Covered California in 2020, how easy or difficult was it to see a mental health provider?" PY Members who responded "Yes" to QX65B: n=379.

LEARNING FROM SURVEY DATA IN NEW WAYS

CASE STUDY: CHURN IN CALIFORNIA

- ❑ The individual marketplaces have been marked by high turn-over in members.
- ❑ Yet, with little evidence about the sources of coverage for those leaving the exchange, understanding the characteristics of those who go uninsured has eluded marketplace administrators.
- ❑ Leveraging a large oversample of terminating members in the 2020 Member Survey – in which enrollees self-reported their source of coverage after leaving Covered California – we were able to undertake a fuller study of who leaves coverage to go uninsured.*

JAMA Health Forum.

Original Investigation

Assessment of Churn in Coverage Among California's Health Insurance Marketplace Enrollees

JAMA Health Forum. 2022;3(12):e224484. doi:10.1001/jamahealthforum.2022.4484

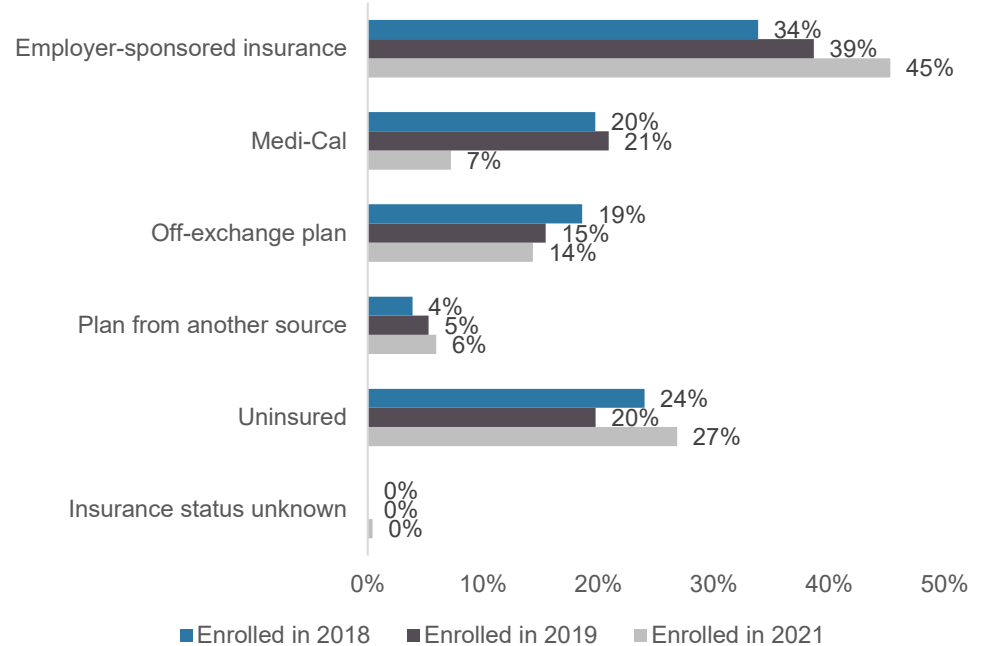
* Wolf E, Slosar M, Menashe I. Assessment of Churn in Coverage Among California's Health Insurance Marketplace Enrollees.

JAMA Health Forum. 2022;3(12):e224484. doi:10.1001/jamahealthforum.2022.4484. Available at: <https://jamanetwork.com/journals/jama-health-forum/fullarticle/2799211>

