EXECUTIVE DIRECTOR'S REPORT

Doug P. McKeever, Chief Deputy Executive Director, Program
April 18, 2024 Board Meeting

COVERED CALIFORNIA 2024 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 18	**May 16**	**September 19**
February 15	**June 20**	**October 17** *
March 21 *	**July 18** *	**November 21**
April 18	**August 15**	**December 19** *

Possibly no meeting

EXECUTIVE DIRECTOR'S UPDATE

❑   Welcome baby Blake!

❑   Chief Information Officer Awards

❑   Affordable Care Act Anniversary

❑   Congratulations Anthony Wright!

❑   Annual Employee Engagement Survey

❑   State and Federal Policy/Legislative Update

❑   Data and Research

   ▪   JAMA Health Forum Article

   ▪   Medi-Cal Transitioner Monthly Data Update

   ▪   Data-Driven Insights on Quality and Equity for Covered California Enrollees

Welcome Blake Altman Shinabery

Born on March 10, 2024

PUBLIC SECTOR CHIEF INFORMATION OFFICER ACADEMY AWARDS

- ❑ **Kevin Cornish** – Chief Information Officer of the Year

- ❑ **Enterprise Portfolio Management Office** - Team Award

- ❑ **CalHEERS Plan Choice Assister Portal Team** – Team Leadership Award

- ❑ **Jeff Taylor** – California Information Technology Leadership Award

- ❑ **Ramon Navarro** – California Information Technology Leadership Award

Celebrating the 14th Anniversary of the Affordable Care Act

Speaker Emerita Pelosi with Dr. Monica S. Soni

CONGRATULATIONS, ANTHONY!

Anthony Wright will be joining Families USA in July, as their new Executive Director

———————————————

Thank you, Anthony, for all of your work to protect and expand affordable health care coverage, and advance health equity for all Californians.

Covered California looks forward to our continued partnership with you in your new role!

ANNUAL EMPLOYEE ENGAGEMENT AND DIVERSITY, EQUITY, AND INCLUSION SURVEY

❑ We are moving to one combined Employee Engagement and Diversity, Equity, and Inclusion (DEI) yearly survey

❑ **Completely confidential**

❑ The survey will be open April 22 – May 6

STATE AND FEDERAL POLICY/LEGISLATIVE UPDATE

STATE LEGISLATION

Covered California is tracking a number of bills for 2024 on a variety of health and general government topics. Topics include health plan benefits and regulation, Medi-Cal eligibility, consumer privacy, health equity, and the use of artificial intelligence in government operations.

STATE LEGISLATION

Key legislation from 2024 includes:

- **AB 2435 (Maienschein):** Would extend Covered California's emergency rulemaking authority by 5 years.

- **AB 2479 (Wood):** Would clarify language establishing the Covered California strike benefit program authorized under AB 2530 of 2022.

- **SB 1290 (Roth**): Would express the intent of the Legislature to review California's essential health benefits benchmark plan and establish a new benchmark plan for the 2027 plan year.

- **SB 1428 (Atkins):** Would allow an individual 60 days before and after the date of a triggering event to apply for subsequent coverage, unless it conflicts with federal provision regarding special enrollment periods. The intent is to provide consistency between the on- and off-exchange markets.

WASHINGTON DC VISIT

❑ Covered California leadership will join leaders from State Based Marketplaces around the country in Washington DC on the week of April 29.

❑ The purpose of the visit is to meet with federal leaders to provide state-level updates and share information and insights into policy matters relevant to marketplaces and the consumers they serve.

COVERED CALIFORNIA

FEDERAL UPDATE

❑ Drawing upon its extensive experience analyzing enrollee demographic data and quality measures to drive meaningful improvements in health outcomes and enhance the care experience for Californians, on March 26, Covered California responded to the Centers for Medicare & Medicaid Services Draft Call Letter for the Quality Rating System and Qualified Health Plan (QHP) Enrollee Experience Survey for the 2025 plan year.

❑ With appreciation for CMS's recognition of the elements key to this continued effort, Covered California offered feedback to better identify and address disparities, strengthen quality oversight and assessment, and more accurately capture dimensions of patient care that contribute to health and health care disparities, including of note:

   ▪ Transparent race/ethnicity data reporting; inclusion of social and depression screening measures; extended dual reporting for colorectal screening; phased Electronic Clinical Data System reporting transition; and an expansion of languages plus additional questions for the QHP Enrollee Experience Survey.

