

COVERED CALIFORNIA

Policy and Action

November 19, 2026 Board Meeting

Policy and Action Items

01 Data & Insights Strategy – **Discussion**

02 Qualified Health Plan Issuer Accountability Programs – **Discussion**

03 Implementation Considerations for H.R.1 Pre-Enrollment Verification – **Discussion**

COVERED CALIFORNIA

Data & Insights Strategy

Theivanai Palaniappan, Chief Data and Insights Officer

Discussion

Purpose of today's briefing

Provide the Board with a view of Covered California's Data & Insights Strategy—why it matters, what has been established, and the path toward enterprise capability.

Why this matters:	Trusted data supports better decisions, service, and outcomes for Californians.
Where we are:	The strategy and governance foundation are in place, with early implementation underway.
What comes next:	Operationalize shared definitions, clear ownership, common practices, and responsible use.

Trusted data helps us deliver greater value to Californians

Trusted Data	Actionable Insights	Consumer Outcomes
Accessible, connected, and governed	Consistent, faster, and lower-risk	Support more equitable access to affordable coverage

Illustrative future-state example: A shared view of renewal activity could help identify barriers earlier, coordinate outreach, and measure whether actions improve access to coverage.

Building on strengths to enhance enterprise capability

Strengths today

- Mission-driven staff
- Extensive use of data & analysis
- Extensive data assets
- Modern technology platform

Where we will focus next

- Expand enterprise insights
- Shared definitions
- Stronger coordination
- Consistent governance
- Platform responsiveness

Illustrative future-state example: Teams answering similar questions would use one definition and one trusted source—reducing time spent reconciling different answers.

The strategy focuses on four enterprise data priorities

Governance & Accountability

Accountable decisions within privacy, security, and risk guardrails

Enterprise Data Foundation

Governed priority data with shared definitions

Enterprise Enablement

Insights easily accessed by authorized staff

Strategic Insight & Outcomes

Supports: affordable, accessible coverage • improved operations • reduced risk

We have established the foundation for enterprise action



Foundation

Assessment completed; strategy established



Accountability

Governance Council and supporting committees launched



Learning

Pilot work underway to inform broader rollout



Action

Early implementation underway

Roadmap to enterprise capability



Establish

Policies, governance, and platform direction

Operationalize

Shared definitions, clear ownership, and common data practices

Scale

Dashboards, data fluency, and responsible AI practices

Sustain

Insights to improve access, affordability, service, and operational efficiency

Trusted data. Informed decisions. Better outcomes.

Consistent information	A shared view of what matters across the organization
Clearer decisions	Faster action on issues affecting consumers and operations
Safer practices	Consistent access, use, sharing, and protection
Consumer insight	Better understanding of needs, journeys, and barriers

Putting trusted data to work for Californians

Build trust → **Improved decisions** → **Advances access, service, equity, efficiency**

Turn governance into practice · Scale what works · Measure outcomes

Use data responsibly to improve decisions and outcomes — not for its own sake.

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*

Qualified Health Plan Issuer Accountability Programs

Taylor Priestley, Director
Health Equity and Quality Transformation Division

Discussion

Quality Rating System (QRS)

Program and Evaluation Update

COVERED CALIFORNIA

Quality Rating System Overview

The Quality Rating System (QRS) is comprised of the following elements:

- Four ratings are reported for the Ratings Year 2026: a global quality rating and three summary indicator ratings.
- The global quality rating is a roll-up of three summary indicators per the following differential weighting:

Summary Indicators	Weights
Getting the Right Care (HEDIS)	66.7%
Members' Care Experience (CAHPS)	16.7%
Plan Services for Members (HEDIS and CAHPS)	16.7%

- One to five-star performance classification for each rating based on the static cut points method.
- The Plan Year 2027 ratings, reflecting clinical care and member experience in Measurement Year 2025, are displayed on CalHEERS.

PY2027 QRS Ratings and Summary Indicators Overview

Global Ratings

- Five QHPs improved their Global Ratings from 3 to 4 Stars, while IEHP earned its first Global Rating of 3 Stars.
- Three QHPs maintained ratings of 4 or 5 Stars, and five maintained 3-Star ratings.

Getting The Right Care

- Three QHPs improved their Getting the Right Care ratings from 3 to 4 Stars.
- Two QHPs maintained ratings of 4 or 5 stars; while eight QHPs retained 3-Star ratings.