SOURCES OF COVERAGE BEFORE ENROLLING IN THE MARKETPLACE

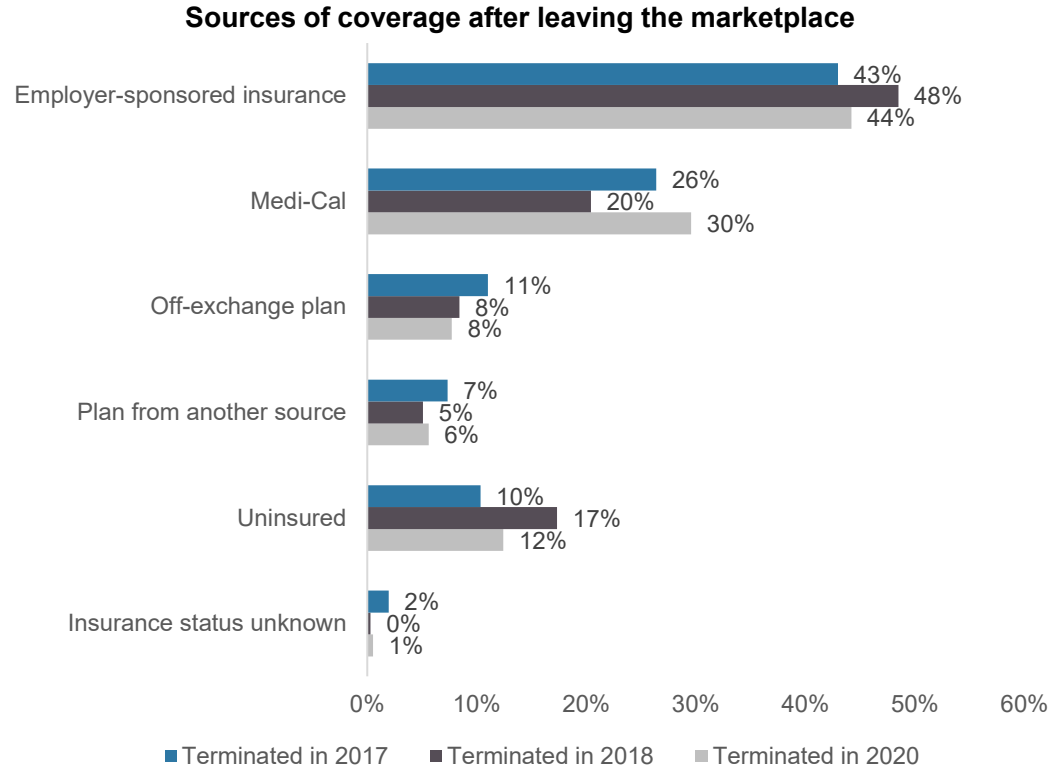
- ❑ Most new enrollees report having a prior source of coverage – with an average of 56% coming from ESI or Medi-Cal coverage.
- ❑ Nearly a quarter of new enrollees reporting being uninsured for the entire year prior to enrolling.

Main sources of coverage in the year prior to enrolling in the marketplace



SOURCES OF COVERAGE AFTER LEAVING THE MARKETPLACE

- ❑ The primary sources of coverage reported with churn being associated primarily with changing eligibility – a mean of 86% reported having ESI or Medi-Cal.
- ❑ A mean of 14% reported being uninsured following Open Enrollment, a substantially smaller share than previously reported in the federal marketplace.



DEMOGRAPHICS DIFFERENCES AMONG TERMINATING MEMBERS

- ❑ Compared to individual with ESI or Medicaid, uninsured terminating members were more likely to be Latino (40%) and report not having a college degree (71%).
- ❑ Individuals with ESI were more likely to have a bronze plan with the marketplace (43%).

Table 2. Sociodemographic Characteristics of 2018 Terminating Members, by Current Source of Coverage

