COVERED CALIFORNIA

Policy and Action

August 20, 2026 Board Meeting

Policy and Action Items

01 Proposed Emergency Eligibility and Enrollment Regulations – **Discussion**

02 Community Engagement Program – **Discussion**

03 Lawfully Present Immigrant Eligibility Changes – **Discussion**

04 Population Health Investment (PopHI) Updates – **Discussion**

05 Proposed 2027 Population Health Investment (PopHI) – **Discussion**

COVERED CALIFORNIA

Proposed Emergency Eligibility and Enrollment Regulations for the Individual Market

Bahara Hosseini
Assistant Chief Counsel / Deputy Director
Office of Legal Affairs

Discussion

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 individual Exchange eligibility and enrollment regulations, as necessary, to comply with recent federal changes set forth in CMS's 2027 Notice of Benefit and Payment Parameters (NBPP) that have taken effect despite pending legal challenges, including certain provisions implementing H.R. 1.
- 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

- **Advanced Premium Tax Credit (APTC) eligibility changes for lawfully present individuals, beginning with the 2027 plan year**:
  - Limit APTC eligibility to U.S. citizens, U.S. nationals, and certain eligible noncitizens, as required by H. R. 1.
  - Add eligible noncitizen status verification requirements.
- **Failure-to-reconcile (FTR) process**: Reinstate a one-year FTR process for APTC eligibility for consumers who do not file and reconcile past APTC and add enrollee noticing, beginning with the 2028 plan year, as required by H. R. 1.
- Reinstate the automatic 60-day ROP extension for individuals with income inconsistencies, as its removal in the 2025 Marketplace Integrity Rule was recently vacated by the Maryland District Court.
- Make clarifying revisions throughout the regulations, including correcting typos and adding missing references.

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.
- 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.

Written comments can be submitted to *BoardComments@covered.ca.gov*

COVERED CALIFORNIA

Community Engagement and Partnerships Program

Sumeet Pamma
Chief of Community Engagement and Partnerships Program
External Affairs and Community Engagement

Discussion

Covered California's Community Engagement and Partnerships Program was established to strengthen outreach, education, and enrollment by building trusted relationships with communities across California.

- Covered California has built success through strong community engagement and partnerships, focusing on outreach, education, and enrollment.
- In 2023 and 2024, Community Conversations brought together diverse leaders statewide to listen, learn, and strengthen outreach efforts.
- The 2024 Strategic Plan established the Community Engagement and Partnerships Program within the External Affairs and Community Engagement Division.

A Team Built on Community Based Experience

The program was created to strengthen trust, dialogue, and access across California.

This year marked a major milestone for the Community Engagement and Partnerships Program as we completed the development of a team focused on strengthening trusted relationships, expanding community connections, and supporting meaningful engagement across California.

The Community Engagement team brings experience across nonprofit organizations, local government, public health, education, and community-based work.

Community Engagement Team Left to Right:
Sumeet Pamma, Waynee Lucero, Rhea Sandhu, Alyssa Reyes, Isabelle Liu, Thao Xiong

Sumeet Pamma – Community Engagement & Partnerships Chief
Masters in Nonprofit Leadership
9 years leading wraparound-service programs for refugees, immigrants, and trafficking survivors.

Alyssa Reyes – Community Engagement Program Manager
Masters in Women's Studies
15 years in community engagement, strategic partnerships, and health equity across healthcare, nonprofit, labor, and public sectors.

Rhea Sandhu – Health Communications & Research Analyst
Masters in Business Administration - Marketing
5 years of experience in nonprofit public health, community engagement, communications, and outreach.

Isabelle Liu – Community Engagement Field Service Rep (Los Angeles) Masters in Public Policy
3 years in local government and nonprofits: LA City Controller's Office, CalFresh outreach to AANHPI communities, and disability training/employment programs.

Thao Xiong – Community Engagement Field Service Rep (Fresno)
7 years in public health, education, and community engagement across the Central Valley.

Program Objectives

Build Trusted Relationships	Focus on historically marginalized and underrepresented California communities.
Facilitate Community Dialogue	Engage in meaningful, ongoing discussions to inform Covered California's work and better serve Californians.
Break Down Barriers	Establish partnerships to improve access to health coverage and care.
Promote Awareness	Increase understanding of Covered California's mission and services across the state.

Cross-Divisional Collaboration

The program acts as a bridge between communities, community-based organizations, and Covered California's internal teams, complementing the agency's broader outreach, enrollment, and partnership efforts.

- Partner closely with **Comms and PR** to strengthen relationships built during Open Enrollment, share ongoing resources and information, and support engagement with trusted community partners.

- Partner with the **Outreach and Sales Division** to support enrollment efforts, connect community-based organizations with Covered California's enrollment partners, and bring community feedback back to the agency to improve access to coverage.

- Partner with the **Policy, Eligibility, and Research Division** to analyze data, identify impacted communities, and guide targeted outreach and resource development.

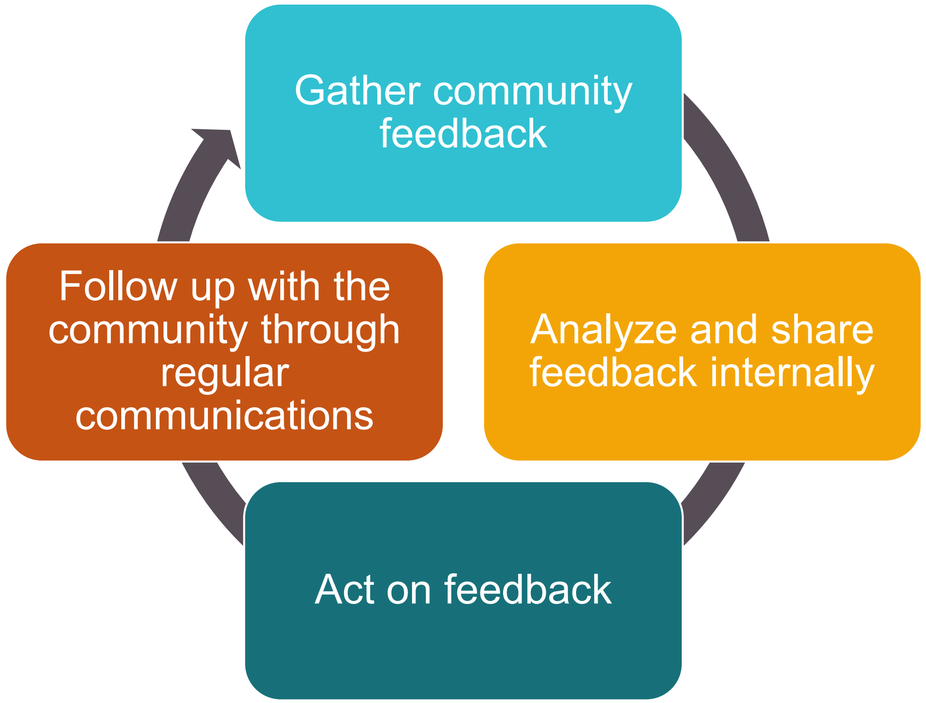
- Support cross-divisional efforts, including SEP Enroller Workshops, Roundtables, Community Conversations, and Open Enrollment events.

Together, these connections help us listen to communities, connect them to resources, and bring feedback back to Covered California.

Listening, Responding, and Closing the Feedback Loop

A primary purpose of the program is to gain community and population specific insights and perspectives on health coverage and care, and to translate those insights into meaningful action and ongoing dialogue with communities.

- Creating feedback loops helps build trust and strengthen relationships.
- We use a continuous cycle to gather feedback, analyze and share it internally, act on it, and follow up with communities.



Statewide Engagement Through Community Circles, Webinars, and Targeted Outreach

We are conducting statewide engagement through Community Circles, partner webinars, and targeted outreach on emerging policy and eligibility changes.

- Community Circles help us better understand the experiences, challenges, and barriers communities face when accessing healthcare.
- Insights gathered through these engagements are shared across internal teams to identify solutions and improve responsiveness.
- We bring those learnings back to partners and communities, creating an ongoing feedback loop of listening, responding, and improving.

Where We've Been & Who We've Met With

We've conducted statewide engagement through Community Circles and partner webinars, reaching diverse communities and stakeholders on emerging policy and eligibility changes.

Community Circles

- **Sacramento** – Ukrainian Community
- **Inland Empire** – African American / Black Community
- **Coachella Valley** – LGBTQ+ and Immigrant Serving Organizations
- **Orange County** – Asian American Community

Statewide Webinars

Impact of Expiring Enhanced Premium Tax Credits
- Hosted a statewide community partner and stakeholder webinar
- Total of 158 attendees

LPI Marketplace Eligibility Changes
- Hosted three statewide webinars for legislative, congressional and community partners.
- Total of 165 community partner attendees

What We've Learned

Communities consistently highlight the need for trusted support and easier navigation.

Trusted messengers matter most:
Communities rely on local organizations for credible, actionable guidance and follow-through.

Language + navigation support are essential:
People need help that is language-accessible and step-by-step (not just information).

Transitions and “churn” create coverage gaps:
Shifts in eligibility, life changes, and renewal processes lead to confusion and drop-off.

Affordability concerns drive decisions:
Premium cost, out-of-pocket costs, and uncertainty about financial help influence enrollment and retention.

Systems can feel hard to use:
Notices, documentation requirements, account access, and plan comparison are common friction points.

Communities want support where they already are:
In-community settings, familiar channels, and organization led touchpoints increase engagement.

Turning Feedback into Action

We are responding by strengthening support pathways, improving coordination, and sharing targeted resources with partners and communities.

Listen: Gathered input through Community Circles, partner conversations, surveys, and webinars to understand community questions, concerns, and barriers to coverage.

Act: Turned feedback into tailored materials that are simple, in-language, and easy to understand, including fact sheets, resource guides, FAQs, and partner tools (e.g., LPI Fact Sheets, LGBTQ+ Resource Guide).

Connect: Built trusted partner lists and expanded relationships with advocates, CBOs, FQHCs, counties, and free and charitable clinics. Linked partners to statewide resources like DMHC transgender care and HCAI workforce dashboards.

Support and report back: Created dedicated support pathways and warm handoffs for escalated issues, shared targeted Covered California resources, and closed the loop using a "resource + connection" approach.

Looking Ahead

Moving forward, the program will continue strengthening statewide engagement, partnerships, and community-informed action.

Continue Community Circles and statewide partner engagement focused on communities most impacted by lawfully present immigrant eligibility changes in 2027, including:

- Planned **AANHPI Community Circles** in San Gabriel Valley, Santa Clara, and Central Valley.
- Planned **Latino Community Circles** in Los Angeles, Santa Clara, and Central Valley.

Use community feedback and data to help guide outreach strategies and resource development.

In partnership with the Health Equity and Quality Transformation Division, bolster local physician engagement to strengthen connections between Covered California, local physician leaders, and community partners.

Prepare partners and communities for renewal, open enrollment, and upcoming LPI and public charge policy changes by sharing timely, accurate information to support informed decisions and reduce confusion.

Launch an external newsletter to share updates, resources, and key messages to keep partners informed and support consistent outreach.

Thank You

COVERED CALIFORNIA

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.

Written comments can be submitted to *BoardComments@covered.ca.gov*

COVERED CALIFORNIA

Lawfully Present Immigrant Eligibility Changes

Kelly Green, Director
External Affairs and Community Engagement

Discussion

Policy Change:

Starting in 2027, under H.R. 1, specified Lawfully Present Immigrants (LPI) will no longer be eligible for premium tax credits and cost-sharing reductions.

This may impact approximately 140,000 Covered California enrollees and limit future enrollment among LPI consumers throughout the state.

- Non-eligible LPI consumers will still be able to enroll in Covered California coverage, however, they will not be eligible for any financial assistance.
- As a result, many of these consumers will see their health care costs increase.
- These changes do not go into effect until 2027, therefore, non-eligible LPI can still use their current health care coverage to go to the doctor and seek the health services they need.

Eligibility Changes for Lawfully Present Immigrants

Coverage and Financial Assistance Eligibility by Immigration Status	
Who Remains Eligible	**2027 Coverage Year** • Lawful Permanent Residents (Green Card holders) • Cuban and Haitian Entrants • Migrants from Compact of Free Association (COFA) countries, including Micronesia, the Marshall Islands, and Palau
Who Will No Longer Be Eligible for Financial Assistance* *not a complete list	**2027 Coverage Year** • Individuals with work visas • Individuals with student visas • Individuals with asylum status or pending asylum applications • Refugee status • Survivors of trafficking, domestic violence, and other serious crimes (U visa, T visa, and pending Violence Against Women Act petitions) • Individuals with Temporary Protected Status (TPS) • Other humanitarian or temporary lawful statuses previously eligible for Marketplace financial assistance

LPI Data and Impact Highlights

- Nearly **140,000** LPI enrollees would lose eligibility for federal financial assistance in 2027; **94%** currently receive financial help.
- Approximately **$660 million** in federal financial assistance will be lost. On average, monthly out-of-pocket premium costs may increase by **$503** per member per month.
- Affected enrollees include more than **45,000** with asylum or pending asylum status, nearly **10,000** with work or student visas, nearly **1,000** refugees, and fewer than **100** survivors of trafficking, domestic violence, or other serious crimes.
- Nearly **80%** have incomes under **200% FPL** ($31,300 for an individual; $64,300 for a family of four).
- The impacted population is concentrated among Asian and Pacific Islander enrollees (**more than 70%**), with Chinese enrollees making up **more than half** of Asian enrollees; Latino enrollees are the **second-largest group**.
- **Nearly half** speak a language other than English, including more than **25%** who speak Mandarin and **14%** who speak Spanish.
- Nearly **90%** are agent-assisted (vs. 60% overall); **39.2%** are enrolled with Kaiser; **82.5%** are in Silver plans, including **70%** in Silver 87 or 94, and **15%** are in Bronze.
- Enrollment is concentrated in Los Angeles (**33.2%**), followed by Fresno (**7.6%**), Santa Clara (**7.5%**), San Bernardino (**6.0%**), Alameda (**5.9%**), Sacramento (**5.8%**), and Orange (**5.5%**).

Covered California developed an organization-wide strategy that spans:

Public Education & Awareness

Informs and educates LPI consumers, stakeholders, and the public about changes to LPI eligibility.

Partner & Stakeholder Support

Provides support and resources to internal and external partners on the front lines of service to this population (Service Center Representatives, enrollment partners, stakeholders, policymakers).

Consumer Transition Support

Supports impacted LPI consumers with clear, timely information, education, support and resources to help them navigate their eligibility transition.

Operational Readiness

Ensures smooth and effective operational readiness.

Strategic Pillars

Operational Readiness

- **Assessed impacted consumers** using demographic data of LPI populations.
- **Prepared systems and support channels.**
- **Developing readiness resources** for targeted retention and outreach.

Consumer Support, Resources, and Referral

- **Issued consumer alerts** and are developing in-language materials to help consumers and partners prepare for LPI eligibility changes
- **Equipped enrollers, partners and staff with support resources**.
- **Used stakeholder feedback to strengthen** support strategies. Gathered input from enrollers, advocates and partners.
- **Research and Consumer Interviews:** conducted research through LPI consumer interviews.

Communications and External Partnership

- **Engaged trusted partners**, community-based organizations, and health care stakeholders to shape messaging, outreach, and materials.
- **Conducted webinars and outreach** to support awareness among external audiences.

LPI Communications and Messaging Framework

Consumers

Clear communication to help consumers understand what's changing, what it means for them, and what actions they can take to stay covered or access care.

Frontline Support System

Equip enrollment partners, agents, and Service Center staff with the tools, training, and guidance needed to support impacted consumers.

External Partners & Stakeholders

Engage advocates, community organizations, and legislative partners to share information, extend reach, and serve as trusted messengers.

Consumer Journey and Call to Action

- **Inform Consumers of the Federal Policy Change** through various means (i.e. ad hoc consumer notices, social media, website, enrollment partners).

- **Promote Assistance and Support:** Encourage consumers to contact an enrollment partner or Covered California's Service Center and update documents.

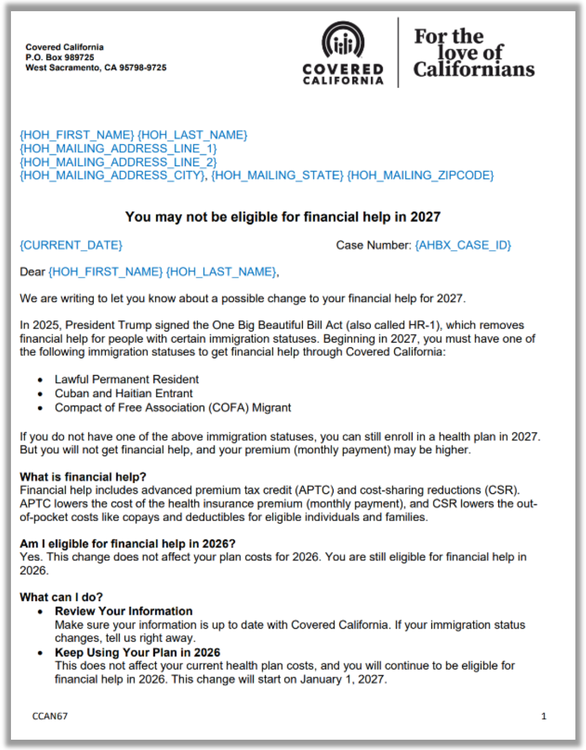
- **Update Eligibility:** Service Center Representatives and Enrollment Partners assist the consumer to determine eligibility and whether the consumer is eligible for financial assistance. As of early July, nearly 2000 current LPI enrollees have updated their immigration status and, as a result, will likely retain subsidy-eligibility status next year.