FEDERAL UPDATE

❑ On April 2, the U.S. Department of Health and Human Services (HHS) released the final 2025 Notice of Benefit and Payment Parameters rule, which aims to advance the objectives of the Affordable Care Act while underscoring the vital role of Marketplaces in ensuring access to quality and affordable coverage. Noteworthy changes include:

  ▪ **Minimum Network Adequacy Standards:** Beginning in 2026, all Marketplaces must adopt maximum time and distance standards that are at least as stringent as those applicable in the Federally-Facilitated Marketplace, conduct quantitative network adequacy reviews pre-certification, and require QHPs to disclose telehealth service availability. State-based Marketplaces (SBMs) may seek approval from HHS to use alternative network adequacy standards that ensure access to providers equivalent to federal standards.

  ▪ **Essential Health Benefit (EHB) Benchmark Plan Updates:** The rule simplifies the process for states to select and update their EHB benchmark plan, adjusts the state defrayal of cost requirements, and allow states to include non-pediatric dental services as an EHB if they are part of a state's EHB-benchmark plan, and clarifies that states are not required to defray the costs of state-mandated benefits in the state's EHB benchmark plan.

  ▪ **Call Center Standards:** All Marketplaces must provide live assistance during business hours, a centralized eligibility and enrollment platform, and standardized consumer information for web brokers and direct enrollment entities.

❑ Covered California will continue to collaborate with partner agencies and stakeholders as we continue to analyze the final rule's impact in California and implement any necessary changes.

DATA AND RESEARCH

DOCUMENTING THE IMPACTS OF LOWER COST SHARING

A JAMA Health Forum article published this month by Covered California's research team documents an increase in utilization of outpatient practitioner visits for consumers who were nudged to switch into low-cost share Silver 94 plans that were made available to consumers who reported unemployment insurance by the American Rescue Plan midway through 2021.
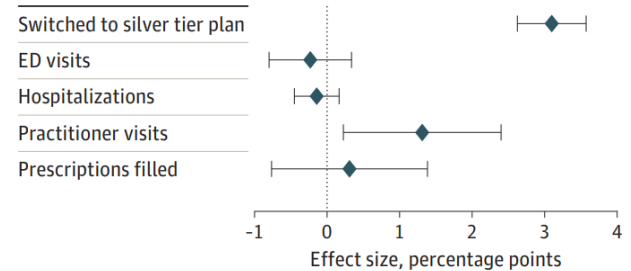
JAMA Health Forum™

Original Investigation

Health Plan Switching and Health Care Utilization
A Randomized Clinical Trial

Marina Lovchikova, PhD; Andrew Feher, PhD; Langou Lian, PhD

Figure 2. Intention-to-Treat Estimates of the Effect of Email Nudges

JAMA Health Forum. 2024;5(3):e240324. doi:10.1001/jamahealthforum.2024.0324

https://jamanetwork.com/journals/jama-health-forum/fullarticle/2816951

MEDI-CAL TRANSITIONER MONTHLY DATA UPDATE

Katie Ravel, Director
Policy, Eligibility, and Research Division

MEDI-CAL TRANSITIONER MONTHLY DATA UPDATE

KEY PERFORMANCE INDICATORS

Medi-Cal to Covered California Transition Data By Month Marketplace Eligibility Begins*	Grand Total	2023						2024			
		July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	March	April
Medi-Cal Transitions eligible in CalHEERS	**1,747,168**	**34,987**	**47,627**	**282,485**	**209,090**	**216,828**	**214,589**	**215,322**	**147,894**	**177,383**	**200,963**
Medi-Cal Transitions with plan selection**	**414,224**	10,086	11,929	35,293	35,856	43,778	43,045	61,109	46,630	59,095	67,403
*Auto Plan Selections***	**390,274**	*9,407*	*10,684*	*32,738*	*33,828*	*41,040*	*39,961*	*56,300*	*43,642*	*56,655*	*66,019*
Effectuated Coverage After Auto Plan Selection	84,762	2,914	3,819	9,522	9,066	12,436	13,320	19,177	14,508		
Effectuated after APS - Eligible for $0 Silver plan	**34%**	32%	36%	38%	35%	32%	29%	36%	34%		
Effectuated after APS - Switched out of default plan	**30%**	30%	29%	26%	26%	26%	27%	33%	34%		
Effectuation Rate After Auto Plan Selections (APS)	**32%**	**31%**	**36%**	**29%**	**27%**	**30%**	**33%**	**34%**	**33%**		
Effectuation rate among APS - eligible for $0 plan	**32%**	33%	42%	32%	29%	30%	30%	34%	33%		

* 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.

