



Policy and Action Items

September 18, 2025 Board Meeting

Proposed Emergency Eligibility and Enrollment Regulations for the Individual Market

Katie Ravel
Director
Policy, Eligibility & Research Division



BACKGROUND

- ❑ Covered California was granted emergency rulemaking authority by the Legislature through January 1, 2030.
- ❑ Covered California proposes using the emergency rulemaking process to update its eligibility and enrollment regulations for the individual Exchange, ensuring alignment with recent federal changes, including CMS's Marketplace Integrity and Affordability Final Rule, the recent court decision temporarily blocking some of the rule's provisions (*City of Columbus v. Kennedy*), H.R. 1, and the 2026 Notice of Benefit and Payment Parameters.
- ❑ These regulations are the result of ongoing collaboration and consultation with the California Departments of Social Services, Health Care Services, Managed Health Care, and Insurance, as well as consumer advocates, qualified health plan (QHP) issuers, and other stakeholders.

OVERVIEW OF CHANGES

- ❑ **Lawfully Present eligibility:** Revise the referenced federal regulation to reflect the exclusion of Deferred Action for Childhood Arrivals (DACA) recipients from “Lawfully Present” status as of August 25, 2025, per the Marketplace Integrity and Affordability Final Rule. (Implemented August 31, 2025)
- ❑ **Advanced premium tax credits (APTC) eligibility and failure-to-reconcile (FTR) process:**
 - Clarify that the APTC eligibility for lawfully present individuals under 100% FPL who are ineligible for Medi-Cal due to their immigration status ends on December 31, 2025, per H.R. 1. (To be implemented for plan year 2026)
 - Remove the FTR process and its notice requirements, per the *City of Columbus v. Kennedy* decision blocking enforcement of this process. (To be implemented for plan year 2026)

OVERVIEW OF CHANGES, CONT.

- ❑ **Inconsistency process:** Remove the automatic 60-day extension of the reasonable opportunity period for individuals with income inconsistencies to submit documentation or resolve the issue, per the Marketplace Integrity and Affordability Final Rule. (Implemented August 31, 2025)
- ❑ **Special Enrollment Period:** Remove the low-income (at or below 150% FPL) SEP, per the Marketplace Integrity and Affordability Final Rule. (Implemented August 31, 2025)
- ❑ **Appeals process:** Revise the general eligibility appeals requirements to add an “application filer” to the list of individuals who have the right to appeal, per the 2026 Notice of Benefit and Payment Parameters. (Implemented)

NEXT STEPS

- ❑ Government Code section 100504(a)(6) requires the Board to discuss proposed regulations at a properly noticed meeting before adopting them.
- ❑ Staff will request the Board to formally adopt the regulation package at the next scheduled board meeting so it can be filed with the Office of Administrative Law.
- ❑ Any additional proposed changes to the proposed emergency regulations for eligibility and enrollment in the individual market will be communicated to stakeholders for review and commenting prior to Action.

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.
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- ❑ 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.

Federal Uncertainty: Organizational Readiness for Renewal and Open Enrollment



System Preparation & Member Communications

Katie Ravel

Director

Policy, Eligibility & Research Division



SYSTEM PREPARATION

Key dates for plan year 2026

- ❑ Renewal for current members begins on October 15th
- ❑ Open enrollment begins on November 1st and ends on January 31st

Substantial contingency planning related to CalHEERS has taken place, ensuring the system will be ready for consumers during the 2026 renewal and open enrollment period.

- ❑ Covered California has undertaken robust scenario testing to ensure CalHEERS and carriers are ready for both scenarios of enhanced premium tax credit extension or expiration.
- ❑ Extensive system configurations and efficient business processes will allow CalHEERS to respond quickly to last-minute policy decisions and changes.

MEMBER COMMUNICATIONS

- ❑ Covered California will send member renewal notices in October. Member communication systems are being upgraded to enable new multi-lingual, personalized outreach throughout the renewal period for current enrollees facing price increases and highlighting options for more affordable plans.
- ❑ Members will be encouraged to check their options for 2026 and actively renew their coverage. Members who do not actively renew will be automatically renewed and will receive a confirmation notice.
- ❑ Members can change their health plan through January 31st. Changes made by December 31st will have a January 1st effective date, and changes made by January 31st will have a February 1st effective date.

Service Center

Miki Keen
Deputy Director of Operations
Service Center



SERVICE CENTER READINESS

Optimized Operations for Peak Efficiency

Staffing

Surge vendor ramp-up
and fully staffed State
workforce

Hours of Operation

Standard operating hours
for voice and chat: Mon-
Fri, 8am to 6pm

Training

Retention focused,
refresher and soft skills
training

Technology

Ensuring systems are fully
functional

Consistent Messaging

Providing staff with resources
to communicate clearly with
consumers

Other

DACA outbound campaign,
minimize excess inventory,
Pinnacle assistance

Sales Channel Partners

Robert Kingston
Director
Outreach and Sales Division



ENROLLER ROUNDTABLES

Covered California Outreach and Sales Team conducted eleven roundtable sessions with our sales channel partners including both agents and navigators to solicit feedback on how we can prepare our enrollment partners this open enrollment period 2026.

Discussion topics included legislative changes ahead from the CMS Final Rule and Budget Bill H.R.1, Consumer Retention campaigns, Marketing, CalHEERS, and Enroller Portal updates.

OPEN ENROLLMENT KICKOFF EVENTS



Facilitate 18 in person OE 2026 kickoff events for enrollers on new 2026 insurance plans and system updates.

Host two unique virtual webinars for all enrollers to learn about the 2026 plans and the enroller portal.

Distribute important updates and guides to enrollers and insurance agents through e-briefs, alerts, and toolkits.

Train a diverse network of enrollers who can help Californians in different languages over the phone through the Help On-Demand Tool.

Promote storefront details for walk-in consumer support.

TOOLS FOR ENROLLERS

The Enroller Portal and Toolkits pages have been enhanced to address common points of feedback from enrollment channel partners and better prepare for a challenging consumer retention cycle. The enrollment partner service center will also be trained on the system and policy changes to better assist enrollers.

Storefront
Management

Printable
Pages

Enhanced
Reporting

Portal Help
Requests

Toolkit Search

Consumer
Retention
Workspace

Marketing

Glenn Oyoung
Director
Marketing Division



What we're up against in this moment

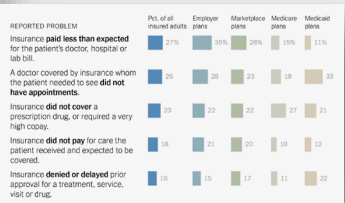
As we go into open enrollment this year, we know we face a *trust gap* with Californians on multiple fronts. In addition to emphasizing outreach, we are prepared to pivot to respond to dynamic federal policy landscape through the end of the year.

Trust in government & healthcare system on the decline. Uncertainty on policies undermine trust.

Waning understanding & positive sentiment for Covered California

Loss of EPTC Subsidies and Rising Premiums Undermine Our Core Affordability Message

Consumers in the ACA Marketplaces Face Turbulent Waters in the Wake of Policy Changes



Brand Awareness remains high 95%+.

Neutral brand sentiment has surged from 13% to 49% for insured and 31% to 59% for uninsured.*

Favorable sentiment is declining from 73% to 40% among the insured and from 57% to 25% among the uninsured

Figure 10. Three in 10 Californians Say That Their Ability to Access High-Quality, Affordable Care Has Gotten Harder

Q: IN THE PAST SEVERAL YEARS, HAS IT GOTTEN EASIER, HARDER, OR STAYED THE SAME FOR YOU AND YOUR FAMILY TO ACCESS HIGH-QUALITY, AFFORDABLE HEALTH CARE IN THE STATE OF CALIFORNIA?

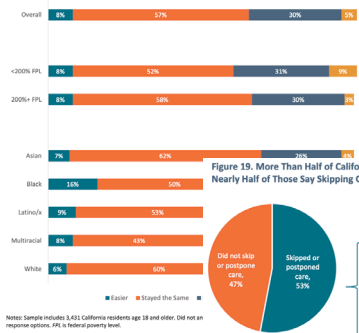
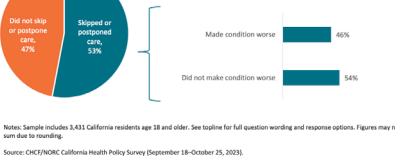


Figure 19. More Than Half of Californians Report Skipping Care in the Past Year Due to Cost; Nearly Half of Those Say Skipping Care Made Their Condition Worse

Q: ASKED OF THE 53% WHO SAID YES, DID ANY OF THESE STEPS YOU TOOK BECAUSE OF THE COST MAKE YOUR CONDITION WORSE?



*2024 CHIAS Survey. Methodology changed in 2025.