- **Assist with Plan Options:** Service Center Representatives and Enrollment Partners assist consumers with their plan options for 2027.

- **Share Key Resources:** Equip impacted consumers needed resources such as referrals to immigration legal services and where they may be able to get health care services if they are unable to afford coverage.

- **Avoid Scams:** Consumers will be encouraged to use trusted messengers and resources in their communities.

Consumer Notice & Outreach Materials



Covered California
P.O. Box 989725
West Sacramento, CA 95798-9725

COVERED CALIFORNIA | For the love of Californians

{HOH_FIRST_NAME} {HOH_LAST_NAME}
{HOH_MAILING_ADDRESS_LINE_1}
{HOH_MAILING_ADDRESS_LINE_2}
{HOH_MAILING_ADDRESS_CITY}, {HOH_MAILING_STATE} {HOH_MAILING_ZIPCODE}

You may not be eligible for financial help in 2027

{CURRENT_DATE} Case Number: {AHBX_CASE_ID}

Dear {HOH_FIRST_NAME} {HOH_LAST_NAME},

We are writing to let you know about a possible change to your financial help for 2027.

In 2025, President Trump signed the One Big Beautiful Bill Act (also called HR-1), which removes financial help for people with certain immigration statuses. Beginning in 2027, you must have one of the following immigration statuses to get financial help through Covered California:

- Lawful Permanent Resident
- Cuban and Haitian Entrant
- Compact of Free Association (COFA) Migrant

If you do not have one of the above immigration statuses, you can still enroll in a health plan in 2027. But you will not get financial help, and your premium (monthly payment) may be higher.

What is financial help?
Financial help includes advanced premium tax credit (APTC) and cost-sharing reductions (CSR). APTC lowers the cost of the health insurance premium (monthly payment), and CSR lowers the out-of-pocket costs like copays and deductibles for eligible individuals and families.

Am I eligible for financial help in 2026?
Yes. This change does not affect your plan costs for 2026. You are still eligible for financial help in 2026.

What can I do?
- **Review Your Information**
  Make sure your information is up to date with Covered California. If your immigration status changes, tell us right away.
- **Keep Using Your Plan in 2026**
  This does not affect your current health plan costs, and you will continue to be eligible for financial help in 2026. This change will start on January 1, 2027.

CCAN67 1

CONSUMER NOTICE

FACT SHEET FOR PARTNERS

COVERED CALIFORNIA | For the love of Californians

FACT SHEET FOR PARTNERS

2027 Marketplace Eligibility Changes for Certain Lawfully Present Immigrants

What is Changing?

In 2025, President Trump signed H.R. 1, also known as the One Big Beautiful Bill Act, which specifies that certain immigrant groups with legal status will be ineligible for financial assistance, including premium tax credits and cost-sharing reductions, beginning in coverage year 2027.

Lawfully Present Immigrant (LPI) consumers who will become ineligible in 2027 will still be able to enroll in Covered California coverage; however, they will not be eligible for any financial assistance. As a result, many of these consumers will see their health insurance costs increase in 2027.

These changes will not go into effect until 2027 and do not affect current plan costs.
LPI consumers can continue using their current health insurance for doctor visits and other necessary healthcare services throughout the remainder of 2026.

Who Will Remain Eligible?

Starting in 2027, **only these immigrant groups will be eligible for financial assistance** to lower the cost of their health insurance:

- Lawful Permanent Residents (green card holders)
- Cuban and Haitian Entrants (this category includes Cuban and Haitian nationals with a **range** of current or past immigration statuses)
- Migrants from Compact of Free Association (COFA) countries, including Micronesia, the Marshall Islands, and Palau

Who May Be Impacted?

Approximately 140,000 Covered California enrollees may be impacted by this federal change.

This includes consumers with:
- Work visas
- Student visas
- Asylum or pending asylum status
- Refugee status
- Survivors of trafficking, domestic violence, and other serious crimes (U visa, T visa, and pending Violence Against Women Act petitions)
- Temporary Protected Status (TPS)
- Other humanitarian or temporary lawful statuses previously eligible for Marketplace financial assistance

What Consumers Can Do

We know this news is not easy to hear. Covered California is working to keep health insurance affordable and help consumers navigate this change. We encourage consumers to reach out for free, confidential advice using the following channels:

- Contact Covered California at **800-300-1506** or visit **CoveredCA.com** for more information and support.
- For enrollment assistance with a certified enroller visit: **coveredca.com/support/find-an-enroller/**.
- For immigration legal support visit California Department of Social Services at **cdss.ca.gov/inforesources/immigration** or call **916-651-8017**. For legal information and referrals call the **Health Consumer Alliance** at **888-804-3536**.
- Only use trusted sources and beware of scams. When in doubt, call us directly.

HAVE QUESTIONS? WE CAN HELP.
For more information, contact: 800-300-1506 | CoveredCA.com

Covered California complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.
Atención: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-300-0213 (TTY: 1-888-889-4500).
注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-300-1533 (TTY 1-888-889-4500).
ENG-0726

FACT SHEET FOR PARTNERS

COVERED CALIFORNIA | For the love of Californians

Important Changes to Health Coverage for Certain Lawfully Present Immigrants in 2027: What You Need to Know

What is Changing?

In 2025, President Trump signed H.R. 1, also known as the One Big Beautiful Bill Act, which makes certain immigrant groups with legal status ineligible for financial help starting in 2027.

If you are a Lawfully Present Immigrant who will become ineligible in 2027, you can still enroll in Covered California coverage, but you will not be eligible for financial help. As a result, your monthly health insurance costs may be higher in 2027.

Please note that these changes will not go into effect until 2027 and do not affect your current plan costs. You can continue using your current health insurance for doctor visits and other necessary healthcare services throughout the remainder of 2026.

Who is Still Eligible for Financial Help?

Starting in 2027, **only these immigrant groups will be eligible for financial help** to lower the cost of their health insurance:

- Lawful Permanent Resident (green card holder)
- Cuban and Haitian Entrant (includes Cubans and Haitians with a **range** of current or past immigration statuses)
- Compact of Free Association (COFA) Migrants (from Micronesia, the Marshall Islands, or Palau)

Who May be Impacted?

If you have one of the following types of visas or immigration statuses, this federal policy change may impact you and your coverage costs in 2027:

- Work visas
- Student visas
- Asylum (pending or granted)
- Refugee status
- Special visas for survivors of trafficking, domestic violence, or serious crimes (U and T visas, and pending Violence Against Women Act petitions)
- Temporary Protected Status (TPS)
- Other humanitarian or temporary lawful statuses previously eligible for Marketplace financial help

We're Here to Help

We know this news is not easy to hear, and you don't have to figure this out alone. Covered California is working to help you keep your health insurance affordable. Please reach out for free, confidential advice using the following channels:

- Contact Covered California at **800-300-1506** or visit **CoveredCA.com** for more information and support.
- For enrollment assistance with a certified enroller visit: **coveredca.com/support/find-an-enroller/**.
- For immigration legal support visit California Department of Social Services at **cdss.ca.gov/inforesources/immigration** or call **916-651-8017**. For legal information and referrals call the **Health Consumer Alliance** at **888-804-3536**.
- Only use trusted sources and beware of scams. When in doubt, call us directly.

HAVE QUESTIONS? WE CAN HELP.
For more information, contact: 800-300-1506 | CoveredCA.com

Covered California complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.
Atención: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-300-0213 (TTY: 1-888-889-4500).
注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-300-1533 (TTY 1-888-889-4500).
ENG-0726

FACT SHEET FOR CONSUMERS

COVERED CALIFORNIA | For the love of Californians

Find Affordable Healthcare Services Near You

This resource guide is designed to help people connect with affordable healthcare services and support available across California, regardless of insurance or immigration status. It includes information and links to community health centers, free and charitable clinics, county healthcare programs, and other local healthcare resources that may provide low-cost or no-cost services for eligible individuals.

Eligibility requirements, services provided, appointment availability, costs or payment options, and financial assistance may vary by provider, program, or county. Contact the provider or program directly to confirm current information.

Community Health Centers

Community health centers help people get healthcare, regardless of insurance status or ability to pay. Many offer low-cost sliding-scale fees based on income. Services may include primary care, preventive care, behavioral health services, dental care, prescription assistance, and other healthcare support.

In addition to the resources below, you can use the **HRSA Find a Health Center tool** to locate a community health center near you.

CLICK ON YOUR COUNTY/REGION BELOW TO FIND A COMMUNITY HEALTH CENTER NEAR YOU

- Alameda
- Alpine
- Amador
- Butte
- Calaveras
- Colusa
- Contra Costa
- Del Norte
- El Dorado
- Fresno
- Glenn
- Humboldt
- Imperial
- Inyo
- Kern
- Kings
- Lake
- Lassen
- Los Angeles
- South Los Angeles
- Madera
- Marin
- Mariposa
- Mendocino
- Merced
- Modoc
- Mono
- Monterey
- Napa
- Nevada
- Orange
- Placer
- Plumas
- Riverside
- Sacramento
- San Benito
- San Bernardino
- San Diego
- San Francisco
- San Joaquin
- San Joaquin Valley
- San Luis Obispo
- San Mateo
- Santa Barbara
- Santa Clara
- Santa Cruz
- Shasta
- Sierra
- Siskiyou
- Solano
- Sonoma
- Stanislaus
- Sutter
- Tehama
- Trinity
- Tulare
- Tuolumne
- Ventura
- Yolo
- Yuba

RESOURCE GUIDE FOR SERVICE CENTER & ENROLLMENT PARTNERS

Strategic Enrollment Partner Engagement and Action

May – June 2026 | Build Readiness Foundation

- Finalized impacted consumer lists, launched the Consumer Retention Workspace in the Enroller Portal, prepared Sales Service Center training, and delivered webinars for targeted enrollment partners.

June – August 2026 | Activate Partner Support:

- Executed 1:1 outreach with key enrollment partners, published approved enroller training materials, toolkits, talking points, and resource guides to support retention activity. Conducted additional summer enroller roundtables focused on LPI consumer outreach.

Looking Ahead

COVERED CALIFORNIA

Navigating More Federal Policy Change: Public Charge

- The public charge rule is broad and complicated. Lawfully present immigrants applying for a green card should seek immigration legal assistance to make informed decisions about their benefits.
- **Impact to Covered California consumers:**
  - Some LPIs that are not impacted by H.R. 1 may be impacted by the public charge rule if they apply for a green card and receive financial assistance in 2027 and beyond.
  - Some LPIs that apply for a green card and will not be eligible for financial assistance in 2027, but are receiving it between September – December 2026, may be impacted.
- Covered California continues to analyze the public charge rule and incorporate clear messaging into the LPI communications.
- Ensure Service Center Representatives, Agents and Enrollment Partners are prepared with resources and referrals to assist consumers.
- Covered California is working with other state departments to align messaging for and engagement with community partners and the public.

Looking ahead to Renewal and Open Enrollment

Consumer Support, Resources, and Referral

- **Expand agent and partner support** through trainings, toolkits, talking points, resource guides, and enroller roundtables.
- **Focus outreach and support on higher-risk consumers** during renewal and open enrollment.
- **Direct support for consumers** through an outbound call campaign for those that do not have a delegated enrollment partner.

Communications and External Partnership

- **Renewal communications and Open Enrollment** campaign preparations are underway.
- **Continue community engagement through external outreach**, Community Circles, and partner communication.
- **Align with state partners** through regular communication to support consistent outreach and implementation.
- **Distribute resources including** fact sheets, FAQs, and in-language materials so partners can communicate changes clearly and consistently.

Enrollment Partner Engagement and Strategy

September – October 2026 | Scale Field Readiness:

- Finalize enroller communication and integrate approved LPI messaging into OE 27 kick-off events, and other statewide field events while reinforcing CalHEERS and Enroller Portal updates for enrollers.

November – December 2026 | Monitor and Adjust:

- Target high-risk consumers, track outreach activity through dashboards and close-out data, and coordinate autopay and premium increase mitigation with internal partners.

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.

Written comments can be submitted to *BoardComments@covered.ca.gov*

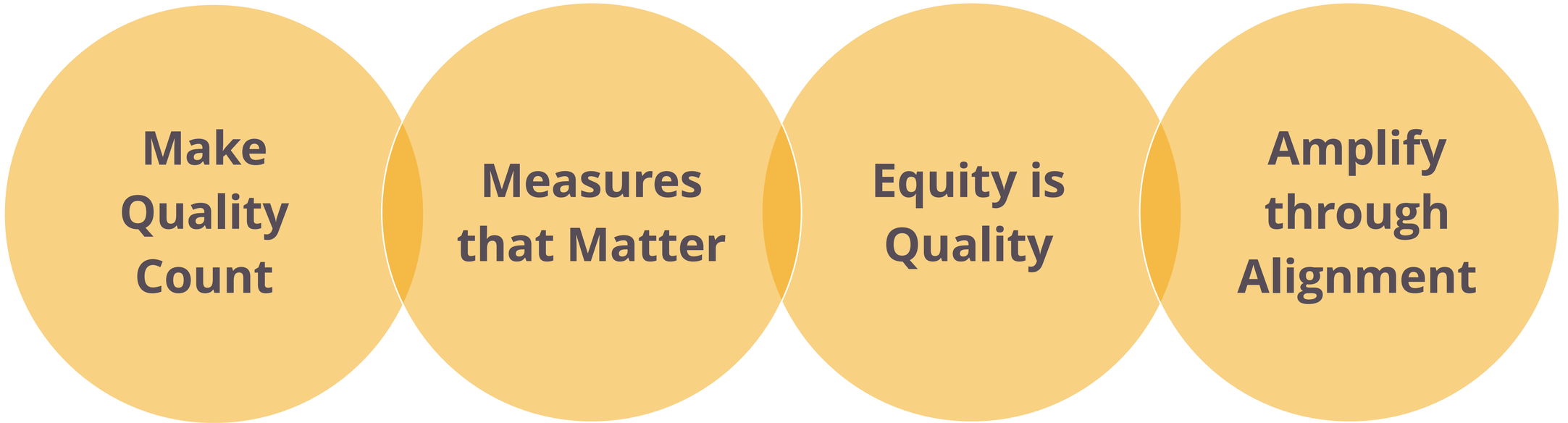
COVERED CALIFORNIA

Population Health Investment (PopHI) Updates

Taylor Priestley, Director
Equity & Quality Transformation Division

Discussion

Quality Transformation Initiative



0.8% to 4% Premium at Risk for

a small set of clinically important measures

stratified by race/ethnicity

selected in concert with other public purchasers*

*Public purchasers includes CalPERS and DHCS/Medi-Cal

Guiding Principles: Use of Funds

Centered on goal to improve health outcomes for Covered California enrollees

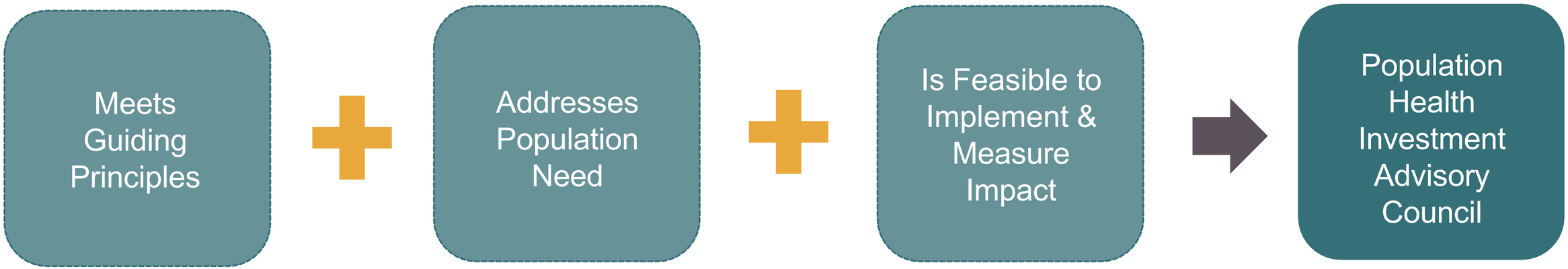
Equity First: funds should preferentially focus on geographic regions or communities with the largest identified gaps in health and quality among California subpopulations

Direct: use of funds should lead to measurable improvements in quality and outcomes for enrollees that are related to QTI Core Measure performance

Evidence-based: use of funds should be grounded in approaches that have established evidence of success in driving improvements in quality or outcomes

Additive: funds should be used to advance quality in a currently underfunded arena.