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AUTO PLAN SELECTION EFFECTUATION RATES IN 2023 AND 2024

2023

2024

■	10 - 15 %
■	15 - 20 %
■	20 - 25 %
■	25 - 30 %
■	30 - 35 %
■	35 + %
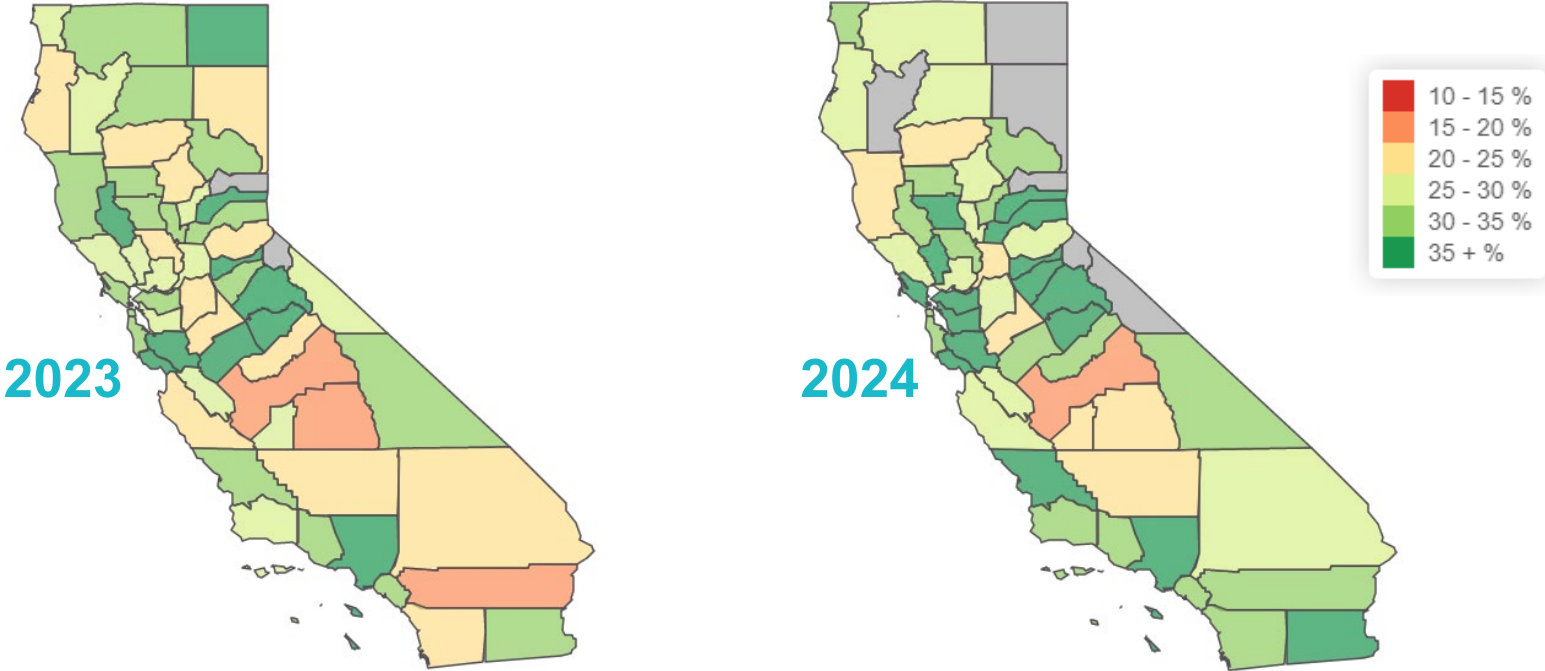
* 2023 data: effectuation rate among consumers with start dates between 07/01/2023 to 12/31/2023. 2024 data: consumers with start dates between 01/01/2024 to 02/29/2024. Dark gray areas indicate counties with fewer than 50 eligible individuals.

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OUR ENROLLEES: DATA-DRIVEN INSIGHTS ON QUALITY AND EQUITY

S. Monica Soni, MD
Chief Medical Officer
Chief Deputy Executive Director,
Health Equity and Quality Transformation

DATA RICH ENVIRONMENT UNLOCKS NEW INSIGHTS

Growth of EQT Health Informatics team and close collaboration with PERD is leading to actionable data on quality and equity

Data Source:	Healthcare Evidence Initiative	Patient Level Data	CalHEERS	IDSS Files	QRS Proof Sheets
Where does it come from?	QHP issuers	QHP issuers	Enrollees	QHP issuers	CMS website
How does it come in?	QHP issuers send to Merative monthly	QHP issuers upload directly to CovCA yearly	Members submit on application (annually+)	QHP issuers send to us annually	CovCA downloads annually
What data elements does it contain?	All claims & encounter data	Person level clinical + demographic data for some members	Contact info, demographic data, income, etc.	Numerator, denominator, rate for QRS measures & component parts	Measure score, denominator by QHP
What are some of the ways that we currently use it?	• Contract compliance • Att 1 & 2 Perf Stds • Quality, cost, utilization comparisons	• Contract compliance • Assess Disparities Reduction initiatives	• Direct to member outreach for QTI pop health assessment	• Understand gap in CIS-10 performance	• Assess 25/2/2 performance • QTI • Publish Plan Performance Report