OE 26 OBJECTIVE

Launch a campaign that meets Californians in the moment and breaks through the noise with clarity, empathy and representation that drives action.

TRUST

Redefine who we are as a **brand and healthcare advocate for Californians**, with empathy and strength.

Lean into our mission and differentiate ourselves from the rest of the category.

Be agile and prepared to **quickly pivot to different OE outreach scenarios**.

SENTIMENT

Go beyond the functional to address consumers' emotional and social needs across our from **awareness to enrollment, retention to renewal**.

In doing so, **convey the value** that Covered California brings to consumers and inspire loyalty and advocacy.

VALUE

Shift focus to **retention**. Deliver **tailored messages** about the end of EPTC credits and to **promote utilization**.

In the renewal and OE period, outreach intensifies with clear actions members can take to **shop and compare, use their benefits, and stay covered**.

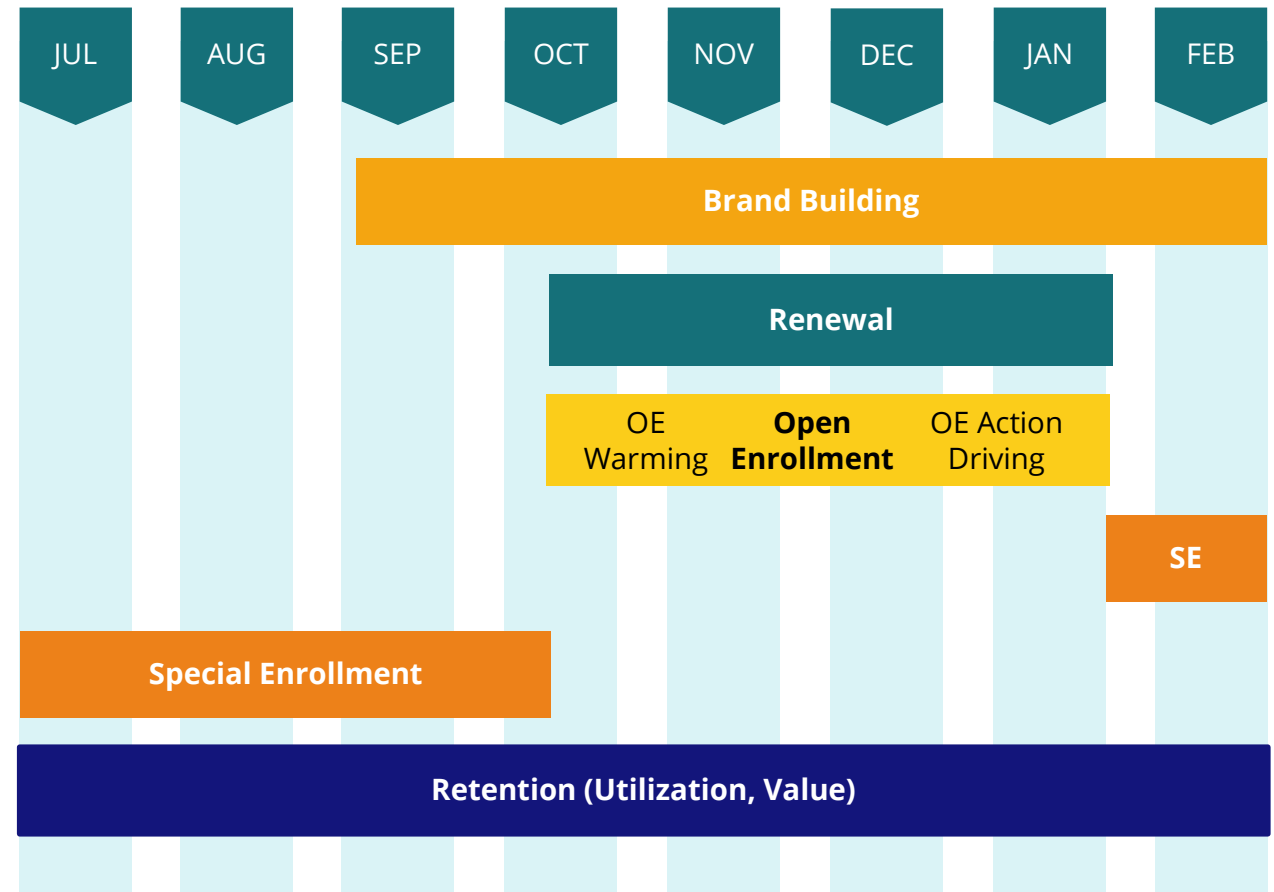
Our campaign is organized around meeting these challenges Californians are facing

Always-On Brand-Building & Retention

Open Enrollment Opportunities →
Opportunities Year-Round

Acquisition → Brand Engagement,
Customer Experience, and Retention

8 MONTH SNAPSHOT



Culture-First Multicultural Marketing

Designed to foster stronger connections with diverse communities by prioritizing cultural relevance, linguistic inclusivity, and tailored outreach at every stage of the member journey

Culture-First Messaging Approach

Develop messaging rooted in cultural insights that resonate with the unique values, traditions, and perspectives of diverse audiences, at every touchpoint of the retention journey.

Language Expansion

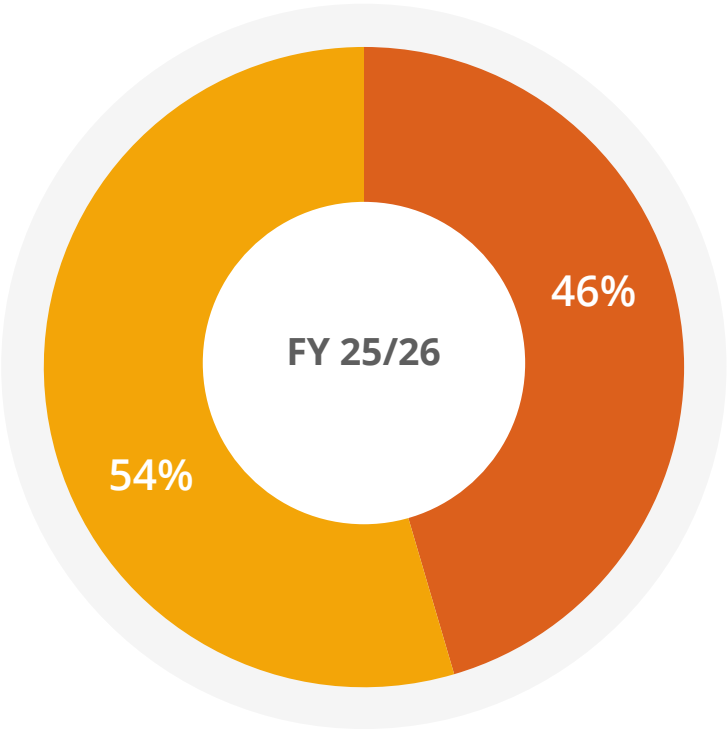
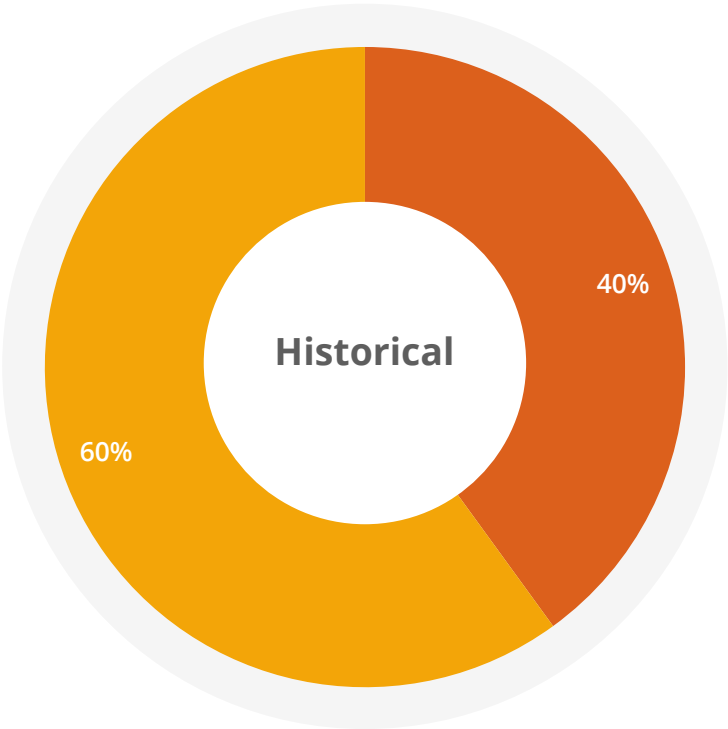
Offer communications in multiple languages to meet the needs of our diverse member population. Deliver in-language content that ensures clarity and accessibility for all members.

