



EXECUTIVE DIRECTOR'S REPORT

Jessica Altman, Executive Director | September 21, 2023 Board Meeting

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*

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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 18

February 15

March 21 *

April 18

May 16

June 20

July 18 *

August 15

September 19

October 17 *

November 21

December 19 *

**Possibly no meeting*

EXECUTIVE DIRECTOR'S UPDATE

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- ❑ Open Enrollment 2024!
- ❑ State and Federal Updates
- ❑ Data and Research
 - ❑ Update on Medical to Covered California Transitions

OPEN ENROLLMENT UPDATE

OPEN ENROLLMENT 2024 READINESS

- ❑ **Recertifying insurance agents and certified enrollers** on new 2024 plan products, updated policies and application enhancements to better assist consumers through the eligibility and enrollment process

- ❑ **Connecting consumers to enrollment help**
 - **Find local help** - Webpage refreshed with agents and enrollers in good standing and able to provide in-language support
 - **Help On Demand** - Network of agents and enrollers reviewed and bolstered to ensure compliance with rigorous qualifications including threshold language capability, geographic reach within an area, and quick speed-to-answer performance metrics
 - **Storefronts** - Walk-in locations verified to be fully-operational with published hours of business and a ready team of enrollers with brochures and other enrollment materials

- ❑ **Communicating important information** to enrollers to ensure a good consumer experience
 - Covered California stands ready to deploy **E-briefs, alerts, toolkits, announcements and other news** through-out open enrollment so that enrollers have what they need to successfully enroll Californians into coverage



COVERED CALIFORNIA

OPEN ENROLLMENT

2024

ENROLLER KICK-OFF MEETINGS

SEPTEMBER 12-28
NINE IN-PERSON
TRAININGS



- SEPT. 12** EL CAJON
San Diego County
- SEPT. 13** PLACENTIA
Orange County
- SEPT. 14** RANCHO CUCAMONGA
San Bernardino County
- SEPT. 19** TORRANCE
East Los Angeles County
- SEPT. 20** PASADENA
West Los Angeles County
- SEPT. 21** CAMARILLO
Ventura County
- SEPT. 26** FRESNO
Fresno County
- SEPT. 27** SAN JOSE
Santa Clara County
- SEPT. 28** SACRAMENTO
Sacramento County

Covered California Outreach and Sales Team is conducting trainings across California in-person to kick off the Open Enrollment 2024 plan year with certified insurance agents, navigators, community partner enrollers, and stakeholders.

Email kickoffevents@covered.ca.gov if you have questions.

OE24 COMMS FRAMEWORK – “BRIDGING THE GAP”



Utilize bridges throughout the state as a powerful metaphor to highlight the role Covered California plays in connecting Californians to insurance and quality health care

- ❑ Statewide reach, with focus on populations with the greatest need, including diverse and rural communities
- ❑ Multi-layered messaging covering enrollment, Medi-Cal unwind, and state CSR program
- ❑ Mix of media events and community engagement
- ❑ Media, stakeholder, elected official and community leader engagement

OE24 COMMS FRAMEWORK – “BRIDGING THE GAP”



OE 2024 MARKETING: KEY CREATIVE AND MESSAGE RESEARCH LEARNINGS INFORMING PLANNING

Most uninsured heard of Covered California but remain unfamiliar

- Majority are unaware of the financial help offered
- Confusion persists on whether Covered California is an insurer and whether we are for-profit or part of the government

The most compelling messages center around...

- Availability of financial help
- Benefits covered (preventive, emergency, etc.)
- Who we are and what we do

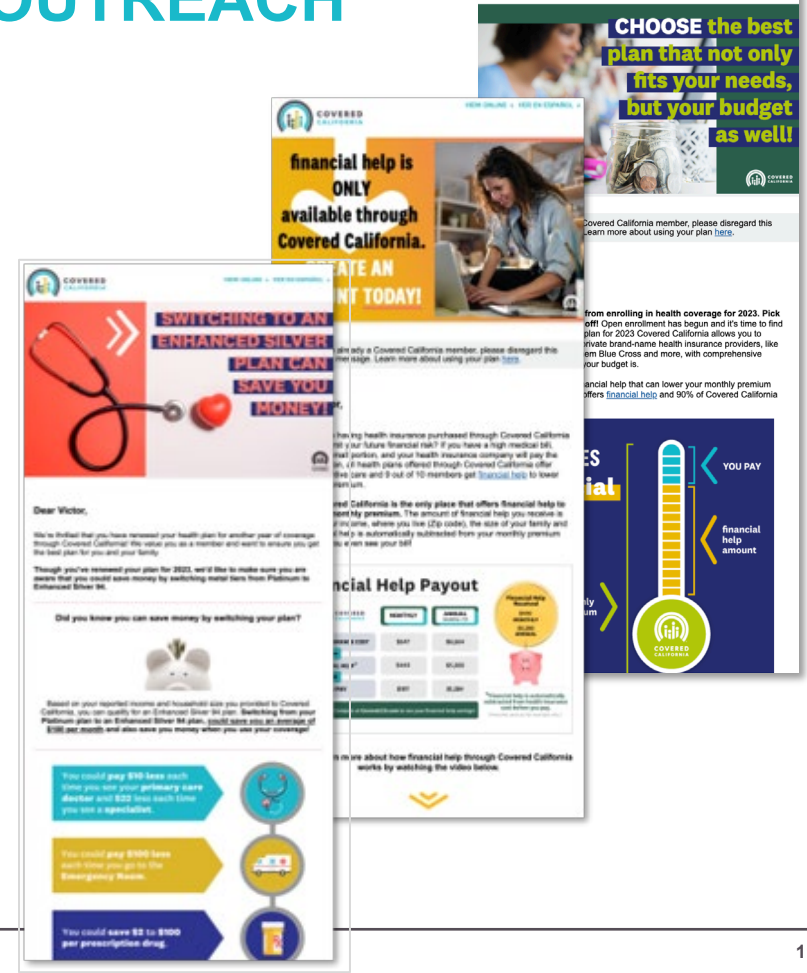
OE 2024 MARKETING: DIRECT OUTREACH

Audiences:

1. Current Members
2. Former Covered California Members
3. Prospects in the Sales Funnel
4. Medi-Cal to Covered California Transitioners
5. Health Insurance Loss/Terminations

Channels: Direct Mail, Email, SMS text

Messages: Tailored to each audience to encourage enrollment and retention



OE 2024 MARKETING: CONTINUE WITH WHAT WORKS WELL AND REFINE WHERE NEEDED

Creative: refine creative approach for greater message consistency, simplicity and frequency:

- ❑ Laser-focus on core message points of who we are, financial help and quality coverage
- ❑ Adopt the \$10/month data point to communicate affordability that tested well and is already being used by PR and healthcare.gov
- ❑ Highlight expanded CSRs

Audiences: expand to include Medi-Cal to Covered California transitioners



STATE AND FEDERAL POLICY/LEGISLATIVE UPDATES

STATE LEGISLATIVE UPDATE

- ❑ In the 2023 Legislative Session, Covered California analyzed and provided technical assistance for legislation that covered topics such as health care affordability, data sharing, benefits, cost-sharing, and information security.
- ❑ The session ended on September 15.

ENROLLED LEGISLATION

Enrolled bills are on Governor Newsom's desk for action. The Governor has until October 14, 2023, to sign or veto the legislation. Enrolled bills directly impacting Covered California include:

- ❑ **SB 595 (Roth):** Clarifies and enhances existing law which enables Covered California to receive specified information from the Employment Development Department on new applicants for unemployment compensation, state disability, and paid family leave for the purposes of marketing and outreach. Adds consumer protective provisions regarding data exchange between the departments, as well as information security requirements.
- ❑ **SB 635 (Menjivar):** Starting January 1, 2025, requires health insurance carriers to cover hearing aids for enrollees under the age of 21. Limits coverage to \$3,000 per hearing aid and prohibits hearing aids from being subject to deductibles and copays. If the coverage requirement exceeds Essential Health Benefits under the Affordable Care Act, cost defrayal by the state will be required.

ENROLLED LEGISLATION

- **SB 544 (Laird):** Temporarily provides an alternative option for state bodies, including advisory bodies, to hold teleconferenced meetings under the Bagley-Keene Open Meeting Act. Beginning January 1, 2024 through 2025, in addition to the existing authority, members of a state body may also participate in a meeting by teleconference if a majority of the members are physically present at the same teleconference location, and that teleconference location is accessible to the public and included in the meeting notice. The other members may participate from remote locations that do not need to be accessible to the public or included in the meeting notice.
 - For advisory bodies, members may also participate by teleconference if at least one staff member is physically present at the primary physical meeting location.

CHAPTERED LEGISLATION

Chaptered bills have been signed by the Governor. Chaptered bills directly impacting Covered California include:

- ❑ **SB 143 (Budget, Chapter 196, Statutes of 2023):** As a companion to the enrolled bill SB 544 (Laird), temporarily reinstates another alternative option for state bodies, including advisory bodies, to hold teleconferenced meetings under the Bagley-Keene Open Meeting Act. Effective immediately until January 1, 2024, when SB 544 would take effect, state bodies also have the option to hold teleconferenced meetings under the prior pandemic-related flexibilities. Members are not required to be physically present at the meeting's primary physical location and any teleconference locations members participate from do not need to be accessible to the public or included in the meeting notice.
- ❑ **SB 447 (Atkins, Chapter 199, Statutes of 2023):** Ends California's restriction on taxpayer-funded travel by state agencies to states that have adopted discriminatory anti-LGBTQ+ laws. This bill also creates a new public awareness project that will consult with community leaders to promote California's values of acceptance and inclusion of the LGBTQ+ community across the country.

FEDERAL UPDATE

- ❑ On September 11, Covered California submitted a comment letter in response to the joint proposed rule issued by the U.S. Departments of Treasury, Labor, and Health and Human Services (the Departments) to restrict several types of non-ACA-compliant products, including short-term, limited duration insurance (STLDI), hospital indemnity, and other fixed indemnity products with limited benefits. Because these products are not considered health insurance coverage, the Affordable Care Act's critical consumer protections and comprehensive coverage requirements do not apply, exposing consumers to avoidable financial and health risks.
- ❑ In its letter, Covered California supported the Departments' proposals to limit the maximum term duration, require clearer notices, and institute fairer payment practices, many of which align with California's existing restrictions. While these efforts represent significant steps forward, Covered California also highlighted California's decision to end the sale of STLDI entirely.

UPDATE ON MEDI-CAL TO COVERED CALIFORNIA TRANSITIONS

Isaac Menashe
Deputy Director for Evaluation & Research
Policy, Eligibility, & Research Division

PUBLIC HEALTH EMERGENCY UNWIND AND MEDI-CAL TO COVERED CALIFORNIA PROGRAM UPDATE

- ❑ Following the end of the Public Health Emergency (PHE) and the continuous coverage requirement, counties resumed annual Medi-Cal renewal activities in April. Covered California launched its implementation of the Medi-Cal to Covered California enrollment program, which automatically enrolls subsidy-eligible Medi-Cal transitioners into the lowest-cost Silver plan available.
- ❑ Today we are presenting data on the second cohort of Medi-Cal transitioners (August 2023). Note that these numbers will change because the special enrollment period is still open.
- ❑ Today we are presenting detailed demographic data on the first cohort of Medi-Cal transitioners (July 2023), much of which (and more) we are also releasing at <https://hbex.coveredca.com/data-research/>. These profiles of Medi-Cal to Covered California transitioners will be released monthly going forward.

MEDI-CAL TO COVERED CALIFORNIA AUGUST 2023 (AND SEPTEMBER PREVIEW)

- ❑ The 33% effectuation rate for the August 2023 cohort now looks comparable to July’s cohort. This compares to 17% for the equivalent population in 2019.
- ❑ September data reflect the corrections of a gap in CalHEERS eligibility logic, resulting in a large uptick in auto-plan selections.
- ❑ Effectuation data is *preliminary* as consumers are still making payments for this coverage, and the monthly population profile being processed by the counties may not reflect a “steady state” yet.