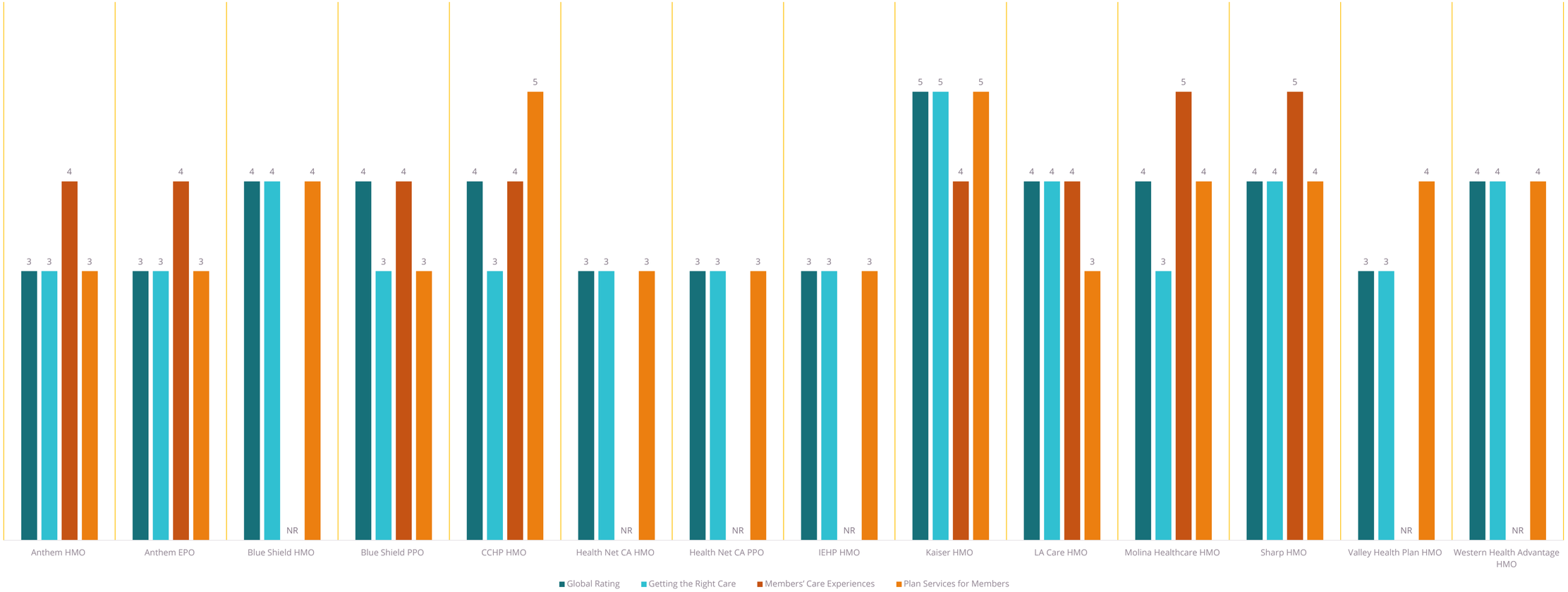
Member Care Experience

- Two QHPs improved their Members' Care Experience ratings to 4 and 5 Stars, respectively, while six QHP-productss maintained ratings of 4 or 5 Stars.
- Six QHPs received "No Quality Rating" designations for Members' Care Experience in MY2025—the highest number reported—due to insufficient data.

Plan Services for Members

- Ten QHPs retained their current ratings, reflecting consistent performance, while Sharp HMO's rating declined from 5 to 4 Stars and Anthem EPO from 4 to 3 Stars.

PY2027 QRS Global and Summary Indicator Ratings



*NR- No quality rating means the issuer lacked sufficient data for a QRS score.

Policy for Removal from Covered California ("25/2/2")

Program and Evaluation Update

COVERED CALIFORNIA

Making Quality Count: Contract Provisions on Quality



Policy for Removal from Covered California ("25/2/2"): allows for selective contracting and removal from marketplace for consistent poor performance on quality measures.

Quality Transformation Initiative: assesses quality improvement payments up to 66th percentile national performance.

2023–2025 Policy and Methodology

Annual Assessment	Covered California will assess issuer product performance annually. The issuer product is subject to assessment after it meets the CMS eligibility criteria to report QRS measure scores and receive star ratings for a minimum of two years.
25th Percentile Composite Benchmark	Covered California uses the Measurement Year (MY) 2018 25th percentile score for each of the QRS Clinical Quality Management Summary Indicator ("Getting the Right Care") measures from the QRS national percentile data. An unweighted average of these scores is computed to establish the 25th Percentile Composite Benchmark ("Composite Benchmark") excluding Non-Reportable (NR) scores and measures without a 2018 benchmark.
Assessment Structure	For each issuer product, the Composite Score for its product-reportable subset of the Clinical Quality measures is compared against the Composite Benchmark to determine its assessment standing. • **Monitoring Period**: The issuer product enters the monitoring period if the product's Composite Score falls below the Composite Benchmark. The issuer product will have **two consecutive years** to meet or exceed the Composite Benchmark. • **Remediation Period**: The issuer product enters the remediation period if the product fails to meet or exceed the Composite Benchmark in the Monitoring Period. The product is required to meet or exceed the Composite Benchmark within the **following two years**. • **Removal from Exchange**: The issuer product becomes ineligible for certification and will be removed from the exchange if the product's Composite Score does not meet or exceed the Composite Benchmark for **four consecutive years**.