Customized Outreach Channels

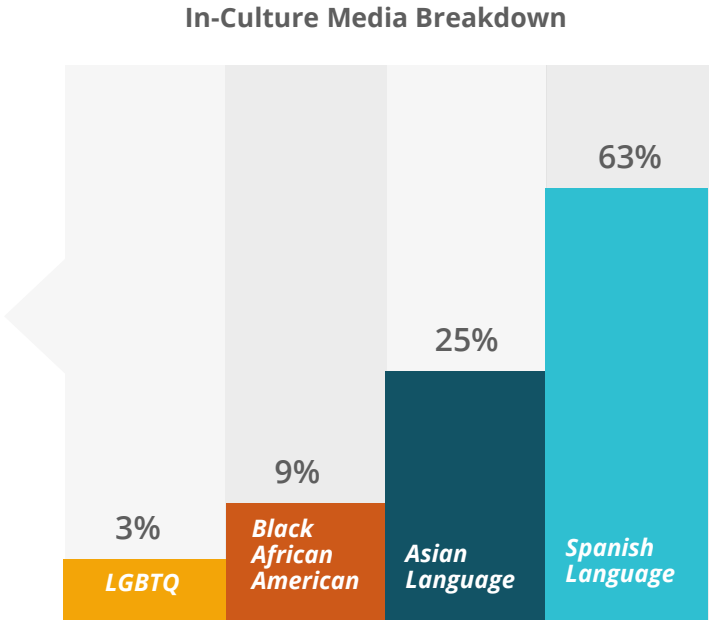
Utilize channels preferred by specific communities, such as social media platforms, text messaging, and email.



Covered California Expands Investments in Culture-First Paid Media to Increase Impact, Education, and Brand Trust




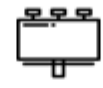







Culture-First General Market



Expanding Outreach to New Languages and Channels

Driving Impact with a Culture-First Messaging Strategy

	 TV/CTV	 Radio/ Audio	 Print	 Out-of-Home	 Social/ Influencers	 Digital	 Search	 Direct Mail	 Email
General Market – English				NEW					
Black/ African American									
LGBTQ+									
Spanish									
Chinese*					NEW			NEW	NEW
Korean*								NEW	NEW
Vietnamese*					NEW			NEW	NEW
Tagalog **	NEW	NEW	NEW		NEW			NEW	NEW
Hindi**	NEW	NEW	NEW		NEW			NEW	NEW
Hmong**		NEW						NEW	NEW
Punjabi**								NEW	NEW

*Email and direct mail beginning in August

**Email and direct mail beginning in November

Outreach informed by Research

To hear perspectives from a wide range of Californians and test our brand platform with them

What we did	
21 Total Focus Groups	Statewide Northern CA, Southern CA, Central Valley, Urban and Rural
Languages English, Spanish, Mandarin, Korean and Vietnamese	Audiences Varying health status, employment, recently unemployed, insured & uninsured

What we heard



**COVERED
CALIFORNIA**

For the
love of
Californians

For the love of Californians *means community.*

I am from part of CA that's big in agriculture - the farm workers *made it feel like home.* I had no idea what [CCA] was, I thought it was another scam, so this *definitely changed my opinion.*

At one point with the music, I was like, oh my God, I'm not going to cry right now. I was like, I'm such a cry baby. But I get very emotional when I see such beauty and I'm like, *this is my state, this is where I live.* So I'm like, *I love it. I love the commercial, love.*

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Data-driven Strategy and Execution

Implementing tools to inform strategy, optimize spend, and increase impact



Marketing Mix Modeling (MMM)

MMM model measures and optimizes Marketing impact on acquisition and retention.

Evolved model has increased ROAS (Return on Ad Spend) 5% from FY23/45 to FY24/25. Leveraging recommendation to optimize digital channel investment for Open Enrollment 26 by 18%, for a more efficient Cost Per Plan Selection.



Brand Health Tracker

Evolved Brand Health Tracking **measures awareness and perceptions to ensure investments drive both campaign and organizational objectives.** The tracker will provide monthly results from 10K respondents over the course of 6 months in English, Spanish, Chinese, Vietnamese, Korean, Hindi, and Tagalog.



Advertising Campaign Tracker

Ad Campaign Tracker will **measure effectiveness of our advertising campaigns and how well it breaks through** to Californians. Tracker will report on key creative indicators like recall, sentiment, motivation, and resonance.

Preliminary results expected in late Fall

Our Connected Creative

We use Brand as an umbrella that drives emotion and disruption, while using our Open Enrollment message to warm market and drive enrollment home.

BRAND MOTIONS	For the Love of Californians		
CAMPAIGN	Brand		Open Enrollment
	Disrupt	Educate (OE Warming)	Guide: Open Enrollment
KEY MESSAGE	We're not a health insurance company.	Open Enrollment is coming. Get ready.	Let us help you get covered.

For the love of Californians

Healthcare isn't just about policies; it's about people and their well-being. It's how we give Covered California a personality and a humanity, with diversity and inclusion at its heart.

It has human emotion, inclusivity, joy, optimism, and a Californian-specific feel.







The first hands that built California were Hispanic hands.

OOH



**Health insurance
for people **who**
don't like health
insurance**

 **COVERED
CALIFORNIA** | For the
love of
Californians

Healthcare without the “Huh?”

Answers you want. Coverage you need. Help that's helpful.



**COVERED
CALIFORNIA**

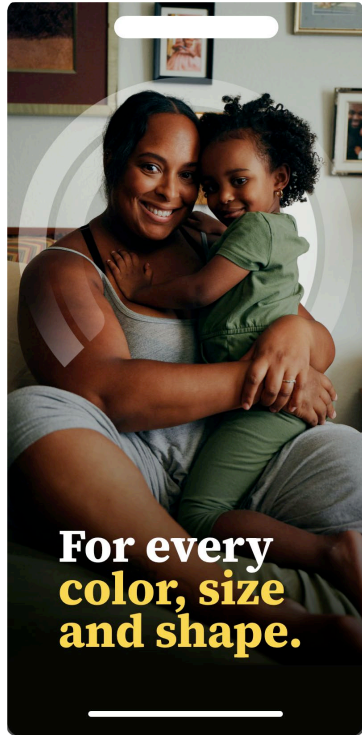
For the
love of
Californians

Social Media

Evolving Social Media Strategies to Strengthen Brand and Forge Authentic Connections



Example 1



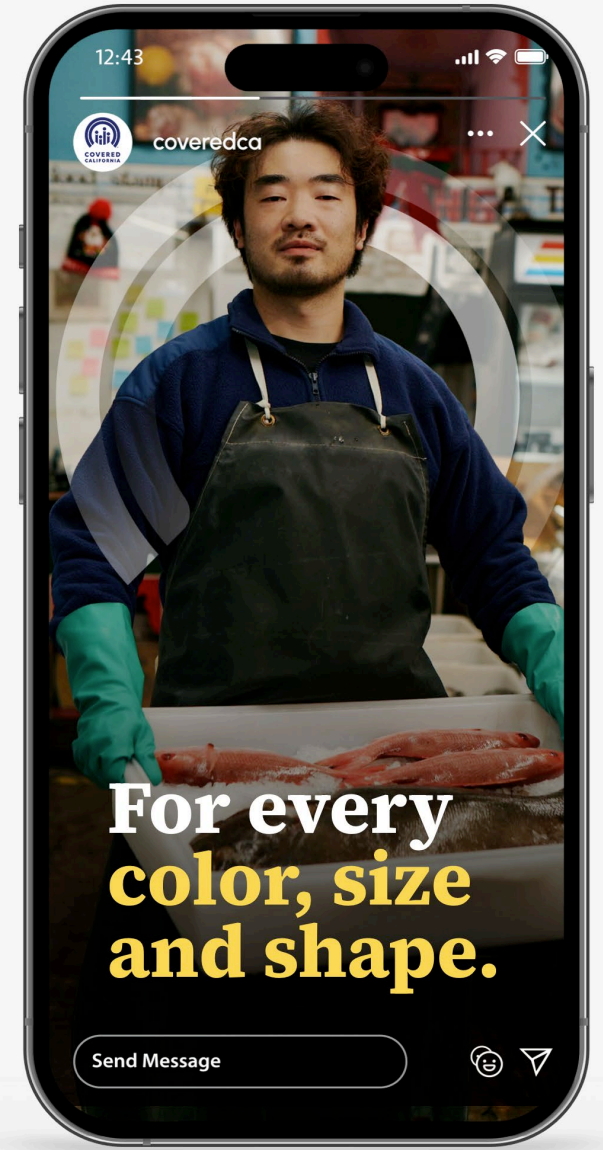
Example 2



Example 3



End Card



Influencers

Amplifying Connection Through Trusted Voices: Leveraging Influencer Storytelling to Build Authenticity and Deepen Brand Resonance