Population Health Investments: Selection Criteria



Current Population Health Investments

1

Early Investments in Childhood Health and Wellness

- Funds deposited directly into CalKIDS Child Scholarship Account to incentivize timely vaccination and well-child visits
- Targets families with newborns enrolled in Covered California and children under 2 years old

2

Direct Investments to Enhance Food Security

- Reusable cards loaded with funds available for use at grocery stores and other retailers with food facilitated by a third-party for disbursement and data collection.
- Targets Covered California members with income levels below 250% of the Federal Poverty Level (FPL), with certain chronic conditions

3

Equity and Practice Transformation

- Funds will accelerate adoption of practice transformation through high-quality, 1:1 coaching, subject matter expertise, and foster sustainable practice change and disseminate innovative models statewide.
- Targets primary care practices enrolled in DHCS EPT program and serving Covered California enrollees

4

Health Professions Pathways Program

- Targets California workforce by focusing on select health professional shortage areas which most impact Covered California members
- Leverages HCAI's HPPP infrastructure to invest $4.8M in a health workforce

Child Scholarship Account Program

Program and Evaluation Update

COVERED CALIFORNIA

Child Scholarship Account (CSA) Program

Enrollment Highlights

843
Households enrolled

324
Unique participants newly claimed their CalKIDS account

$300,200
Deposited into CalKIDS accounts

2,497
Program steps completed

Key Learnings

- ~35% of enrolled members did not complete the first step necessary to claim funds (CalKIDS registration)
- Direct outreach found program not being viewed as current priority a barrier to completion
- Broader awareness of CalKIDS needed

Adaptive Outreach Strategies

- Refined outreach cadence, including increased attempts, peak-day scheduling and IVR primer to all
- Conducted two separate targeted messaging campaigns to test different language and cadence for enrolled members not claiming steps
- Continue to explore use of delegated enroller agents for direct outreach encouraging step completion

CSA Program External Evaluation Update

Led by Adam Schickedanz, MD PhD, and Monique Holguin, LCSW PhD, from UCLA Dept of Pediatrics

Participant Perceptions & Experiences	Implementation & Process Assessment	Care Quality Outcomes Evaluation	Other Health Outcomes Evaluation
What is the participant experience?	How to improve the process?	More visits and vaccinations	Other changes in family health?
• Confirm feasibility • Understand barriers and facilitators • Improve experience	• Examine program processes, including uptake, reach, delivery approach, and follow-through • Overall and by sub-population to understand process equity • Informs future implementation and sustainability	• Examine program impact on primary outcomes at the individual and population levels • Equity - impact for whom?	• Examine program impact on health and health care for parents and children • Equity – Impact for whom? Process eval improvements? • Spillover effects on quality of life, parenting, finances, satisfaction?

Learning Directly From Participants

Interviews offered direct insight from participants in their own words

Key Informant Interviews

Conversations with 20 parent participants covered questions about perceptions of, attitudes toward, and experiences with the CSA Program

Participants Were:

- CSA Program Enrollees
- Recruited by email and phone
- English-speaking

The Interviews:

- Lasted 20-30 minutes
- Structured with standard questions and prompts
- Transcribed, de-identified at transcription, and coded for themes

The CSA Program Was Well-Accepted Among the Busy Parent Enrollees

Perceptions of CSA Program Among Most Participants:

- Participants supported the program initiative and saw it as aligned with Covered California's mission and role
- The program did not change participants' view of Covered California
- Main barrier to milestone completion: being busy with infant caregiving, competing parental and work priorities
- Main feedback for uptake and engagement: find ways for participants to hear about the CSA Program in the usual course of care or plan onboarding from trusted messengers (not just emails and texts at the time of enrollment outreach)

"I just never heard of it ever, and no one's ever mentioned it. I think it's a really cool program. So, why is it secret?"

- CSA Program Parent Participant

The CSA Program Target Population is Busy Parents

Interview participants (and program enrollees) appear to be more proactive, more likely to have a CSA than the general population

Applying these insights:

- Interview results suggest participants were more likely to be activated, aware of CSAs/CalKIDS, and open to taking up programs generally
- Enrollee self-selection may limit generalization of evaluation results beyond program enrollees
- Information from non-enrollees, including demographics and interviews, would help determine the degree to which enrollee self-selection may be affecting eval results
- Reaching future potential participants who are more marginalized (or simply wary of text/email offers that seem too good to be true) may require more personalized and relational outreach strategies

Equity and Practice Transformation

Program and Evaluation Update

COVERED CALIFORNIA

Equity and Practice Transformation (EPT)

Covered California investment accelerated adoption of population health infrastructure, data sharing, and equity-focused care improvement across 45 EPT practices serving Covered California and Medi-Cal members.

45 Covered California cohort practices **26,157** Covered California enrollees **617,714** Medi-Cal lives

YEAR 1 HIGHLIGHTS

Meeting Key Performance Indicators

	Nov 2024		Dec 2025
Access Third next available appointment under 10 days	62%	→	82%
Empanelment More than 90% of patients empaneled	27%	→	48%
Continuity Practice continuity above 70%	62%	→	68%

Completing EPT Milestones at High Rates

15 of 18
prior-cycle EPT milestones have been accepted by 84% or more of Covered California practices

100%
completed data governance assessments and MCP-provided HEDIS measure submissions

96%
have accepted data implementation plans and stratified HEDIS reports

93%
adopted clinical guidelines and enhanced outreach & engagement strategies

91%
implemented pre-visit planning workflows

EPT Year 1 Program Evaluation Report

The PopHealth Learning Center (PHLC) provided in depth findings about Covered California EPT

Practices Rate Covered California EPT Highly

96.7%
of DxF Bootcamp participants found sessions a valuable use of time

90.9%
rated Approachable AI sessions 9 or higher

80%
rated EHR User Groups 8 or higher

Scores reflect likelihood to recommend the activity to other practices on a 1-10 scale (10 = very likely).

Engagement is translating into results:
15 CCA cohort practices achieved acceptance of their Data Policy & Procedure deliverable following participation in a CCA-funded DxF Bootcamp.

"Honestly, everything has been very helpful and informative. I haven't come across anything yet that was either a waste of time or that I couldn't use."
- Vishwa Kapoor, participating practice

Practices Improved Across All Eight PhmCAT Domains

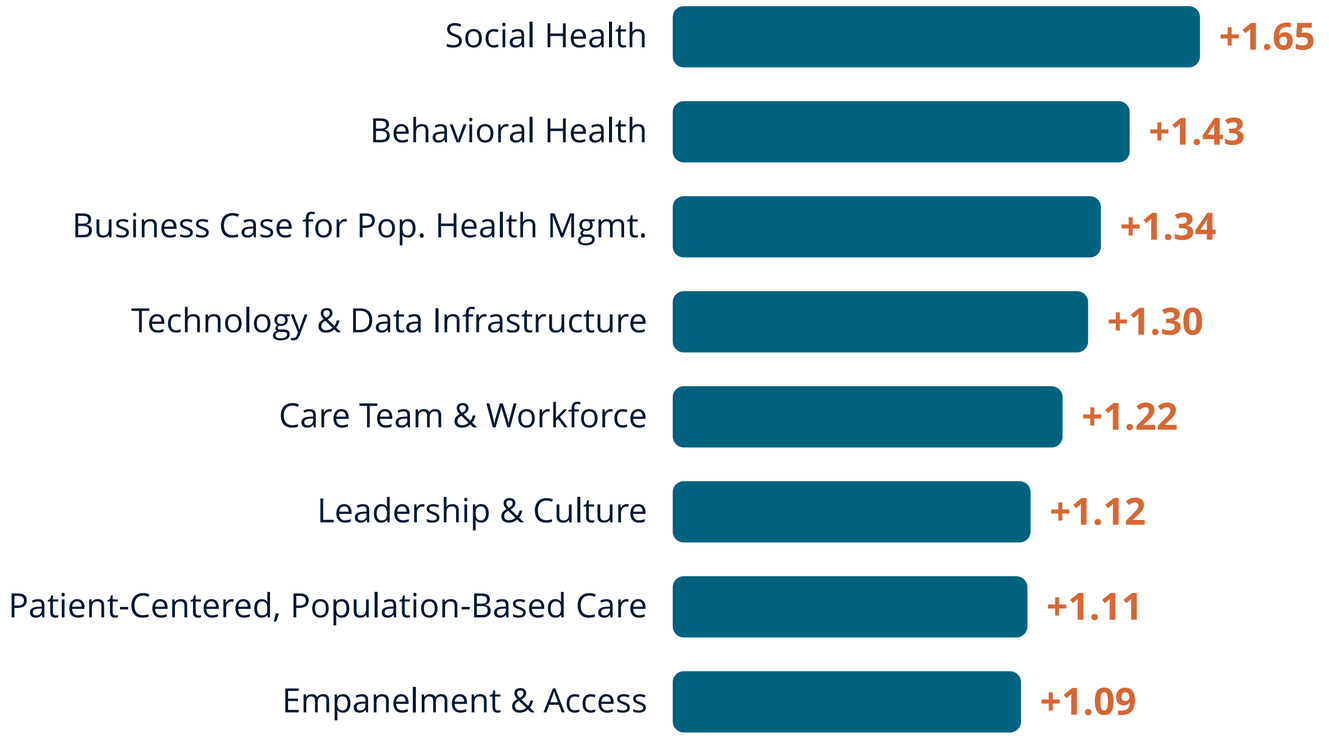
The PhmCAT is a practice self-assessment scored 1 to 10 across eight population health domains, completed annually (baseline May 2024).

64%

of practices improved their composite score

+1.10 average gain from a 6.09 baseline

Average score gain by domain, May 2024 to Sept 2025



PhmCAT: Population Health Management Capabilities Assessment Tool. Average gain in self-assessed domain score among 45 CCA practices.

Practice Impact: Closing Equity Gaps in Care

Doctors on Duty: Depression Screening Follow-Up

The gap: Spanish-speaking patients were less likely to receive follow-up after a positive depression screening than English-speaking patients (43% vs. 58%).
The response: With support from enhanced TA and Design Studio participation, the practice:

- Developed a standardized Epic work queue to ensure timely follow-up outreach
- Leveraged bilingual staff for patient outreach and engagement
- Expanded telemedicine options to reduce transportation and scheduling barriers
- Reinforced equitable follow-up workflows through staff training

The result: Follow-up rates among Spanish-speaking patients increased from **43% to 52.4%** in the subsequent reporting cycle, narrowing the disparity and improving equitable access to behavioral health follow-up care.

"Previously, we were losing data. Now, we can easily share data, helping us screen and follow up for depression. We are seeing measurable improvements. Overall, PHLC is supporting us, not just evaluating us."

- Cedars Family Medicine

"It was an eye-opening experience to be required to stratify our data in ways that we would not have done on our own. Identifying those disparities in certain patient populations has been an important step."

- Serve The People

2026: Driving Sustainable, Scalable Solutions

Phase II builds on 2025 outputs to drive sustainable, data-enabled workflows at the site level, **packaging tested solutions for wider scalability across PHLC's statewide learning network.**

Q1-Q2

Identify & Assess

Use EPT performance data to identify practices with the greatest opportunity for improvement on CBP, HbA1c, CIS, and COL measures

Q2-Q4

Co-Design & Activate

Co-design and activate 1-3 measurable workflow changes per practice; validate data flow and measure calculation through 8–12-week sprints

Q3-Q4

Package & Scale

Track change with run charts and feedback loops; disseminate tested solutions by December 2026

Success measures: participating practices activate 1 – 3 measurable workflows and demonstrate improvement in one of four priority HEDIS measures, alongside continued PhmCAT and KPI gains through the close of EPT.

Health Professions Pathways Program

Program Update

COVERED CALIFORNIA

HCAI Health Professions Pathways Program (HPPP)

The HPPP supports and encourages individuals in shortage areas to pursue health careers and develop a needed workforce in primary care and behavioral health. To address California's healthcare workforce shortages, Covered California is investing PopHI funds – through a new partnership with the Department of Health Care Access and Information (HCAI) – to leverage their Health Professions Pathway Program (HPPP).

The goal is to correct workforce demographic imbalances and improve access to culturally and linguistically concordant providers for Covered California enrollees.

HPPP expands California's health workforce across the continuum by awarding across four (4) categories:

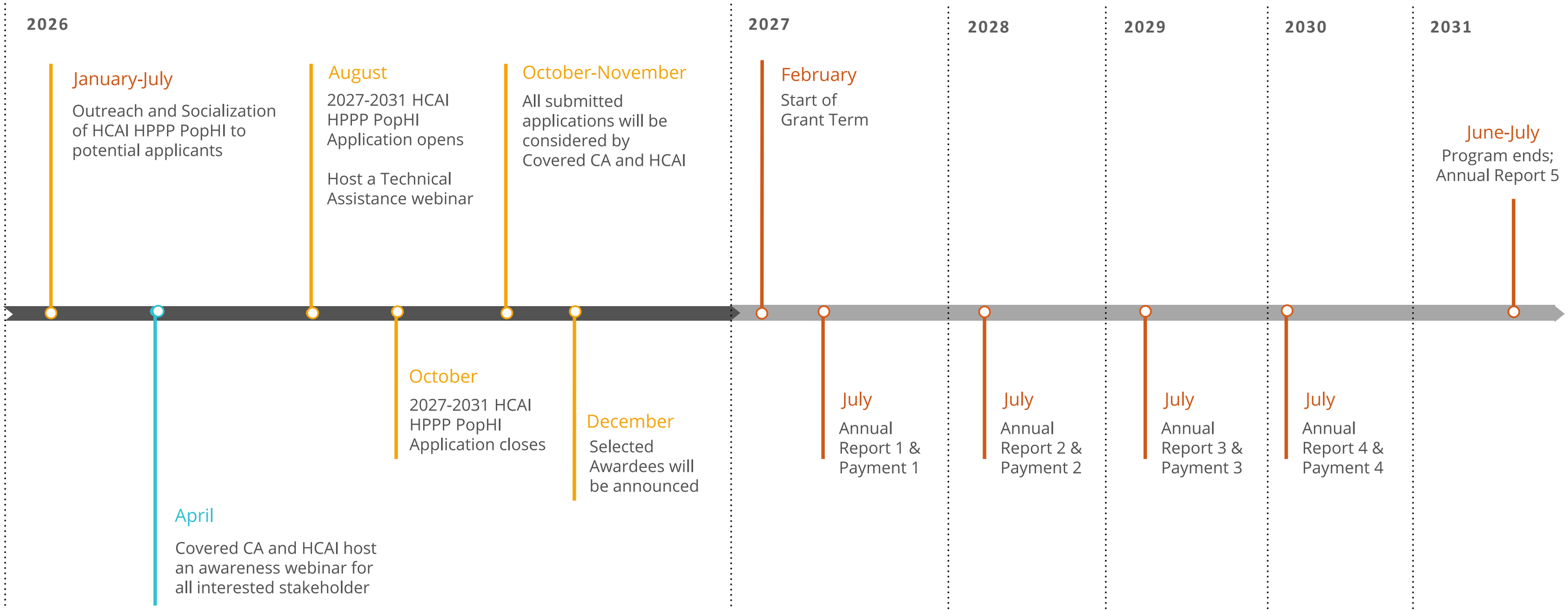
1. Award Category A: Pipeline Program
2. Award Category B: Summer Internships
3. Award Category C: Post Undergraduate Fellowships
4. Award Category D: Post Baccalaureate Scholarships

Available Funding: $4,800,000

2026-2027 Grant Application will be released in mid-August 2026.

Application Deadline: October 16, 2026 at 3 pm

HPPP Timeline



Grocery Support Program

Program and Evaluation Update

COVERED CALIFORNIA

Grocery Support Program Year 1

Enrollment Highlights

6,972 Households enrolled

13,086 Household members impacted

$1,646 Average award amount per household

~$5M Spent by members March 2025 - February 2026

Member Feedback

“We can prepare meals together, which we were not doing, because we're not just eating rice and beans, we're eating veggies & fruits. We're unified now, because now they're like, well, what are we having for dinner? We didn't do that before.”

“Before I was living you know on ramen, cheap stuff... Now I can eat leafy greens, and I can have a snack if I want. I don’t have to think maybe I can’t afford this.”

"We used to go to the Food Bank, but with the card we don't anymore. That's a big change. We'll buy fresh food. At the food bank it is whatever they have over there. With the card, you can choose where to go.”