MY2025 Individual Measure and Composite Results

Legacy Identifier	Current Identifier	Measure Acronym	QRS Clinical Quality Management Summary Indicator Measures	MY2018 25th Percentile	Anthem EPO	Anthem HMO	Blue Shield HMO	Blue Shield PPO	Chinese Community HMO	Health Net HMO	Health Net PPO	Kaiser HMO	L.A. Care HMO	Molina HMO	Sharp HMO	Valley HMO	Western HMO
			MY2018 Composite Benchmark	**0.600**	**0.600**	**0.600**	**0.611**	**0.611**	**0.586**	**0.611**	**0.611**	**0.611**	**0.611**	**0.611**	**0.611**	**0.606**	**0.600**
			MY2025 Composite Score		**0.644**	**0.620**	**0.703**	**0.665**	**0.639**	**0.715**	**0.673**	**0.837**	**0.732**	**0.692**	**0.786**	**0.692**	**0.728**
S1D1C3M6	S1M6	CBP	Controlling Blood Pressure	0.538	0.693	0.701	0.807	0.710	0.672	0.693	0.689	0.822	0.675	0.708	0.850	0.645	0.781
S1D1C3M7	S1M7	PDC	Proportion of Days Covered (RAS Antagonists)	0.729	0.685	0.666	0.692	0.690	0.791	0.788	0.770	0.816	0.767	0.760	0.823	0.755	0.791
S1D1C3M8	S1M8	PDC	Proportion of Days Covered (Statins)	0.681	0.637	0.620	0.636	0.646	0.791	0.732	0.739	0.870	0.709	0.709	0.806	0.737	0.760
S1D1C4M13	S1M13	PDC	Proportion of Days Covered (Diabetes All Class)	0.678	0.696	0.687	0.721	0.679	0.832	0.793	0.742	0.807	0.761	0.760	0.833	0.762	0.781
S1D1C4M9	S1M9	EED	Eye Exam for Patients with Diabetes	0.406	0.336	0.458	0.486	0.398	0.393	0.470	0.305	0.778	0.613	0.511	0.678	0.379	0.511
S1D3C7M19	S1M19	PPC	Prenatal and Postpartum Care: Postpartum Care	0.658	0.835	0.737	0.821	0.800	NR	0.799	0.761	0.930	0.930	0.811	0.885	0.771	0.846
S1D3C7M20	S1M20	PPC	Prenatal and Postpartum Care: Timeliness of Prenatal Care	0.774	0.825	0.769	0.865	0.881	NR	0.937	0.901	0.959	0.930	0.811	0.962	0.771	0.912
S1D3C8M23	S1M23	CHL	Chlamydia Screening	0.402	0.547	0.550	0.560	0.499	NR	0.535	0.504	0.655	0.675	0.616	0.633	0.651	0.571
S1D3C8M25	S1M25	MSC	Medical Assistance With Smoking and Tobacco Use Cessation	0.483	0.526	0.410	NR	NR	0.580	NR	NR	NR	NR	NR	NR	NR	0.545
S1D3C9M30	S1M30	WCC	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	0.586	0.728	0.738	0.710	0.634	0.416	0.783	0.724	0.904	0.823	0.818	0.755	0.759	0.793
S1D3C9M31a	S1M31a	W30	Well-Child Visits in the First 30 Months of Life (First 15 Months)	0.661	0.576	0.484	0.730	0.717	NR	0.623	0.594	0.828	0.438	0.421	0.631	NR	0.719

- Red shaded cells indicate a measure score result below the MY2018 25th percentile baseline.
- “NR” indicates this measure was not reportable to QRS for MY2025 or the denominator did not meet the minimum threshold for reporting. These results are omitted from composite scoring results.
- The following measures were removed from the MY2025 assessment:
  - Antidepressant Medication Management (AMM): measure removal from QRS measure set
  - Cervical Cancer Screening (CCS): measure transitioned to ECDS
  - Immunizations for Adolescents, Combination 2 (IMA): measure transitioned to optional reporting and will no longer be included in QRS scoring.

Trended Measures Below the 25th Percentile

13 of 13 QHP issuer products remain in **good standing** based on composite performance

- There has been meaningful improvement from MY2021 to MY2025: 10 of 13 issuer products have fewer reportable measures below the 25th percentile than in MY2021.
- Compared with MY2024: 5 issuer products had fewer measures below the 25th percentile, 5 were unchanged, and 3 had an increase.
- Kaiser has had 0 measures below the 25th percentile for 5 consecutive years, and Western Health Advantage for 3 consecutive years.
- Well-Child Visits in the First 30 Months of Life (First 15 Months) measure is the most common gap: 7 of 11 issuer products fall below the 25th percentile.