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# MEETING ENROLLEE NEEDS IN BEHAVIORAL HEALTH

Behavioral Health utilization continues to rise year over year, with telehealth dominant modality. In comparison, only 27% of all Primary Care visits were telehealth.
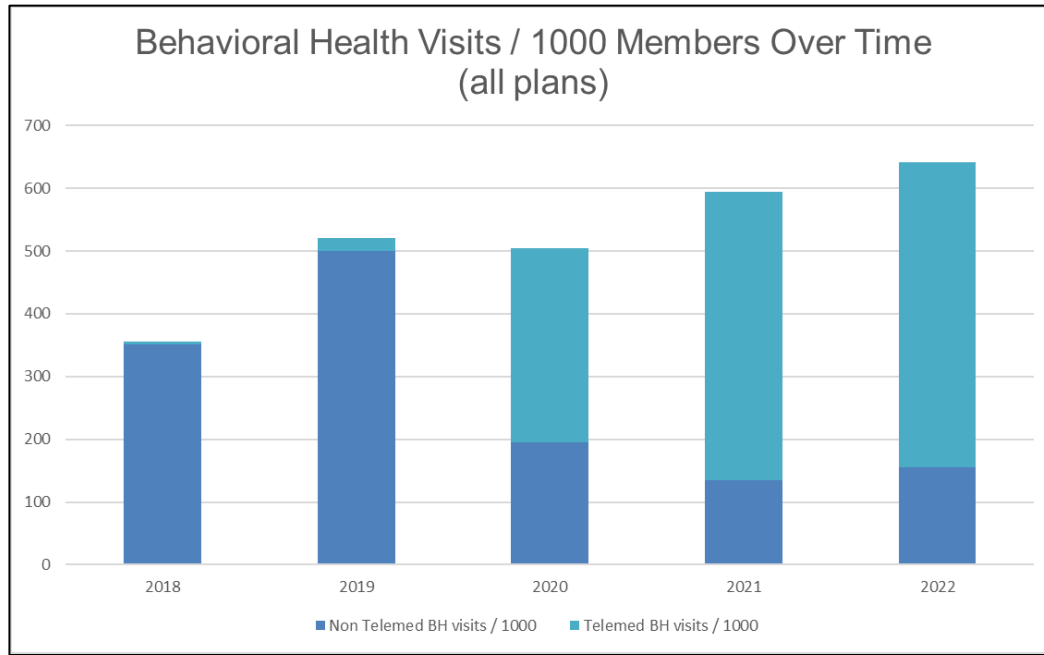
Behavioral Health Visits Amongst Covered California Enrollees (2022)

ROBUST TELEHEALTH UPTAKE ACROSS GROUPS

Behavioral telehealth utilization is fairly consistent across racial and ethnic subpopulations
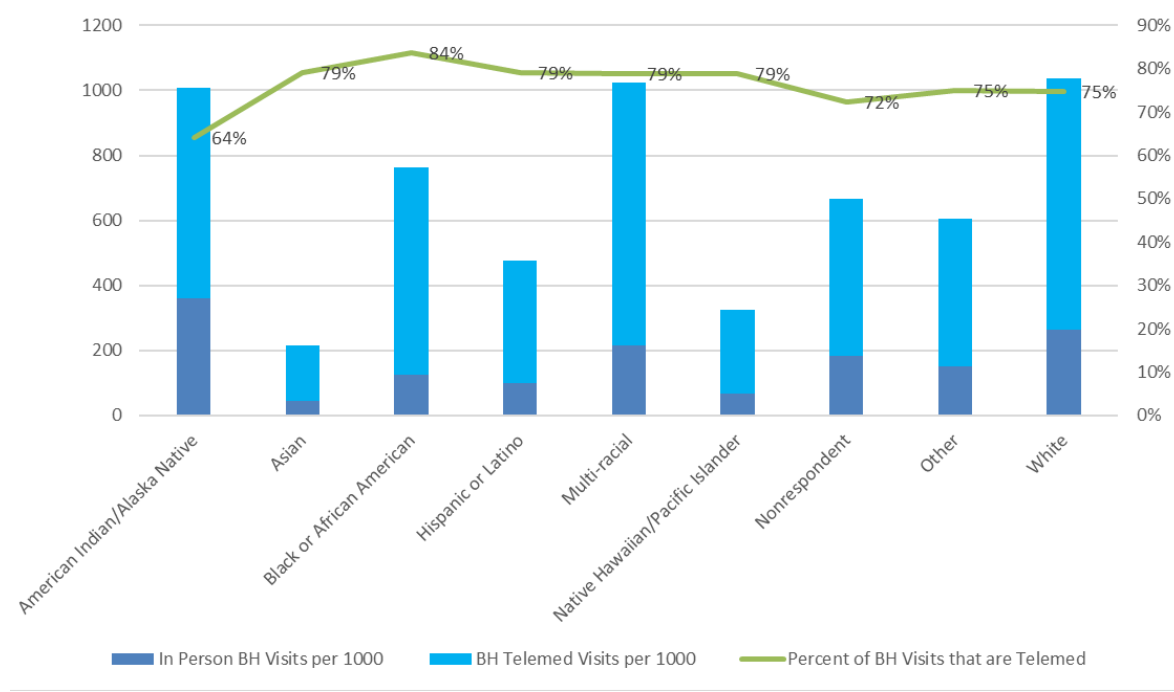
Behavioral Health Visit Modality by Race/Ethnicity (2022)

