COVERED CALIFORNIA BOARD MINUTES
Thursday, September 18, 2025
Covered California
1601 Exposition Blvd.
Sacramento, CA 95815

Agenda Item I: Call to Order, Roll Call, and Welcome

The meeting was called to order at 11:00 a.m.

Board Members Present During Roll Call:

Mayra Alvarez
Craig Cornett
Jerry Fleming
Kim Johnson

Board Members Absent During Roll Call:
Sumi Sousa

Agenda Item II: Closed Session

A conflict disclosure was performed and there were no conflicts from the Board members that needed to be disclosed. The Board adjourned for closed session to discuss contracting and personnel matters pursuant to Government Code Section 100500(j).

The open session was called to order at 12:30 p.m.

At this time, Ms. Sousa was present, and Ms. Alvarez left the meeting.

Agenda Item III: Board Meeting Action Items

August 21, 2025 Meeting Minutes

Board Comment: None.

Public Comment: None.

Motion/Action: Chairwoman Johnson called for a motion to approve the August 21, 2025, meeting minutes.

Vote: The motion was approved by a unanimous vote of those present.

Agenda Item IV: Executive Director's Report

Discussion – Announcement of Closed Session Actions

Jessica Altman, Executive Director, stated that the Board met in closed session to undertake issues related to contracting. There were no items to report.

Discussion – Executive Director's Update

Ms. Altman highlighted upcoming Board meeting dates, confirming the next meeting on November 20th and sharing the Board meeting dates for 2026.

Discussion – State and Federal Policy/Legislative Update

Ms. Altman highlighted key state legislative actions following the end of the session on September 13th, including the passage of Assembly Bill (AB) 144 and Senate Bill (SB) 105, which address access to gender-affirming care and reproductive healthcare services. California has allocated $15 million to ensure compliance with federal regulations while continuing coverage for gender-affirming care, and AB 144 will redirect funds from segregated accounts to maintain access to abortion services statewide. Additionally, Ms. Altman shared that new measures would ensure preventive healthcare recommendations rely on evidence-based practices from trusted medical organizations, safeguarding coverage in case of federal policy changes. Ms. Altman also emphasized new provisions ensuring that immunization recommendations issued by the California Department of Public Health are informed by evidence-based practices from trusted national medical organizations.

On the federal side, Ms. Altman discussed the ongoing policy debate in Congress regarding the permanent extension of enhanced premium tax credits. She explained that the enhanced premium tax credits have allowed nearly 2 million Covered California members to access affordable health coverage, and their extension remains a priority for both state and national stakeholders. Currently, the enhanced premium tax credits are at the center of negotiations in Congress, as federal spending continuing resolutions are set to expire at the end of the month. While the outcome remains uncertain, she explained that Covered California is actively preparing for multiple scenarios, including operational adjustments that may be necessary if the extension is passed later in the process. These preparations include addressing potential timing challenges, such as consumer notices, enrollment decisions, and billing adjustments. Ms. Altman also cautioned that any extension may differ from the current structure of enhanced premium tax credits, which could create additional complexities for the Marketplace and its members.

Lastly, Ms. Altman also provided updates on recent court developments concerning the Centers for Medicare & Medicaid Services (CMS) final rule. While some provisions of the rule were intended only for the federal Marketplace, others were relevant to Covered California and had prompted the state to begin preparing for implementation. With the court's stay, Covered California has halted plans to implement these provisions, which are now on hold pending further legal decisions.

However, Ms. Altman noted that certain provisions of the CMS rule remain in effect, including the rule impacting gender-affirming care and the removal of Deferred Action for Childhood Arrivals (DACA) recipients from eligibility for Affordable Care Act (ACA) coverage.

Ms. Altman clarified that, while the provisions of the CMS proposed rule were initially included in the House version of H.R. 1, they were ultimately excluded from the final version passed by the Senate. This was due to issues with the parliamentarian and rulings on what was appropriate for a reconciliation package. As a result, these provisions now exist solely in the CMS final rule.

Ms. Altman explained that California is challenging the CMS rule in the case *State of California v. Kennedy*, which focuses on the gender-affirming care provision, and while no action has been taken by the judge yet, Covered California is closely monitoring both this case and related developments. Ms. Altman also shared the recent guidance issued by the CMS that broadens access to catastrophic health plans, which have lower premiums but higher cost-sharing. Ms. Altman explained that while CMS is implementing this policy in 47 states, Covered California, which oversees its own exemption process, has opted not to implement this change for the 2026 plan year due to other priorities but will continue to monitor its impact on the market and policy implications.