Caution: these are early trends and could change as the unwind proceeds and consumers respond.

KEY PERFORMANCE INDICATORS

as of
9/19/2023

indicates data not yet settled

Medi-Cal to Covered California Transition Data By Month Marketplace Eligibility Begins*	July	August	September
Medi-Cal Transitions eligible in CalHEERS	35,089	47,727	283,273
Medi-Cal Transitions with plan selection**	9,837	12,102	36,328
<i>Auto Plan Selections***</i>	9,177	11,013	34,902
Effectuated Coverage After Auto Plan Selection	2,906	3,580	6,540
<i>Effectuated after APS - Eligible for \$0 Silver plan</i>	32%	34%	34%
<i>Effectuated after APS - Switched out of default plan</i>	31%	28%	25%
Effectuation Rate After Auto Plan Selections (APS)	32%	33%	19%
<i>Effectuation rate among APS - eligible for \$0 plan</i>	34%	35%	18%

* Data excludes any consumers with Medi-Cal redetermination, initially found marketplace eligible, but who returned to Medi-Cal eligibility before losing coverage.

** Includes plan selections by individuals who do not qualify for subsidies and members who were automatically added to an existing family enrollment.

*** A subset of Medi-Cal Transitions with a plan selection. Indicates that consumer received an automatic plan selection when first transitioning from Medi-Cal. Includes consumers who were automatically added to an existing enrollment in the same household, and includes those who later switched into a different plan after auto plan selection.

DATA TO EVALUATE THE PHE UNWIND

Covered California's mission is to reduce the number of uninsured. During PHE Unwind, this means ensuring that individuals who are discontinued from Medi-Cal finds affordable plans, provided they do not have another offer of Minimum Essential Coverage (MEC).

How are we doing? The following slides show key data points, but we take a careful approach to evaluation:

- ❑ We cannot measure program success from administrative data alone – we must complement CalHEERS information with data from consumers about their source of coverage since losing Medi-Cal. The first round of invitation letters for our pulse survey of Medi-Cal Transitioners – which will provide better insight into those who are remaining uninsured – were released yesterday.
- ❑ Effectuation rates provide a window into consumer activity, but prior research reminds us that underlying eligibility for coverage varies by demographics.*
- ❑ Many of the demographic and other breakouts shown are correlated, which remind us that a pattern by a certain attribute does not mean *causation* by that attribute.

Covered California plans further analyses and research to triangulate on any barriers to coverage and how we may be able to target assistance.

* 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

MCT TRENDS – KEY HIGHLIGHTS FOR ENROLLMENT

As detailed in the slides that follow, when assessing trends in enrollment and effectuation for the July 2023 cohort, several initial observations emerge.

- ❑ **Eligibility for \$0 coverage:** Older consumers were more likely to be eligible for \$0 Silver plans.
- ❑ **Effectuating plans:** Older consumers, Asian Americans, and those with an Asian preferred written language (esp Chinese) effectuated at higher rates. Black and Latino consumers effectuated at lower rates.
- ❑ **Seeking assistance from agents or enrollment counselors/navigators:** delegation to these assisters was limited to a minority of those who transitioned, but consumers who sought this help effectuated at higher rates.
- ❑ **Switching plans:** Four carriers (LA Care, Blue Shield, Anthem, and Kaiser) netted 9 out of 10 auto plan selected consumers. Kaiser was the common destination for those who switched.

However, the data are only providing an initial window into unwind trends, and should be reinforced with further investigation and confirmation with other data sources before considered settled program trends.

JULY 2023 MCT TRENDS – AGE

Older consumers are more likely to be eligible for \$0 Silver plans, and are more likely to be effectuated in those plans.

- Among consumers 26 to 34, 28% were eligible for \$0 Silver, and 26% of them effectuated.
- Among consumers 55 to 64, 46% old were eligible for \$0 Silver, and 46% of them effectuated.

Age				
	1	2	3	4
Auto Plan Selections for Medi-Cal Transitioners (MCT) to Covered California	APS Eligible for Covered California at end of SEP	APS effectuated (subset of column 1)	APS Eligible for Covered California at end of SEP	APS effectuated (subset of column 1)
Age Bracket	Individuals #	Individuals #	Column %	Column %
Age 17 or less	910	320	10%	11%
Age 18 to 25	2,250	590	25%	20%
Age 26 to 34	2,220	610	24%	21%
Age 35 to 44	1,520	450	17%	16%
Age 45 to 54	1,160	460	13%	16%
Age 55 to 64	980	450	11%	16%
Age 65+	130	20	1%	1%
Grand Total	9,170	2,900	100%	100%

Age		
5	6	7
Share eligible for \$0 plan among APS eligible for Covered California	APS effectuation rate among APS eligible for Covered California	APS effectuation rate among those eligible for \$0 plan
7%	35%	50%
27%	26%	26%
28%	27%	30%
31%	30%	30%
36%	40%	40%
46%	46%	49%
77%	15%	10%
30%	32%	34%

Rounding for small cell sizes may cause some totals to not sum. See full data release for July 2023 Medi-Cal to Covered California transitions for detail and documentation, available at hbex.coveredca.com.

JULY 2023 MCT TRENDS – INCOME

Among those who had incomes in the subsidy-eligible range and received APS, effectuation rates were higher among the lower income consumers (e.g. 37% for those with incomes between 138 and 150% FPL, compared to 29% for incomes between 250% and 400% FPL).

