

Covered California Board Minutes
November 20, 2025 Meeting

COVERED CALIFORNIA BOARD MINUTES
Thursday, November 20, 2025
Covered California
1601 Exposition Blvd.
Sacramento, CA 95815

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

The meeting was called to order at 10:03 a.m.

Board Members Present During Roll Call:

Craig Cornett
Jerry Fleming
Mayra Alvarez
Sumi Sousa
Kim Johnson

Agenda Item II: Closed Session

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

The open session was called to order at 12:00 p.m.

Agenda Item III: Board Meeting Action Items

September 18, 2025 Meeting Minutes

Board Comment: None.

Public Comment: None.

Motion/Action: Chairwoman Johnson called for a motion to approve the September 18, 2025, meeting minutes. Mr. Cornett moved to approve the meeting minutes. The motion was seconded by Ms. Alvarez.

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

Agenda Item IV: Executive Director's Report

Discussion – Announcement of Closed Session Actions

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

Discussion – Executive Director’s Update

Ms. Altman highlighted upcoming Board meeting dates for 2026. She confirmed that there would not be a December 2025 Board meeting and that the next meeting would be held on January 15, 2026.

Ms. Altman provided an update on current efforts during the ongoing open enrollment period. She acknowledged the absence of an extension for federal enhanced premium tax credits (EPTCs) despite the government reopening and emphasized the importance of helping Californians navigate the implications of these changes. Covered California is employing a comprehensive, tailored approach to support consumers, considering factors such as income, healthcare needs, and language preferences. This approach includes efforts to retain enrollees throughout their coverage journey, from enrollment to renewal, with personalized information and options based on individual circumstances. Ms. Altman highlighted how data-driven segmentation is helping the organization identify those most at risk of losing coverage and deliver tailored communication, such as renewal notices that address specific needs and offer more affordable plan options.

Mavilla Safi, Director of the Service Center Division, shared updates on enhancements made to Covered California’s service center operations to improve personalized support for callers. On November 3rd, an Interactive Voice Response upgrade was implemented to identify retention segments for consumers, allowing staff to tailor conversations based on the specific needs of each caller. Ms. Safi emphasized the importance of equipping staff with the right resources and information to handle these complex calls effectively during this busy period.

Ms. Safi provided an update on Covered California’s service center operations during October and November, highlighting the significant increase in call volume due to delays in renewals. October saw a 5 percent increase in calls compared to last year, with 40 percent of those calls concentrated in the last week of the month. This surge led to a 10 percent decrease in total offers and a 13 percent reduction in calls handled, alongside an increase in average handle time, which rose by 10 percent, impacting overall efficiency. In November, the average handle time climbed to 25 minutes which reflects the complexity of calls as staff prioritized guiding and assisting consumers rather than rushing conversations.

Ms. Safi also noted heightened consumer concerns around affordability, premium increases, and the potential loss of federal enhanced subsidies. There has been a dramatic rise in applications for state affordability exemptions, with a 200 percent increase compared to last year. Additionally, many consumers are utilizing live chat more often, sometimes alongside calls, as they navigate their options. Despite these challenges, staff have maintained a 95 percent satisfaction rate on post-call surveys, demonstrating their dedication during this busy period. Ms. Safi expressed pride in the team’s efforts and acknowledged their hard work to assist consumers during open enrollment.

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Robert Kingston, Director of the Outreach and Sales Division, provided an update on the efforts to assist enrollment channel partners during this challenging renewal year, highlighting the development of the Consumer Retention Workspace within the enrollee portal. This new tool gives enrollment partners access to dashboards that provide high-level insights into their renewal cases, enable easy navigation, and allow them to track dispositions and outcomes, such as changes in plans or decisions not to renew. While adoption has been limited, with 3,000 cases closed so far, the tool ensures enrollees can maintain follow-up lists for consumers who may benefit from extended EPTCs later in the year.

Lastly, Mr. Kingston emphasized the potential impact on enrollment channel partners if renewal rates decline significantly. Since many agents are compensated through commissions based on the number of consumers they serve, a large decrease in membership could negatively affect their ability to continue providing services. He closed by acknowledging the importance of supporting these partners through the renewal process and welcomed questions from the Board.

Glenn Oyoung, Director of the Marketing Division, provided an update on Covered California's marketing and branding initiatives, emphasizing the interconnectedness of efforts focused on growth, retention, and consumer engagement. He highlighted the launch of the brand campaign in September, which aims to build emotional connections with consumers, fostering trust and encouraging them to engage with Covered California's services through various channels. Mr. Oyoung highlighted key marketing assets, including the open enrollment campaign, multicultural ads tailored to Hispanic and Asian Pacific Islander audiences, and Reasons to Believe ads addressing affordability, complexity, and trust. He also noted improvements to renewal notices which now feature clearer tailored information aligns with broader marketing efforts. He emphasized ongoing retention work that delivers year-round value and trust, and closed by underscoring the cross-team collaboration, spanning marketing, communications, and equity groups, which supports a consumer-focused approach.