Ms. Altman highlighted Covered California's engagement with the National Committee for Quality Assurance (NCQA) regarding proposed changes to its Health Equity Accreditation program. As an early adopter of the program, Covered California requires all health plans to meet these accreditation standards, which aim to improve health equity. In alignment with partners like the California Public Employees' Retirement System (CalPERS) and the Department of Health Care Services, Covered California expressed concerns about the proposed changes, advocating for continued rigor and accountability in the program to ensure health plans are taking meaningful steps to improve equity for Californians.

Additionally, Ms. Altman shared that Covered California and CalPERS submitted joint comments to CMS regarding the 2026 Medicare Physician Fee Schedule, emphasizing its potential ripple effects on broader health policy despite Covered California not being directly tied to Medicare. She also noted the release of updated data and research resources related to the expiration of enhanced premium tax credits, including detailed fact sheets by congressional district, a comprehensive data book, and a social press kit for partners and Board members.

Board Comments: Chairwoman Johnson expressed appreciation for Ms. Altman and her team's thorough efforts in staying informed about federal and state actions and ensuring that Covered California provides its perspective when needed. She emphasized the importance of the governor's recent announcement regarding vaccines, highlighting the efforts to ensure that pharmacists and other allied health professionals can continue to administer immunizations and provide healthcare services.

Chairwoman Johnson also noted that these actions align with California's values and commitment to ensuring access to healthcare and processes that promote the best

outcomes for residents. She encouraged stakeholders to stay tuned for a webinar next week to further explore these components and reaffirmed the importance of collaboration to uphold California's dedication to accessible, high-quality healthcare.

Public Comment: Diana Douglas, representing Health Access, expressed appreciation for the state and federal updates and voiced strong support for the provisions in AB 144 based on California's recommendations.

Alicia Emanuel, representing the National Health Law Program and the Health Consumer Alliance, expressed support for the provisions in AB 144 and thanked Covered California for its active role in informing policymakers about the need for continued enhanced premium tax credits and other critical policies.

Doreena Wong, representing Asian Resources Inc., expressed appreciation for Covered California's efforts to advance the extension of federal enhanced premium tax credits and its support for gender-affirming care, abortion services, and vaccination access.

Agenda Item V: Covered California Policy and Action Items

Discussion – Proposed Emergency Eligibility and Enrollment Regulations

Katie Ravel, Director of the Policy, Eligibility & Research Division explained Covered California's annual process of updating eligibility and enrollment regulations, which often aligns with CMS's spring updates to benefit and payment parameters. She explained that while recent updates over the past four years focused on expanding coverage and affordability, the current changes reflect a shift backward due to new federal policies, as highlighted by Ms. Altman.

Operating under emergency rulemaking authority granted by the legislature, Covered California is implementing changes from the CMS Marketplace integrity and affordability final rule and H.R.1, in collaboration with state health department partners, consumer advocates, and health plans. Among the changes are the formalization of DACA coverage termination, clarifications to the failure to reconcile tax credit process, revisions to eligibility for lawfully present individuals under 100 percent of the Federal Poverty Level (FPL), adjustments to the inconsistency process for income verification, and the elimination of Special Enrollment Periods (SEPs) for low-income individuals. She noted that stakeholder comments will be reviewed before formally requesting Board adoption of these changes at the next meeting.

Board Comments: Mr. Cornett inquired about the court action regarding the *City of Columbus v. Kennedy* case and whether the Trump Administration was appealing the decision that stayed some provisions of the rules.

Ms. Altman confirmed that the Trump administration had filed an appeal but was primarily seeking immediate relief on one specific provision that impacts what Qualified Health Plans (QHPs) can be sold during the upcoming open enrollment. She explained that the provision in question lowers the bottom end of the actuarial value (AV) range for Bronze plans, allowing them and other plans, like Silver plans, to be less generous. In California, all standard plans are at the top end of the AV range to ensure robust

coverage and generous cost-sharing, so this change does not affect the state. However, other states are facing significant challenges, including scrambling to refile plans, as this adjustment could complicate their open enrollment processes. Ms. Altman noted that the appeal for other provisions would follow the regular process and extend into future plan years.

Public Comment: None.

Discussion – Federal Uncertainty: Organizational Readiness for Renewal and Open Enrollment

Ms. Ravel provided an overview of system preparedness for Covered California's open enrollment, which begins on November 1st and runs through January 31st, with renewals for current members starting October 15th. She emphasized the extensive planning and scenario exercises her team has conducted to adapt to potential changes, including whether enhanced premium tax credits are extended or expire. Ms. Ravel explained that the California Healthcare Eligibility, Enrollment, and Retention System (CalHEERS) system is configured to pivot quickly, allowing for adjustments in affordability programs, timelines, and renewal structures, and noted their experience in handling similar changes in 2021. She highlighted the personalized member communication efforts this year, which include multilingual renewal notices featuring 2026 net premiums and affordable plan options tailored to individual consumers. She concluded by outlining the flexibility for consumers to actively renew or adjust their plans until January 31st.

