



## **EXECUTIVE DIRECTOR'S REPORT**

Jessica Altman, Executive Director | April 20, 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

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- ❑ Covered California Board of Directors Appointment
- ❑ Executive Leadership Transition – Chief Medical Officer / Chief Deputy Executive Director

# COVERED CALIFORNIA BOARD OF DIRECTORS APPOINTMENT

**Mayra Alvarez** – Appointed to the Covered California Board of Directors by Governor Newsom on March 24, 2023. Ms. Alvarez succeeds Dr. Sandra Hernandez.



Ms. Alvarez is currently the president of The Children’s Partnership, a non-profit advocacy organization working to advance child health equity. Prior, Ms. Alvarez completed a series of assignments at the U.S. Department of Health and Human Services (HHS). She served as the Director of the State Exchange Group for the Center for Consumer Information and Insurance Oversight at the Centers for Medicare and Medicaid Services from 2014 to 2015. From 2013 to 2014, she served as Associate Director for the Office of Minority Health; and from 2010 to 2013, she served as Director of Public Health Policy in the Office of Health Reform.

In 2021, Ms. Alvarez served on the Covid-19 Health Equity Task Force. In 2010, she served on the First 5 California Commission and the Early Childhood Policy Council. In 2017, Ms. Alvarez served on the California Mental Health Services Oversight and Accountability Commission.

# EXECUTIVE LEADERSHIP TRANSITION

## CHIEF MEDICAL OFFICER/CHIEF DEPUTY EXECUTIVE DIRECTOR



**Monica Soni, M.D.** - Covered California welcomes Dr. Monica Soni as the new Chief Medical Officer / Chief Deputy Executive Director, effective May 15, 2023.

Dr. Soni comes to Covered California after serving as the Associate Chief Medical Officer at New Century Health. Prior to her work at New Century Health, Dr. Soni served as the director of specialty care for the Los Angeles County Department of Health Services, the second-largest municipal health system in the United States. Dr. Soni is a board-certified internal medicine physician and serves as faculty for both the UCLA Department of Medicine and the Charles R. Drew University Department of Internal Medicine. A graduate of Harvard College, Dr. Soni graduated cum laude with a bachelor's degree in anthropology. She received her medical degree from Harvard Medical School and completed her residency in internal medicine at the University of California, San Francisco.

# STATE AND FEDERAL POLICY/LEGISLATIVE UPDATES



# FEDERAL UPDATE: EXPANSION OF COVERAGE TO DEFERRED ACTION FOR CHILDHOOD ARRIVALS (DACA) RECIPIENTS

- ❑ On April 13, 2023, the Biden-Harris Administration announced a plan to expand health coverage to DACA recipients.
- ❑ The U.S. Department of Health and Human Services will soon release a proposed rule amending the definition of “lawful presence” to include DACA recipients for purposes of Medicaid and Affordable Care Act coverage, allowing DACA recipients to be potentially eligible for coverage and financial assistance through these programs for the first time.
- ❑ Like all other enrollees, eligibility information will be verified electronically when individuals apply for coverage.
- ❑ Covered California will continue to monitor these developments as additional details unfold.

# FEDERAL UPDATE: FINAL NOTICE OF BENEFIT AND PAYMENT PARAMETERS FOR THE 2024 PLAN YEAR

- ❑ On April 18, the U.S. Department of Health and Human Services [released](#) the unpublished final Notice of Benefit and Payment Parameters for the 2024 plan year. While Covered California continues to analyze the rule and determine impacts to Covered California, the rule notably:
  - Limits the number of non-standardized Qualified Health Plans (QHPs) issuers may offer through Healthcare.gov to four options per product network type and metal level in any service area for plan year 2024. Beginning in plan year 2025, QHP issuers will also be limited to offering two non-standardized QHP options.
  - Adopts a more consumer-friendly re-enrollment policy that will seamlessly connect enrollees with higher-value QHPs by allowing Marketplaces to automatically re-enroll eligible consumers into a Silver-level QHP with cost-sharing reductions (CSRs) who would otherwise be re-enrolled in a Bronze-level QHP without CSRs;
  - Establishes a new pre-testing and assessment program to prepare State-based Marketplaces for the planned measurement of improper Advance Premium Tax Credit payments.