Craig Tomiyoshi, Director of Communications and Public Relations, provided an update on the first two weeks of Covered California's statewide open enrollment media tour, which shifted from large-scale events, to smaller, community-centered engagements. More than 16 events held across five cities reached diverse communities with messages on the importance of health insurance, affordability, and updates on EPTCs, all under the theme "Connectors to Coverage." Ms. Altman served as the primary spokesperson, joined by community leaders, alongside other notable speakers such as public health professionals, Navigators, advocates, and elected officials, helping reach communities typically underserved early in the open enrollment period. The media tour garnered strong coverage and engagement, laying the foundation for the rest of the open enrollment period.

Ms. Altman reflected on the challenges communities are facing, from the absence of EPTCs and federal disruptions like the government shutdown to food assistance issues and concerns within immigrant communities.

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She emphasized the importance of hearing these concerns directly from the community and expressed gratitude for the appreciation shown toward Covered California's efforts to remain open, transparent, and present during these difficult times.

Board Comments: Mr. Cornett expressed admiration for the efforts of Covered California, acknowledging the challenges posed by government actions and changes. He commended the organization for making the best of difficult circumstances and effectively addressing these obstacles.

Ms. Alvarez expressed deep gratitude to the Covered California team for their support during her participation in San Diego events, noting the positive impact on her local community. She shared her pride in being part of the Board, highlighting the meaningfulness of Covered California's work during this challenging time.

Discussion – State and Federal Policy/Legislative Update

Ms. Altman highlighted key state legislation, including Assembly Bill (AB) 224, which establishes a new essential health benefits benchmark plan in 2027, AB 91 requiring demographic data collection for Middle Eastern and North African consumers, and Senate Bill 660, which shifts governance of the health data exchange framework.

On the federal level, Ms. Altman discussed the government shutdown and the lack of extension for the EPTCs, with no clear path forward. She noted alternative proposals under discussion, such as expanding individual Health Savings Accounts and Flexible Spending Accounts, but the outcome remains uncertain. Covered California is urging consumers to enroll based on current option. Ms. Altman also highlighted ongoing litigation against the Centers for Medicare & Medicaid Services (CMS) rules, and recent comment letters submitted on women's preventive services, artificial intelligence in healthcare, and the chilling effect of the proposed public charge rule on immigrant communities.

Discussion – Data and Research

Isaac Menashe, Deputy Director of the Policy, Eligibility, and Research Division, provided an overview of the metrics Covered California is monitoring during the renewal and open enrollment season, noting key concerns such as retention rates for existing consumers, particularly those who may decide coverage is unaffordable, and the trend of consumers switching to lower metal-tier plans, and new enrollees who stall during the application process. Covered California is using outreach through community partners, agents, brokers, and automated emails and texts, to support these consumers. Mr. Menashe also introduced a new public dashboard with weekly updates on enrollment and renewal data, aligned with metrics tracked by CMS. The dashboard will include data on new signups, renewals, premiums, financial assistance, and demographic trends, offering transparency while highlighting meaningful patterns.

Early data shows a sharp increase in Bronze plan selections among new enrollees, rising from 21 percent last year to 34 percent this year, and significant premium increases for middle-income consumers over 400 percent of the Federal Poverty Level, whose net premiums have risen by \$4,500 annually on average.

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This increase represents a substantial financial burden, with some consumers spending up to 20 percent of their take-home income solely on coverage. He emphasized the need to monitor these affordability challenges throughout open enrollment.

Ms. Altman emphasized the importance of interpreting early enrollment and renewal data cautiously, noting the potential for abnormalities due to timeline shifts and evolving consumer decisions. She highlighted that while some data points may be meaningful, others require closer monitoring over time, particularly as consumers face additional choices, such as whether to pay their premiums in January. Ms. Altman reiterated that a complete picture of enrollment trends may not emerge until after key deadlines, including billing grace periods.

Board Comments: Ms. Alvarez asked if Covered California is planning to collect qualitative information from consumers about their experiences, particularly regarding challenges or reasons for losing coverage, similar to efforts conducted post-pandemic.

Mr. Menashe explained that Covered California employs various methods to gather qualitative insights into consumers' experiences. Additionally, follow-up efforts such as focus groups and in-depth interviews will be conducted with survey participants, particularly those who terminate coverage, to gain deeper understanding. The design for this data collection is currently underway, with a focus on populations affected by current challenges and potential impacts of House Resolution (H.R.) 1.

Ms. Sousa requested a follow-up conversation about dashboards, suggesting a high-level summary could be provided for the Board to review in the future.