FPL				
	1	2	3	4
Auto Plan Selections for Medi-Cal Transitioners (MCT) to Covered California	APS Eligible for Covered California at end of SEP	APS effectuated (subset of column 1)	APS Eligible for Covered California at end of SEP	APS effectuated (subset of column 1)
FPL Bracket at Time of Transition Start	Individuals #	Individuals #	Column %	Column %
138% FPL or less	600	180	7%	6%
138% FPL to 150% FPL	380	140	4%	5%
150% FPL to 200% FPL	3,330	1,160	36%	40%
200% FPL to 250% FPL	1,930	590	21%	20%
250% FPL to 400% FPL	2,210	630	24%	22%
400% FPL to 600% FPL	500	130	5%	4%
600% FPL or greater	210	60	2%	2%
FPL Unavailable	20	10	0%	0%
Grand Total	9,180	2,900	100%	100%

5	6	7
Share eligible for \$0 plan among APS eligible for Covered California	APS effectuation rate among APS eligible for Covered California	APS effectuation rate among those eligible for \$0 plan
92%	30%	29%
92%	37%	37%
47%	35%	33%
9%	31%	39%
4%	29%	38%
2%	26%	0%
0%	29%	
50%	50%	100%
30%	32%	34%

Rounding for small cell sizes may cause some totals to not sum. See full data release for July 2023 Medi-Cal to Covered California transitions for detail and documentation, available at hbex.coveredca.com.

JULY 2023 MCT TRENDS – LANGUAGE

Of note, the effectuation rate for Medi-Cal Transitioners is particularly high among consumers who indicated a written language preference for an Asian language.

This difference was driven particularly by enrollees whose written language preference was Chinese and Vietnamese, who had effectuation rates of 69% and 44% respectively (not shown), compared to 32% for English and 31% for Spanish.

[Language breakout rolled up due to small cell sizes for many languages. Full language detail is available in the data release on hbex.coveredca.com.]

Language - Written (summary groups)				
	1	2	3	4
	APS Eligible for Covered California at end of SEP	APS effectuated (subset of column 1)	APS Eligible for Covered California at end of SEP	APS effectuated (subset of column 1)
Language Written				
Asian Languages	280	160	3%	6%
English	7,000	2,210	76%	76%
Other Languages	60	10	1%	0%
Spanish	1,450	450	16%	16%
(unknown)	390	60	4%	2%
Grand Total	9,180	2,890	100%	100%

5	6	7
Share eligible for \$0 plan among APS eligible for Covered California	APS effectuation rate among APS eligible for Covered California	APS effectuation rate among those eligible for \$0 plan
32%	57%	56%
29%	32%	34%
17%	17%	100%
36%	31%	29%
23%	15%	22%
30%	31%	34%

Rounding for small cell sizes may cause some totals to not sum. See full data release for July 2023 Medi-Cal to Covered California transitions for detail and documentation, available at hbex.coveredca.com.

JULY 2023 MCT TRENDS – RACE/ETHNICITY

Eligibility for \$0 Silver coverage was slightly lower among African American and Asian Americans (25% and 28%, respectively, compared to 31% for whites and Latinos.

Effectuation rates were significantly lower for African American and Latino consumers, at 21% and 27%, respectively, compared to 39% for whites and 49% for Asian Americans.

[Race/ethnicity rolled up to provide summary view. Full race and ethnicity detail is available in the data release on hbex.coveredca.com.]

Race / Ethnicity	1	2	3	4
Race / Ethnicity	APS Eligible for Covered California at end of SEP	APS effectuated (subset of column 1)	APS Eligible for Covered California at end of SEP	APS effectuated (subset of column 1)
(nonrespondent)	1,350	340	15%	12%
American Indian or Alaska Native	20	10	0%	0%
Asian American	980	480	13%	19%
Black or African American	480	100	6%	4%
Latino	4,060	1,100	52%	43%
Multiple Races	140	60	2%	2%
Native Hawaiian or Other Pacific Islander	20	0	0%	0%
Other	430	150	5%	6%
White	1,690	660	22%	26%
Grand Total	9,170	2,900	100%	100%

5	6	7
Share eligible for \$0 plan among APS eligible for Covered California	APS effectuation rate among APS eligible for Covered California	APS effectuation rate among those eligible for \$0 plan
29%	25%	28%
50%	50%	0%
28%	49%	44%
25%	21%	25%
31%	27%	29%
21%	43%	33%
50%	0%	0%
26%	35%	45%
31%	39%	43%
30%	32%	33%

All % calculations except the non-respondents calculated out of respondents only. Non-respondent % is of total population of enrollees.

Rounding for small cell sizes may cause some totals to not sum. See full data release for July 2023 Medi-Cal to Covered California transitions for detail and documentation, available at hbex.coveredca.com.

JULY 2023 MCT TRENDS – SERVICE CHANNEL

Seeking assistance from Agents or Certified Enrollment Counselors was associated with a higher rate of effectuation for consumers who had received APS. Importantly, we cannot definitively whether the higher rates are a *result* of the assistance – consumers who are more in need of coverage may be the ones who seek assistance in the first place.

Of note, among consumers who sought assistance from Certified Enrollment Counselors and Certified Insurance Agents after their transition began, over three-quarters ended up effectuating.

[Race/ethnicity rolled up to provide summary view. Full race and ethnicity detail will be available in data releases on hbex.coveredca.com.]

Delegation Status				
	1	2	3	4
	APS Eligible for Covered California at end of SEP	APS effectuated (subset of column 1)	APS Eligible for Covered California at end of SEP	APS effectuated (subset of column 1)
Delegation Status				
Certified Insurance Agents & Plan Based Enrollers	1,318	761	14%	26%
<i>Delegation began before MCT transition</i>	1,081	577	12%	20%
<i>Delegation began after MCT transition</i>	237	184	3%	6%
Certified Enrollment Counselors	326	128	4%	4%
<i>Delegation began before MCT transition</i>	271	83	3%	3%
<i>Delegation began after MCT transition</i>	55	45	1%	2%
No Delegation	7,528	2,013	82%	69%
Grand Total	9,172	2,902	100%	100%

	5	6	7
	Share eligible for \$0 plan among APS eligible for Covered California	APS effectuation rate among APS eligible for Covered California	APS effectuation rate among those eligible for \$0 plan
	29%	58%	59%
	27%	53%	52%
	37%	78%	84%
	21%	39%	40%
	21%	31%	28%
	24%	82%	92%
	30%	27%	29%
	30%	32%	34%

Rounding for small cell sizes may cause some totals to not sum. See full data release for July 2023 Medi-Cal to Covered California transitions for detail and documentation, available at hbex.coveredca.com.