Grocery Support Program Year 2

Enrollment Highlights

6,041

Total households enrolled

4,664

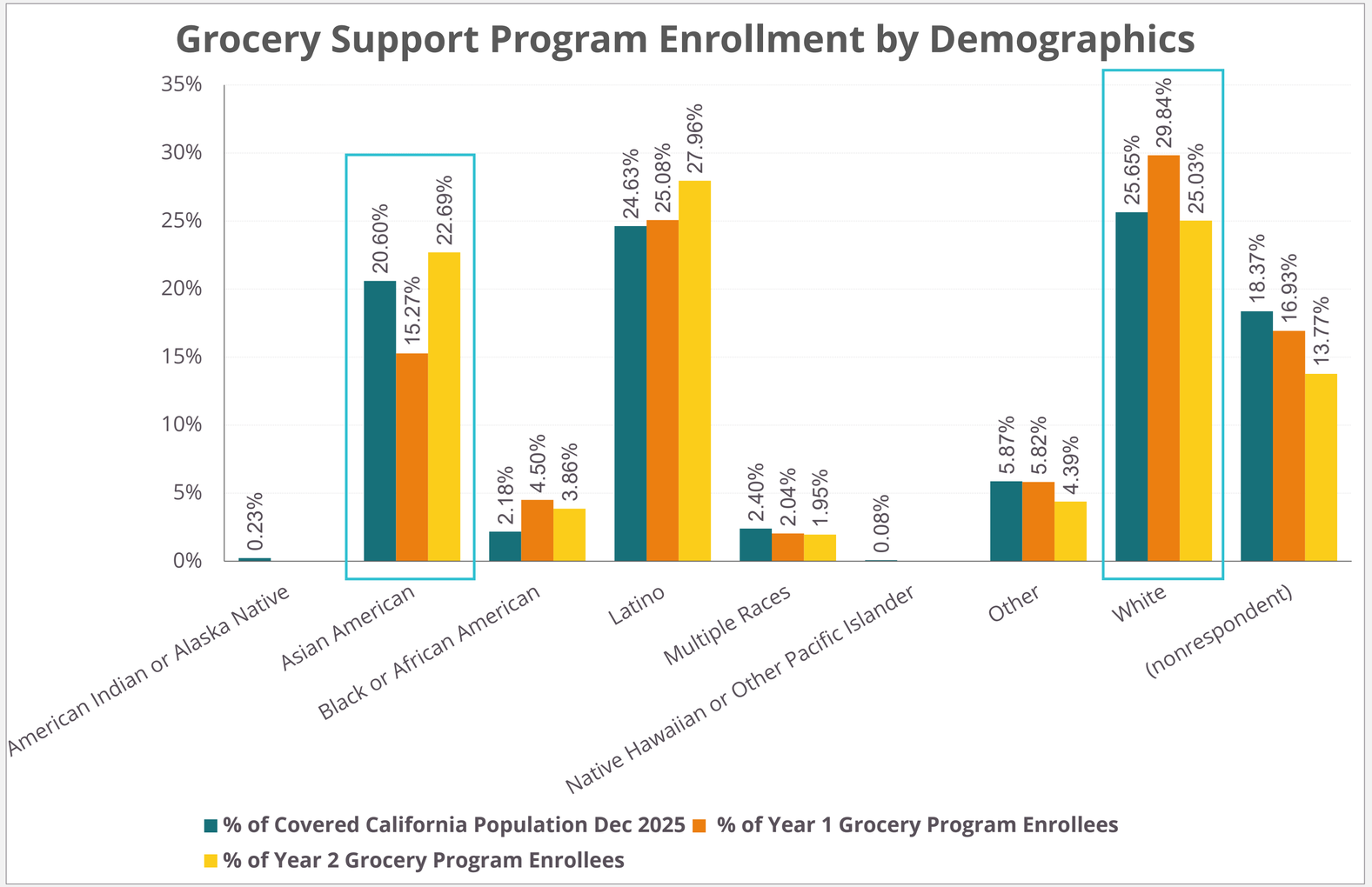
Households continuing from Year 1

12,006

Household members impacted

$1,839

Average award amount per household



Blank areas are suppressed data due to counts too low to report.

Grocery Support Program Formal External Evaluation Findings

COVERED CALIFORNIA

siren

Social Interventions Research & Evaluation Network

Evaluating Covered California's Grocery Support Program

Emma Tucher, PhD; Danielle Hessler Jones, PhD; Laura Gottlieb, MD, MPH

May 20, 2026

Introducing the team

Danielle Hessler Jones, PhD
- UCSF SIREN

Laura Gottlieb, MD, MPH
- UCSF SIREN

Emma Tucher, PhD
- UCSF SIREN

Dylnne Gonzalez, BS
- UCSF SIREN

Holly Wing, MA
- UCSF SIREN

Alejandra Gonzalez Rocha, MsC
- UCSF SIREN

Grocery support program overview

PopHI Structure

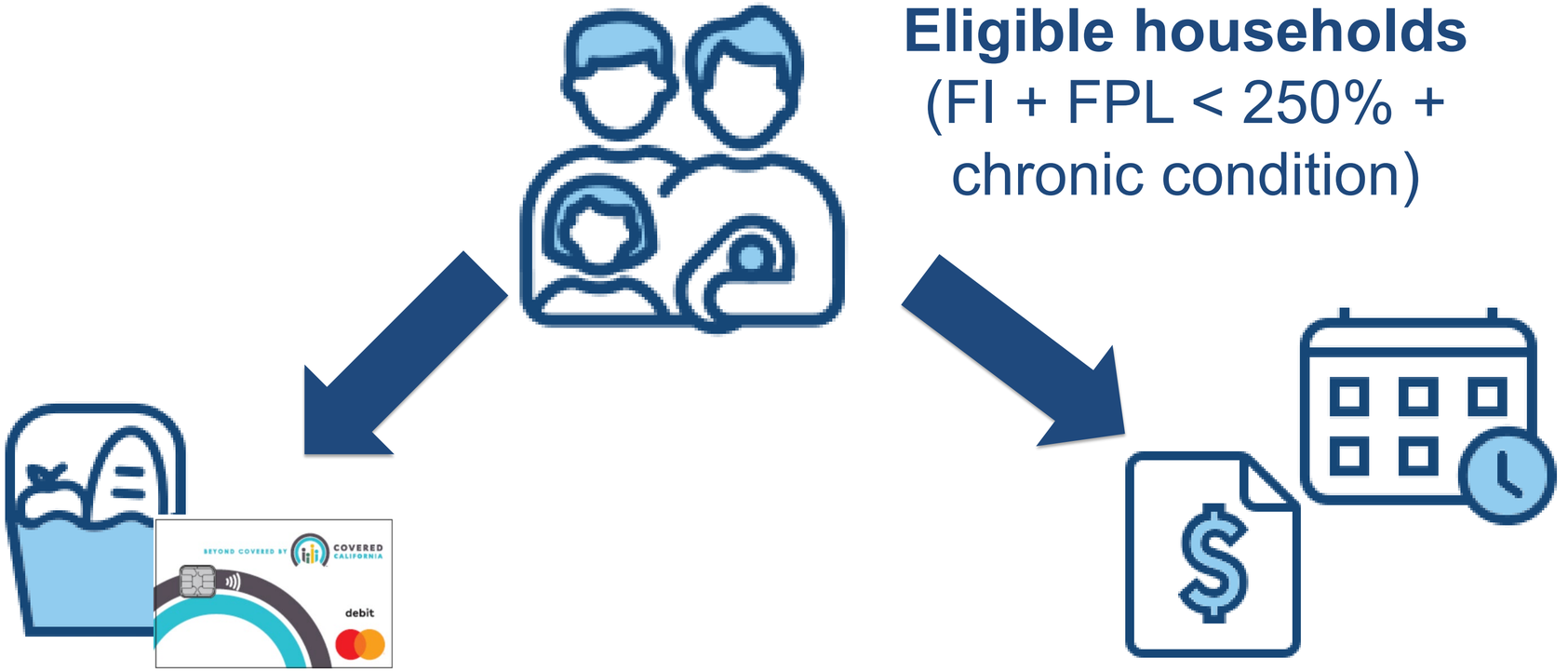
- **Eligible Population:** FPL < 250% *and* chronic condition *and* positive screen for food insecurity

- Reusable **semi-restricted $80 cash** card re-loaded monthly for 1 year (or more based on household size); or one-time $960+ payment at month 12
- Codes restricted to food retailers incl. those selling non-food goods

- 3rd party partner supports funds disbursement and survey data collection
- Participating enrollees are surveyed at regular intervals as part of funds dissemination on outcomes

- Program initiated February 2025, full enrollment totaled **6,975 households**
- Card utilization and merchants accessed tracked and reported monthly

Grocery support intervention structure



Eligible households
(FI + FPL < 250% + chronic condition)

Intervention
$80 adjusted by household size delivered monthly with rollover

Control
Lump sum payment at the end of the study year

Study strengths

1. Standardized, state-wide grocery support program with large enrolled population
2. Randomized waitlist-control design enabled rigorous impact evaluation
3. High participant engagement in both benefits use and study surveys
4. Qualitative data collection added insights to quant findings

Data sources for 12-month survey analysis

1 Baseline and 12-month surveys

- Baseline survey n=5,212 responses (74.7%), 12-month n=4,783 responses (68.6%)
- N=3,819 (54.7%) responded to both baseline and 12-month survey (complete case)

2 Covered California data

- Enrollment (age, ZIP, race/ethnicity, preferred language, FPL, metal tier)
- Nine chronic conditions

3 FORWARD program data

- Spending data aggregated to the total spend level
- Treatment status, baseline food insecurity, grocery card amount

4 Qualitative interview data

- Interviews from monthly participants at the midpoint (n=25) and 12-month (n=20) period
- Spanish (20%) and English (80%) participants

Sample was balanced on most demographic, SES, clinical, and baseline outcome measures

Good balance on most demographics

- Among 5,212 respondents:
  - Avg. age 51.4 years [SD 11.0]
  - 54% female
  - 18% Asian, 6% Black, 24% Latino, 40% White, 12% Other
  - 87% prefer English
  - 92% live in a metropolitan area
  - 48% living in one-person households
  - 14% reported receipt of SNAP

Modest differences on FPL and hypertension

- Modest FPL differences:
  - <138%: 8.1% monthly v. 8% controls
  - 138%-150%: 22.4% v. 19.4%
  - 151%-200%: 48% v. 49.8%
  - 201%-250%: 21.5% v. 22.8%
- Hypertension prevalence differences (55.1% monthly v. 51.9% controls)
- Monthly higher 12-month response rate (79.1%) vs. controls (67.6%)

Survey outcomes

Program experience

Program satisfaction, likelihood to recommend, does it provide more time

Food and nutrition

Food insecurity, diet quality, and nutrition security

Social health and financial trade-offs

Financial strain, housing instability, transportation barriers, utilities insecurity; meds/healthcare, utilities, housing, transportation, & education trade-offs

Health-related quality of life

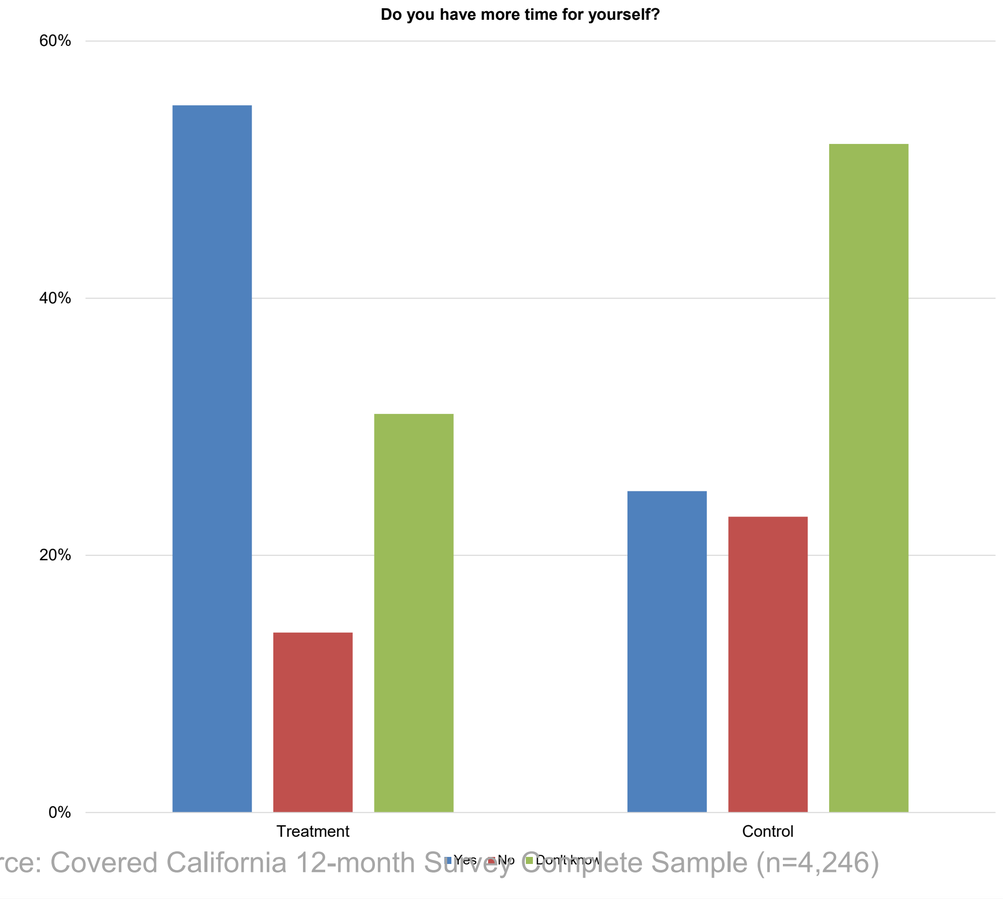
PROMIS-10, global and chronic disease self-efficacy scores, perceived stress

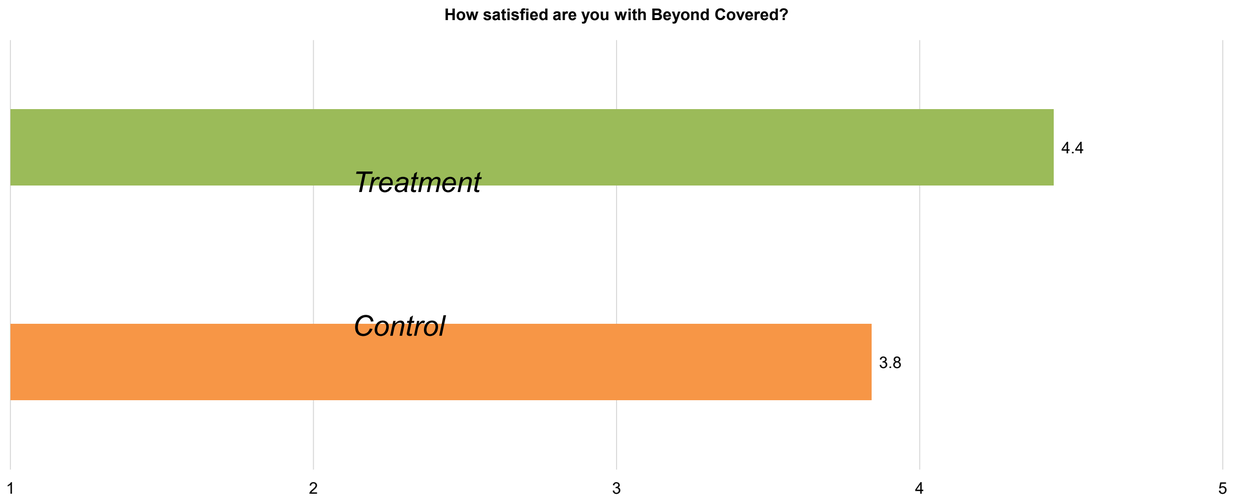
Health and health care use

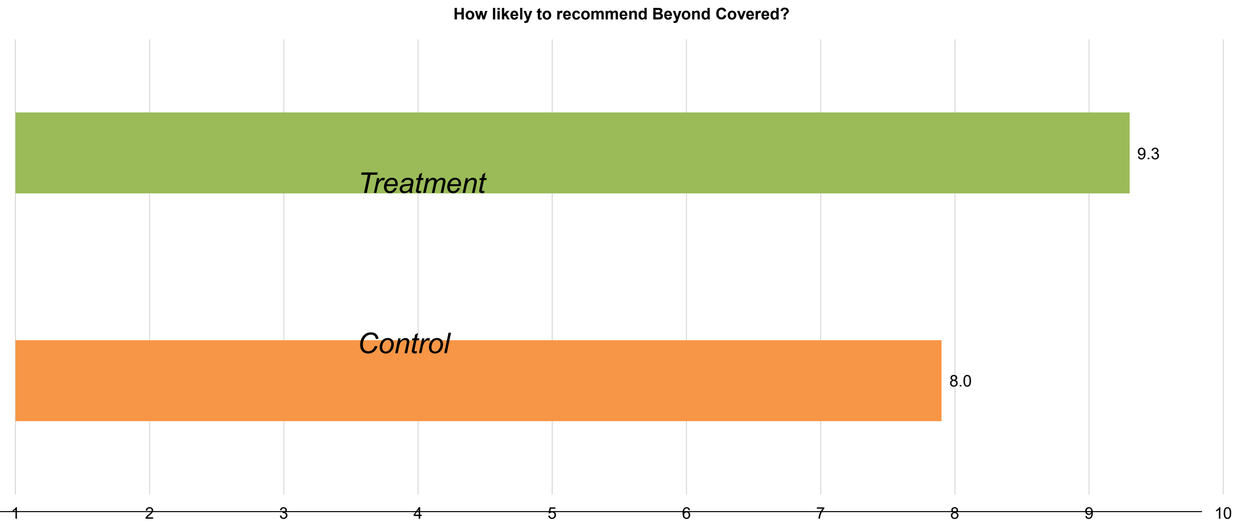
Doctor visits, cost-based delayed medical care, and medication non-adherence