Chairwoman Johnson expressed gratitude for the presenters and commended the comprehensive report. She highlighted the focus on centering consumers in all efforts and conveyed appreciation for the hard work of the Covered California teams.

Public Comment: Diana Douglas, representing Health Access, expressed appreciation for the detailed updates on enrollment trends, consumer calls, and the challenges Covered California consumers are facing. Ms. Douglas emphasized the drastic impact of premium increases, particularly for higher-income individuals, where hundreds of dollars a month can represent significant sacrifices in their budgets.

Doreena Wong, representing Asian Resources Inc., expressed gratitude to Covered California for its tools and support in helping community members renew their coverage despite significant premium increases. Ms. Wong emphasized the difficulties that communities are facing and thanked Covered California for initiatives which she believes will support Navigators in their efforts.

Cary Sanders, representing the California Pan-Ethnic Health Network, expressed gratitude to Covered California for its efforts to standardize benefits, reduce costs, and ensure consumers receive robust care. She also raised questions about how Covered California is engaging Navigators to gather consumer feedback and address issues on the ground. Ms. Sanders noted that fears and confusion about federal rules are discouraging enrollment, particularly on the Medi-Cal side.

Agenda Item V: Covered California Policy and Action Items

Action – Proposed Emergency Eligibility and Enrollment Regulations

Bahara Hosseini, Senior Program Attorney in the Office of Legal Affairs, explained that the proposed regulations were initially presented to the Board on September 18th for discussion and outlined several updates. These include revising the definition of "lawfully present" to reflect federal regulations removing Deferred Action for Childhood Arrival recipients effective August 2025, a change already implemented by Covered California. Clarifications were made regarding the Advanced Premium Tax Credit eligibility for certain lawfully present individuals, with eligibility ending on December 31, 2025, per H.R. 1, and the removal of the failure-to-reconcile process following the *City of Columbus v. Kennedy* decision. Additional adjustments include removing the automatic 60-day extension for income inconsistencies, the special enrollment period for low-income individuals, and conforming changes to the appeal process, all implemented per the Marketplace Integrity and Affordability Final Rule.

Ms. Hosseini requested the Board formally adopt these regulations after a five-day public comment period to file them with the Office of Administrative Law.

Board Comments: None.

Public Comment: None.

Motion/Action: Chairwoman Johnson called for a motion to approve the action item. Ms. Sousa moved to approve the action item. The motion was seconded by Mr. Cornett.

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

Action – Proposed Permanent Covered California for Small Business Regulations

Mr. Kingston proposed updates to Covered California for Small Business regulations, first introduced in August. After a 45-day public comment period from September to October 20th, during which no comments were received, he noted that the changes are primarily based on underwriting guidelines, including updates to the verification process for the number of employees. He explained that employers will now be able to use prior coverage and payroll documents for verification. Additionally, the regulations will align the method for counting employees toward the 70 percent minimum participation requirement, along with minor grammatical and reference updates. Mr. Kingston requested Board approval to formally adopt the regulations and submit them to the Office of Administrative Law.

Board Comments: None.

Public Comment: None.

Motion/Action: Chairwoman Johnson called for a motion to approve the action item. Ms. Sousa moved to approve the action item. The motion was seconded by Mr. Cornett.

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

Discussion – Qualified Health Plan Issuer Accountability Programs

Dr. S. Monica Soni, Chief Medical Officer and Director of the Health Equity & Quality Transformation Division, provided an update on Covered California's efforts to maintain high-quality, equitable, and accessible care, noting continued progress despite enrollment losses. She explained that these efforts rely on the Quality Rating System, which uses National Committee for Quality Assurance Healthcare Effectiveness Data and Information Set measures audited across all United States exchanges. She highlighted strong plan performance with Kaiser and Sharp consistently receiving top ratings of 4 and 5 stars.

Dr. Soni introduced the 25/2/2 accountability program, which places plans below the 25th percentile for two consecutive years into remediation and if needed, removal from the exchange. She noted upcoming methodological updates for the 2026 contract cycle and pointed to improvements as Molina HMO reducing underperforming measures from 10 in 2021 to just one in 2024.

Dr. Soni emphasized that the program effectively balances enforcement with broader quality initiatives, ensuring plans focus on both incentivized and non-incentivized measures.

Board Comments: Ms. Sousa asked for clarification regarding the visual representation of data, noting that she is accustomed to green indicating positive trends and red indicating negative ones. She requested a walkthrough to better understand how the information is presented.

Dr. Soni acknowledged its complexity and invited feedback for improvement. Using Molina as an example, she clarified that the numerator represents measures below the 25th percentile, and lower numbers are better, even though red was used to indicate zero measures, which may require a color change for clarity in the future.