# FEDERAL UPDATE: FEDERAL RACE AND ETHNICITY STATISTICAL STANDARDS

- Drawing upon its experiences implementing a robust race and ethnicity data collection strategy, on April 11, Covered California submitted [comments](#) in response to the Office of Management and Budget’s (OMB) initial proposals for revising the federal race and ethnicity statistical standards. These standards assist federal agencies and other stakeholders in better understanding existing racial and ethnic disparities in health care. In its comments, Covered California supported the following proposals:
  - Requiring disaggregated race and ethnicity data collection by default to support streamlining universal race and ethnicity data collection;
  - Collecting race and ethnicity information through one combined question, instead of the existing two-question format, to reduce confusion and variation;
  - Establishing a new reporting category recognizing the Middle Eastern or North African populations;
  - Using the terms “multi-racial,” “multi-ethnic,” and “individuals identifying as more than one race,” instead of “mixed race”; and
  - Prohibiting indirect estimations (e.g., using zip codes or surnames) for race and ethnicity.

Note: OMB recently [extended](#) the comment period deadline to April 27.

# FEDERAL UPDATE: BRAIDWOOD MANAGEMENT, INC. V. BECERRA

- ❑ On March 30, in *Braidwood Management, Inc. v. Becerra*, the U.S. District Court for the Northern District of Texas issued a decision striking down key provisions of the Affordable Care Act requiring health plans to cover preventive health care services at no cost to the consumer.
  - Because of California’s strong consumer protections in state law requiring all health plans regulated by the state (including all plans offered in Covered California) to cover these same services at no cost to the consumer, this ruling will not impact Covered California or the consumers we serve.
  - The Biden administration has already appealed the ruling, and requested the district court allow the requirement to cover these services at no cost to the consumer to continue during the appeal.
  - Covered California will remain vigilant in this case, and work with our consumers and partners to reassure them that our consumers have and will continue to have robust access to preventive health services.

# COVERED CALIFORNIA DATA & RESEARCH

# KEY DATA ON COVERAGE AND UNDOCUMENTED CALIFORNIANS

Katie Ravel

Director

Policy, Eligibility, and Research Division

# CALIFORNIA'S REMAINING UNINSURED



## CalSIM

### California Simulation of Insurance Markets

*The California Simulation of Insurance Markets (CalSIM) model is designed to estimate the impacts of various federal and state policies on individual decisions to obtain insurance coverage and employer decisions to offer coverage in California. It was developed by the UC Berkeley Center for Labor Research and Education and the UCLA Center for Health Policy Research.*

- ❑ New CalSIM brief projects California's uninsured in 2024
- ❑ After implementation of full-scope Medi-Cal for low-income undocumented adults in 2024, an estimated 2.57 million Californians under age 65 will remain uninsured.
- ❑ This translates to an overall uninsured rate of 8%, although significant demographic variation persists:
  - 12% of Latinos remain uninsured, compared to 6% of African Americans, 6% of Asians, and 4% of white individuals.
  - Among undocumented Californians, 27% remain uninsured versus 7% of citizens and legally present residents.
- ❑ Many of the uninsured are eligible for coverage, including 710,000 eligible for Medi-Cal, 770,000 eligible for marketplace coverage, and 570,000 who have an offer of affordable employer coverage.

Miranda Dietz, Laurel Lucia, Srikanth Kadiyala, Tynan Challenor, Annie Rak, Yupeng Chen, Menbere Haile, Dylan H. Roby, and Gerald F. Kominski. "California's Uninsured in 2024: Medi-Cal expands to all low-income adults, but half a million undocumented Californians lack affordable coverage options." UC Berkeley Labor Center and Education UCLA Center for Health Policy Research, March 2023.