HOWEVER, DISPARITIES IN UTILIZATION FOUND

Behavioral Health utilization for Asian enrollees significantly lower than all other groups, mirroring nationally published gaps in care

Race/Ethnicity Group	Behavioral Health Visits/1000 (median)
American Indian/Alaska Native	431
Asian	**202**
Black or African American	644
Hispanic or Latino	409
Multi-racial	923
Native Hawaiian/Pacific Islander	402
Other	553
White	867

Behavioral Health Utilization by Race (2022)

PREVALENCE ALSO VARIES BY RACE/ETHNICITY

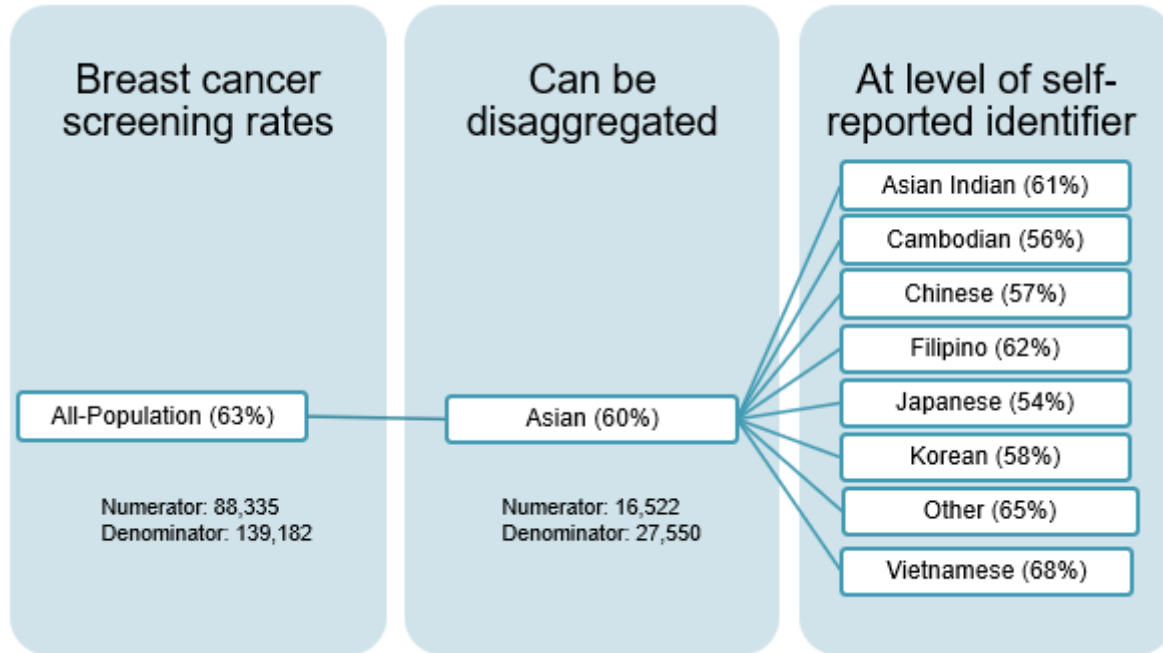Consistent with national data, disparities in burden of diagnosed disease found. This mirrors known data on disparities on suicide by subpopulation
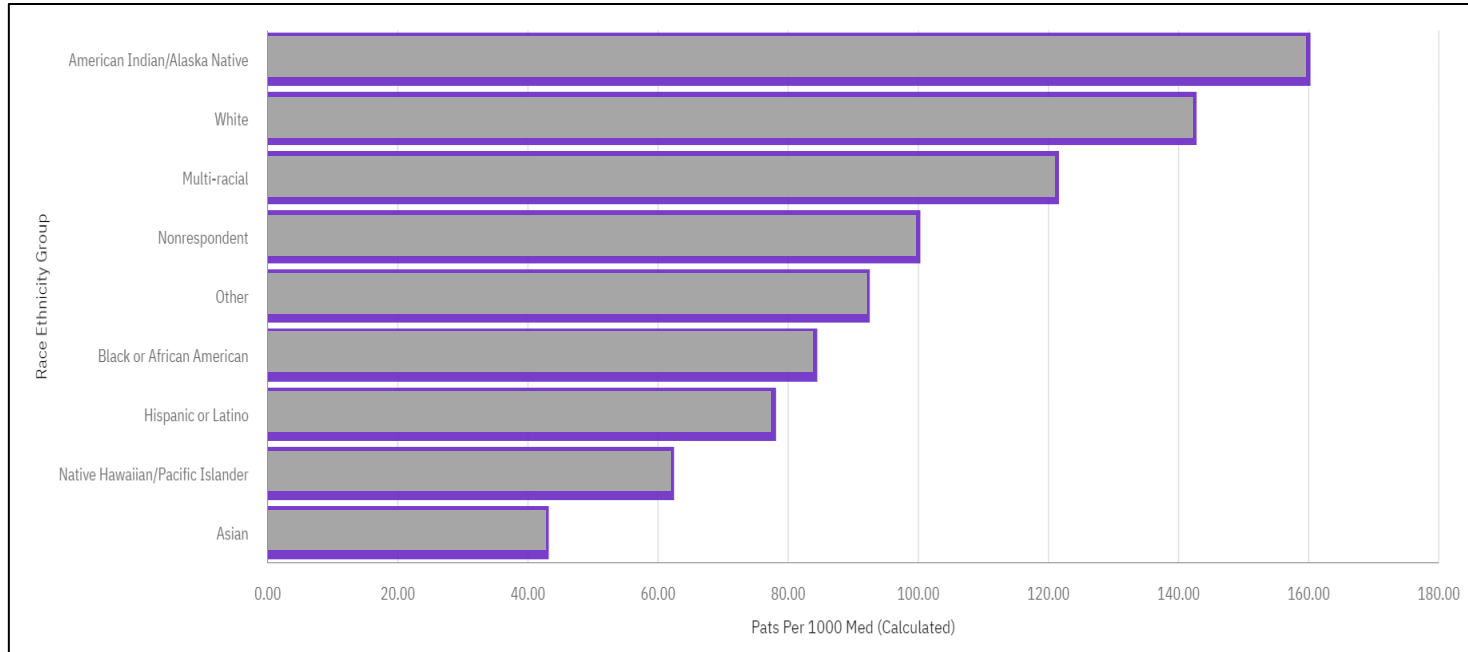
Covered California Patients/1000 with Mental Health Diagnosis by Race/Ethnicity (2022)

DISPARITIES CAN BE ASSESSED MORE GRANULARLY

Breast cancer screening rates	Can be disaggregated	At level of self-reported identifier
		Asian Indian (61%)
		Cambodian (56%)
		Chinese (57%)
		Filipino (62%)
All-Population (63%)	Asian (60%)	Japanese (54%)
		Korean (58%)
		Other (65%)
Numerator: 88,335 Denominator: 139,182	Numerator: 16,522 Denominator: 27,550	Vietnamese (68%)

Covered California Breast Cancer Screening Rates (2021)

DISPARITIES CAN BE ASSESSED MORE GRANULARLY

Breast cancer screening rates

All-Population (63%)

Numerator: 88,335
Denominator: 139,182

Can be disaggregated

Hispanic-Latino (65%)