Service Center Readiness

Miki Keen, Deputy Director of Service Center Operations, provided an update on preparations for open enrollment and renewals, highlighting key areas of focus such as staffing, extended hours, training, technology readiness, and consistent messaging.

She shared that surge vendor representatives will be increased from 300-350 during SEPs to 450-525 for open enrollment from November to January, with many of them supporting bilingual services for 13 languages beyond English. Additionally, state staffing is nearly full, with only a 5.5 percent vacancy rate. Extended hours and mandatory overtime will be implemented during open enrollment, including longer phone hours on key dates like December 31st, January 30th, and January 31st. Ms. Keen emphasized the importance of retention-focused training, refresher sessions on policies and procedures, and soft skills training to prepare staff for handling complex consumer inquiries, including those affected by federal changes.

Ms. Keen also discussed the proactive measures taken by the service center, such as completing 900 outbound calls to DACA recipients earlier in the year to educate them on coverage changes due to federal policies. This effort successfully connected with 81 percent of recipients. She noted that technology systems are fully functional, with contingency plans in place for any unexpected issues. Ms. Keen stressed the importance of consistent messaging across internal and external channels to prevent consumer confusion and resolve cases effectively. Additionally, she acknowledged the

exceptional performance of the service center team, citing a 95 percent customer satisfaction rate and thanking staff for their dedication.

Board Comments: Mr. Cornett commended the service center for its impressive preparation efforts and asked about how call durations were estimated, wondering if they might be 25 percent or 50 percent longer than usual given the complexity of current circumstances. He highlighted the importance of understanding the methodology used to forecast call volume and duration.

Ms. Keen explained that the workforce management team is responsible for calculating contact volume and call duration, which determines staffing needs across different channels.

Ms. Altman emphasized that the core of the service center's work focuses on resolving issues related to eligibility, income changes, and similar concerns, rather than assisting consumers in evaluating plan options. She noted that enrollment assisters, including agents and Navigator partners, play a critical role in guiding consumers through plan selection and leveraging their expertise to balance volume across assistance channels effectively.

Ms. Sousa asked about projections for service center and partner activity across all channels to better understand expectations for open enrollment volume and how they compare to prior years. She sought clarity on baseline volume for coverage year 2025 and how it might evolve for 2026, noting the possibility of increased costs due to longer interactions with fewer consumers. Her question aimed to understand the broader impact on resources and budget implications across service center operations, agents, and other partners.

Ms. Altman responded that enrollment projections, which were discussed during the budget process, include the potential loss of 400,000 members if enhanced premium tax credits expire. However, she clarified that a decline in enrollment does not necessarily correlate to fewer service center calls, as consumers may still seek assistance regardless of enrollment status. Ms. Altman highlighted that enrollment partners account for over half of enrollees, with most others using self-serve options through CalHEERS and some relying on the service center. She acknowledged that while Covered California tracks enrollment channel usage, it does not measure the time partners spend assisting consumers. Ms. Altman committed to providing baseline data from open enrollment for the current coverage year and tracking real-time volume for 2026.

Ms. Sousa emphasized the importance of understanding the broader resource allocation for Covered California's consumer support functions, particularly the value of time spent assisting individuals who may not ultimately enroll. She noted that even if consumers do not enroll, the time spent supporting them is valuable and must be accounted for in budget planning. Her inquiry focused on ensuring that all aspects of consumer support, including those not directly tied to enrollment outcomes, are recognized and appropriately funded.

Ms. Altman acknowledged Ms. Sousa's concerns and highlighted the different compensation structures for enrollment partners. She explained that agents operate on a commission-based model, earning revenue from enrollments but also providing assistance to many consumers who may not enroll. For Navigators, funding is tied to both core program functions and assistance levels, which includes support for Medi-Cal enrollment alongside Covered California enrollment.

Chairwoman Johnson expressed her gratitude to the service center team for their exceptional work, noting the impressive 95 percent customer satisfaction rate as a testament to their efforts. She also acknowledged the proactive outreach to the DACA population. She requested further insights into the general sentiment of the DACA population during these conversations, specifically regarding their connection to other resources that might have been mentioned or utilized. She emphasized the importance of understanding their perspectives and ensuring awareness of additional support avenues that could be beneficial to this group.