<https://laborcenter.berkeley.edu/californias-uninsured-in-2024/>

# CALIFORNIA'S UNDOCUMENTED POPULATION WITH INCOME ABOVE MEDI-CAL LIMITS AND NO EMPLOYER COVERAGE OFFER

- ❑ CalSIM modeling projects 630,000 undocumented individuals will be ineligible for Medi-Cal due to income and lack an offer of employer coverage in 2024 including:
  - An estimated 520,000 uninsured undocumented residents who earn too much for Medi-Cal and do not have employer coverage, and
  - An estimated 110,000 undocumented individuals paying the full cost of individual market coverage outside of Covered California.

Total Uninsured	520,000	100%
<b>Income</b>		
At or below 250% FPL	190,000	36%
251-400% FPL	160,000	30%
400%+	180,000	34%

Miranda Dietz, Laurel Lucia, Srikanth Kadiyala, Tynan Challenor, Annie Rak, Yupeng Chen, Menbere Haile, Dylan H. Roby, and Gerald F. Kominski. "California's Uninsured in 2024: Medi-Cal expands to all low-income adults, but half a million undocumented Californians lack affordable coverage options." UC Berkeley Labor Center and Education UCLA Center for Health Policy Research, March 2023.

<https://laborcenter.berkeley.edu/californias-uninsured-in-2024/>.



# AFFORDABLE CARE ACT PROVISIONS RELATED TO COVERING UNDOCUMENTED INDIVIDUALS

- ❑ The ACA specifies that Marketplaces sell only *qualified health plans* (QHPs) into which *qualified individuals* can enroll. Those qualified individuals may receive premium tax credits and enroll in Marketplace cost-sharing reduction plans if they meet certain income requirements and do not have other qualifying health coverage.
- ❑ Under the ACA, undocumented individuals are not qualified individuals, cannot enroll in QHPs, and cannot receive premium tax credits or cost-sharing reductions.
- ❑ However, the ACA does provide a process by which States can waive certain provisions, including those prohibiting Marketplace QHPs from enrolling undocumented people. Marketplaces also have latitude without a waiver to facilitate and subsidize enrollment in ACA-compliant non-QHPs provided that certain operational and financing requirements are met.

# BACKGROUND ON CALIFORNIA'S 2016 WAIVER

## APPROACH

- ❑ Senate Bill 10 (Lara, Chapter 22, Statutes of 2016) required Covered California to apply for a Section 1332 State Innovation Waiver to allow undocumented individuals to obtain coverage through Covered California.
- ❑ The waiver would have allowed Covered California to offer mirrored health plan products – California Qualified Health Plans or CQHPs – to undocumented individuals.
- ❑ Mixed immigration status families could have applied on the same coverage application but would have been enrolled in separate plans based on immigration status.
- ❑ SB 10 did not include state subsidies to lower the premium and out-of-pocket cost of Marketplace coverage. Due to the lack of subsidies, Covered California estimated that only 17,000 undocumented individuals would enroll under the waiver.
- ❑ Covered California submitted the Section 1332 Waiver [application](#) on September 30, 2016. On January 18, 2017, Covered California withdrew the waiver application at the request of Senator Lara, and with the concurrence of Governor Brown.

# CURRENT STATUS

- ❑ Two states are implementing coverage programs with state-funded subsidies for undocumented individuals through their Marketplaces or Marketplace-like portals. Colorado launched a non-waiver program for 2023 to cover undocumented individuals and Washington will begin a waiver-based program for plan year 2024.
- ❑ Assembly Bill 4 (Arambula) Covered California: Expansion – would required Covered California to apply for a federal waiver to be able to cover Californians regardless of immigration status. AB 4 does not include premium or cost-sharing subsidies.
- ❑ Covered California has been asked to provide technical assistance to state policymakers on this topic and will continue to do so as requested.

# WHERE COVERED CALIFORNIA IS PROVIDING TECHNICAL ASSISTANCE

California will face many significant choices if it decides to move forward with a proposal to cover undocumented individuals who make too much to qualify for Medi-Cal.