High satisfaction with intervention

Program satisfaction







Source: Covered California 12-month Survey Complete Sample (n=4,246)

Analytical approach

Self-reported outcomes

Food and nutrition

Social risks and financial trade-offs

Health-related quality of life

Health and healthcare use

Statistical analysis:

- Compare baseline demographics across response, assignment
- 12-month outcomes modeled using logistic (binary) and linear (continuous) regression
- MICE to address missing data
- Sensitivity analyses: complete case, IPW, and dose-response

Monthly group had improvements in nutrition security and diet quality

Food and nutrition

Outcome	Monthly	Control	Fully Adjusted AME (95% CI)	p-value
Food insecurity	91.4%	91.2%	+0.2 percentage-points (-1.5, 2.0)	0.78
Nutrition security	28.4%	25.6%	**+2.8 percentage-points (0.1, 5.5)**	0.04
Barriers to eating healthy*				
Too expensive	70.7%	73.7%	**-3.0 percentage-points (-5.8, -0.2)**	0.03
No time to shop	41.2%	44.8%	**-3.6 percentage-points (-6.9, -0.3)**	0.03
No time to cook	48.6%	52.0%	**-3.4 percentage-points (-6.7, -0.1)**	0.04
Daily vegetable servings	2.2/day	2.0/day	**+0.2 servings (0.1, 0.3)**	<0.001
Days/wk eat higher-fat food	3.3 days	3.5 days	**-0.2 days/week (-0.3, -0.1)**	0.001

siren

*Not all results shown; see appendix for non-significant results
**Bolded text refers to statistically significant results

UCSF

Monthly group had no significant differences in social risks or financial trade-offs

Social risks and financial trade-offs

Outcome		Monthly	Control	Fully Adjusted AME (95% CI)	p-value
Social risks in the past year	Financial	91.5%	93.0%	-1.5 percentage-points (-3.2, 0.3)	0.10
	Utilities	23.8%	23.5%	0.3 percentage-points (-2.0, 2.6)	0.78
	Housing	43.9%	45.7%	-1.8 percentage-points (-4.7, 1.2)	0.25
	Transportation	16.1%	17.0%	-0.9 percentage-points (-3.0, 1.1)	0.37
Financial trade-offs in the past year	Med/healthcare	63.8%	65.3%	-1.4 percentage-points (-4.1, 1.4)	0.33
	Utilities	65.7%	66.7%	-1.0 percentage-points (-3.7, 1.8)	0.49
	Housing	51.0%	52.9%	-1.9 percentage-points (-4.7, 1.0)	0.20
	Transportation	64.6%	64.9%	-0.3 percentage-points (-3.3, 2.6)	0.83
	Education	33.4%	34.0%	-0.6 percentage-points (-3.5, 2.3)	0.68

Monthly participants had improvements in PROMIS-10 scores

Health-related quality of life

Outcome	Monthly	Control	Fully Adjusted AME (95% CI)	p-value
PROMIS-10 Scores				
Physical Health T-Score	41.8 points	41.7 points	0.1-points (-0.4, 0.4)	0.98
Mental Health T-Score	41.7 points	41.0 points	**0.7-points (0.4, 1.0)**	<0.001
Global Score	29.4 points	29.0 points	**0.4-points (0.1, 0.6)**	0.001
Perceived Stress Global Score	7.6 points	7.7 points	-0.1-points (-0.3, 0.0)	0.14
Self-Efficacy Scores				
General	29.3 points	29.3 points	0.0-points (-0.2, 0.3)	0.94
Chronic Disease	6.6 points	6.5 points	0.1-points (-0.1, 0.2)	0.21

Monthly participants were less likely to report cost-related delays in medical care

Health and healthcare utilization

Outcome	Monthly	Control	Fully Adjusted AME (95% CI)	p-value
Doctor visits (3+ visits)	65.2%	65.7%	-0.5 percentage-points (-3.2, 2.2)	0.72
Cost-based delayed medical care	**62.0%**	**65.8%**	**-3.8 percentage-points (-6.9, -0.5)**	0.02
Medication non-adherence	40.8%	43.5%	-2.7 percentage points (-5.9, 0.5)	0.09
Days/week missed meds	1.1 days	1.2 days	-0.1 days/week (-0.2, 0.1)	0.24

12-months of monthly grocery support participation was associated with…

Food and nutrition outcomes

A **+2.8-percentage point increase** in **nutrition security**

Improved perception of food affordability & **logistical feasibility** of **healthy eating**:

- A **-3.0-percentage point decrease** in healthy food being **too expensive**
- A **-3.6**- and **-3.4-percentage point decrease** in not having enough **time to shop or cook**

Improved diet quality

- An **increase** of **+0.24 vegetable servings** per day
- A **decrease** of **-0.19 days/week** of eating **higher fat foods**

Health-related quality of life outcomes

Moderate statistically **significant increase** in **PROMIS-10 mental** and **global health scores**

- A **+0.7-point** increase in **PROMIS-10 mental health T-score**
- A **+0.4-point** increase in **PROMIS-10 global health score**

Health and healthcare utilization outcomes

- A **+3.3-percentage point** increase in **never/rarely** delaying medical care due to cost

Interview insights explain and expand on the grocery support program's effects

Diet quality & flexibility: "We used to go to the Food Bank, but with the card we don't anymore. That's a big change. We'll buy fresh food. At the food bank it is whatever they have over there. With the card, you can choose where to go" – *Participant 12*

Diet quality: "It gives you a healthy amount, it really allows you to think beyond 'I just need to get pasta because it's $1.50', right? I can get gluten-free pasta, things like that, when it comes to my health it's so helpful to have that little bit extra." – *Participant 16*

Diet quality & social cohesion: "We can prepare meals together, which we were not doing, because we're not just eating rice and beans, we're eating veggies and fruits. We're unified now, they're like what are we having for dinner? We didn't do that before." – *Participant 3*

Reduced stress: "$80 a month isn't enough to feed me for the month but it's very helpful. It takes the pressure off of worrying about where my next meal is coming from" – *Participant 10*

Trade-offs: “It helps supplement my food budget, which makes me able to pay more of my bills on time and not be late with utilities and those things... Knowing it’s a set amount… and I can count on it like income towards my food allowance” – *Participant 2*

Trade-offs: “Because I'm the kind of person that will pay my bills when due. If I have to change my diet, to pay my rent, I am going to pay my rent. I'm gonna sacrifice my diet… [But now] I have enough for rent and food” – *Participant 13*

Enough food at the end of the month: “We eat more salads and more fresh vegetables and fruit … What’s funny is my kids would never know that we didn't have a lot of food at the end of the month because we make sure they have food. But me and my husband, we know the sacrifice, we know that we're making it last, stretching it out till the end of the month… Just that little amount was what we were lacking in his pay. I know that bonkers, but it was just that much that we have been doing so much better. It's not like huge, but just that amount has changed everything for us. it's helped us so much” – *Participant 18*

Follow medically recommended diets: “Because of my health, I'm currently very hypothyroid, so they want me to eat low cholesterol things. I can really look specifically for things for my health because I have a little extra for food. That's just the real true benefit for me personally. It really, really, really has been helpful in that way. Whereas when you have a really tight budget, you really see tunnel vision so you're like, I'm just gonna get milk, just this cereal, just the ramen, but I don't want to eat a bunch of sodium and things like that. So, it's helpful to not have to just think of buying ramen for 2 weeks... In regards to me being able to feel like I have access to eating in accordance to how the doctors or myself would want to, to be a little bit healthier and not worry so much about it, because before, I'd be like, oh I'm supposed to be eating this, but this is cheaper” – *Participant 18*

Health improvements: “I was diagnosed with T2D, my A1C was super high... I was feeling totally horrible. I knew we had extra funds, and we could buy extra food, and be a little bit more healthy, and just stop eating out. Overall, it allowed me to just feel better about myself, start working out, and lose like 80 pounds” – *Participant 11*

Improved disease markers: “Since being on the program, my doctor says my blood work is getting better. I do not have to take the meds for my joints, so it helps a lot” – *Participant 5*

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.

Written comments can be submitted to *BoardComments@covered.ca.gov*

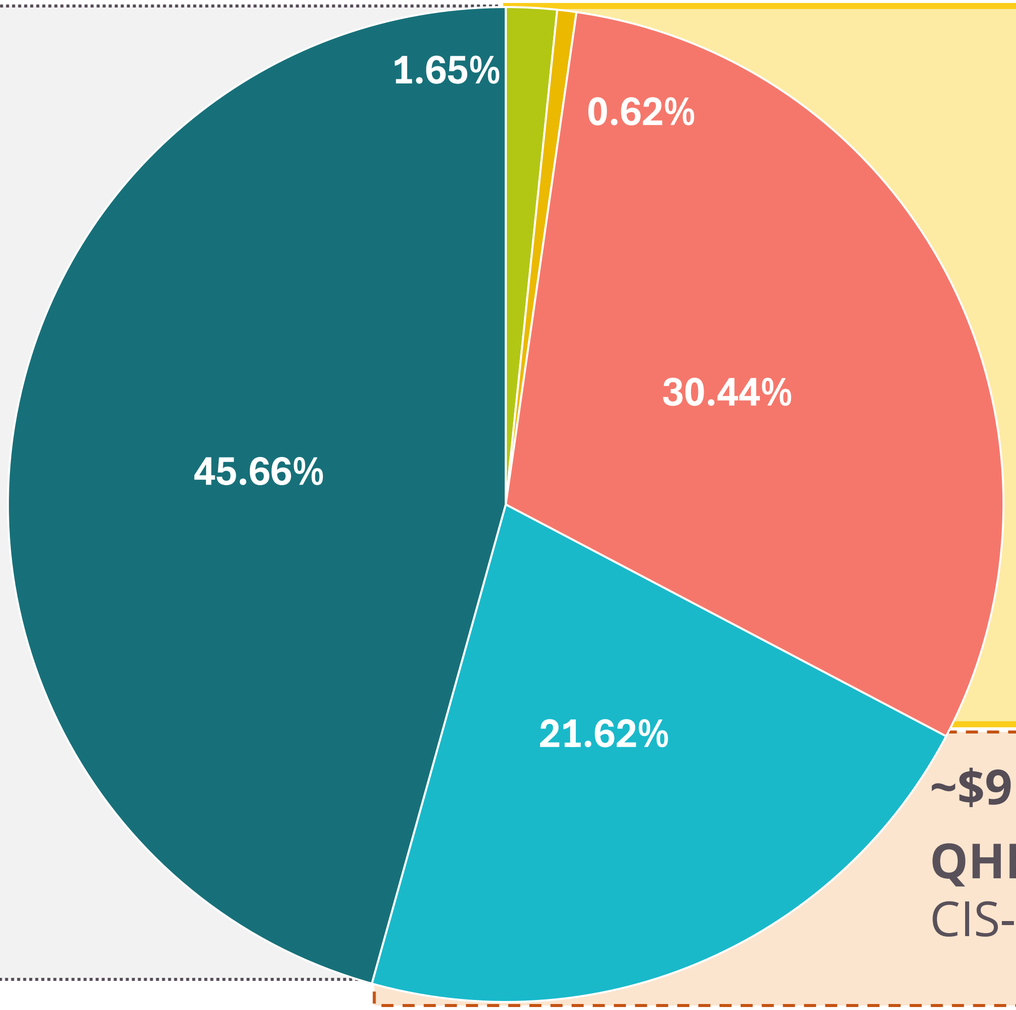
Proposed 2027 Population Health Investment (PopHI)

Monica S. Soni, Chief Medical Officer
Equity & Quality Transformation Division

Discussion

Estimated 2027 QTI Payment

MY2025 QTI Funds by Measure



~$19 Million

QHP Issuers to **Retain** 60% of MY2025 CIS-10 Funds (after QTI Allowance) for use in permissible Issuer-led Quality Improvement Activities

~$13.6 Million

To be allocated to **Covered California** selected **2027 PopHIs**

~$9 Million

QHP Issuers Savings through CIS-10 Allowance Program

Guiding Principles: Use of Funds

Centered on goal to improve health outcomes for Covered California enrollees

Equity First: funds should preferentially focus on geographic regions or communities with the largest identified gaps in health and quality among California subpopulations

Direct: use of funds should lead to measurable improvements in quality and outcomes for enrollees that are related to QTI Core Measure performance

Evidence-based: use of funds should be grounded in approaches that have established evidence of success in driving improvements in quality or outcomes

Additive: funds should be used to advance quality in a currently underfunded arena.

2027 Population Health Investments

2026 PopHI Budget: **$18.9M** → 2027 Estimated PopHI Budget: **$13.6 M**

1 Early Investments in Childhood Health and Wellness

- No new funds will be directed to this PopHI in 2027; focus is on spending down original funds allocated in Year 1
- Continued incentivization of timely vaccination and well-child visits for families with children under 2 enrolled in Covered California

2 Direct Investments to Enhance Food Security

- Reusable cards loaded with funds available for use at grocery stores and other food retailers, facilitated by a third-party for disbursement and data collection
- ***New in 2027***: Transportation as a permissible card use, expanding access for members facing mobility barriers

3 Equity and Practice Transformation

- Continue building on Year 1 infrastructure to drive sustainable, data-enabled workflows at the practice level and package tested solutions for wider scalability across PHLC's statewide learning network
- Targets primary care practices enrolled in DHCS EPT program serving Covered California enrollees, with priority given to those with the greatest opportunity for improvement on CBP, HbA1c, CIS-10, and COL measures

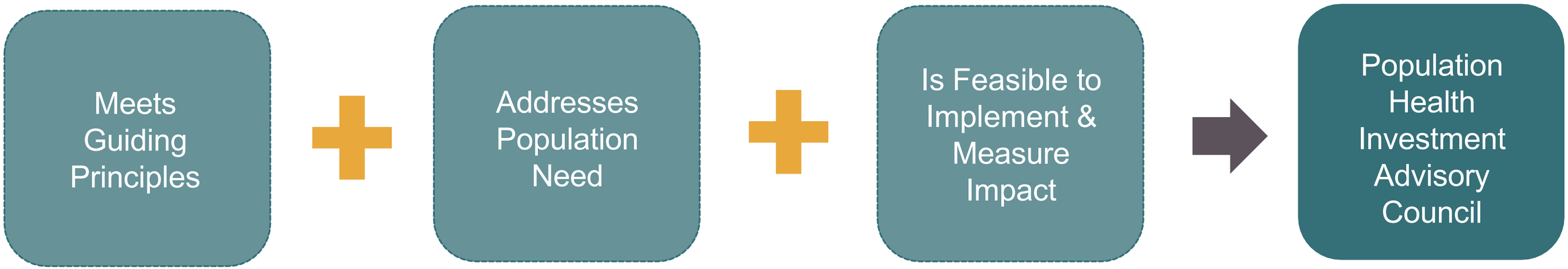
4 Health Professions Pathways Program

- No new funds will be directed to this PopHI in 2027; the initial 2026 investment of $4.8M is structured to be spread over 5 years through HCAI's HPPP infrastructure
- Targets California workforce by focusing on select health professional shortage areas which most impact Covered California members

5 Public Health for All Californians Together (*NEW*)

- Invests in the Public Health for All Californians Together (PHACT) Coalition, administered by the Public Health Institute (PHI), to build trust and strengthen statewide health communications
- Addresses vaccine hesitancy, declining childhood immunization rates, and low trust in healthcare through community-centered, culturally appropriate outreach
- Targets regions and populations with the greatest gaps in vaccination rates and healthcare engagement

Population Health Investments: Selection Criteria



Population Needs Assessment

Conducted to collect themes and indicators of where investment is needed

Qualified Health Plan Engagement

- Hesitancy and families repeatedly declining vaccinations

Consumer Advocate & Community Based Organization Engagement

- Trust & relationship-based interventions successful – CHWs
- Desire aligned communications from clinic, health plan, and health departments
- Want sources of consistent, trusted information

Patient Engagement

- Confusion about vaccine recommendations
- Challenges with accessing timely pediatric appointments
- Many, disparate sources of information with conflicting advice