Dr. Soni discussed improvements in issuer performance under the 25/2/2 accountability program, noting that Chinese Community Health Plan successfully surpassed the monitoring period benchmark this year. As a result, all issuer products are now in good standing under the program.

Next, Dr. Soni highlighted the Quality Transformation Initiative (QTI), now in its second year, which focuses on blood pressure control, diabetes control, colorectal cancer screening, and childhood immunizations, with increasing financial incentives tied to performance. She noted significant improvement across three measures continuing from year one to year two, demonstrating the program's effectiveness. For diabetes control specifically, all plans are now performing above the 66th percentile, ensuring impactful improvements for members with diabetes across all health plans.

Dr. Soni highlighted substantial improvements in colorectal cancer screening and blood pressure control, with six out of 13 and eight out of 13 issuer products, respectively, performing at or above the 66th percentile. However, childhood immunization continues to lag, with only one plan above the 66th percentile in 2024, down from two plans in previous years.

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She outlined actions taken by plans to achieve quality improvements, including organizational restructuring, prioritizing health equity, implementing direct-to-member and provider incentives, improving data exchange, and refining provider contracts.

Lastly, Dr. Soni noted ongoing structural challenges in improving childhood immunization rates, despite efforts like expanded vaccine timelines and allowing plans to reinvest in population health strategies. She highlighted declining rates among rural white families, which have declined by over 10 percent in recent years, and the need for new strategies to support vaccine confidence. Stratified data by race and ethnicity revealed variations in performance, with certain groups, such as Native Hawaiian/Pacific Islanders and American Indian/Alaska Natives, showing lower rates in some measures.

Board Comments: Chairwoman Johnson acknowledged the report and highlighted a potential opportunity for collaboration through the state's application for the Rural Transformation Fund, focused on rural health, led by the Department of Healthcare Access and Information, with updates expected in December or January.

Ms. Alvarez inquired about the accountability process for ensuring that retained funds are dedicated to their permissible uses as planned. She also raised a question about the consumer experience, emphasizing the importance of understanding how consumers feel about their healthcare, whether they feel in control, and the story behind the data being collected as part of this work.

Dr. Soni explained that health plans are required to submit detailed progress and final reports in 2026, outlining how retained funds were spent, with senior leaders attesting to the accuracy of the expenditures. Addressing consumer experience, Dr. Soni reflected on past listening tours and surveys with members to understand barriers to better outcomes, expressing interest in revisiting similar efforts, particularly in light of improvements in diabetes care.

Ms. Altman emphasized the efforts by Dr. Soni and the team, along with evaluation partners, to gather direct consumer feedback on Population Health Investments, with robust findings expected to be shared in January. She highlighted the importance of balancing incentives and enforcement to drive meaningful change, while ensuring health plans invest retained funds thoughtfully in ways that align with approved uses and advance desired outcomes. Ms. Altman noted that the allowance was committed for one year, and future decisions will depend on whether these investments effectively move the needle toward achieving program goals.

Public Comment: Ms. Sanders congratulated the team on their work and highlighted the value of the dashboard showing health plan performance as a tool to improve quality and advance equity. She emphasized that efforts to address disparities ultimately improve care for everyone.

Anete Millers, representing the California Association of Health Plans, expressed appreciation for Covered California's efforts to address challenges with childhood immunization rates.

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She acknowledged commitment to improving child immunization rates but noted concerns about the measure's small denominator and the disproportionate impact of applying the same QTI payment weighting as other measures.

Discussion – Public Health for All Californians Together (PHACT) Coalition

Dr. Soni addressed the challenges in addressing childhood immunization rates, referencing California's worsening performance on national scorecards. She emphasized the need for statewide collaboration to tackle issues such as vaccine confidence, access, and disparities, and introduced the Public Health for All Californians Together Coalition (PHACT). The coalition has already convened over 1,000 participants from 290 organizations, with early deliverables including toolkits, training on effective health communication, and efforts to address gaps such as COVID vaccine access for children under three.

Dr. Soni highlighted the coalition's focus on nimbleness, reducing duplicative work, and leveraging resources across sectors to scale and sustain progress. She noted the importance of testing and disseminating solutions to improve vaccine confidence, particularly among underperforming populations, such as white families in rural areas. She expressed optimism about the coalition's ability to address these challenges collectively, drawing lessons from COVID-era collaborations, and encouraged ongoing commitment to advancing health equity for all Californians.

Board Comments: Chairwoman Johnson expressed gratitude to Dr. Soni and the team for their leadership on the PHACT and acknowledged the engagement and collaboration within the coalition, including sharing resources and addressing gaps in vaccine access. She highlighted California's efforts to mitigate harm through initiatives like the state subsidy and AB 144, emphasizing the importance of leveraging the state's expertise to drive collective health outcomes for all Californians.

Public Comment: None.

The meeting adjourned at 2:00 p.m.