- Choice of model to match California's policy and operational goals:
  - A 1332 waiver to allow undocumented people to enroll in QHPs. Depending on income, many mixed immigration status families would be able to enroll in the same plan. 1332 waivers are granted at the discretion of the US Departments of Health & Human Services and Treasury. Such a waiver would need to meet four statutory guardrails related to coverage, comprehensiveness, affordability and any impacts to the federal deficit over a 10-year period.
  - A non-waiver model where Covered California would facilitate the enrollment of undocumented people into non-QHP plans (off-Marketplace individual market coverage). This model does not require federal approval.
- The operational complexity and implementation timeline:
  - Under the non-waiver model, at least 12 months of implementation time would be needed following the passage of state authorizing legislation.
  - Under the waiver model, at least 24 months of waiver development, federal review and implementation time would be needed after the passage of state authorizing legislation.

Note: policy and operational considerations related to providing premium or cost sharing subsidies to undocumented individuals are beyond the scope of this presentation because AB 4 does not include subsidies.

# 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](mailto:BoardComments@covered.ca.gov).*

# APPENDICES

# APPENDICES: TABLE OF CONTENTS

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

# SERVICE CENTER UPDATE

## Improving Customer Service

- ❑ Completed Employee Engagement sessions with Service Center branches Strategic Innovation and Implementation, Internal Compliance and Support, Resource Planning and Management, and Consumer Relations and Resolution
- ❑ Post Call Survey (PCS) overall consumer satisfaction 97% for March

## Enhancing Technology Solutions

- ❑ Partnered with CCIT on launch of attendance line Interactive Voice Response (IVR) system for Sacramento and Fresno Operations

## Staffing Updates

- ❑ Vacancy rate of 7.5 percent (2023) comparable to prior year of 6.1 percent (2022)



# SERVICE CENTER UPDATE

## Comparing March 2023 vs. 2022 Call Statistics:

Year	Calls to IVR	Calls Offered to SCR	Abandoned %	Calls Handled	ASA	AHT	Service Level %
2023	307,843	183,931	1.88%	179,336	0:01:02	0:20:02	83.57%
2022	312,815	186,832	3.24%	180,308	0:01:18	0:19:13	77.05%
<b>Percent Change</b>	2% Decrease	2% Decrease	42% Decrease	1% Decrease	21% Decrease	4% Increase	8% Increase

- ❑ The total Calls Offered decreased from 2022 by 2%
- ❑ Calls Handled decreased from 2022 by 1%
- ❑ The Abandoned % decreased from 2022 by 42%
- ❑ Service Level increased from 2022 by 8%

# SERVICE CENTER UPDATE – QUICK SORT VOLUMES

## March Weekly Quick Sort Transfers:

Week 1*	Week 2	Week 3	Week 4	Week 5*	Total
3/1 - 3/4	3/5 - 3/11	3/12 - 3/18	3/19 - 3/25	3/26 - 3/31	
850	1,490	1,368	1,455	1,582	6,745

\*Partial Week

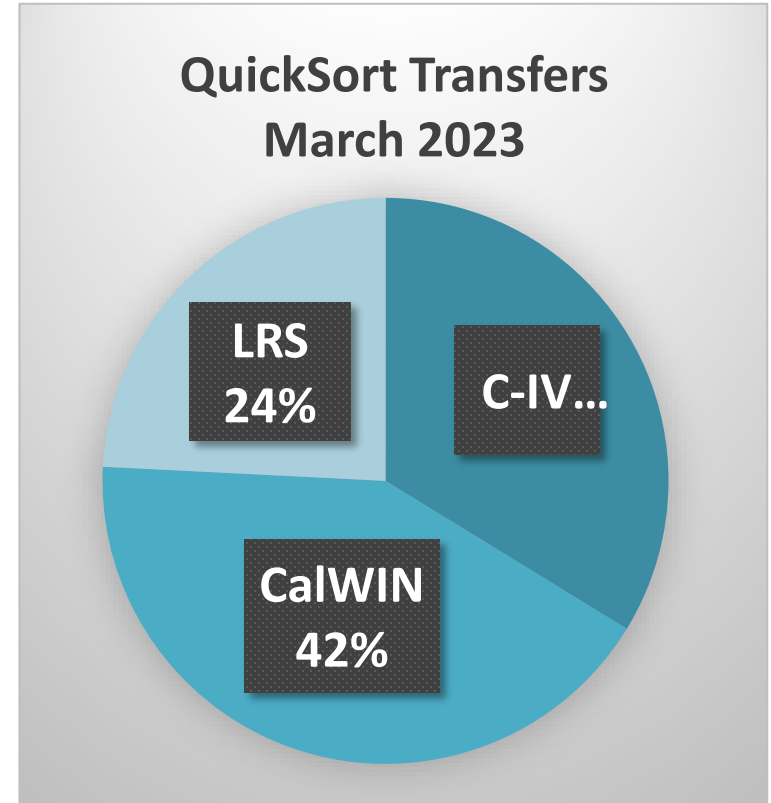
## March Consortia Statistics:

SAWS Consortia	Calls Offered	Service Level %	Calls Abandoned %	ASA
C-IV	1,353	91.20%	1.33%	0:00:23
CalWIN	1,685	87.89%	0.30%	0:00:26
LRS	970	96.60%	0.31%	0:00:08

- 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: 8,858
- Members: 77,612
- Average Group Size: 8.7
- YTD New Sales: 2,865

*\*membership reconciled through 4/14/2023*



# CALHEERS UPDATE

**CalHEERS Release 23.6 is planned for June 19, 2023 and will include:**

- ❑ Implementing the following notice functionality:
  - Creation of supplemental inserts
  - Creation of admin notices
  - Configuration of active/hold/suppress functions
  - Creation of box snippets
- ❑ Implementing new functionality to withhold selected populations from the Medicare and Deceased Periodic Verification Confirmation (PVC) process and discontinue consumers from the appropriate program(s) following the no-response process.
- ❑ Establishing an Enrollment Snapshot for the legacy Enrollment IDs enabling Service Center staff to review the changes done to an enrollment for legacy Enrollment IDs
- ❑ Replacing the CalHEERS annual renewal enrollment functions (active & passive) with a custom solution.

# COVEREDCA.COM UPDATE

## CoveredCA.com planned updates for May 19th, 2023:

- ❑ Enhancement of our chatbot, CiCi, to better assist users with queries related to transitioning from Medi-Cal to Covered California, in compliance with Senate Bill 260 (SB-260).
- ❑ Introduction of a user-friendly Medi-Cal Transition (MCT) section on CoveredCA.com's homepage, complete with a prominent call-to-action button, encouraging consumers to learn more about their healthcare plan options.

# OUTREACH & SALES ENROLLMENT PARTNER TOTALS

Uncompensated partners supporting enrollment assistance efforts

ENROLLMENT ASSISTANCE PROGRAM	ENTITIES	COUNSELORS
Certified Application Counselor	212	1221
Plan-Based Enroller	12	439
Medi-Cal Managed Care Plan	3	49

# OUTREACH & SALES NON-ENGLISH ENROLLMENT SUPPORT

Data as of April 10, 2023

## 11,561 Certified Insurance Agents

- 18.1% Spanish
- 9.5% Chinese
- 4% Vietnamese
- 4.7% Korean
- 19.4% Other Languages

## 1,161 Navigator: Certified Enrollment Counselors

- 60% Spanish
- 4.3% Chinese
- 1.6% Vietnamese
- 1.2% Korean
- 6.2% Other Languages

## 1,221 Certified Application Counselors

- 50.5% Spanish
- 4.3% Chinese
- 1.3% Vietnamese
- .5% Korean
- 3.8% Other Languages

## 439 Certified Plan Based Enrollers

- 30.8% Spanish
- 4.8% Chinese
- 1.6% Vietnamese
- .7% Korean
- 2.5% Other Languages

## 49 Certified Medi-Cal Managed Care Plan Enrollers

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