Provider & Practice Engagement

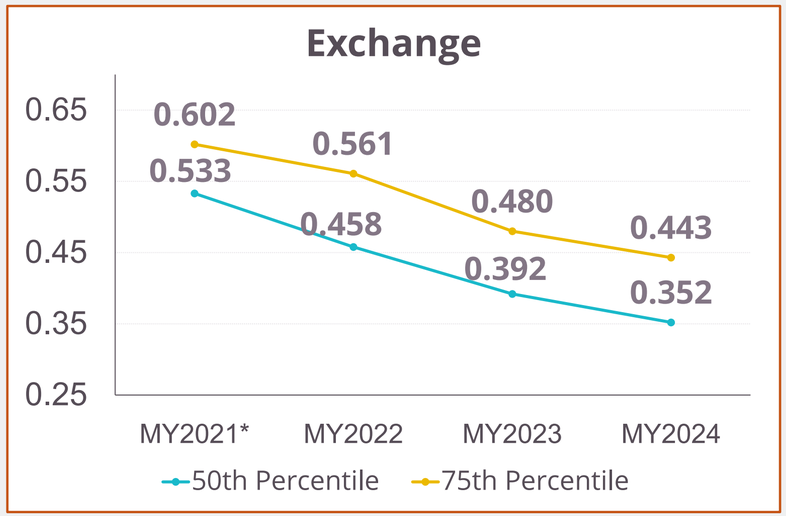
- Need more time during visits to discuss points of confusion / questions that families bring
- Inconsistent systems to identify patients proactively due for vaccines
- Inconsistent workflows across practices

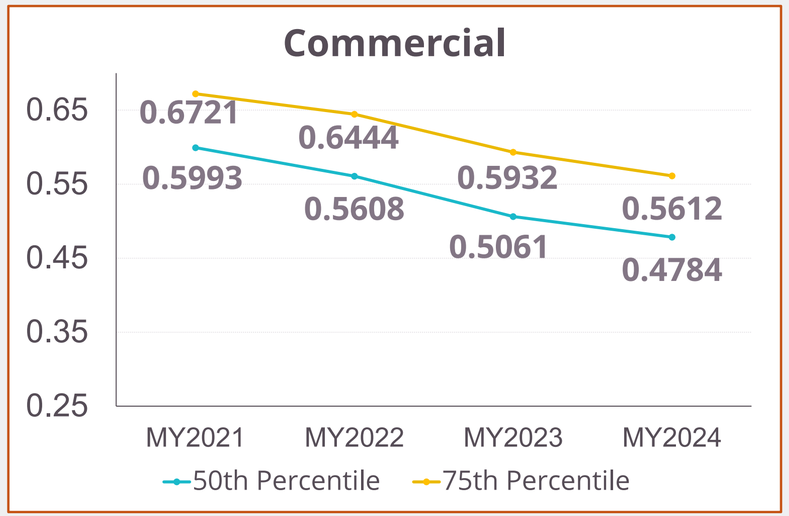
Population-level Geo-mapping

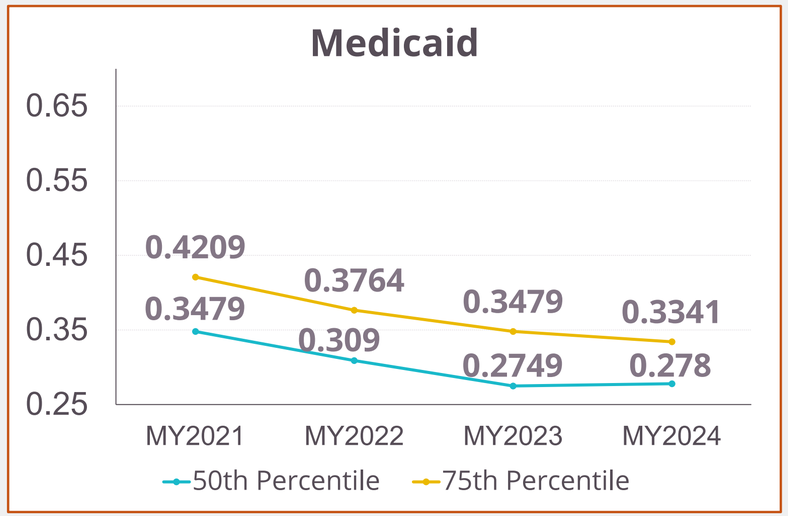
- Declining vaccination rates in White population, rural communities such as Northern Counties, Central Valley, Inland Empire

National Declines on Childhood Immunization

National CIS-10 Trends







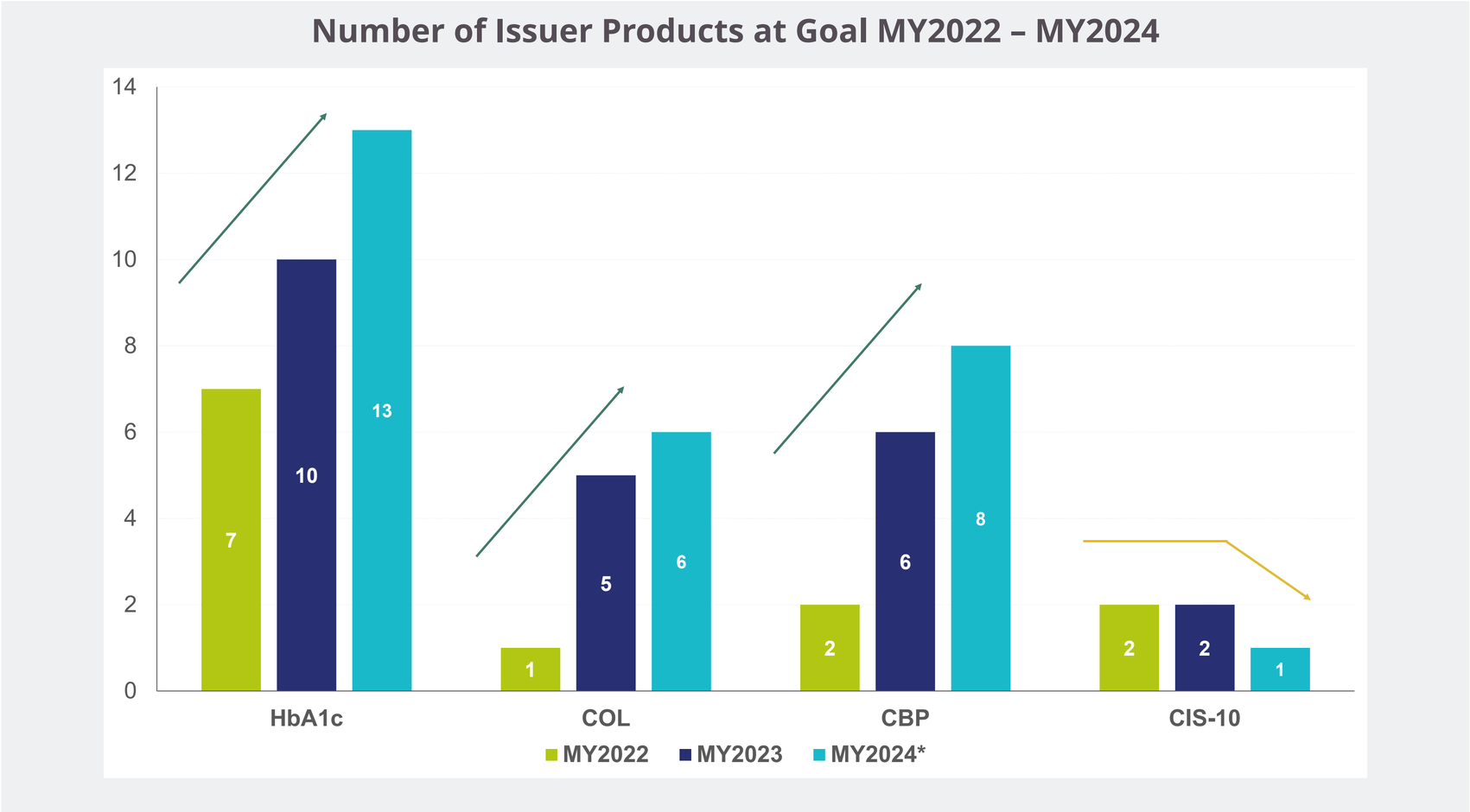
Factors that contribute to low performance on CIS-10 measure:

- Caregiver vaccine fatigue after COVID-19
- Healthcare systems are struggling with access in primary care and declines in usual source of care persist
- Declining vaccine confidence
- Variation in immunization guidance (federal vs state)
- CDC allowable catch-up schedule is not fully captured in CIS-10 measure specifications

*MY2021 Only reported, not scored.

Forward Progress on All QTI Measures, Except CIS-10

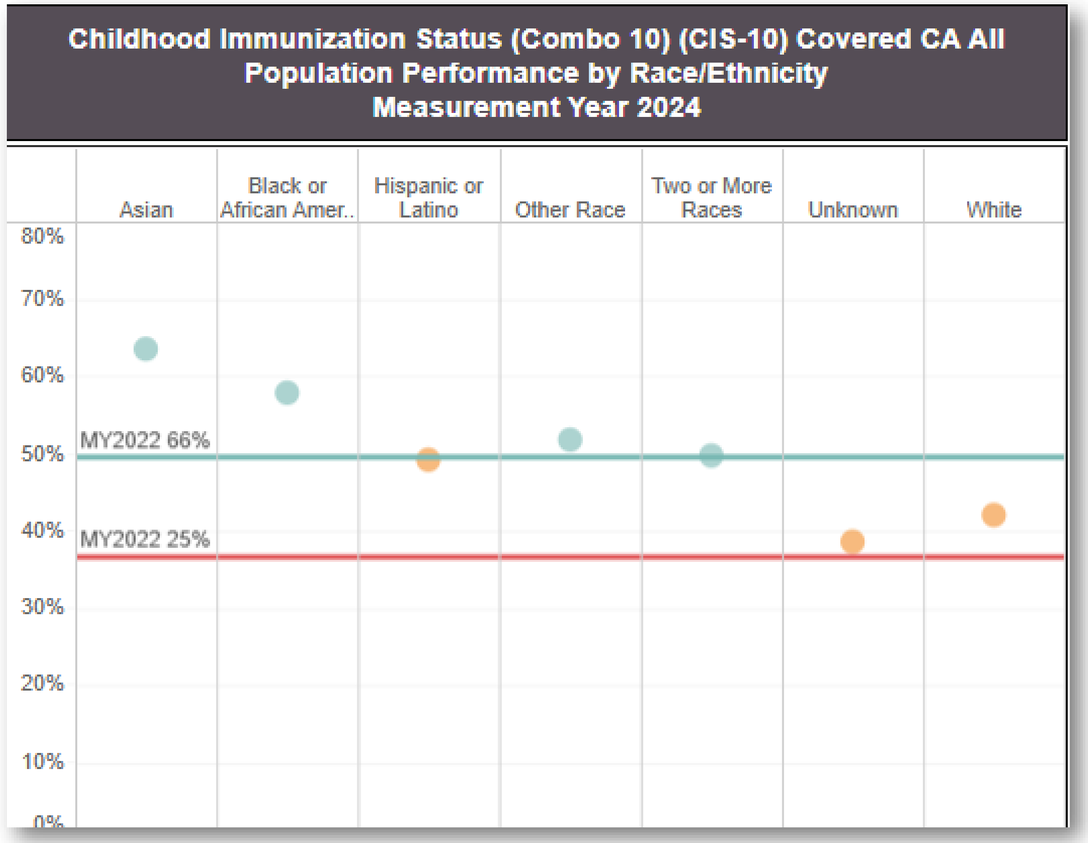
There has been a year-over-year increase in the number of products reaching the QTI goal of the 66th Percentile for HbA1c, COL, and CBP

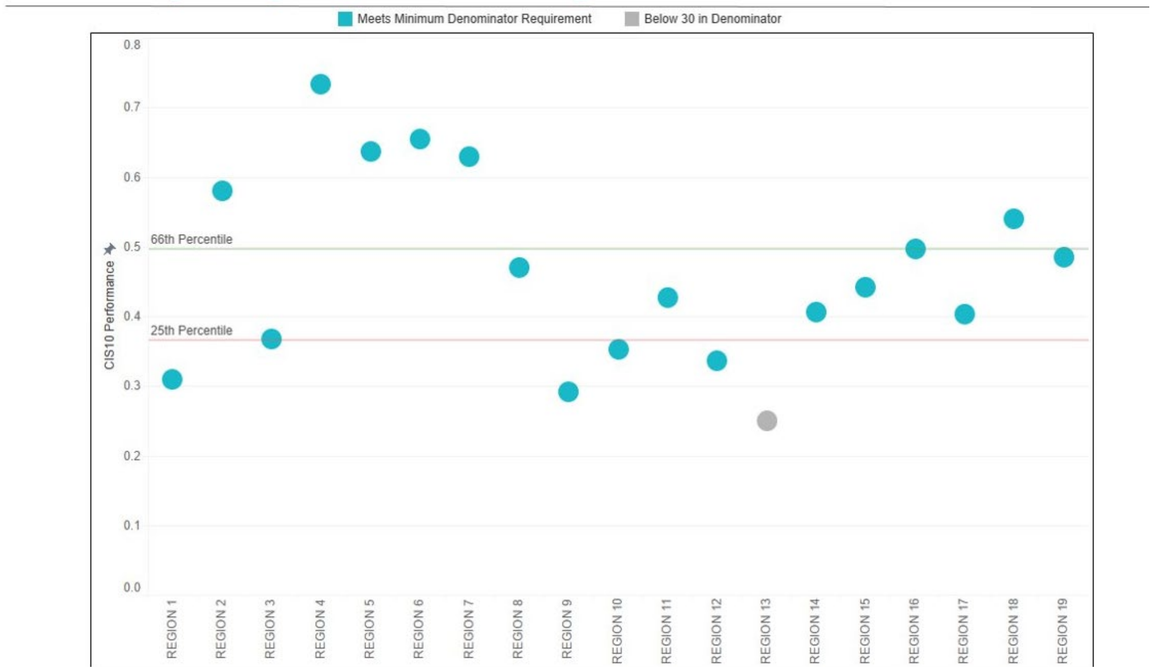


For MY2023 and 2024 13 issuer products were eligible for all QTI measures except CIS-10 where only 10 products were eligible

Declining Vaccination Rates Not Evenly Distributed Across Covered California's Population

Data shows lowest rates of CIS-10 in the White population and in regions in the far north and central California