Last Year's Performance Overview

5

CREATORS

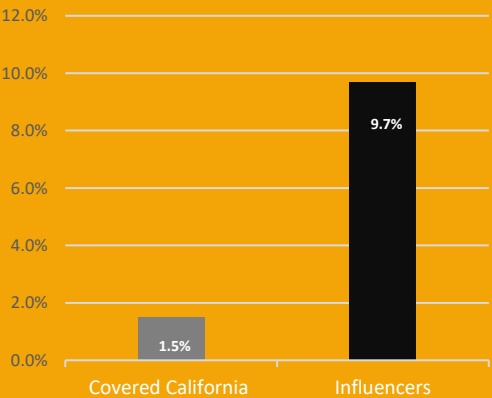
1.1M+

ENGAGEMENTS

25.4K

CLICKS

Above Benchmark Engagement Rate



FY25/26 Influencer Campaign Overview

- **Purpose:** Build brand trust
- **Approach:** Share authentic stories that resonate
- **Impact of Influencer Endorsement:** Creates social proof to increase consumer confidence and understanding in Covered California
- **Creator Selection:** mix of Macro and Micro Influencers, leveraging diversified contextual interests such as food, music, wellness, local community, and life stages

Program Highlight:

6

IN-CULTURES
SEGMENTS

Segment expansion YOY, now including General Market, Black/AA, Spanish-Dominant and Bilingual, Chinese, Korean, Tagalog, and LGBTQ+

One team, one message

Marketing and Communications in sync

Shared Storytelling	Media & Marketing Synergies	Community Activation	Social Impact
<ul style="list-style-type: none">• Deliver consistent narratives across paid, earned, owned, and social channels.• Ensure every touchpoint reinforces <i>why coverage matters</i> and <i>why now</i>.	<ul style="list-style-type: none">• Media Aircover: Marketing amplifies outreach through strategic advertising and promotion.• Earned Media: Communications secures trusted coverage and interviews with leadership and connectors.	<ul style="list-style-type: none">• In-Community Events: Enhanced events to connect directly with consumers through local presence.• Connector Engagement: Combine PR toolkits with promotional assets to extend reach in multicultural markets.	<ul style="list-style-type: none">• Targeted Content: Social campaigns integrate marketing's precision with communication's authenticity.• Amplification: Real People stories elevated across paid + organic channels to scale trust.

Communications Plan

Craig Tomiyoshi
Director

Communications and External Affairs Division



Our Approach



Connectors to Coverage

For over a decade, Covered California's network has grown through the power of human connection.

One conversation.

One referral.

One connection at a time.

Connectors to Coverage repositions Covered California from a marketplace that can feel transactional and impersonal, to a network of connectors who help Californians find their path to coverage.

Enrollers, navigators, doctors, community leaders – we ARE the network who are fighting for you.

We're **real people, helping real people connect to coverage.**

For the Love of Californians.



Our Connectors

Real people and partners who turn awareness into enrollment

Our connectors form a human network – CCA leaders, CBOs, navigators, neighbors, leaders, and past enrollees – who translate coverage into real-life relevance and drive enrollment at the ground level.



Why we love it

Humanizes our mission through connection

- ✓ **Redefines “marketplace”** as real people – connectors – guiding Californians to coverage
- ✓ **Extends OE messaging** by turning healthcare confusion into clarity through trusted voices
- ✓ **Celebrates connectors** as everyday heroes bringing hope and resilience in a tough year
- ✓ **Expands “Let’s Talk Health”** into ongoing, relatable content
- ✓ **“Connections” resonates widely** across age, language, culture, and community
- ✓ **Elevates a people-powered model** of Californians caring for each other, not top-down
- ✓ **Carries forward the heart of “For the Love of Californias”** by spotlighting the people behind the mission

Cultural
Resonance



How it comes to life with our brand platform

Translating “For the Love of Californians” into action through real stories, trusted messengers, and community-driven outreach.

What we do: our mission

Covered California helps more Californians get insured, access high-quality, affordable care, and make informed choices – reducing disparities and empowering people to live healthier, fuller lives.

Why it matters: For the Love of Californians

Because Covered California doesn’t just enroll people – it informs, protects, uplifts, and cares for the health of Californians, because it’s the people who make our state special.

How we bring it to life

Our mission comes alive through Connectors to Coverage – trusted guides like navigators, agents, and community health workers who listen, explain, and walk alongside Californians to ensure they get the health coverage they deserve.

OE strategic communications timeline



Kickoff phase

Catalyzing awareness and community momentum

Ignite Community Energy	Drive Buzz & Visibility	Spotlight Trusted Voices	Launch Momentum For the Year
<ul style="list-style-type: none">• Host high-visibility kickoff events with consumers, community leaders, and dignitaries.• Build emotional connection to Open Enrollment and Covered California through shared experiences.	<ul style="list-style-type: none">• Secure robust earned media coverage by inviting press into kickoff moments.• Offer exclusive access to Jessica Altman, Navigators, and Connectors to shape stories.	<ul style="list-style-type: none">• Elevate Connectors (Navigators, CBOs, small business leaders, barbers, truck drivers) as authentic storytellers.• Show the life-changing power of health coverage through compelling testimonials and social content.	<ul style="list-style-type: none">• Empower Connectors with tools, events, and storytelling platforms to carry messages forward.• Create a multichannel content wave (selfie videos, direct-to-camera reels, community-driven stories).

Los Angeles



San Francisco



Sustaining momentum

Building trust and driving enrollment

Deepen Community Trust	Elevate Authentic Voices	Amplify Through Media & Social	Maintain a Movement Mindset
<ul style="list-style-type: none">Embed Covered California at real community touchpoints (faith-based gatherings, local events, CBO activations).Use in-language toolkits and trusted community voices to debunk myths and reinforce coverage value.	<ul style="list-style-type: none">Highlight Real People stories in media and events to show tangible benefits of coverage.Build and mobilize a roster of influential community leaders to serve as champions.	<ul style="list-style-type: none">Expand reach by amplifying community events and stories across earned and social channels.Showcase Connector experiences to drive peer-to-peer influence.	<ul style="list-style-type: none">Keep enrollment top-of-mind by positioning health insurance as a driver of community well-being.Sustain urgency while reinforcing Covered California as the trusted connector.

Deadline phase

Driving urgency and final enrollment push

Create Urgency at Scale	Maximize Visibility in Key Markets	Engage Media & Amplify Voices	Convert Awareness Into Action
<ul style="list-style-type: none">• Deploy bold, action-oriented messaging that reinforces: <i>"Now is the time to enroll."</i>• Countdown-driven communications that spark momentum and reduce last-minute confusion.	<ul style="list-style-type: none">• Stage high-profile press events at transit hubs to rally enrollment before the deadline.• Leverage Covered California's leadership presence to amplify authority and trust.	<ul style="list-style-type: none">• Partner with press to cover real-time enrollment stories and myth-busting social content.• Elevate Connector and Real People voices to normalize last-minute sign-ups.	<ul style="list-style-type: none">• Rapid-fire social content (Q&As, myth-busting reels, countdown clips) to simplify decisions.• Partner with CBOs on-the-ground to provide immediate enrollment support.

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Dental Program Overview

Taylor Priestley, MSW, MPH
Director

Health Equity and Quality Transformation Division



2025 DENTAL PLANS



Humana



California Dental Network

A DentaQuest company

 **DELTA DENTAL**

QUALIFIED DENTAL PLAN CONTRACTING

- ❑ No financial assistance available to purchase benefits.
- ❑ Standalone dental plans and adult dental benefits are not subject to many of the ACA market reforms, although Covered California extends these consumer protections to the QDPs by contract.
- ❑ Covered California balances benefit richness and consumer protections by contract with price sensitivity and potential burden on participating dental plans to maintain adequate and meaningful choice and coverage for adult dental consumers.

COVERED CALIFORNIA DENTAL BENEFIT POLICY

❑ Dental Benefits

- No charge diagnostic and preventive services for children in 10.0 QHPs and all children and adults in QDPs
- Comprehensive coverage of Basic and Major Services for adults in DHMO and DPPO plans
- Embedded pediatric benefits are as comparable as possible to QDP pediatric benefits
- Standardized copayment schedule for copay plan design
- Each adult member in coinsurance plan must meet individual deductible

❑ Maintain meaningful choice in dental plans and affordable QDP Premiums

- Waiting periods and annual limits are allowed for adult major services, but only included in the coinsurance plan design
 - Six month waiting period waived with proof of prior coverage
- Family Dental Plan enrollment rules
- Adult dental benefit not fully standardized, some standard exclusions

Dental Insurance Plan Enrollment Analysis: Review of Key Findings



DENTAL ENROLLMENT CONTINUITY 2020-2024

- ❑ Definition of Dental Enrollment Continuity: Average duration of enrollment (in months) for consumers who began in 2020 and have terminated by the end of 2024
- ❑ Results: Between 2020 and 2024, there were a total of 864,051 individuals who have enrolled in a QDP. 1 The average enrollment segment lasted 13.1 months.
 - Among the ~283k cohort of 2020 QDP enrollees, 47,572 or 17% still remain and are enrolled through the end of 2024.