QHP Issuer Product	MY 2021	MY 2022	MY 2023	MY 2024	MY 2025
Anthem Blue Cross EPO	8/20	8/20 =	5/16 ▼	3/14 ▼	4/11 ▲
Anthem Blue Cross HMO	4/18	5/19 ▲	5/15 =	3/13 ▼	5/11 ▲
Blue Shield California HMO	4/20	5/19 ▲	3/15 ▼	4/13 ▲	2/10 ▼
Blue Shield California PPO	4/19	3/19 ▼	4/16 ▲	1/13 ▼	3/10 ▲
Chinese Community Health Plan HMO	5/14	6/13 ▲	6/09 =	3/08 ▼	2/07 ▼
Health Net HMO	2/19	1/19 ▼	2/15 ▲	1/13 ▼	1/10 =
Health Net PPO	5/19	7/19 ▲	5/15 ▼	3/13 ▼	2/10 ▼
Kaiser Permanente HMO	0/18	0/18 =	0/15 =	0/13 =	0/10 =
L.A. Care Health Plan HMO	3/20	3/20 =	2/16 ▼	2/14 =	1/10 ▼
Molina Healthcare HMO	10/19	10/18 =	7/15 ▼	1/12 ▼	1/10 =
Sharp Healthcare HMO	2/19	2/19 =	2/16 =	2/13 =	1/10 ▼
Valley Health Plan HMO	2/17	2/17 =	3/14 ▲	2/12 ▼	2/09 =
Western Health Advantage HMO	3/19	2/19 ▼	0/14 ▼	0/13 =	0/11 =

Numerator: Total number of reportable measures below the 25th percentile.

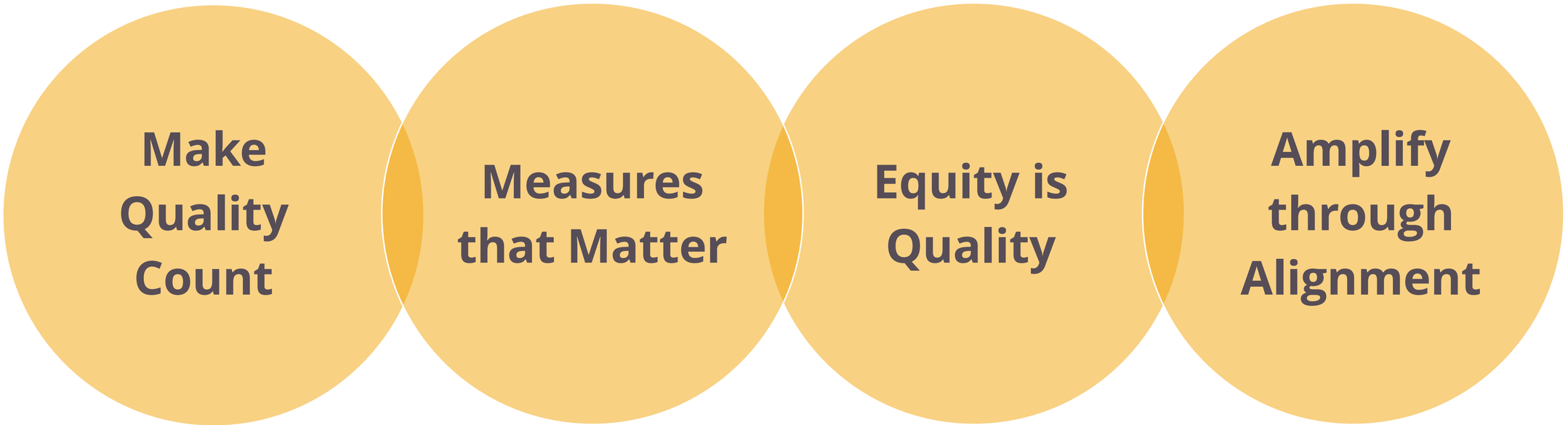
Denominator: Total number of reportable measures.