	Terminating members, weighted point estimate, % (95% CI)			
	All (n = 4517)	Uninsured (n = 875)	With ESI (n = 1674)	With Medi-Cal (n = 874)
Age, y				
18-29	23 (20-26)	23 (17-30)	25 (21-29)	24 (19-31)
30-44	35 (33-38)	30 (23-36)	42 (38-47)	30 (24-36)
45-64	42 (39-45)	48 (20-55)	33 (29-37)	46 (40-53)
Race and ethnicity				
Asian/Pacific Islander	15 (13-17)	13 (9-18)	19 (16-23)	11 (8-15)
Black	3 (2-4)	3 (2-5)	2 (2-4)	4 (3-7)
Latino	23 (20-25)	40 (33-47)	18 (15-22)	25 (19-31)
White	31 (28-34)	24 (19-30)	32 (28-36)	33 (27-40)
Other ^a	9 (7-11)	6 (3-10)	7 (5-10)	15 (10-21)
No response	19 (17-22)	15 (10-20)	21 (18-25)	12 (8-18)
Income group, % of FPL				
<200	47 (44-50)	53 (46-60)	37 (33-42)	73 (66-78)
200-400	37 (34-40)	36 (29-43)	43 (39-47)	23 (18-29)
>400 or unsubsidized	16 (14-18)	11 (7-17)	20 (17-23)	4 (2-7)
Education				
No college degree	44 (41-47)	71 (64-77)	31 (27-35)	53 (46-60)
College degree	56 (53-59)	29 (23-36)	69 (65-73)	47 (40-54)
Metal tier ^b				
Bronze or catastrophic	35 (33-38)	35 (29-42)	43 (39-48)	23 (18-29)
Silver 70 or 73	15 (13-17)	15 (10-21)	14 (11-17)	7 (4-12)
Silver 87 or 94	34 (32-37)	34 (32-46)	25 (21-29)	57 (50-63)
Gold or platinum	16 (14-18)	16 (7-17)	18 (15-22)	13 (9-19)

DECISION TO RENEW OR GO UNINSURED

When modeling the decision to go uninsured or renew, we find that:

- ❑ Among 2019 renewal candidates, only 1.3% went uninsured.
- ❑ Renewal candidates who did not expect to use their care were 4.8 percentage points more likely to go uninsured than those who expected to have at least one visit.
- ❑ Of note, controlling for the other factors, increases in net premium do not increase likelihood to go uninsured among subsidized enrollees.

Table 3. Marginal Effects of Decision to Renew Coverage or Terminate and Go Uninsured^a

	Share of participants uninsured, % (SE)	Average marginal effect	
		Effect size (SE) [95% CI]	P value
All subsidized renewal candidates	1.3 (0.001)	NA	NA
Race or Ethnicity			
Asian/Pacific Islander	1.0 (0.002)	0.002 (0.002) [-0.003 to 0.067]	.46
Black	0.9 (0.003)	0.006 (0.005) [-0.005 to 0.017]	.27
Latino	2.6 (0.003)	0.015 (0.004) [0.008 to 0.023]	<.001
White	0.8 (0.001)	1 [Reference]	NA
Other ^b	0.9 (0.003)	0.005 (0.005) [-0.006 to 0.015]	.40
No response	2.3 ()	0.021 (0.016) [-0.011 to 0.053]	.20
Awareness of penalty repeal			
Aware	2.4 (0.001)	0.017 (0.003) [0.010 to 0.024]	<.001
Unaware	0.7 (0.003)	1 [Reference]	NA
Change in net premium, %	NA	-0.011 (0.021) [-0.053 to 0.030]	.59
Physician visits expected, No.			
0	5.0 (0.009)	0.048 (0.012) [0.024 to 0.072]	<.001
≥1	1.0 (0.001)	1 [Reference]	NA
Insurance status in 2018			
Insured entire year	1.1 (0.001)	1 [Reference]	NA
Uninsured some of year	3.2 (0.005)	0.016 (0.008) [0.004 to 0.028]	.008
Participant rating of health plan value			
Excellent, good, fair	1.1 (0.001)	1 [Reference]	NA
Poor	3.9 (0.008)	0.020 (0.005 to 0.034]	.009

STATE AND FEDERAL POLICY/LEGISLATIVE UPDATES

STATE LEGISLATIVE UPDATE

The Legislative bill introduction deadline was on February 17. Some bills of interest to Covered California are listed below:

- ❑ **AB 4 (Arambula) Covered California: Expansion** – This bill declares the intent of the Legislature to expand Covered California access to all Californians regardless of immigration status.
- ❑ **SB 595 (Roth) Covered California: data sharing** – This bill would amend SB 644 (Leyva, 2022) by specifically prohibiting the disclosure of consumer information received from the Employment Development Department by Covered California to a certified insurance agent or a certified enrollment counselor without consumer consent.