Ms. Keen shared insights into the service center's outreach efforts to DACA recipients impacted by recent eligibility changes, noting that many of those contacted had already obtained lawful status and expressed relief and gratitude for the education provided during the calls. While agents also conducted outreach, the service center directly connected with a significant number of individuals within the affected population, who appreciated the proactive communication despite the difficult news regarding their coverage.

Outreach and Sales Readiness

Robert Kingston, Director of the Outreach and Sales Division, provided an overview of how Covered California has collaborated with enrollment channel partners to prepare for open enrollment and renewals. This year, his team conducted 11 roundtable sessions with agents, Navigators, and community partners to understand their needs, address federal changes, and clarify implementation timelines. Additionally, Covered California expanded its open enrollment kickoff events, hosting 18 in-person sessions across the state, which included training on system updates, policy changes, and enhancements to the enroller portal. He noted that these events have had strong attendance, with nearly 1,400 participants, and highlighted the importance of collaboration across divisions, including contributions from communications, marketing, and community engagement teams to provide partners with a comprehensive view of Covered California's readiness for open enrollment.

Mr. Kingston outlined six new enhancements to the enroller portal based on partner feedback, including streamlined storefront management, printable shop-and-compare pages, improved reporting tools, a portal help request feature, a new search tool for finding resources, and a consumer retention workspace designed to assist enrollment partners with tracking and following up on renewals. He emphasized how these tools aim to improve efficiency, address affordability challenges, and support consumer retention efforts during a potentially challenging year. Mr. Kingston also touched on agent compensation, explaining that agents are paid by health plans on a per-member-per-month basis and that reduced enrollment levels will significantly impact those who focus solely on the individual market.

Board Comments: Ms. Sousa clarified that her question was not solely about agent compensation but aimed to understand the broader landscape of where consumers receive assistance, including enrollment and application support. She noted the differing roles and availability of various channels, such as the service center operating during weekdays and agents providing support on weekends and evenings and asked how the workload is divided across these groups.

Ms. Altman responded by acknowledging that Covered California has robust data on enrollment by channel but noted the challenge of tracking consumers who use multiple channels for different needs. She assured Ms. Sousa that additional data on this topic would be shared with the Board in a follow-up.

Marketing Readiness

Glenn Oyoung, Director of the Marketing Division, emphasized the importance of Covered California's marketing approach in addressing the challenges of the upcoming 2026 open enrollment period. He stressed that the focus is not merely on showcasing marketing materials but on recognizing the collaborative efforts of all divisions and leaders.

He noted that the overarching goal is to foster trust and connection with Californians, addressing the growing skepticism and fear surrounding government and healthcare systems. Mr. Oyoung explained that Covered California is implementing a unified campaign under the brand platform "For the Love of Californians," designed to last for a decade and represent the organization's mission and values. This campaign moves from seasonal efforts to an always-on approach, emphasizing retention, customer experience, and multicultural marketing that authentically connects with diverse communities. Mr. Oyoung highlighted the extensive research, including 21 focus groups across the state, that informed use of this strategy and the new tools like the brand health tracker to measure success.

Mr. Oyoung discussed Covered California's culture-first approach to marketing, emphasizing the importance of connecting with Californians on a personal and relatable level. He explained that strategic investments are being made in broadcast, television, and out-of-home placements to capture attention while maintaining the authenticity of communication. Mr. Oyoung emphasized the continued commitment to Covered California's mission of supporting all Californians and ensuring they know the organization is there for them.

Board Comments: Ms. Sousa inquired about the major spending categories in Covered California’s marketing strategy and their relationship with driving traffic and overall effectiveness. She sought a high-level overview of the budget allocation, noting that traditional media like TV and radio likely incur the highest costs, but she wanted clarity on which channels deliver the most impact and inform strategic decisions.

Mr. Oyoung explained that traditional media like billboards, place-based advertising, and broadcasting are the costliest components of Covered California’s marketing strategy, but they are vital for capturing attention. He highlighted the use of a sophisticated media mix modeling algorithm to identify the most effective channels for

driving enrollment and activations, noting that paid advertising consistently delivers a strong 2-to-1 return on investment despite the organization’s high turnover rate.

Ms. Sousa expressed curiosity about the effectiveness of various marketing channels, noting differences across audiences. She sought insight into the payoff of social media compared to traditional channels like television, emphasizing the need to understand which mediums drive the most impact for Covered California's diverse audiences.

Mr. Oyoung explained that Covered California's marketing decisions are guided by strategic planning and media mix modeling, particularly in the area of multicultural marketing, which aligns with the organization’s mission. He highlighted that multiethnic print advertising is cost-effective and noted that the team is willing to override the model when necessary to meet the moment and effectively reach target audiences.