QTI

Program and Evaluation Update

COVERED CALIFORNIA

Quality Transformation Initiative



0.8% to 4% Premium at Risk for

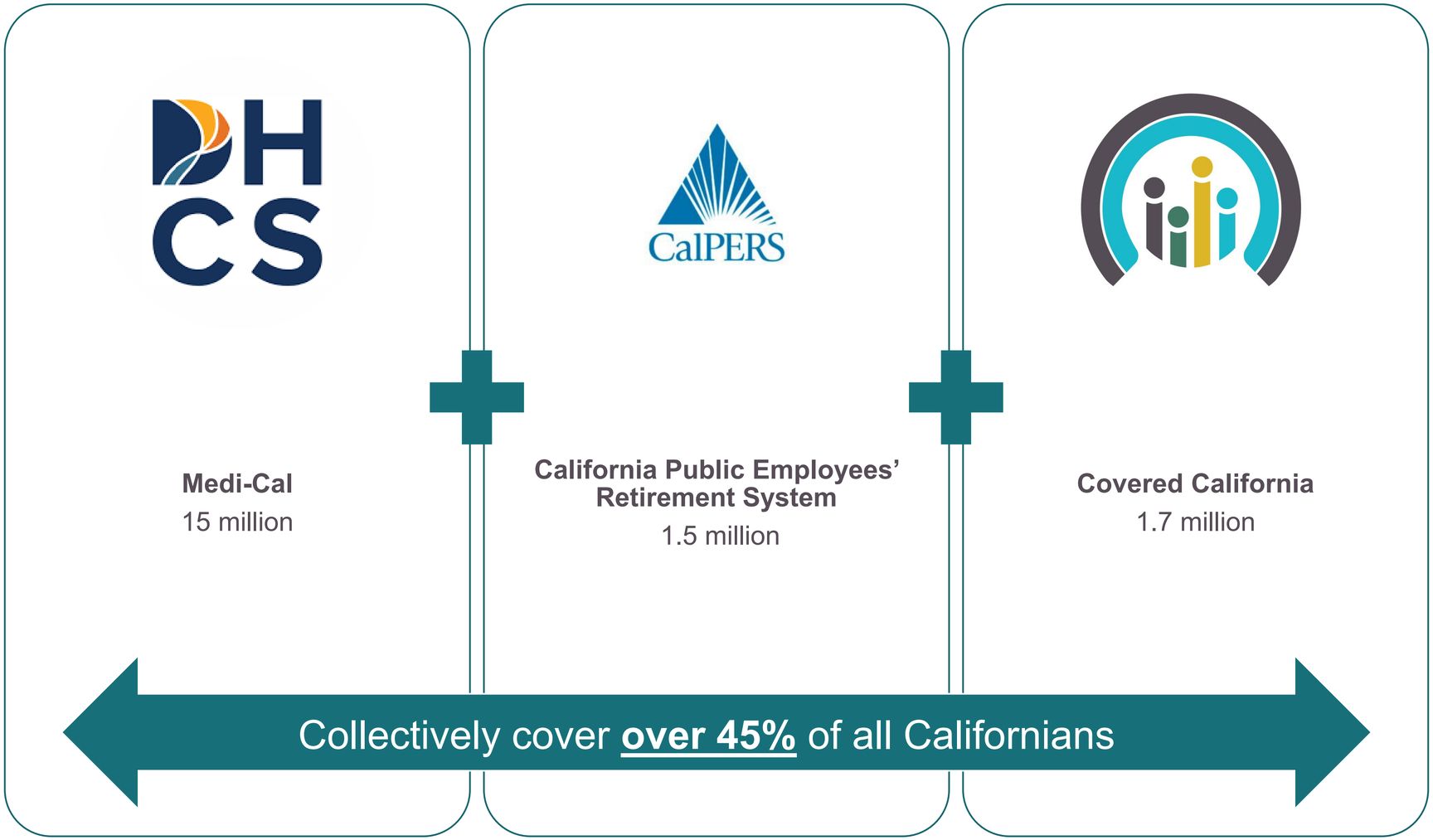
a small set of clinically important measures

stratified by race/ethnicity

selected in concert with other public purchasers*

*Public purchasers includes CalPERS and DHCS/Medi-Cal

An Aligned State-Wide Approach



Equity Centered Outcome Measures

Core Measures	Clinical Context
Blood Pressure	Key risk factor for cardiovascular disease (heart attacks and strokes) & the leading cause of death in the United States. BP control rates are ~10% lower for Asian, Black and Hispanic people than White counterparts. Black Americans have 4-5 times greater hypertension-related mortality than White counterparts
Diabetes (A1c control)	~50% Californians have prediabetes or diabetes, which is a leading cause of blindness and amputation and key risk factor for cardiovascular disease. It is 2x more prevalent among Black, AI/AN, and Hispanic people than Whites. Diabetes death was 3x higher among Black and NH/PI than White counterparts
Colorectal Cancer Screening	Cancer is the second leading cause of death after heart disease, and colorectal cancer is the second leading cause of cancer death after lung cancer. Black Americans are 20% more likely to get colorectal cancer and 40% more likely to die from it than others. Screening reduces the risk of developing and dying from CRC cancer by 60-70%
Childhood Immunizations	Childhood immunizations prevent 10.5m diseases annually. Black, Hispanic, AI/AN children have lower vaccine coverage than White children. For every $1 spent on immunizations, there is as much as $29 in savings
Depression Screening and Follow-Up for Adolescents and Adults	Depression is one of the most common behavioral health conditions. *Reporting only 2023-2025*

Year 3 (MY2025) QTI Overview

Contract Period:

- 2023-2025 Covered California QHP IND Issuer Contract

Measures Assessed:

- Controlling High Blood Pressure (CBP)
- Glycemic Status Assessment for Patients with Diabetes (GSD) Glycemic Status <8.0%
- Colorectal Cancer Screening (COL)
- Childhood Immunization Status (CIS 10)

Issuers Assessed:

- 14 issuer products from 11 issuers

Percent Premium at Risk:

- 2.3% of total Gross Premium

QHP Issuers Participating in QTI

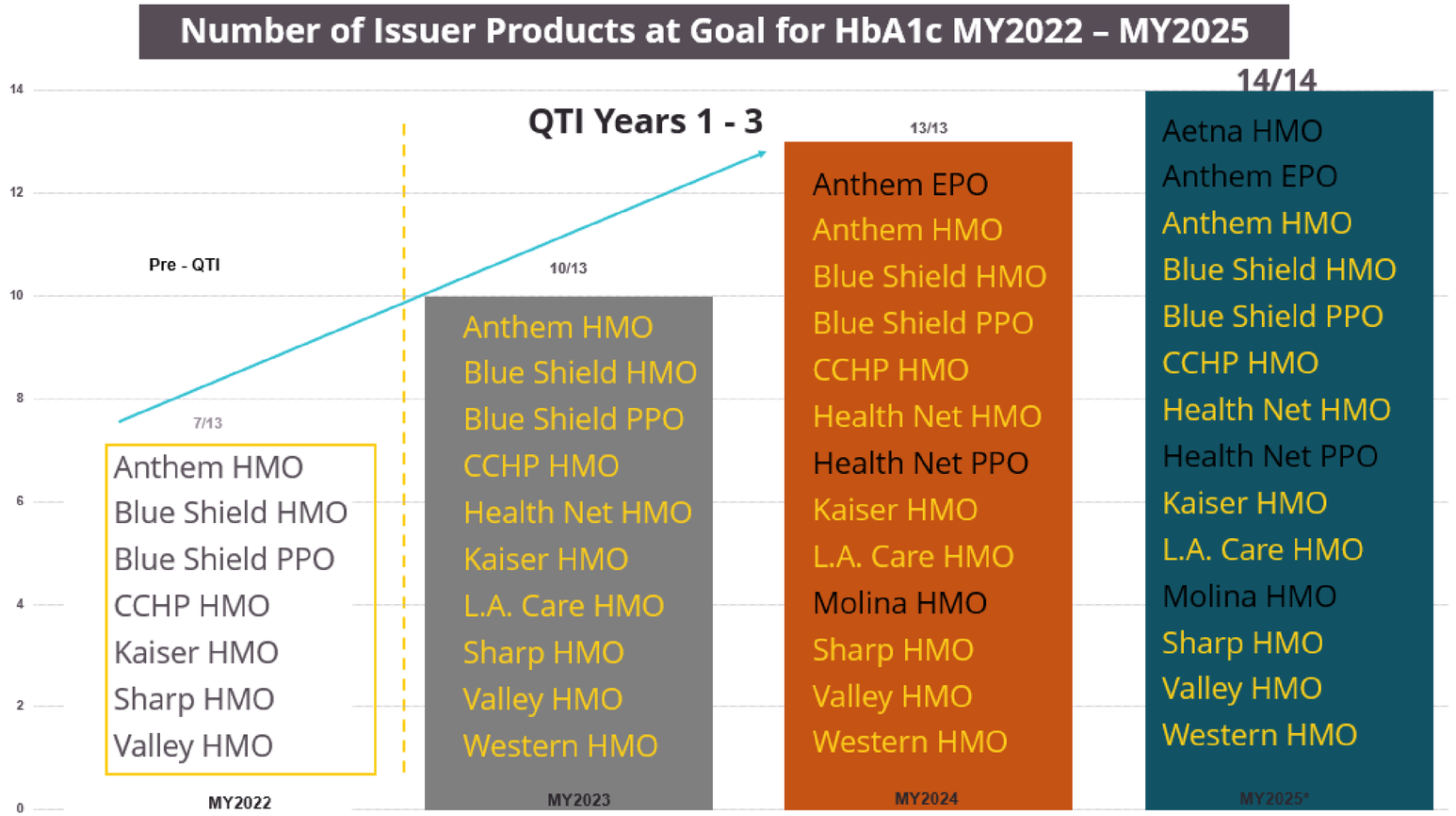
MY2023	MY2024	MY2025	MY2026
Anthem	Anthem	Aetna	Anthem
Blue Shield	Blue Shield	Anthem	Blue Shield
CCHP	CCHP	Blue Shield	CCHP
Health Net	Health Net	CCHP	Health Net
Kaiser	Kaiser	Health Net	IEHP
LA Care	LA Care	Kaiser	Kaiser
Molina	Molina	LA Care	LA Care
Sharp	Sharp	Molina	Molina
VHP	VHP	Sharp	Sharp
WHA	WHA	VHP	VHP
		WHA	WHA