1. Consumers are identified by having enrolled and/or terminated a QDP enrollment between 2020 and 2024, *but cannot have an enrolled status ending 2024/12/31.*

DISTRIBUTION OF ENROLLMENT MONTHS 2023

Enrollment Months	Number of Effectuated Enrollees	Percentage
1	25,846	6%
2	31,404	8%
3	24,784	6%
4	22,115	5%
5	18,779	5%
6	17,140	4%
7	15,730	4%
8	14,752	4%
9	15,957	4%
10	13,504	3%
11	27,610	7%
12	181,276	44%
Total	398,978¹	100%

- ❑ **Dental enrollees tend to enroll for the full 12 months**
- ❑ However, 1 in 5 enrollees were enrolled in dental coverage for less than three months.

1. The total is based on the count of distinct members across all months.

2023 RENEWING QDP MEMBER MIGRATION

For enrollees who continue with their dental coverage across multiple plan years, >99% stay with their same plan year to year. This is consistent across all plans as shown below.

Previous Year Plan	Current Plan								
	Anthem Blue Cross HMO	Anthem Blue Cross PPO	Blue Shield HMO	Blue Shield PPO	California Dental Network, Inc. HMO	Delta Dental HMO	Delta Dental PPO	Dental Health Services HMO	Total
Anthem Blue Cross HMO	99.8%	0.1%	0.0%	0.1%	0.0%	0.0%	0.0%	0.0%	100.0%
Anthem Blue Cross PPO	0.0%	99.9%	0.0%	0.1%	0.0%	0.0%	0.0%	0.0%	100.0%
Blue Shield HMO	0.0%	0.0%	99.8%	0.1%	0.0%	0.0%	0.0%	0.0%	100.0%
Blue Shield PPO	0.0%	0.0%	0.0%	99.9%	0.0%	0.0%	0.1%	0.0%	100.0%
California Dental Network, Inc. HMO	0.0%	0.0%	0.0%	0.1%	99.6%	0.1%	0.0%	0.0%	100.0%
Delta Dental HMO	0.0%	0.0%	0.0%	0.0%	0.0%	99.8%	0.1%	0.0%	100.0%
Delta Dental PPO	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	99.9%	0.0%	100.0%
Dental Health Services HMO	0.1%	0.0%	0.2%	0.1%	0.0%	0.1%	0.0%	99.6%	100.0%
Liberty HMO (exited 2022)	0.1%	0.0%	1.3%	0.4%	93.7%	3.2%	0.1%	1.3%	100.0%
% of Total QDP Enrollment	6.1%	6.0%	10.8%	12.6%	11.8%	32.7%	19.3%	0.7%	100.0%

Dental Insurance Plan Utilization Analysis: Review of Key Findings



EQUITY AND DISPARITIES REDUCTION: EQUITY IS QUALITY

- ❑ Data analysis reveals that disparities in dental service utilization among Covered California members are primarily driven by two factors: geographic differences and the distinct effects of plan types, especially PPO versus HMO plans.
- ❑ The findings underscore the need for strategies that enhance dental care access and affordability, particularly in underserved regions, ensuring equitable oral health outcomes for all.

METHODOLOGY

- ❑ Using HEI 2023 data, we assessed utilization across a variety of service categories for enrollees in QDPs
- ❑ Data was stratified for:
 - Pediatric (0-18 years) and Adult enrollees (19+ years)
 - 90 versus 180-day continuous enrollment to evaluate enrollees with several months of coverage making it more likely that they'd utilize services
 - Additional stratifications using CalHEERS data include race/ethnicity, income, and region
- ❑ Often, we present utilization data as patients per 1000 members in order to normalize for differing membership sizes across plans and stratifications
- ❑ Data is segmented into 11 service types, detailed in the appendix.
- ❑ Rates will be suppressed if the numerator is less than 11 or the denominator is less than 30.

QDP OVERALL UTILIZATION RATES FOR PEDIATRIC AND ADULT ENROLLEES IN 2023

- ❑ Overall, fewer than half of enrollees in standalone dental plans utilize any services
- ❑ **Pediatric enrollees have higher rates of utilization** as compared to adult enrollees
- ❑ Applying a 180-day versus 90-day continuous enrollment rule only leads to a small increase in the portion of members utilizing care

Continuous enrollment period	Population	% of enrollees who utilized any service
90d	Pediatric	44.8%
	Adult	35.0%
180d	Pediatric	50.1%
	Adult	39.8%

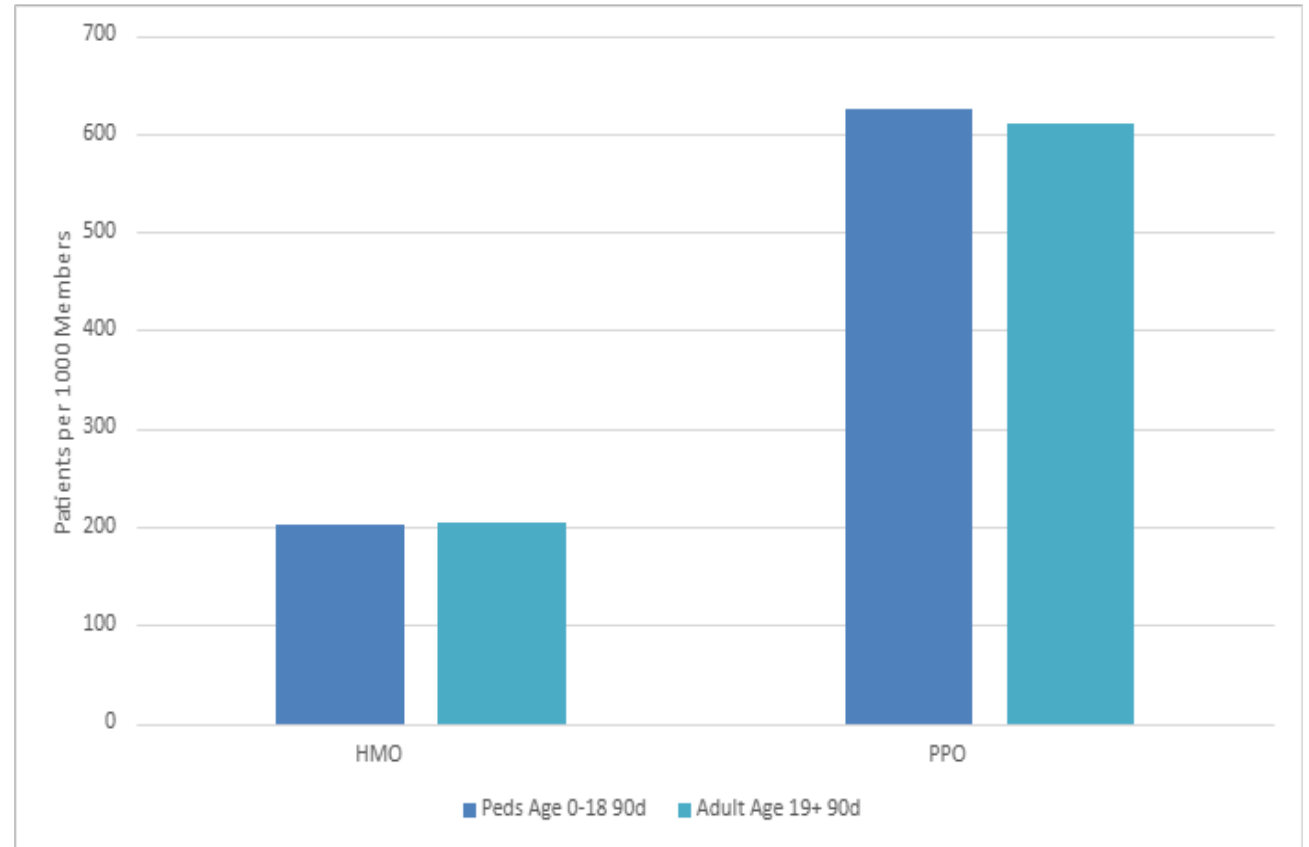
QDP 2023 UTILIZATION RATES PER 1000 BY PRODUCT

Plan type (DHMO vs DPPO) results in the most significant difference in utilization rates.

- ❑ Over 600 patients / 1000 members in PPO plans use care, compared to about 200 patients / 1000 members in HMO plans

This holds true both for pediatric and adult populations.