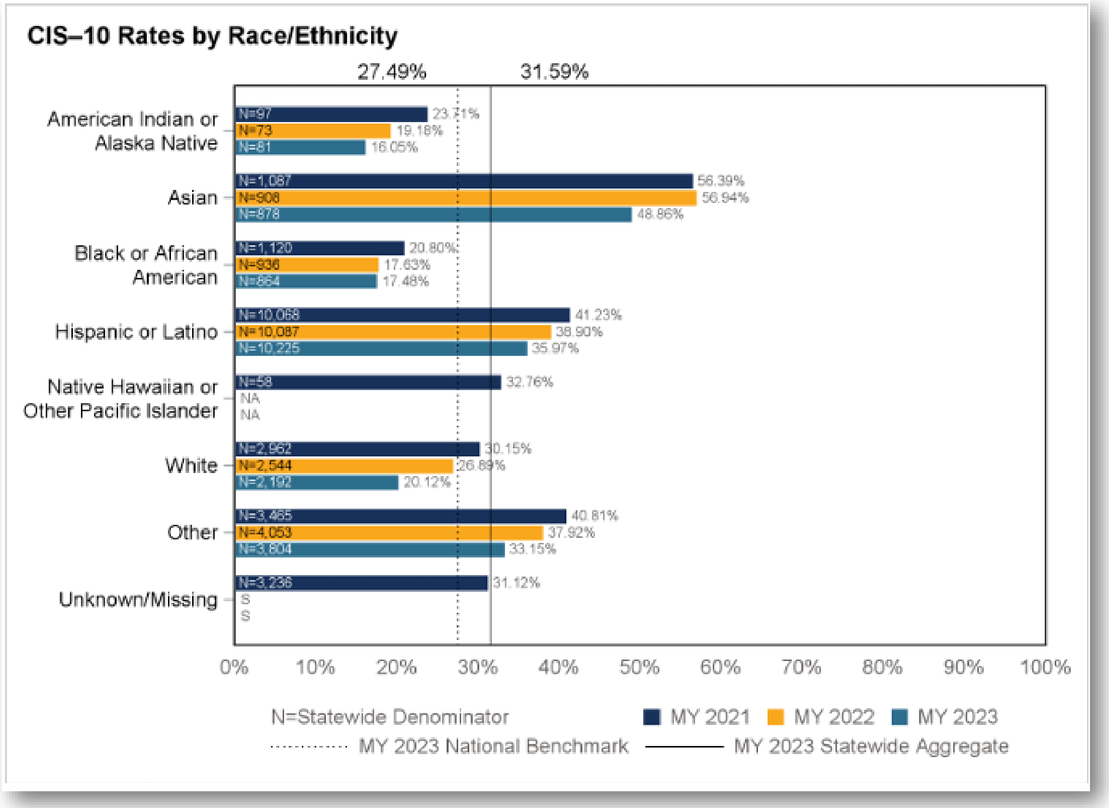


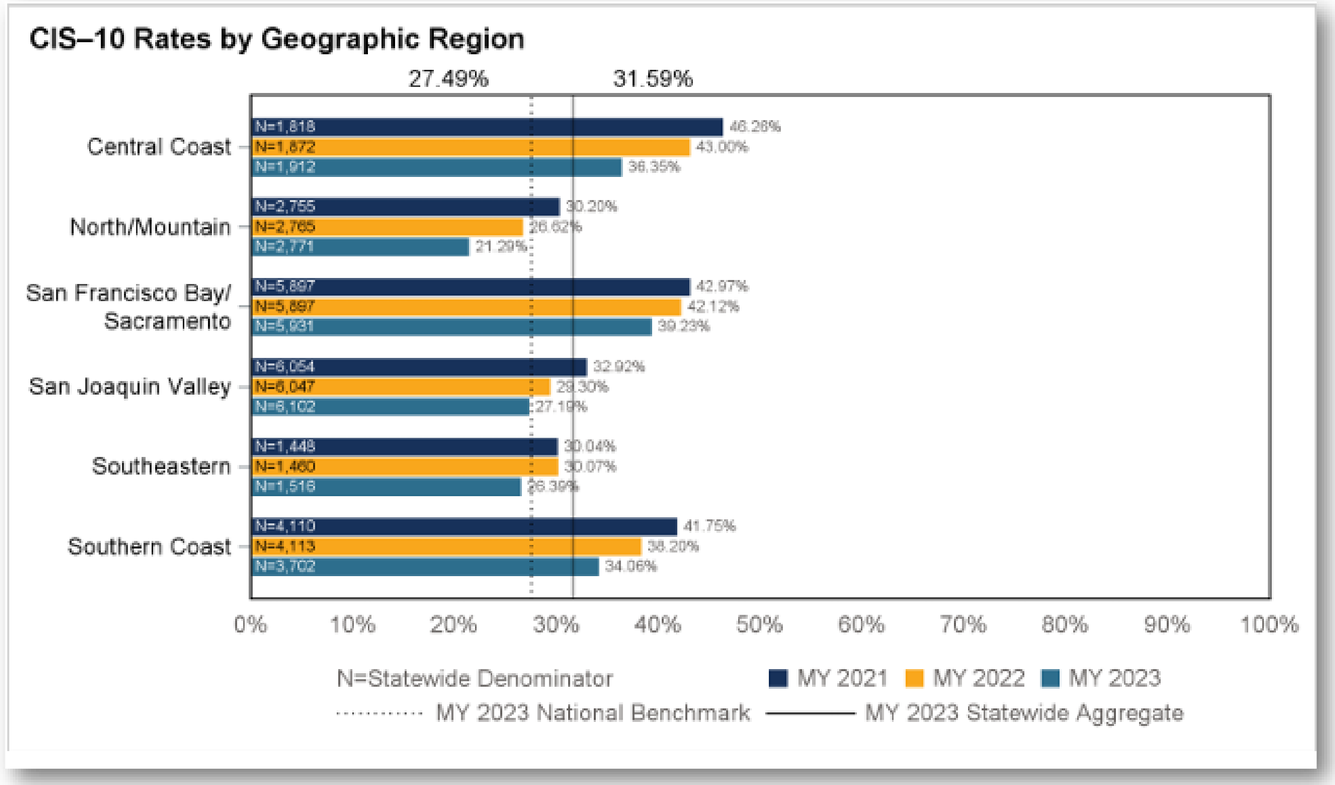


https://hbex.coveredca.com/data-research/plan-performance-reports/

Statewide Data Confirms Regional and Racial Disparities in Vaccination Rates

DHCS data also shows declining vaccination rates for the White population and those in the North/Mountain Region





https://www.dhcs.ca.gov/wp-content/uploads/2025/10/CA2023-24-Preventive-Services-Report-F2.pdf

Current Challenges Necessitate a Systems Approach

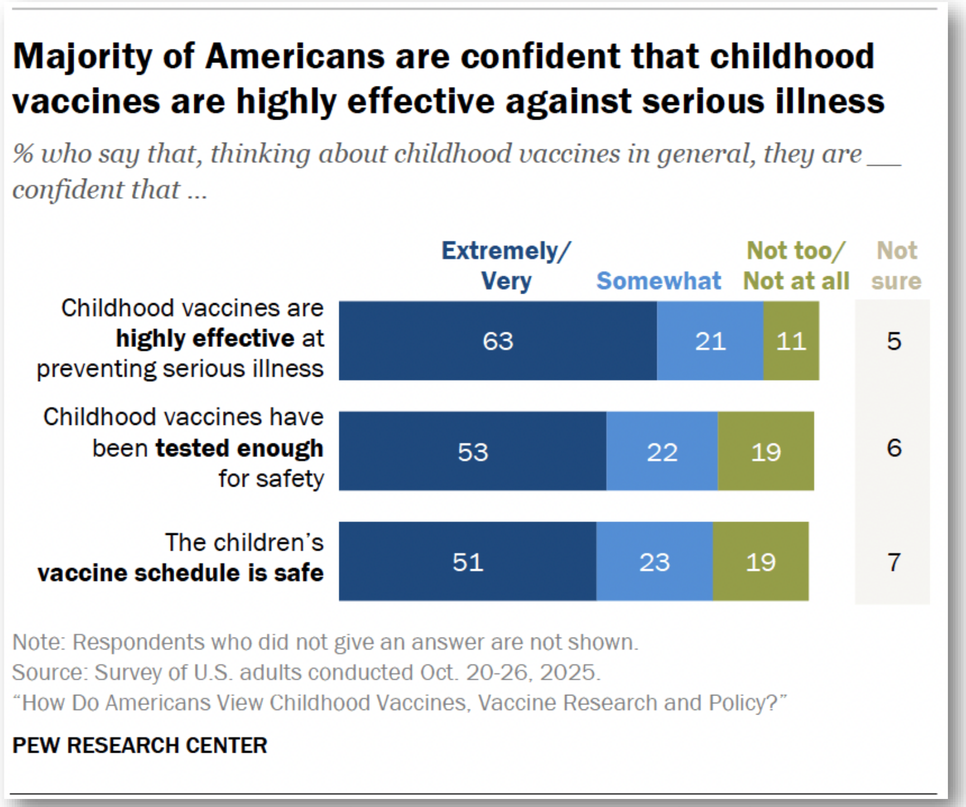
- Access challenges persist
- Vaccine hesitancy increasing in certain populations
- Declining trust in healthcare organizations
- Limited focus on long term impacts

Root Cause #1: Access challenges persist across many of our rural regions

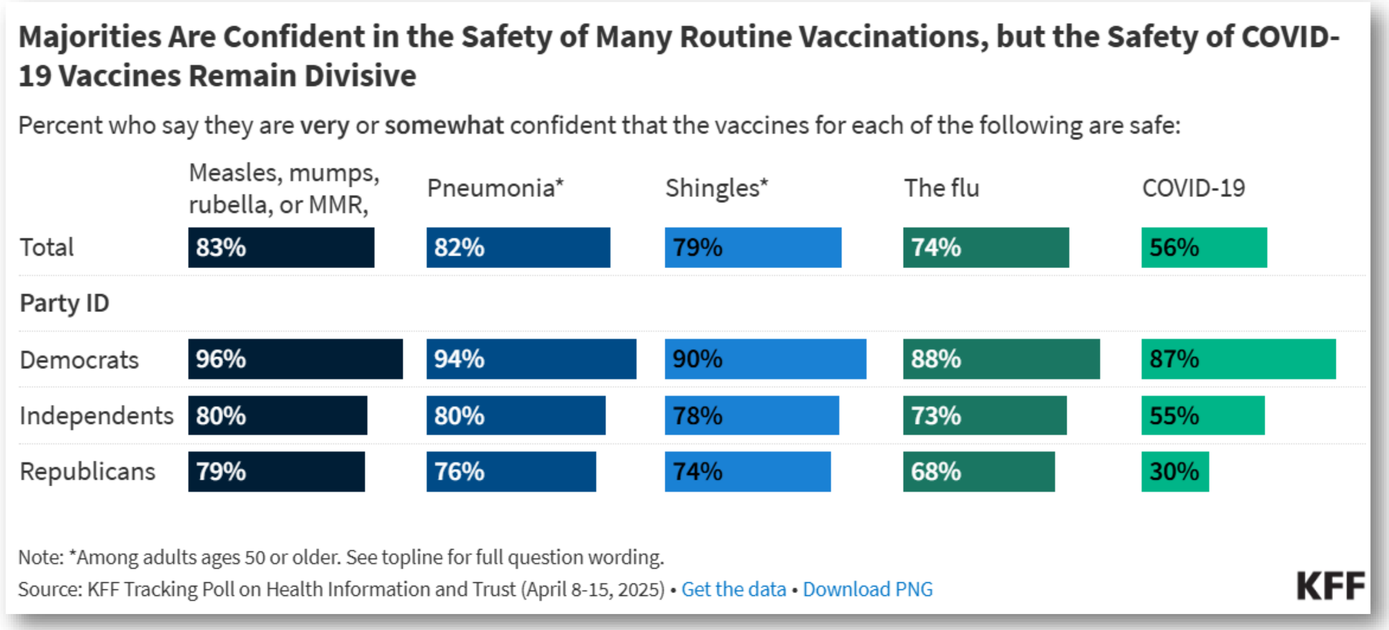
- Regions where <35% of Covered California children were up to date on Well Child Visits in MY2024:
  - Region 1 (Northern Counties)
  - Region 13 (Eastern Counties)
  - Region 14 (Kern County)
  - Region 17 (Inland Empire)

https://hbex.coveredca.com/data-research/plan-performance-reports/hei-preventive-dashboard/

Root Cause #2: The majority of people still support most vaccinations, but vaccine hesitance and reluctance is highly visible



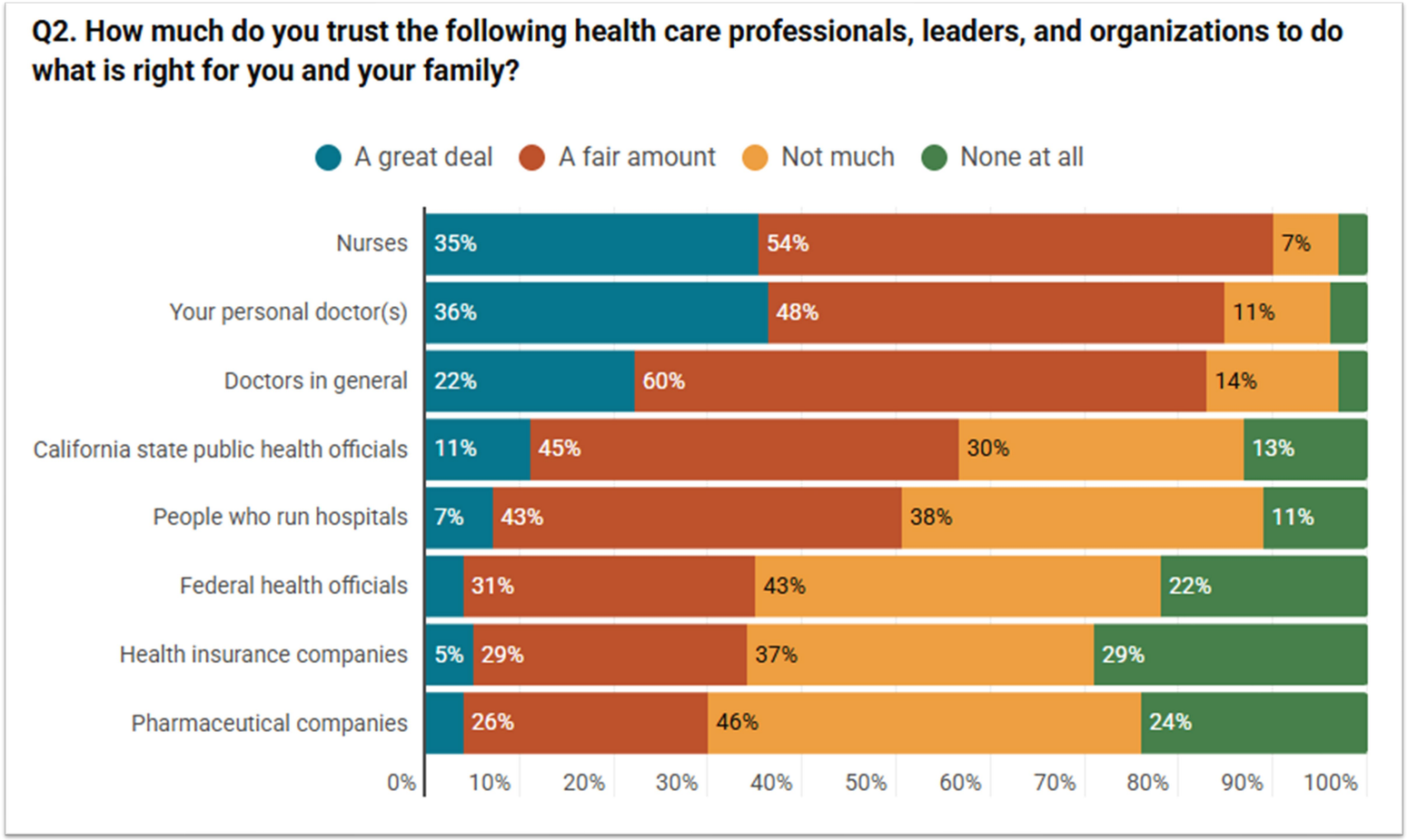
https://www.pewresearch.org/science/2025/11/18/how-do-americans-view-childhood-vaccines-vaccine-research-and-policy/



https://www.kff.org/health-information-trust/kff-tracking-poll-on-health-information-and-trust-vaccine-safety-and-trust/

Root Cause #3: Californians have low trust in healthcare organizations

While people continue to trust nurses and their personal doctor, those who run hospitals and health insurances companies hold very little trust.

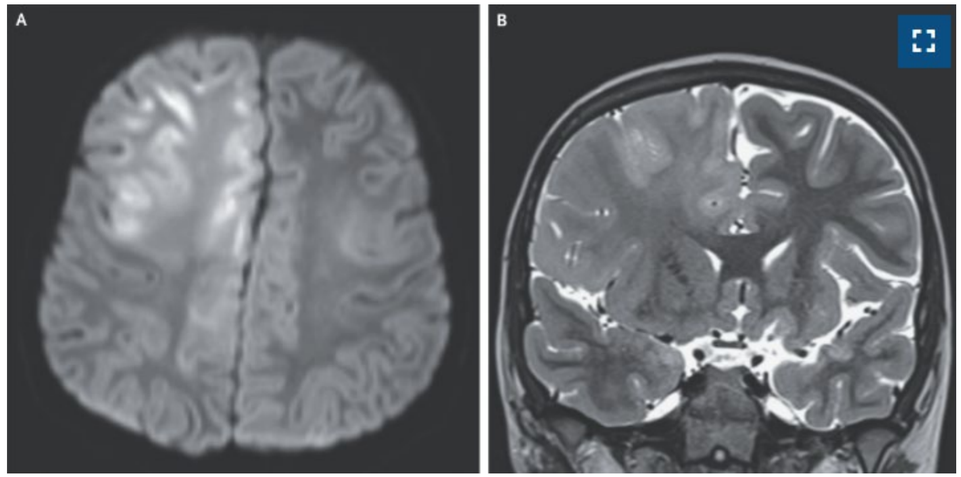


https://www.chcf.org/resource/trust-distrust-california-health-care-system-survey-2026/

Little Focus on Long Term Impacts to Health of Missed Vaccines

Measles can lead to subacute sclerosing panencephalitis 7-10 years after infection, which is uniformly fatal.

Congenital rubella syndrome can cause hearing impairment, cataracts and glaucoma in newborns, and is fatal in 1 out of 3 babies born with this. When the young children skipping the MMR vaccine eventually become pregnant, we will see a generational impact.



N Engl J Med 2026;394: e14 DOI: 10.1056/NEJMicm2504828

We will see the impacts on children for decades to come if we do not shift the conversation and our approach to ensuring children access vaccinations now.

The Maturity Arc

Plans optimize measures, but childhood immunizations demand a population & community health model.

PLANS ARE HERE
Most plans are still in Stage 1

NARROW → BROADER → ECOSYSTEM

1 Measure Optimization

- Focused on numerator–denominator performance
- Gap-closing and teaching to the test
- Siloed work within each line of business

2 Population Health

- Same barriers exist across multiple lines of business
- Break down internal silos
- Manage the population served across products — not just the denominator

3 Community & Public Health

- Information, infectious-disease risk, and community immunity flow across regions
- Collaboration across plans, providers, pharmacies, schools, families, social-media influencers, and public agencies
- Success depends on broader collaboration and shared infrastructure

Statewide health outcomes won't change by chasing numerators

Moving Beyond Numerators

Covered California recognized this structural gap and took the initiative to address it at the ecosystem level by standing up the Public Health for All Californians Together (PHACT) Coalition.