Numerator: 19,611
Denominator: 29,937

At level of self-reported identifier

- Cuban (74%)
- Guatemalan (67%)
- Mexican/Mexican American/Chicano (64%)
- Other (67%)
- Puerto Rican (69%)
- Salvadorian (70%)
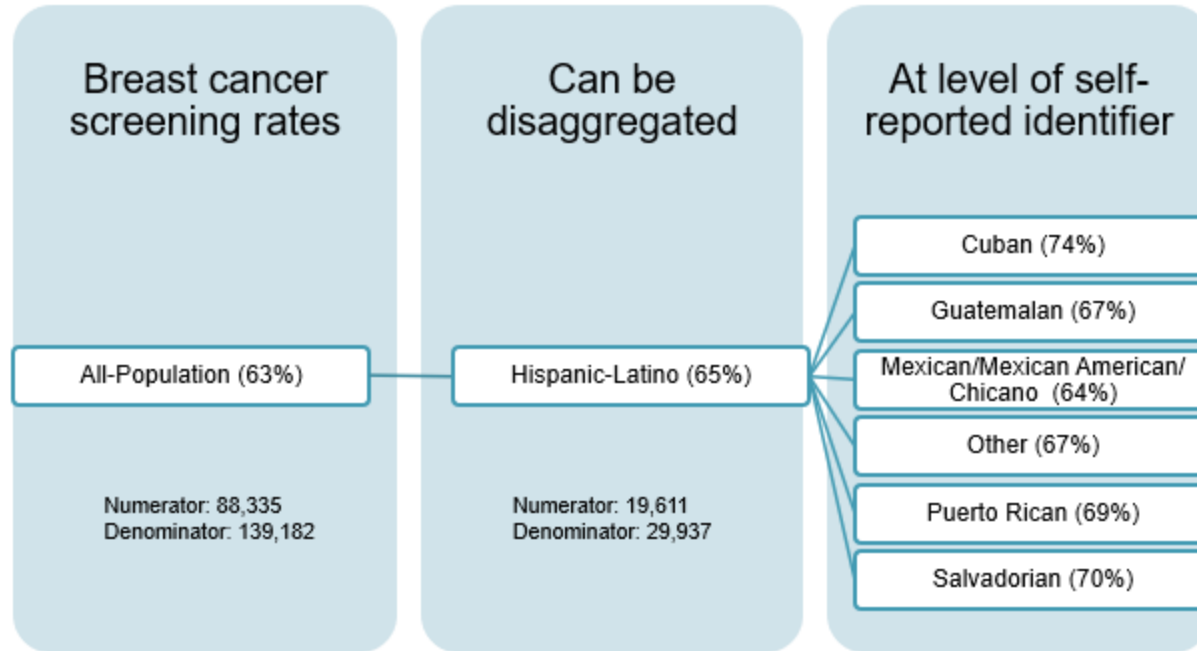
Covered California Breast Cancer Screening Rates (2021)

FUTURE ANALYTICS UNDER CONSIDERATION

❑ Intersectional demographics stratification

  ▪ For example: Rural/Super Rural/Urban + Race/Ethnicity + Language spoken

❑ Types of utilization

  ▪ Primary care only vs. Acute care vs. Specialty only vs. Mixed

❑ Portion of primary care utilization with assigned/selected PCP

  ▪ HMO vs PPO

❑ Out-of-pocket costs by clinical segment

  ▪ For example: Chronic disease (e.g., diabetes, hypertension) vs. Behavioral health diagnosis vs. Acute care only

❑ Network overlap

  ▪ % of PCPs in provider directory for Medi-Cal + Covered California + CalPERS

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

- ❑ Covered California for Small Business Update

- ❑ CalHEERS Update

- ❑ Outreach and Sales Update

SERVICE CENTER UPDATE

Improving Customer Service
- ❑ Service Center participated in a Leadership Roundtable- AI in the Workplace, hosted by OOCIE and CC IT. Enhancing the understanding of AI potential benefits within our teams and organization.

Enhancing Technology Solutions
- ❑ Partnered with CCIT on continued parity efforts in Amazon Connect

Staffing Updates
- ❑ Vacancy rate of 8.2 percent (2024) comparable to prior year of 6.6 percent (2023)

SERVICE CENTER UPDATE

Comparing February 2024 vs. 2023 Call Statistics

Year	Calls to IVR	Calls Offered to SCR	Abandoned %	Calls Handled	ASA	AHT	Service Level %
2024	439,711	302,956	7.29%	279,804	0:03:17	0:19:19	41.96%
2023	294,508	174,147	2.18%	169,261	0:01:04	0:20:02	76.02%
Percent Change	49% Increase	74% Increase	234% Increase	65% Increase	208% Increase	4% Decrease	45% Decrease

Due to the transition to Amazon Connect SSO, all call data has been impacted.

- ❏ The total Calls Offered increased from 2023 by 74%
- ❏ Calls Handled increased from 2023 by 65%
- ❏ The Abandoned % increased from 2023 by 234%
- ❏ Service Level decreased from 2023 by 45%

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SERVICE CENTER UPDATE

February Weekly Quick Sort Transfers

Week 1 02/01 - 02/03	Week 2 02/04 - 02/10	Week 3 02/11 - 02/17	Week 4* 02/18 - 02/24	Week 5 02/25 - 02/29	Total
864	2,584	1,379	1,309	1,420	7,556

*Partial Week - All CoveredCA Service Centers were closed on Monday, February 19, 2024, in observance of President's Day.