2023 QDP UTILIZATION BY PRODUCT TYPE FOR ADULT AND PEDIATRIC ENROLLEES



QDP 2023 UTILIZATION RATES BY INCOME

- ❑ Both pediatric and adult utilization rates tend to increase with rising income levels.
- ❑ Pediatric and Adult member utilization is higher in 400+ income level, and this difference is statistically significant.

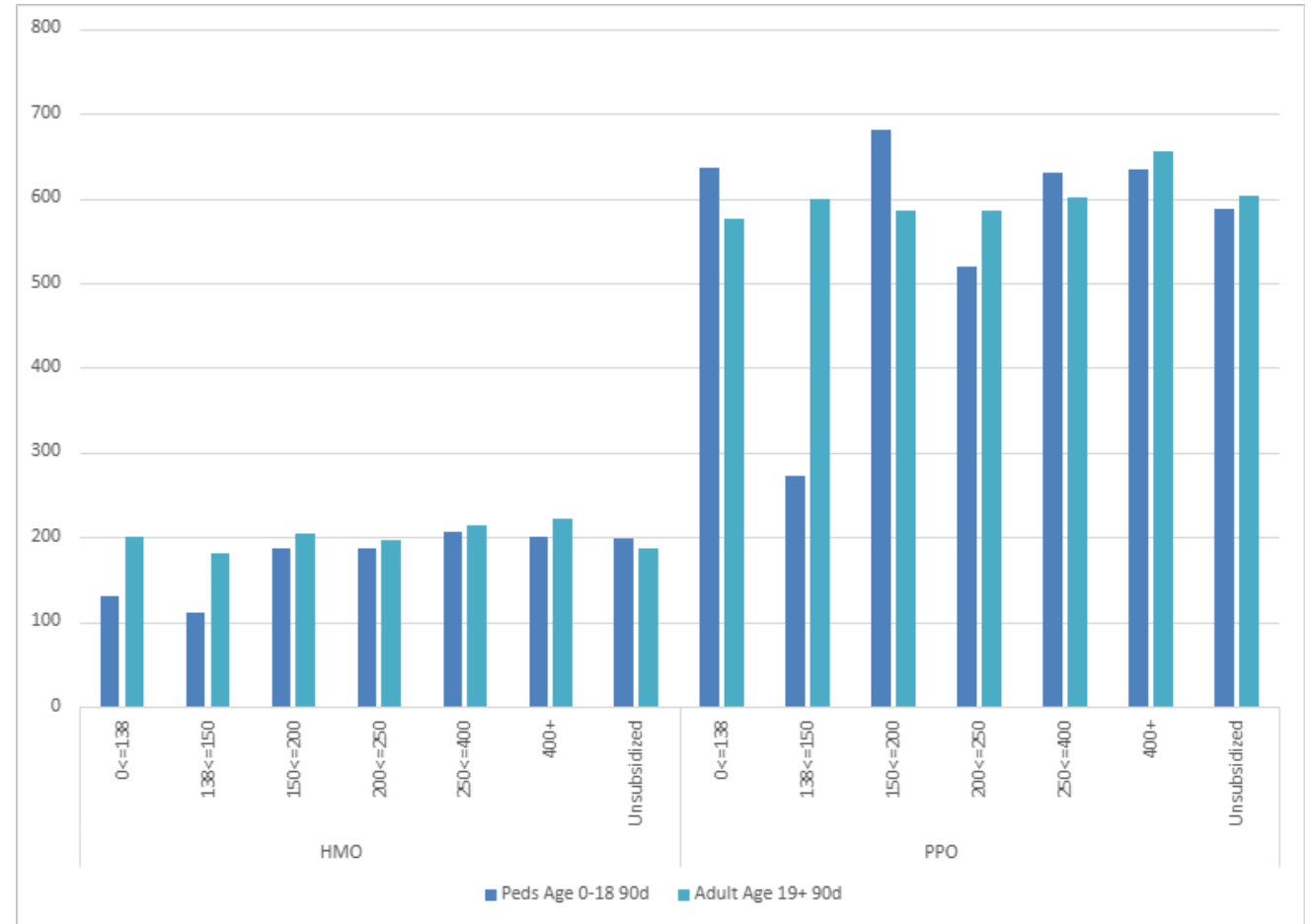
Income Level	Pediatric Age 0-18 Utilization (Patients / 1000 Members)	Adult Age 19+ Utilization (Patients / 1000 Members)
0<=138	362.5	309.85
138<=150	---	290.15
150<=200	418.53	314.85
200<=250	328	312.47
250<=400	420.77	353.85
400+	467.29	418.23
Unsubsidized	425.99	346.5
Aggregate	448.61	349.56

Note: The data reported includes members with at least 90 days of continuous enrollment, as there was no significant difference in utilization rates compared to those enrolled for 180 days.

QDP 2023 UTILIZATION RATES BY INCOME & PLAN TYPE

- ❑ The differences in utilization by income are largely minimized when we stratify by income and plan type
- ❑ The exception here is Pediatric enrollees (FPL 138<=150) in PPO plans have much lower utilization rates than other pediatric enrollees in PPO plans, although this difference is not statistically significant.

2023 QDP UTILIZATION BY PRODUCT TYPE AND INCOME LEVEL FOR ADULT AND PEDIATRIC ENROLLEES



Note: The data reported includes members with at least 90 days of continuous enrollment, as there was no significant difference in utilization rates compared to those enrolled for 180 days.

QDP 2023 UTILIZATION RATES BY RACE/ETHNICITY

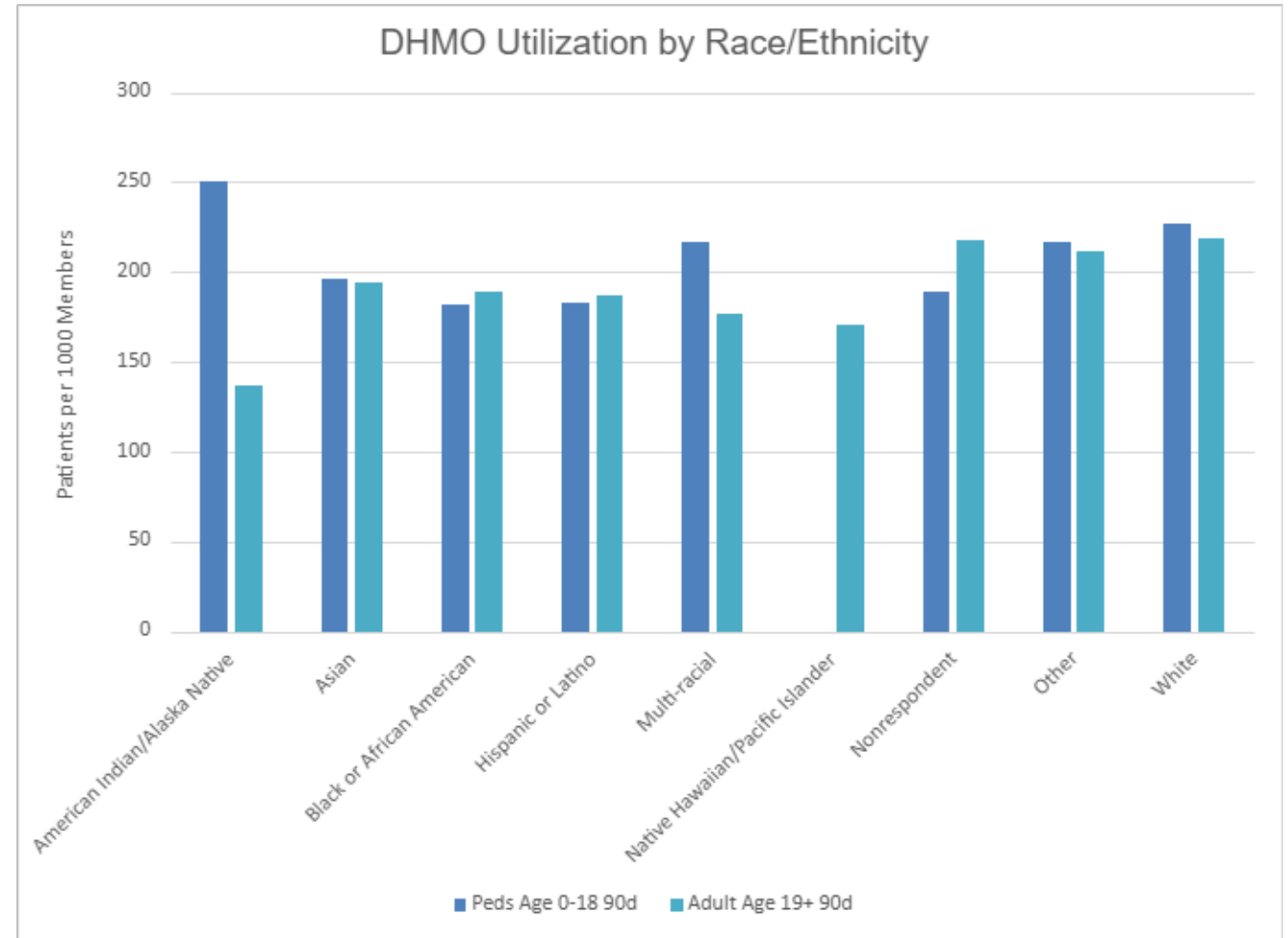
- ❑ While we observe different utilization rates when stratifying by race and ethnicity, none of these findings are statistically significant.