2023 MCT TRENDS TO-DATE – ISSUER

LA Care, Blue Shield of California, Anthem, and Kaiser together enrolled nine out of ten Auto Plan Selected (APS) Medi-Cal Transitioners who have effectuated in 2023 (as of September).*

Enrolled Issuer (may not be the issuer assigned in auto plan selection (APS))				
	1	2	3	4
Enrolled Issuer	APS Eligible for Covered California at end of SEP	APS effectuated (subset of column 1)	APS Eligible for Covered California at end of SEP	APS effectuated (subset of column 1)
Aetna Health of California Inc.	30	10	0%	0%
Anthem Blue Cross	2,460	590	27%	20%
Blue Shield	2,540	780	28%	27%
CCHP	0	0	0%	0%
Health Net	50	40	1%	1%
Kaiser	750	540	8%	19%
LA Care	2,200	730	24%	25%
Molina Health Care	850	130	9%	4%
Oscar Health Plan	0	0	0%	0%
SHARP Health Plan	20	20	0%	1%
Valley Health	270	50	3%	2%
Western Health	10	10	0%	0%
Grand Total	9,170	2,900	100%	100%

5	6	7
Share eligible for \$0 plan among APS eligible for Covered California	APS effectuation rate among APS eligible for Covered California	APS effectuation rate among those eligible for \$0 plan
33%	33%	0%
29%	24%	31%
35%	31%	33%
20%	80%	100%
27%	72%	65%
25%	33%	37%
32%	15%	19%
0%	100%	
37%	19%	20%
0%	100%	
30%	32%	34%

Rounding for small cell sizes may cause some totals to not sum. See full data release for July 2023 Medi-Cal to Covered California transitions for detail and documentation, available at hbex.coveredca.com.

* Because Medi-Cal Transitioners can be auto plan selected (APS) into an existing enrollment on a case, data by APS issuer may include issuers who were not the lowest-cost silver plan.

2023 MCT TRENDS TO-DATE – SWITCHING

Nearly three quarters of effectuated enrollees who received Automated Plan Selection stayed in their default plan.

About one in four (24%) elected to switch issuer, while one in ten (12%) switched tier.

Among tier switchers, more consumers moved to a lower coverage plan such as Bronze (60%) than moved up to Gold or Platinum (40%).

Tier and Issuer Switching		
	1	2
Effectuated Auto Plan Selections for Medi-Cal Transitioners (MCT) to Covered California	Effectuated APS	Effectuated APS
Switching	Individuals #	column %
Default plan	2,058	71%
Switched issuer and tier	216	7%
Switched issuer only	483	17%
Switched tier only	145	5%
Grand Total	2,902	100%
Switched issuer (share of all effectuated APS)	24%	
Switched tier only (share of all effectuated APS)	12%	

Type of Switching by Enrolled Issuer (final issuer at the end of the SEP)

Auto Plan Selections for Medi-Cal Transitioners (MCT) to Covered California	Enrolled Issuer (final issuer at the end of the SEP)												
	1	2	3	4	5	6	7	8	9	10	11	12	13
Total	Aetna Health of California Inc.	Anthem Blue Cross	Blue Shield	CCHP	Health Net	Kaiser	LA Care	Molina Health Care	Oscar Health Plan	SHARP Health Plan	Valley Health	Western Health	
Default plan	2,060	10	470	580	0	20	150	670	110	0	10	40	0
Switched issuer and tier	220	0	10	40	0	20	130	0	0	0	0	0	0
Switched issuer only	480	0	100	120	0	10	230	0	10	0	10	0	0
Switched tier only	150	0	10	40	0	0	20	50	10	0	0	10	0
Grand Total	2,900	10	590	780	0	40	540	730	130	0	20	50	10

* All cells rounded to protect privacy, and thus totals may not sum exactly in case of smaller cell sizes.

Rounding for small cell sizes may cause some totals to not sum. See full data release for July 2023 Medi-Cal to Covered California transitions for detail and documentation, available at hbex.coveredca.com.

* Because Medi-Cal Transitioners can be auto plan selected (APS) into an existing enrollment on a case, data by APS issuer may include issuers who were not the lowest-cost silver plan.

2023 MCT TRENDS TO-DATE – ISSUER

The table below shows all plan switching to date, with the original APS plan in the row, and the final plan at end of transition in the column.

[Due to rounding, small cells in the table below should be interpreted with caution.]

Switching from Issuer Assigned by APS (row) to Enrolled Issuer (final issuer at the end of the SEP) (column)													
Auto Plan Selections for Medi-Cal Transitioners (MCT) to Covered California	1	Enrolled Issuer (final issuer at the end of the SEP)											
	Total	2	3	4	5	6	7	8	9	10	11	12	13
		Aetna Health of California Inc.	Anthem Blue Cross	Blue Shield	CCHP	Health Net	Kaiser	LA Care	Molina Health Care	Oscar Health Plan	SHARP Health Plan	Valley Health	Western Health
Aetna Health of California Inc.	10	10	0	0	0	0	0	0	0	0	0	0	0
Anthem Blue Cross	680	0	480	60	0	0	120	0	10	0	10	0	0
Blue Shield	770	0	30	620	0	10	110	0	0	0	0	0	0
CCHP	0	0	0	0	0	0	0	0	0	0	0	0	0
Health Net	20	0	0	0	0	20	0	0	0	0	0	0	0
Kaiser	190	0	10	10	0	0	180	0	0	0	0	0	0
LA Care	970	0	60	80	0	0	110	720	0	0	0	0	0
Molina Health Care	180	0	10	20	0	10	10	0	120	0	0	0	0
Oscar Health Plan	0	0	0	0	0	0	0	0	0	0	0	0	0
SHARP Health Plan	10	0	0	0	0	0	0	0	0	0	10	0	0
Valley Health	70	0	0	0	0	0	20	0	0	0	0	50	0
Western Health	0	0	0	0	0	0	0	0	0	0	0	0	0
Grand Total	2,900	10	590	780	-	40	540	730	130	-	20	50	10

* All cells rounded to protect privacy. As percentages are computed off rounded cells, they may not sum to 100% in case of smaller cell sizes.