Mr. Cornett commended the diversity and thoughtfulness of the campaign and inquired about the process of identifying influencers and trusted voices for various communities. He asked whether influencers had already been selected or if the process was ongoing.

Mr. Oyoung responded that the process is ongoing, with agencies assisting in identifying influencers. The team initially considered 70 candidates, narrowed it down to 13, and is continuing to evaluate additional options. He emphasized the importance of vetting influencers carefully to ensure they align with Covered California’s brand and are effective messengers for building trust across diverse communities.

Communications Readiness

Craig Tomiyoshi, Director of Communications, outlined Covered California’s communications strategy for the upcoming open enrollment period, emphasizing the need for a campaign that aligns with the organization's mission and meets the challenges of rising costs, federal policy changes, and consumer skepticism. He introduced the "Connectors to Coverage" campaign, which humanizes the enrollment process by leveraging Covered California’s network of enrollers, Navigators, community leaders, and other trusted messengers to help Californians navigate the complexities of healthcare. This campaign builds on previous healthcare literacy efforts and aligns with the overarching brand promise, "For the Love of Californians."

Board Comments: Chairwoman Johnson expressed appreciation for the thoughtful and intentional strategies presented, particularly the focus on community engagement and relationship-building. She commended the comprehensive approach, noting its potential to help people better understand their healthcare options in the current challenging environment.

Public Comment: Ms. Wong expressed gratitude for the efforts of Covered California in preparing for the upcoming open enrollment period, emphasizing the importance of addressing barriers.

Ms. Emanuel commended the personalized outreach and noticing efforts aimed at highlighting affordable plan options to maintain enrollment, as well as the ramp-up of service center staffing and improvements to the website’s enroller search tool.

Discussion – Covered California Dental Program Overview

Taylor Priestley, Director of the Health Equity and Quality Transformation Division, presented Covered California's progress in analyzing enrollment and utilization patterns for Qualified Dental Plans (QDPs). She began by explaining how dental care differs under the ACA, noting that dental plans are standalone products, distinct from health plans, and are not eligible for financial assistance or subject to most ACA consumer protections. She explained that Covered California has taken steps to extend protections by contract, balancing benefit richness with affordability for consumers. She highlighted key features of the dental plans, such as no charge for diagnostic and preventive services and standardized copay schedules, while addressing challenges like waiting periods and deductibles for adult coinsurance plans.

Ms. Priestley shared findings from the first deep analysis of QDP enrollment and utilization patterns, made possible through the submission of full claims and encounter data. Nearly 900,000 individuals enrolled in QDPs between 2020 and 2024, with most being adults and only 5-6 percent being pediatric enrollees. Analysis showed that nearly half of members stayed enrolled for 12 months, indicating a perceived value in the plans despite the lack of financial assistance. Utilization studies revealed profound differences in usage rates based on plan type, with Preferred Provider Organization (PPO) plans demonstrating significantly higher utilization compared to Health Maintenance Organization (HMO) plans. Ms. Priestley emphasized the need for additional data from Dental Health Management Organization (DHMO) issuers to better understand utilization patterns and improve equity-focused analyses.

Board Comments: Ms. Sousa questioned whether the low utilization rates in DHMO plans were due to a lack of encounter data or a lack of actual encounters, noting her concern about the troubling data.

Ms. Priestley explained that it is likely a combination of both, as DHMO care is organized differently and plans currently lack comprehensive encounter data to provide a full picture. She highlighted contract provisions aimed at improving member education and engagement, such as noticing members about finding providers and emphasizing no-charge preventive care.

Ms. Priestley presented findings from stratified utilization analyses of QDPs, highlighting key factors influencing care patterns. Utilization rates generally increased with income, becoming statistically significant above 400 percent of the FPL, while plan type remained the strongest factor affecting utilization across demographics. Analyses stratified by race and ethnicity revealed no statistically significant differences but showed notable trends, such as higher pediatric utilization among American Indian or Alaskan Native members. Most pediatric and adult services were concentrated in diagnostic and preventive care, a positive indicator for overall care patterns.

Public Comment: Robert Spector, representing Blue Shield of California, expressed appreciation for Covered California's collaborative efforts and highlighted the significant gap between HMO and PPO utilization in QDPs. He emphasized the need for further collaboration among carriers, Covered California, and potentially industry associations

to address the data gap, better understand performance discrepancies, and work toward improving access and outcomes for dental care across plan types.

Ms. Wong expressed appreciation for Covered California's continued research efforts, particularly the recent data on dental plan enrollment and utilization.

The meeting adjourned at 2:30 p.m.