Year 3 of QTI: Nearly All Issuer Products at Goal for Chronic Disease Control and Cancer Screening

Diabetes Control (HbA1c <8%)	Colorectal Cancer Screening (COL)	Controlling Blood Pressure (CBP)
14/14 Issuer Products performed at or above the MY2021 66th percentile, accounting for **100% of members** in the measured population	**12/14** Issuer Products performed at or above the MY2021 66th percentile, accounting for **99% of members** in the measured population	**13/14** Issuer Products performed at or above the MY2021 66th percentile, accounting for **99% of members** in the measured population

Diabetes Control Achieves and Maintains Universal Goal Performance Across Years 2 and 3 of QTI

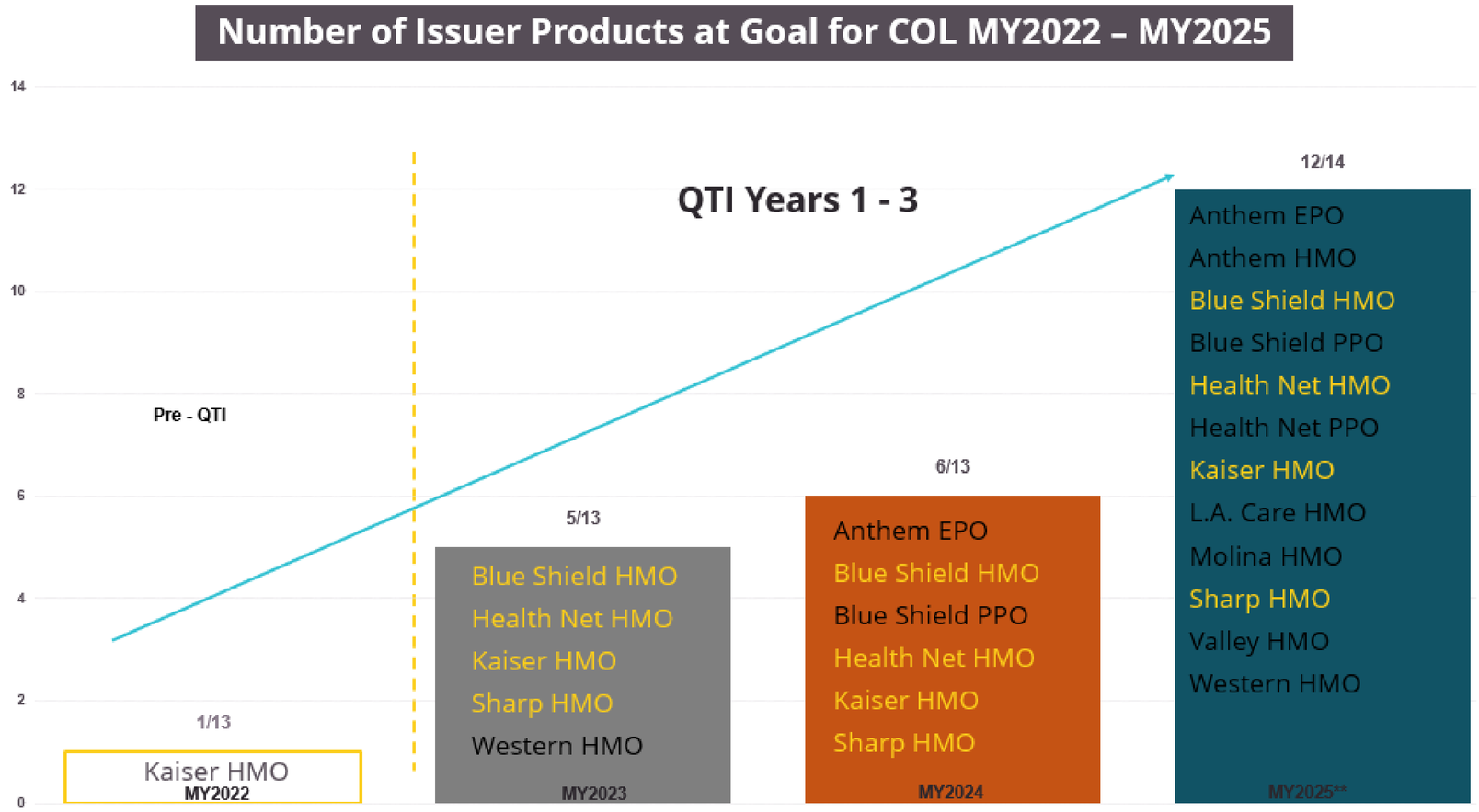
The HbA1c measure reached 13 of 13 issuer products at goal in Year 2 and 14/14 through Year 3, with **10 products achieving and maintaining the goal throughout the full contract period**.