STATE LEGISLATIVE UPDATE

- ❑ **AB 1208 (Schiavo) California Health Benefit Exchange: Health Care Affordability Reserve Fund** - This bill would require Covered California to annually update its proposed program design to maximize the number of low- and middle-income Californians with zero deductibles.

FEDERAL UPDATE

- ❑ On January 30, Covered California submitted a [comment letter](#) in response to the U.S. Department of Health and Human Services (HHS) proposed Notice of Benefit and Payment Parameters for the 2024 plan year. In its comments, Covered California:
 - Supported HHS's limitation on the number of non-standardized Qualified Health Plans (QHPs) offered through Healthcare.gov to ease the barriers consumers may face when choosing a plan that works best for them;
 - Encouraged the commitment to improving standard plan designs through a patient-centered approach;
 - Applauded HHS's efforts to create more opportunities to connect enrollees to higher-value QHPs; and
 - Expressed concern over the relation and turnover between the existing and newly proposed pilot program to measure State-based Exchanges' improper Advance Premium Tax Credit payments.

FEDERAL UPDATE

- ❑ On January 27, the Office of Management and Budget published a [Request for Comment](#) on initial proposals for revising the Federal Race and Ethnicity Standards, which will assist federal agencies and other stakeholders in better understanding existing racial and ethnic disparities in health care. Covered California is currently drafting comments to share its experience with identifying, collecting, and stratifying health enrollment data by demographics to advance quality and equity. Comments are due April 12.

FEDERAL UPDATE – THE PUBLIC HEALTH EMERGENCY

- ❑ The federal Public Health Emergency (PHE) expires on May 11, 2023.
 - Access to COVID-19 vaccinations and treatment options from health plan providers will not be affected.
 - Consumers should confirm cost sharing benefits with the health plans as access to out of network providers may incur charges for COVID-19 treatment, service and vaccinations.
 - Note: The State COVID PHE was terminated by Governor Newsom on February 28.
- ❑ As part of the Consolidated Appropriations Act, 2023, Congress agreed to decouple the Medicaid continuous coverage requirement from the COVID-19 Public Health Emergency effective March 31, 2023, independent of the duration of the COVID-19 PHE.
 - Covered California is working with the Department of Health Care Services on the SB 260 Medi-Cal to Covered California auto enrollment process.

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.

APPENDIX: DATA & RESEARCH MEMBER SURVEY TECHNICAL DETAILS

Survey Methods

Sample design. The survey sample source was the 2022 Covered California administrative Member Database. Members were eligible for inclusion in the sample if:

- 18-64 years old, head of household;
- Was found eligible for Covered California by CalHEERS for the plan year, or had disenrolled from coverage in the last 6 months of the prior plan year.
- Have a valid California mailing address on file;
- Not participated in the 2018, 2019, or 2020 California Health Insurance Awareness Survey (CHIAS) or the 2018, 2019, 2020 or 2021 Member Survey.






Fielding Details:

- Survey mode: Online
- Fielding period: March 7 to May 2, 2022 (8 weeks total)
- Survey length: Response times ranged from 15 to 30 minutes, depending on the consumer cohort (mean: 23 min)
- Languages: English and Spanish

Recruitment Protocol:

- The sample first was sent an email, followed by a mailed invitation letter describing the study and inviting them to participate. The invitation mailing included a \$1 bill as a “prepaid” incentive. Respondents were also provided an incentive upon completing the survey.
- The entire sample was mailed either a reminder letter or one of two different postcards after the invitation letter. Non-responders with valid email addresses on file were sent email reminders over the course of the fielding period.