February Consortia Statistics

SAWS Consortia	Calls Offered	Service Level %	Calls Abandoned %	ASA
CalSAWS	4,213	89.31%	2.21%	0:00:57

❑ CalSAWS = Statewide Automated Welfare System (consortia)

COVERED CALIFORNIA FOR SMALL BUSINESS UPDATE

Group & Membership Update:

- Groups: 8,911

- Members: 77,436

- Average Group Size: 8.6

membership reconciled through 03/14/2024

CALHEERS UPDATE

❑ **CalHEERS Release 24.6 is planned for June 17, 2024, and will include:**

On Friday, January 26th, our Service Center technology provider experienced a cybersecurity incident, leading to a temporary suspension of our call handling capabilities during the final week of Open Enrollment.

- Streamline the Eligibility Results page to accurately show current eligibility and start dates, reflecting the previous year's application.

- Introduce features to accurately track and assess partial Medicare coverage, ensuring subsidies are only applied for months without Medicare.

- Enhance the CalHEERS Portal with CiCi Chatbot integration for real-time evaluation of Employer Sponsored Insurance (ESI) affordability.

- Replace the Document Image Verification System to enable real-time validation to Consumers and improve the verification success rate for submitted documents.

- Upgrade the Service Center Representative (SCR) Read-Only role for enhanced viewing access within the CalHEERS portal, and update the Security Role Matrix accordingly.

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CALHEERS UPDATE - CONTINUED

- Add "Household Income - State Subsidy" to the attributes eligible for Reasonable Opportunity Period (ROP) batch processing.

- Develop a feature to collect tax details for comparing attested consumer information against actual filed income at the year's end.

- Enable visibility of subsidy data in Salesforce and the Enroller Portal Book of Business, along with automatic transfer of delegations in case of an enroller's termination or death.

- Launch a configurable Strike/Lockout Workers subsidy program, allowing Covered California to activate or deactivate it for specific benefit years and manage Strike/Lockout records efficiently.

COVEREDCA.COM UPDATES

❑ **CiCi chatbot planned updates for May 19th, 2024:**

- Final testing of the to Affordability Tool within CalHEERS application. This will allow users to calculate health plans level of affordability in an easy-to-use chatbot workflow. This will be the first implementation of the chatbot within the application.

- New capability for users to check the status of their enrollment within CiCi from anywhere on the Dotcom. This includes a simple yes/no, details of their plans, cost, and support.

❑ **CoveredCA.com planned updates for May 19th, 2024:**

- Enhance digital translations for Dotcom content using Smartling, a modern translation service, to significantly increase in-language offerings and automating processes, while keeping human oversight central.

- Increase the Find an Enroller tool's visibility by adding a link in the Dotcom footer, directing more users to local assistance.

OUTREACH & SALES ENROLLMENT PARTNER TOTALS

Uncompensated partners supporting enrollment assistance efforts

ENROLLMENT ASSISTANCE PROGRAM	ENTITIES	COUNSELORS
Certified Application Counselor	217	1,128
Plan-Based Enroller	13	523
Medi-Cal Managed Care Plan	2	19

OUTREACH & SALES NON-ENGLISH ENROLLMENT SUPPORT

Data as of March 25, 2024

10,532 **Certified Insurance Agents**
- *19.3% Spanish*
- *10.4% Chinese*
- *4.3% Vietnamese*
- *4.9% Korean*
- *21.6% Other Languages*

1,062 **Navigator: Certified Enrollment Counselors**
- *53.3% Spanish*
- *4.1% Chinese*
- *1.6% Vietnamese*
- *0.8% Korean*
- *5.6% Other Languages*

1,128 **Certified Application Counselors**
- *47.1% Spanish*
- *4.4% Chinese*
- *1.2% Vietnamese*
- *0.5% Korean*
- *3.4% Other Languages*

523 **Certified Plan Based Enrollers**
- *18.4% Spanish*
- *2.7% Chinese*
- *1.3% Vietnamese*
- *0.6% Korean*
- *1.7% Other Languages*

19 **Certified Medi-Cal Managed Care Plan Enrollers**
- *58.9% Spanish*
- *5.3% Chinese*
- *15.8% Vietnamese*
- *0.0% Korean*
- *0.0% Other Languages*

Bar chart data:
- Agents: 10532
- CEC(NAV): 1062
- CAC: 1128
- PBE: 523
- MMCPE: 19

Legend: Agents, CEC(NAV), CAC, PBE, MMCPE

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