Rounding for small cell sizes may cause some totals to not sum. See full data release for July 2023 Medi-Cal to Covered California transitions for detail and documentation, available at hbex.coveredca.com.

* Because Medi-Cal Transitioners can be auto plan selected (APS) into an existing enrollment on a case, data by APS issuer may include issuers who were not the lowest-cost silver plan.

2023 MCT TRENDS TO-DATE – ISSUER

The table below shows all plan movement to date, with the original APS plan in the row, and the final plan at end of transition in the column. The diagonal shows the retention rate by issuer, though it may include individuals who switched tier or product within the same issuer.

[Due to rounding, small cells in the table below should be interpreted with caution.]

Switching from Issuer Assigned by APS (row) to Enrolled Issuer (final issuer at the end of the SEP) ("From a given issuer assigned by APS on the row, what issuer did switchers enroll with?")														
Issuer Assigned by APS	Enrolled Issuer (final issuer at the end of the SEP)													Total (count)
	1	2	3	4	5	6	7	8	9	10	11	12	13	
	Total (row %)	Aetna Health of California Inc.	Anthem Blue Cross	Blue Shield	CCHP	Health Net	Kaiser	LA Care	Molina Health Care	Oscar Health Plan	SHARP Health Plan	Valley Health	Western Health	
Aetna Health of California Inc.	100%	100%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	10
Anthem Blue Cross	100%	0%	71%	9%	0%	0%	18%	0%	1%	0%	1%	0%	0%	680
Blue Shield	100%	0%	4%	81%	0%	1%	14%	0%	0%	0%	0%	0%	0%	770
CCHP	100%													0
Health Net	100%	0%	0%	0%	0%	100%	0%	0%	0%	0%	0%	0%	0%	20
Kaiser	100%	0%	5%	5%	0%	0%	95%	0%	0%	0%	0%	0%	0%	190
LA Care	100%	0%	6%	8%	0%	0%	11%	74%	0%	0%	0%	0%	0%	970
Molina Health Care	100%	0%	6%	11%	0%	6%	6%	0%	67%	0%	0%	0%	0%	180
Oscar Health Plan	100%													0
SHARP Health Plan	100%	0%	0%	0%	0%	0%	0%	0%	0%	0%	100%	0%	0%	10
Valley Health	100%	0%	0%	0%	0%	0%	29%	0%	0%	0%	0%	71%	0%	70
Western Health	100%													0
Grand Total	100%	0%	20%	27%	0%	1%	19%	25%	4%	0%	1%	2%	0%	2,900

* All cells rounded to protect privacy. As percentages are computed off rounded cells, they may not sum to 100% in case of smaller cell sizes.

Rounding for small cell sizes may cause some totals to not sum. See full data release for July 2023 Medi-Cal to Covered California transitions for detail and documentation, available at hbex.coveredca.com.

* Because Medi-Cal Transitioners can be auto plan selected (APS) into an existing enrollment on a case, data by APS issuer may include issuers who were not the lowest-cost silver plan.

2023 MCT TRENDS TO-DATE – ISSUER

The table below shows all plan switching to date, with the original APS plan in the row, and the final plan at end of transition in the column, but restricted to only those who switched plans.

Kaiser was the most common destination for those who switched (51%), followed by Blue Shield.

[Due to rounding, small cells in the table below should be interpreted with caution.]

Switching from Default Issuer by APS (row) to Chosen Issuer (column) - among only those who switched ("What share of switchers went to each issuer?")														
Auto Plan Selections for Medi-Cal Transitioners (MCT) to Covered California	Total	Enrolled Issuer (final issuer at the end of the SEP)												Total
		Aetna Health of California Inc.	Anthem Blue Cross	Blue Shield	CCHP	Health Net	Kaiser	LA Care	Molina Health Care	Oscar Health Plan	SHARP Health Plan	Valley Health	Western Health	
Aetna Health of California Inc.	100%													
Anthem Blue Cross	100%	0%		30%	0%	0%	60%	0%	5%	0%	5%	0%	0%	200
Blue Shield	100%	0%	20%		0%	7%	73%	0%	0%	0%	0%	0%	0%	150
CCHP	100%													
Health Net	100%													
Kaiser	100%	0%	100%	100%	0%	0%		0%	0%	0%	0%	0%	0%	10
LA Care	100%	0%	24%	32%	0%	0%	44%		0%	0%	0%	0%	0%	250
Molina Health Care	100%	0%	17%	33%	0%	17%	17%	0%		0%	0%	0%	0%	60
Oscar Health Plan	100%													
SHARP Health Plan	100%													
Valley Health	100%	0%	0%	0%	0%	0%	67%	0%	0%	0%	0%		0%	30
Western Health	100%													
Grand Total	100%	0%	16%	23%	0%	3%	51%	1%	1%	0%	1%	0%	1%	700

* All cells rounded to protect privacy. As percentages are computed off rounded cells, they may not sum to 100% in case of smaller cell sizes.

Rounding for small cell sizes may cause some totals to not sum. See full data release for July 2023 Medi-Cal to Covered California transitions for detail and documentation, available at hbex.coveredca.com.

* Because Medi-Cal Transitioners can be auto plan selected (APS) into an existing enrollment on a case, data by APS issuer may include issuers who were not the lowest-cost silver plan.



2023 MCT TRENDS TO-DATE – SWITCHING

Below are the median premium changes between enrollees Auto Plan Selected (APS) plan and the latest enrollment among effectuated enrollees.

Among those who switched issuers without changing tiers, the median premium change was an increase of \$29, with consumers switching in Silver Kaiser paying on average \$32 more per month, while consumers who switched into Blue Shield paying \$64 more per month.