Survey Cohorts and Sample Sizes and Response Rates

		Cohort Definitions				Unweighted Base Sizes				
		Enrolled in 2021	2022 Eligibility Determination	2022 Plan Selection	Effectuated in 2022	2018	2019	2020	2021	2022
	Renewing Members	✓	✓	✓	✓	3,182	1,411	2,423	1,100	2,127
	Terminating Members	✓	(possible)	(possible)		1,283	4,517	918	674	1,561
	New Members		✓	✓	✓	1,299	916	2,406	885	1,207
	Cancelled Members		✓	✓		204	287	1,503	732	1,410
	Funnel Consumers		✓			1,041	2,293			

Cohort	Sample Size	Total Completes	Response Rate	Verified Completes	Verified Response Rate
New members	14,118	1,720	12.2%	1,207	8.5%
Renewing members	22,222	2,325	10.5%	2,127	9.8%
Terminating members	18,751	1,926	10.3%	1,561	8.3%
Funnel and Cancelled consumers	21,429	1,921	9.0%	1,410	6.6%
Total	76,520	7,892	10.3%	6,305	8.2%

APPENDICES

APPENDICES: TABLE OF CONTENTS

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

SERVICE CENTER UPDATE

Improving Customer Service

- ❑ Service Center (SC) partnered with OOCIE to develop a workgroup comprised of SC staff, that are focusing on Culture, Trust and Recognition, with improving Service Center Communication
- ❑ Post Call Survey (PCS) overall consumer satisfaction 97% for February

Enhancing Technology Solutions

- ❑ Partnered with CCIT on continued development of Conversational Interactive Voice Response (IVR) system

Staffing Updates:

- ❑ Vacancy rate of 6.5 percent (2023) comparable to prior year of 7.7percent (2022)

SERVICE CENTER UPDATE

Comparing February 2023 vs. 2022 Call Statistics

Year	Calls to IVR	Calls Offered to SCR	Abandoned %	Calls Handled	ASA	AHT	Service Level %
2023	294,508	174,147	2.18%	169,261	0:01:04	0:20:02	76.02%
2022	286,271	170,922	1.80%	167,607	0:00:44	0:18:53	83.62%
Percent Change	3% Increase	2% Increase	21% Increase	1% Increase	45% Increase	6% Increase	9% Decrease

- ❑ The total Calls Offered increased from 2022 by 2%
- ❑ Calls Handled increased from 2022 by 1%
- ❑ The Abandoned % increased from 2022 by 21%
- ❑ Service Level decreased from 2022 by 9%

SERVICE CENTER UPDATE – QUICK SORT VOLUMES

February Weekly Quick Sort Transfers:

Week 1	Week 2	Week 3	Week 4*	Week 5	Total
2/1 - 2/4	2/5 - 2/11	2/12 - 2/18	2/19 - 2/25	2/26 - 2/28	
916	1,380	1,394	1,272	864	5,826

*Partial Week – All Service Centers were closed Monday, February 20, 2023, in observance of President's Day.