1 Measure Optimization

- Focused on numerator–denominator performance
- Gap-closing and teaching to the test
- Siloed work within each line of business

2 Population Health

- Same barriers exist across multiple lines of business
- Break down internal silos
- Manage the population served across products — not just the denominator

3 Community & Public Health

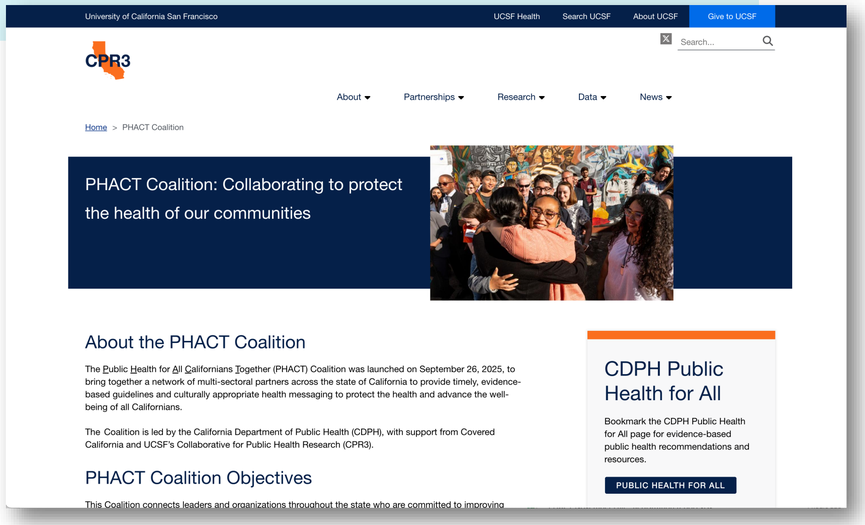
- Information, infectious-disease risk, and community immunity flow across regions
- Collaboration across plans, providers, pharmacies, schools, families, social-media influencers, and public agencies
- Success depends on broader collaboration and shared infrastructure

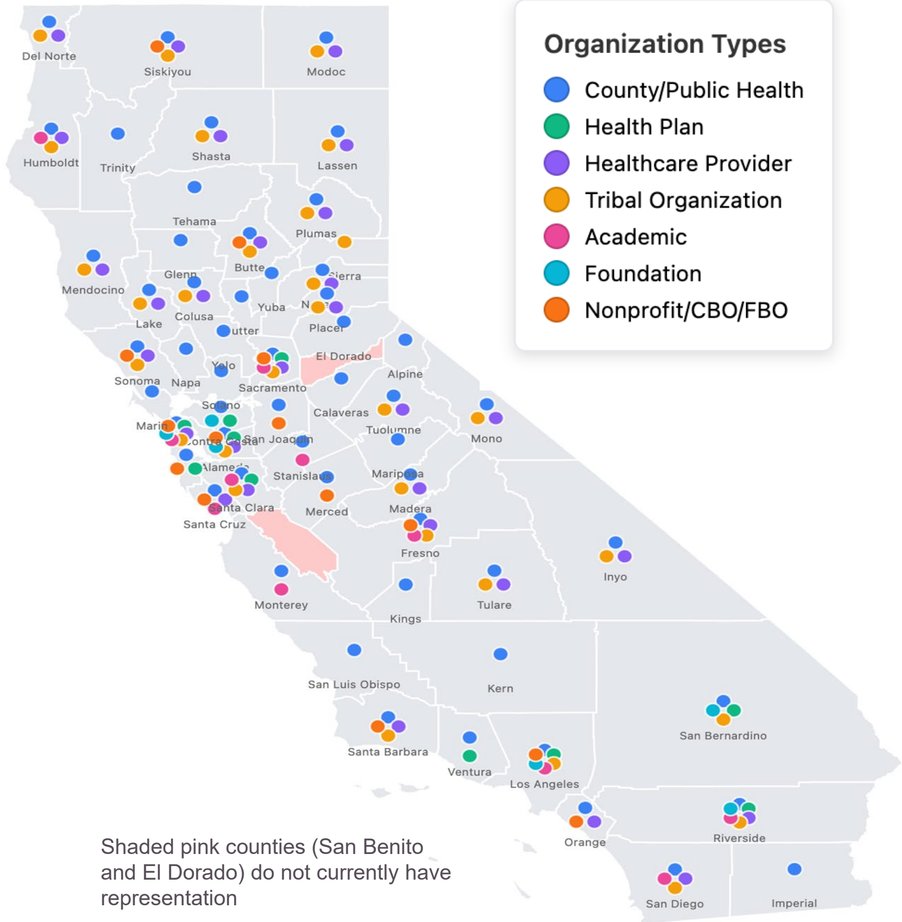
Statewide health outcomes won't change by chasing numerators

PHACT Coalition Infrastructure as a Strong Foundation

PHACT's existing membership consists of >1,300 individuals from over 400 organizations across the state

PHACT's purpose: To bring together a network of multi-sectoral partners across the state of California to **provide timely, evidence-based guidelines and culturally appropriate health messaging** to protect the health and advance the well-being of all Californians.





Shaded pink counties (San Benito and El Dorado) do not currently have representation

PHACT Coalition Early Successes and Learnings Inform PopHI Design

Community and Social Listening

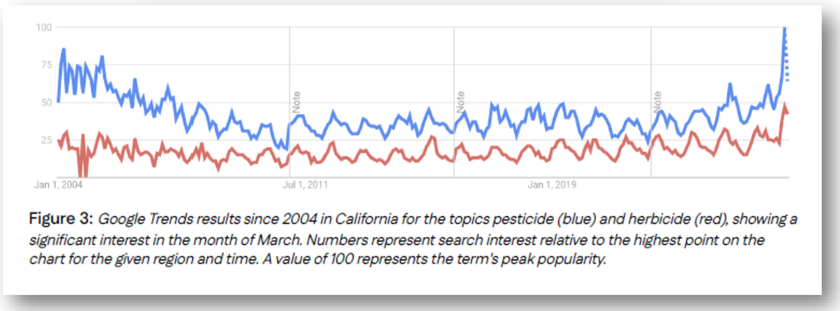


Figure 3: *Google Trends results since 2004 in California for the topics pesticide (blue) and herbicide (red), showing a significant interest in the month of March. Numbers represent search interest relative to the highest point on the chart for the given region and time. A value of 100 represents the term's peak popularity.*

Evidence Based Messaging Tools

FRAME WORKS

Less of this	More of this!
benefits outweighing risks	benefits to the common good
low rates of uptake	our responsibility for access
protection from disease	preparation for healthy childhood
how vaccines fight disease	how immune systems prepare themselves

REMOVE PRACTICAL BARRIERS TO ACCESS

"We must make sure that vaccinations are widely available, easy to find, and affordable to everyone. Whether this means changing clinic locations or changing insurance reimbursement policies, we need to remove the barriers that families run into when trying to get kids vaccinated."

Aligned Communications

California Back-to-School Vaccine Messaging 2026

Back-to-school season is a great time to encourage families to catch up on vaccines for the entire family. Here are some basic action steps you can take to help spread the word that vaccines save lives. Childhood vaccines prepare kids for a healthy childhood and benefit the community – and that's why California makes vaccines widely available, easy to find, and affordable for everyone.

5 Guiding Principles for Back-to-School Messaging for 2026

1. PREPARE

Expect and prepare for questions about California vaccine requirements. Encourage families and patients to plan early for back-to-school check-ups.

- Get comfortable with discussions about vaccines with parents and families by using resources like: American Academy of Pediatrics: Immunization Discussion Guides
- The PHACT Coalition prepared Q&A guides for parents and health care providers that answer commonly asked questions.

2. LISTEN

Acknowledge the questions and concerns of your patients and community members, and pivot toward clear explanations about how vaccines support healthy school communities.

- Trusted Health Messengers: Get curious about what your community needs, consider preferred languages and cultural norms, and acknowledge the practical barriers families face in accessing vaccines.
- Health Care Providers: Ask what questions your patients have and promote the many important benefits of vaccines at all levels in your health care delivery team.

PHACT PopHI's Partnership Model

Overview & Structure

- **Builds upon existing infrastructure** to invest in a **statewide omni-channel, multimodal health communications strategy** that builds trust and increases vaccine confidence among Covered California members

- Funds support: **modernizing community listening** to inform aligned health communications, **sharper social insights** fueling **real-time messages**, and partners with expertise and track records in **omni-channel health communications**

- Partners enable us to focus listening, learning, and outreach on **regions and populations with declining childhood immunization rates or longstanding disparities** with emphasis on culturally appropriate outreach across a variety of channels

- Short-term goal: Communities receive **consistent, responsive health communications** and vaccine information through community-based organizations and existing and new communications channels
- Long-term goal: **Improved childhood immunization rates** and reduced disparities in CIS-10 performance among Covered California members

Sharper Insights for Next-Gen Health Communications

1. Community & Social Listening

- Community conversations in areas with low vaccination rates to understand barriers
- Online and social listening to understand and elevate trends

inform

2. Evidence Based Messaging Approaches

- Focused messaging and storylines on what trends Community & Social Listening uncover
- Reframing vaccine conversations using evidence

generate

3. Omni-channel Outreach & Communication Campaigns

- Social media and online assets distributed by local, trusted partners
- Large-scale popular media with embedded messaging that aligns with CSL & Evidence-based approaches

Each component builds on learnings and evidence from the others

PHACT PopHI: Partner Organizations

Partner organizations bring expertise and prior success across our key areas

Community and Social Listening → **inform** → **Evidence Based Messaging Approaches** → **generate** → **Omni-channel Outreach & Communication Campaigns**

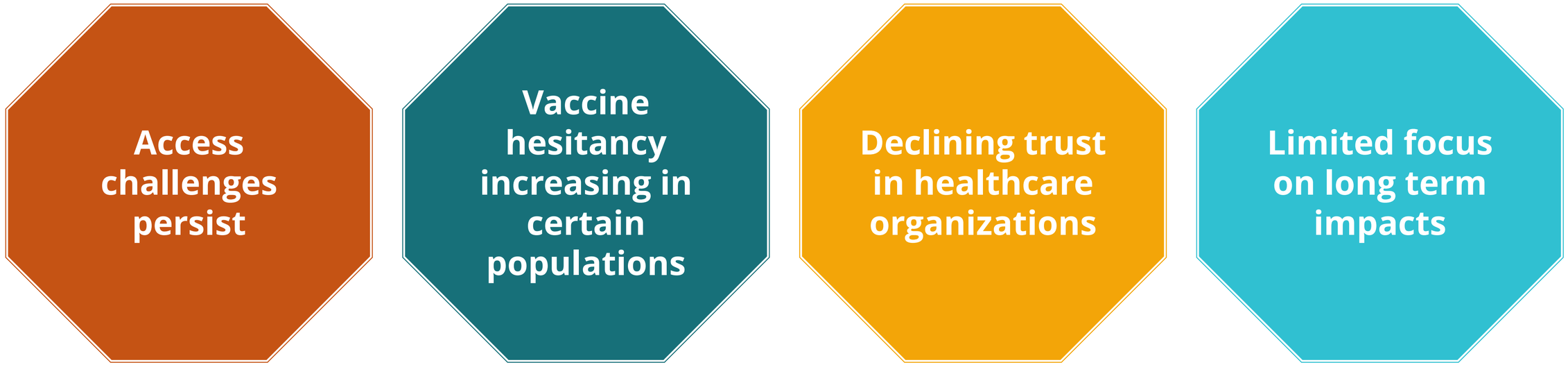
Community and Social Listening:
- CACHI (California Accountable Communities for Health Initiative)
- PGP (The Public Good Projects)

Evidence Based Messaging Approaches:
- FrameWorks

Omni-channel Outreach & Communication Campaigns:
- USC Annenberg Norman Lear Center
- PGP (The Public Good Projects)

Where This PopHI Adds Value

Addressing hesitancy, building trust, and impacting the future



There is existing ownership and oversight for access in California (DMHC, health plans, delivery system, CDPH etc.)

No existing program systematically addresses these challenges. PHACT PopHI would fill this gap.

Proposed Metrics and Measures of Success

System Coordination & Process

- Number of listening sessions / community engagements held in areas with low vaccine rates
- Number or portion of plans & partner organizations adopting shared tools, templates, and messaging guidance
- Number of coordinated campaigns launched using shared guidance across >1 channel or with >1 partner

Communications & Narrative Change

- Message alignment score across Covered California, QHP Issuers, and community partners' materials
- Portion of vaccine-related narratives in California with positive vs negative sentiment (via social listening)
- Reach of campaigns and content: impressions, shares, likes

Attitudinal Shifts & Outcomes

- Family / parent reported clarity of vaccine recommendations pre/post in communities of focus
- Family / parent reported intention to accept vaccines pre/post in communities of focus
- Pediatric primary care well child visit rate (lagging)
- CIS-10 performance (lagging)

Proposed PHACT PopHI

Meets Guiding Principles

+

Addresses Population Need

+

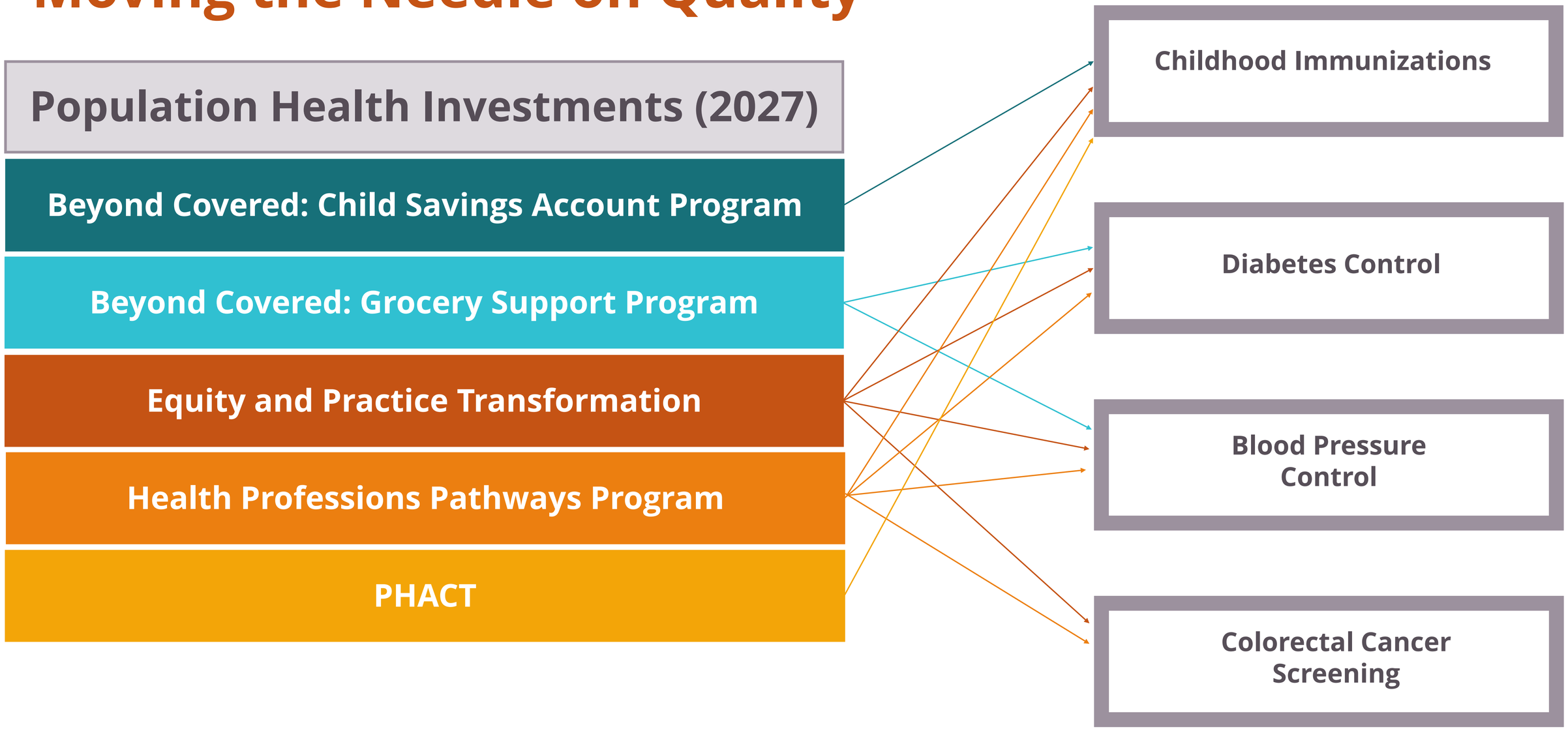
Is Feasible to Implement & Measure Impact

✓ *Equity First*
+/- Direct
✓ *Evidence-Based*
✓ *Additive*

Declining childhood vaccination rates, longstanding and emerging disparities, and community-identified concerns around vaccine hesitancy & confusing guidance

✓ *Leverage existing infrastructure*
+/- Measurement challenge on impact

Moving the Needle on Quality



Thank You

EQT@covered.ca.gov

COVERED CALIFORNIA

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.

Written comments can be submitted to *BoardComments@covered.ca.gov*