Switching by Enrolled Issuer- Showing median change in net premium per member (\$, dollars)													
Switcher Category	1	Enrolled Issuer (final issuer at the end of the SEP)											
	Total	2 Aetna Health of California Inc.	3 Anthem Blue Cross	4 Blue Shield	5 CCHP	6 Health Net	7 Kaiser	8 LA Care	9 Molina Health Care	10 Oscar Health Plan	11 SHARP Health Plan	12 Valley Health	13 Western Health
Switched issuer and tier	1	45	2	103	0	-22	-13	4	31	0	54	-146	67
Switched issuer only	29	13	9	64	95	29	32	0	11	188	36	0	-23
Switched tier only	0	-181	0	-22	0	0	-23	4	0	0	28	30	0
Grand Total	20	13	9	61	47	0	20	3	0	188	33	0	0

* All cells rounded to protect privacy, and thus totals may not sum exactly in case of smaller cell sizes.

Rounding for small cell sizes may cause some totals to not sum. See full data release for July 2023 Medi-Cal to Covered California transitions for detail and documentation, available at hbex.coveredca.com.

* Because Medi-Cal Transitioners can be auto plan selected (APS) into an existing enrollment on a case, data by APS issuer may include issuers who were not the lowest-cost silver plan.

DATA RELEASE

- ❑ Covered California is posting full reports contain most of the key metrics shown in this presentation, cut by demographic and other marketplace characteristics, at <https://hbex.coveredca.com/data-research/>.
- ❑ These profiles of Medi-Cal to Covered California transitioners will be released monthly.
- ❑ Reminder that these data will differ from other public reporting, including data released by Covered California to the Centers for Medicare and Medicaid Services, and that released by the Department of Health Care Services, due to differences in report specifications and methodologies.

USING THE DATA TO REACH CALIFORNIANS

- ❑ Outbound call campaigns are continuing in the field this month, with a new campaign for 10/1 coverage beginning next week targeting thousands of cases, including a significant push for in-language calls to Spanish speakers.
- ❑ Covered California is hosting discussions with local leaders and advocates from key communities and populations about gaps in awareness about the unwind, and community needs.
- ❑ In conjunction with ongoing data analysis, we are exploring plans for more in-depth qualitative research to identify any adjustments we can make to better reach demographics showing lower levels of effectuation.
- ❑ Covered California continues working with program partners to audit and validate CalHEERS and ensure that all Californians who lose Medi-Cal are receiving their correct eligibility determinations for Covered California.

APPENDIX

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UPDATE ON MEDI-CAL TO COVERED CALIFORNIA TRANSITIONS

AUGUST 2023 CALL SUMMARY

We are carefully monitoring calls to the call center and related requests from consumers for assistance from both the overall population of consumers who are transitioning from Medi-Cal following a redetermination (MCT) and the subset of those who were found subsidy eligible and receive automated plan selection (APS).

- ❑ Approximately 10% of all calls to the Service Center are calls from Medi-Cal Transitioner (MCT) population
- ❑ Average speed of answer (ASA) and average handle time (AHT) are comparable between the different populations

	Calls to IVR	IVR Containment	Offered to SCRs	Abandoned , %	Handled	ASA, seconds	AHT, minutes
Total Population	226,398	84,163	142,235	0.75%	141,090	13.0	19.3
Medi-Cal Transitioners (MCT), no APS	11,517	4,341	7,176	0.25%	7,146	9.5	20.5
Medi-Cal Transitioners (MCT), with APS	11,044	3,516	7,528	0.27%	7,509	10.5	22.1

Note: The total measures are slightly different from overall Service Center reporting due to different sources used. Among all calls to IVR, we match approximately 70% to applications based on the phone number. MCT are cases that have a transition from Medi-Cal to CCA in 2023, broken out by those consumers with Auto Plan Selection (APS) in 2023, and those without.

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
- ❑ CalHEERS Update
- ❑ Outreach & Sales Update

SERVICE CENTER UPDATE

Improving Customer Service

- ❑ Service Center partnering with Outreach and Sales planning for Pinnacle Open Enrollment overflow process
- ❑ Partnered with Covered California University (CCU) for New Employee Training

Enhancing Technology Solutions

- ❑ Collaborated with CCIT to deploy Dashbot analytics within the Interactive Voice Response System (IVR)

Staffing Updates

- ❑ Vacancy rate of 5.6 percent (2023) comparable to prior year of 5.8 percent (2022)

SERVICE CENTER UPDATE

Comparing August 2023 vs. 2022 Call Statistics

Year	Calls to IVR	Calls Offered to SCR	Abandoned %	Calls Handled	ASA	AHT	Service Level %
2023	226,398	142,235	0.75%	141,090	0:00:13	0:19:32	97.67%
2022	229,842	141,243	3.88%	133,779	0:00:32	0:20:08	82.55%
Percent Change	1% Decrease	1% Increase	81% Decrease	5% Increase	59% Decrease	3% Decrease	18% Increase

- ❑ The total Calls Offered increased from 2022 by 1%
- ❑ Calls Handled increased from 2022 by 5%
- ❑ The Abandoned % decreased from 2022 by 81%
- ❑ Service Level increased from 2022 by 18%

SERVICE CENTER UPDATE – QUICK SORT VOLUMES

August Weekly Quick Sort Transfers:

Week 1	Week 2	Week 3	Week 4	Week 5	Total
08/01 - 08/05	08/06 - 08/12	08/13 - 08/19	08/20 - 08/26	08/27 - 08/31	
1,038	1,397	1,467	1,454	1,360	6,716