Race/Ethnicity Group	Pediatric Age 0-18 Utilization (Patients / 1000 Members)	Adult Age 19+ Utilization (Patients / 1000 Members)
American Indian/Alaska Native	405.41	280.19
Asian	446.98	354.19
Black or African American	367.52	293.57
Hispanic or Latino	371.04	288.78
Multi-racial	451.81	300.42
Native Hawaiian/Pacific Islander	500	283.78
Nonrespondent	438.32	364.73
Other	445.21	360.03
White	468.19	366.36
Aggregate	448.61	349.56

Note: The data reported includes members with at least 90 days of continuous enrollment, as there was no significant difference in utilization rates compared to those enrolled for 180 days.

QDP 2023 QDP UTILIZATION RATES BY RACE/ETHNICITY AND PLAN TYPE

- ❑ In DHMO plans, pediatric members identifying as American Indian/Alaska Native have higher utilization than other groups. Conversely, adults identifying as American Indian/Alaska Native have lower rates of utilization, but these differences are not statistically significant.

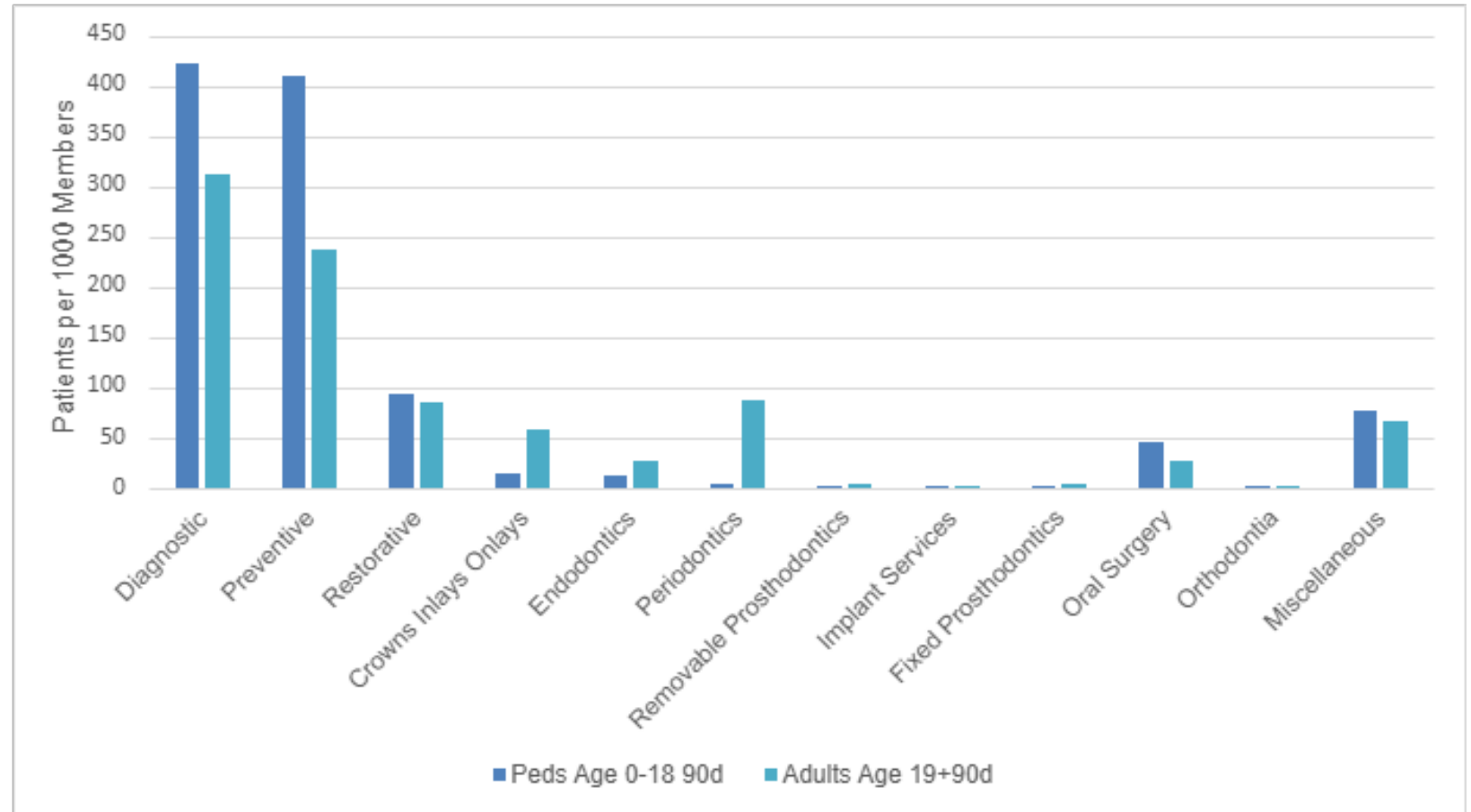


Note: The data reported includes members with at least 90 days of continuous enrollment, as there was no significant difference in utilization rates compared to those enrolled for 180 days.

2023 QDP DENTAL UTILIZATION BY SERVICE CATEGORY

- ❑ As expected, the majority of Pediatric utilization occurs in Preventive and Diagnostic services.
- ❑ Adult utilization patterns are predominantly in Preventive and Diagnostic categories but have a broader spread across other categories of services.