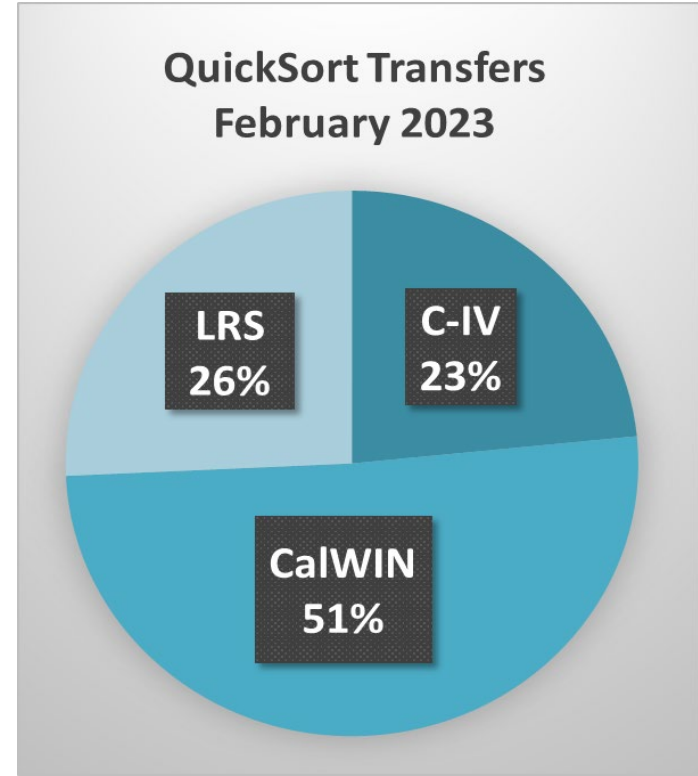
February Consortia Statistics:

SAWS Consortia	Calls Offered	Service Level %	Calls Abandoned %	ASA
C-IV	818	94.49%	1.59%	0:00:16
CalWIN	1,777	89.93%	0.28%	0:00:22
LRS	899	95.66%	0.44%	0:00:11

- ☐ 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.



COVERED CALIFORNIA FOR SMALL BUSINESS

❑ Group & Membership Update:

- Groups: 8,872
- Members: 79,218
- Average Group Size: 8.9
- YTD New Sales: 2,326

**membership reconciled through 02/14/2023*



CALHEERS UPDATE

CalHEERS Release 23.4 is planned for May 8, 2023 and will include implementation of the Plan Choice and Assister Portal (PCAP).

Core Features of PCAP include:

- ❑ Plan Management
- ❑ Health & Dental Plan Shopping
- ❑ Customer Dashboard
- ❑ Insurer Portal
- ❑ Agency & Agent Portal/ Entity & Assister Portal
- ❑ Batch Process

Supporting Features PCAP include:

- ❑ Anonymous Shopping - Shop & Compare
- ❑ Active Renewals and Report a Change (RAC)
- ❑ Pay Now integration
- ❑ Enrollment Reconciliation
- ❑ Total Expense Estimate calculator
- ❑ Provider Directory
- ❑ Notices
- ❑ Data Warehouse and Reports

COVEREDCA.COM UPDATES

- ❑ SB-260 user experience development on CoveredCA.com to include a notice landing page with a CiCi (Chatbot) knowledgebase for common questions including functionality to opt in/out through CiCi.

OUTREACH & SALES ENROLLMENT PARTNER TOTALS

Uncompensated partners supporting enrollment assistance efforts

ENROLLMENT ASSISTANCE PROGRAM	ENTITIES	COUNSELORS
Certified Application Counselor	213	1375
Plan-Based Enroller	12	441
Medi-Cal Managed Care Plan	3	46

OUTREACH & SALES NON-ENGLISH ENROLLMENT SUPPORT

Data as of February, 2023

11,472 Certified Insurance Agents

18.1% Spanish
9.6% Chinese
4% Vietnamese
4.7% Korean
19.5% Other Languages

1,226 Navigator: Certified Enrollment Counselors

56.1% Spanish
3.9% Chinese
1.7% Vietnamese
1.1% Korean
5.9% Other Languages

1,375 Certified Application Counselors

43.4% Spanish
3.9% Chinese
.9% Vietnamese
.3% Korean
3.1% Other Languages

441 Certified Plan Based Enrollers

29.5% Spanish
4.8% Chinese
1.7% Vietnamese
1% Korean
1.8% Other Languages

46 Certified Medi-Cal Managed Care Plan Enrollers

52.2% Spanish
2.8% Chinese
4.3% Vietnamese
0% Korean
2.8% Other Languages