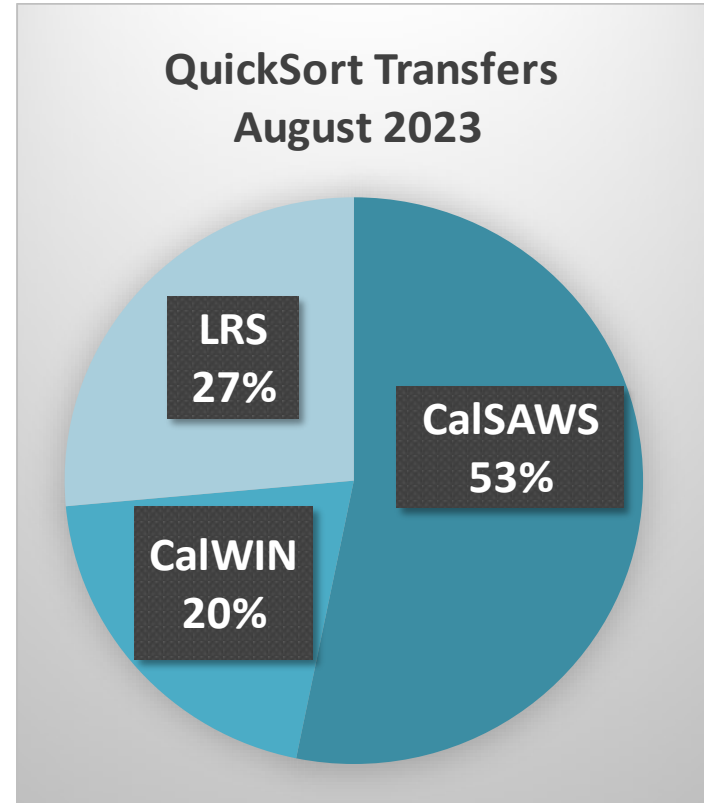
August Consortia Statistics:

SAWS Consortia	Calls Offered	Service Level %	Calls Abandoned %	ASA
CalSAWS	2,346	92.32%	1.79%	0:00:26
CalWIN	898	93.88%	0.78%	0:00:24
LRS	1,166	89.28%	1.80%	0:00:22

- SAWS = Statewide Automated Welfare System (consortia). California has three SAWS consortia's to provide service to the counties.
- CalSAWS = California SAWS Consortium (formally C-IV)
- 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: 8,693
- Members: 73,806
- Average Group Size: 8.5
- YTD New Sales: 5,377

**membership reconciled through 8/14/2023*



CALHEERS UPDATES

CalHEERS Release 23.9 is planned for September 19, 2023 and will include:

- ❑ Enhancements to the annual Renewals process which include 834 transaction, batch, eligibility, screen, HX20, and enrollment changes.
- ❑ Enhancement to 834 EDI transaction triggering using a button to transmit latest and complete enrollment data to the Carrier as of the date and time that the button is clicked by users with SCR L3 permissions.
- ❑ Enhancement to determine Discontinuance due to Negative action only when individual is not enrolled in an active plan.
- ❑ Implement logic to consider prior months for annual subsidy determination as it relates to the APTC calculations when a consumer is subsidy eligible.
- ❑ Implement improvements to the Business Process Management workflow processes.

CALHEERS UPDATES

- ❑ Enhance restriction for admin users who do not have a special entitlement from editing sensitive contact information on CalHEERS Portal.
- ❑ Improvements to the eligibility rules to utilize the results from a MEDS MEC check while determining eligibility to Insurance Affordability Programs (IAP).
- ❑ Implement compliance improvements by updating JSON schema
 - For the IFSV, Non-ESI and ESI calls to be successful so that consumers continue to be successfully verified for their income compatibility and MEC verifications
 - For the RIDP/FARS calls to be successful so that consumers continue to successfully verify their identity to create an account to access CalHEERS.

CALHEERS UPDATES

- ❑ Enhance the CalHEERS disposition functionality to accept MAGI Medi-Cal: IE status via dispositions to lift the MAGI Medi-Cal: Awaiting Review Discontinuance status resulting in the final MAGI Medi-Cal eligibility of Discontinued (DS) in CalHEERS and evaluate eligibility for the Exchange programs.
- ❑ Enhance the prior eligibility look-back logic to use program begin and end dates when retrieving the prior eligibility.
- ❑ Implement improvements for Enroller Portal/Salesforce
 - Enhance features for the Agency/Entity Admin to bulk Suspend and Re-Certify Agency/Entity Staff and Enroller's Certification/Approval Status
 - Provide ability to convert Agency Managers to Agents (and vice versa), and Agency Manager Level 2 and an Authorized Signer to add an Authorized Signer to an existing Agency

CALHEERS UPDATES

- Allow Authorized Signer to add an Agency Manager Level 2 to an existing Agency.
- Implement Enroller User Interface enhancements related to manual workloads due to unintended gaps/issues identified in Plan Choice and Assister Portal Project (PCAP) implementation – Admin Self Service.

OUTREACH & SALES ENROLLMENT PARTNER TOTALS

Uncompensated partners supporting enrollment assistance efforts

ENROLLMENT ASSISTANCE PROGRAM	ENTITIES	COUNSELORS
Certified Application Counselor	193	1148
Plan-Based Enroller	11	418
Medi-Cal Managed Care Plan	3	49

OUTREACH & SALES NON-ENGLISH ENROLLMENT SUPPORT

Data as of August 2, 2023

11,180 Certified Insurance Agents

- 18.3% Spanish
- 9.7% Chinese
- 4.0% Vietnamese
- 4.8% Korean
- 44.0% Other Languages

1,132 Navigator: Certified Enrollment Counselors

- 62.0% Spanish
- 4.4% Chinese
- 1.7% Vietnamese
- 1.2% Korean
- 6.5% Other Languages

1,148 Certified Application Counselors

- 54.3% Spanish
- 4.6% Chinese
- 1.4% Vietnamese
- .5% Korean
- 4.5% Other Languages

418 Certified Plan Based Enrollers

- 33.3% Spanish
- 5.0% Chinese
- 1.7% Vietnamese
- .7% Korean
- 2.6% Other Languages

49 Certified Medi-Cal Managed Care Plan Enrollers

- 60.0% Spanish
- 2% Chinese
- 4% Vietnamese
- 0% Korean
- 2% Other Languages