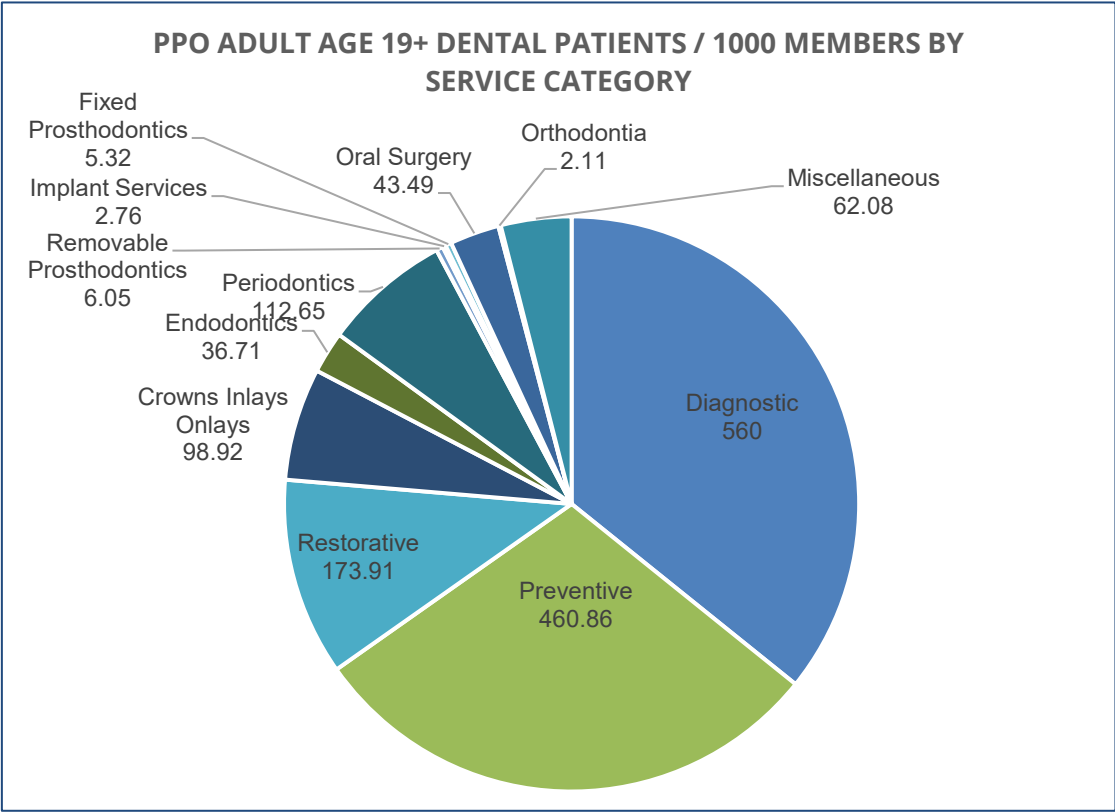
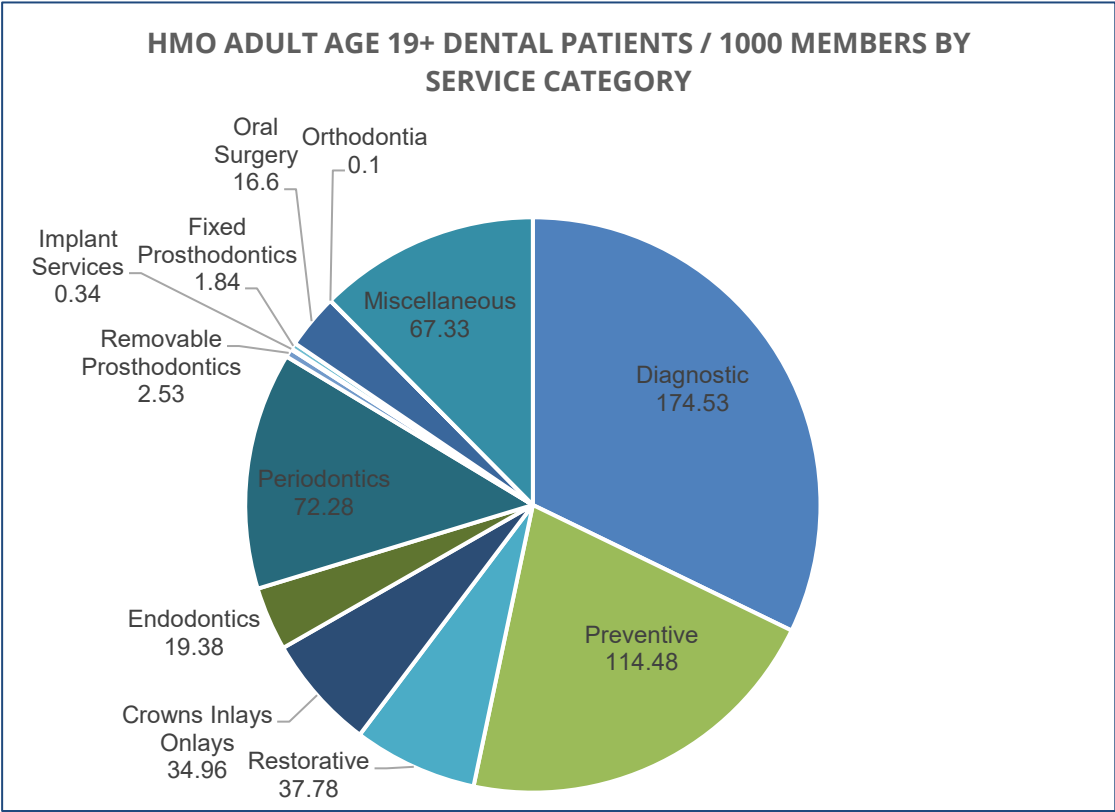
2023 QDP UTILIZATION SERVICE CATEGORY FOR ADULT AND PEDIATRIC ENROLLEES



Note: The data reported includes members with at least 90 days of continuous enrollment, as there was no significant difference in utilization rates compared to those enrolled for 180 days.

2023 QDP ADULT UTILIZATION BY PRODUCT TYPE AND SERVICE CATEGORY

- ❑ For Adults in DHMO and DPPO plans, service utilization shows largely similar patterns, with most services in the diagnostic and preventive categories.



Note: The data reported includes members with at least 90 days of continuous enrollment, as there was no significant difference in utilization rates compared to those enrolled for 180 days.

SUMMARY OF KEY FINDINGS

Pediatric utilization of QDPs is **overall higher** than adult utilization, and services used skew more toward Preventive for children than adults

We see the largest differences in dental plan utilization **by plan type**, PPO utilization is 3 times DHMO utilization and this holds true for children and adults

No significant increase in utilization when we apply a 180-day continuous enrollment rule (180d) versus a 90-day rule (90d) (dental enrollees tend to enroll for the full 12 months)

While we observe differences in utilization rates by race/ethnicity, region, and income, these differences are generally **not statistically significant**.

Translating Dental Data Into Action



2024-2026 PRINCIPLES AND DENTAL STRATEGIC FOCUS AREAS

Quality is central

Equity is quality

Measures that matter

Make quality count

Amplify through alignment

Promote public good

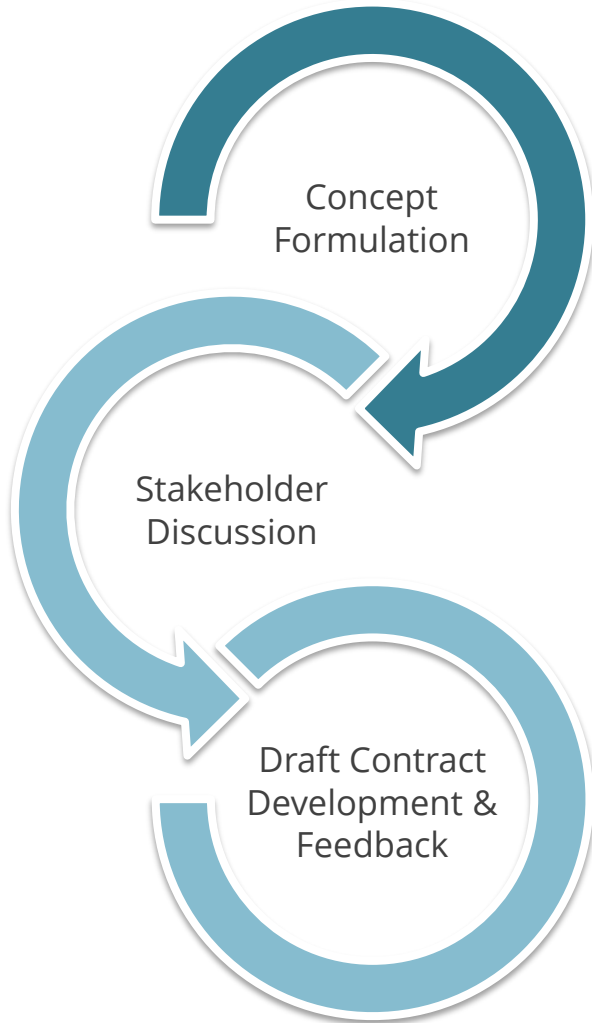
Care about cost

STRATEGIC FOCUS AREAS



Alignment with the Department of Healthcare Services (DHCS) Data analytics / Healthcare Evidence Initiative

CONTRACT WORKGROUP PROCESS



- ❑ Covered California leadership and staff engage in strategic planning sessions to develop concept proposal for the framework, principles, and priority areas for focus
- ❑ Contract Amendment Workgroup
 - Scheduled monthly meetings
 - Forum for large group discussion on QDP enrollment, utilization and proposed changes to Attachments 1 and 2
 - Learning space to share ideas and best practices among stakeholders
 - Participants review and give feedback on contract proposals and draft contract language
 - Additional focus group meetings on specific priority areas scheduled as necessary to help facilitate contract development

QDP ISSUER 2027 AMENDMENT TIMELINE FOR ATTACHMENTS 1 AND 2



PUBLIC COMMENT

CALL: (877) 336-4440

PARTICIPANT CODE: 6981308

- ❑ To request to make a comment, press 10; you will hear a tone indicating you are in the queue for comment. Please wait until the operator has introduced you before you make your comments.
- ❑ If watching via the live webcast, please mute your computer to eliminate audio feedback while calling in. Note, there is a delay in the webcast.
- ❑ The call-in instructions can also be found on page two of the Agenda.

EACH CALLER WILL BE LIMITED TO TWO MINUTES PER AGENDA ITEM

NOTE: Written comments may be submitted to BoardComments@covered.ca.gov.

Appendix: Dental Program Overview



METHODOLOGY: DENTAL TREATMENT CATEGORIES

- ❑ Data in certain segments of this report is presented by dental treatment category, which can be mapped to a specific CDT code range
- ❑ Select dental treatment categories have CDT-level analysis included, such as those in the Preventive category, given that these services make up a high portion of overall services

Dental Treatment Category	CDT Code Range
Diagnostic	D0100-D0999
Preventive	D1000-D1999
Restorative	D2000-D2499
Crowns & Inlays/Onlays	D2500-D2999
Endodontics	D3000-D3999
Periodontics	D4000-D4999
Removable Prosthodontics	D5000-D5999
Implant Services	D6000-D6199
Fixed Prosthodontics	D6200-D6999
Oral Surgery	D7000-D7999
Miscellaneous	D9000-D9999