Note: Issuer products in yellow font met goal for QTI Years 1-3. *MY2025 was Aetna's first and last year of QTI, increasing number of issuer products participating in QTI from 13 for Years 1 and 2, to 14 for Year 3

Colorectal Cancer Screening: A Twelve-Fold Increase in Plans at Goal Across Three Years of QTI

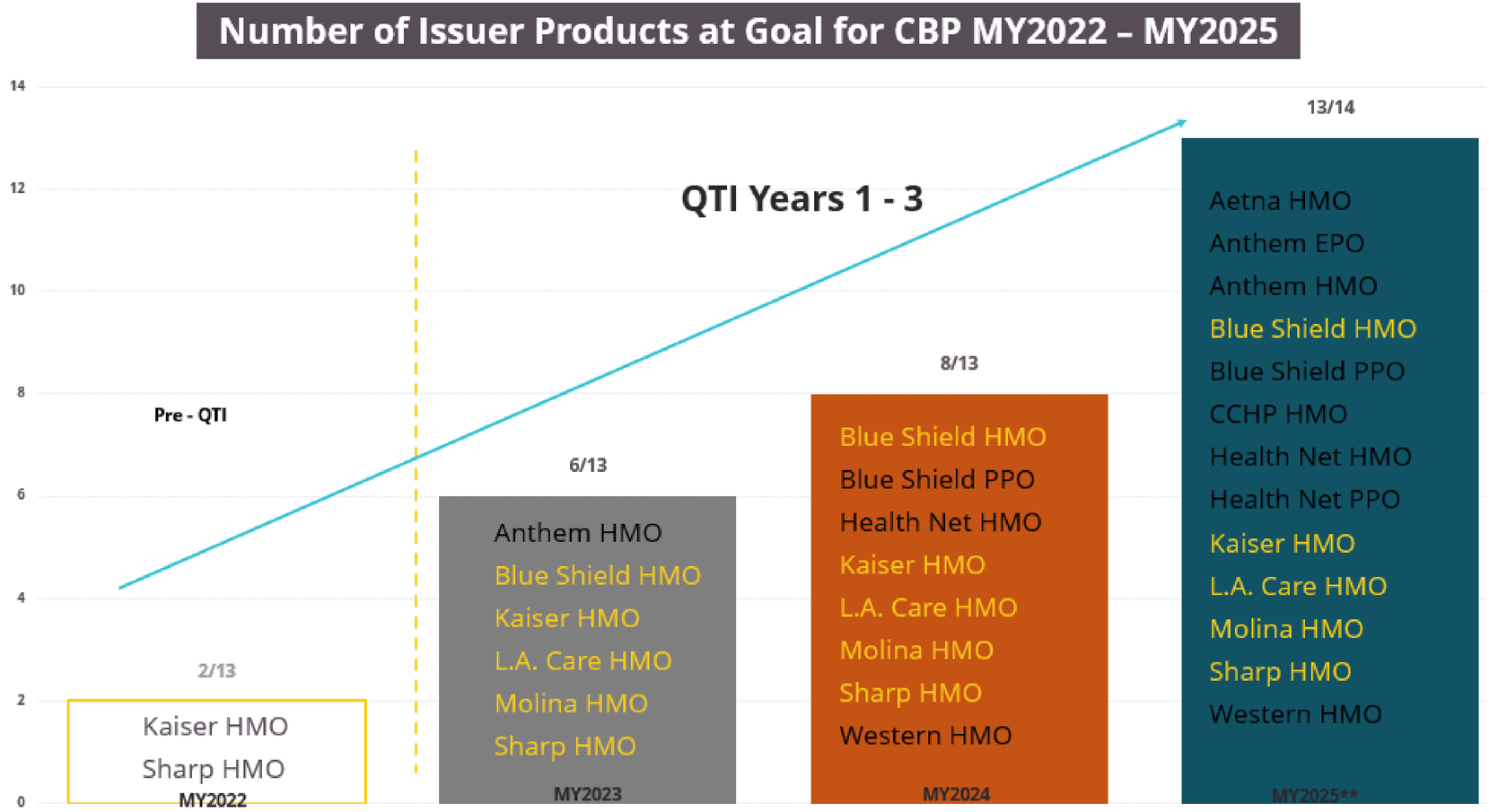
The COL measure saw a sharp acceleration in Year 3, doubling the number of products at goal from Year 2, with 12 of 14 issuer products meeting the benchmark by the close of the 2023–2025 contract period and **4 products achieving and maintaining the goal throughout the full contract period**.



Note: Issuer products listed in yellow font met goal for QTI Years 1-3. *MY2025 was Aetna's first and last year of QTI, increasing number of issuer products participating in QTI from 13 for Years 1 and 2, to 14 for Year 3

Sustained Progress on Blood Pressure Control Across Three Years of QTI

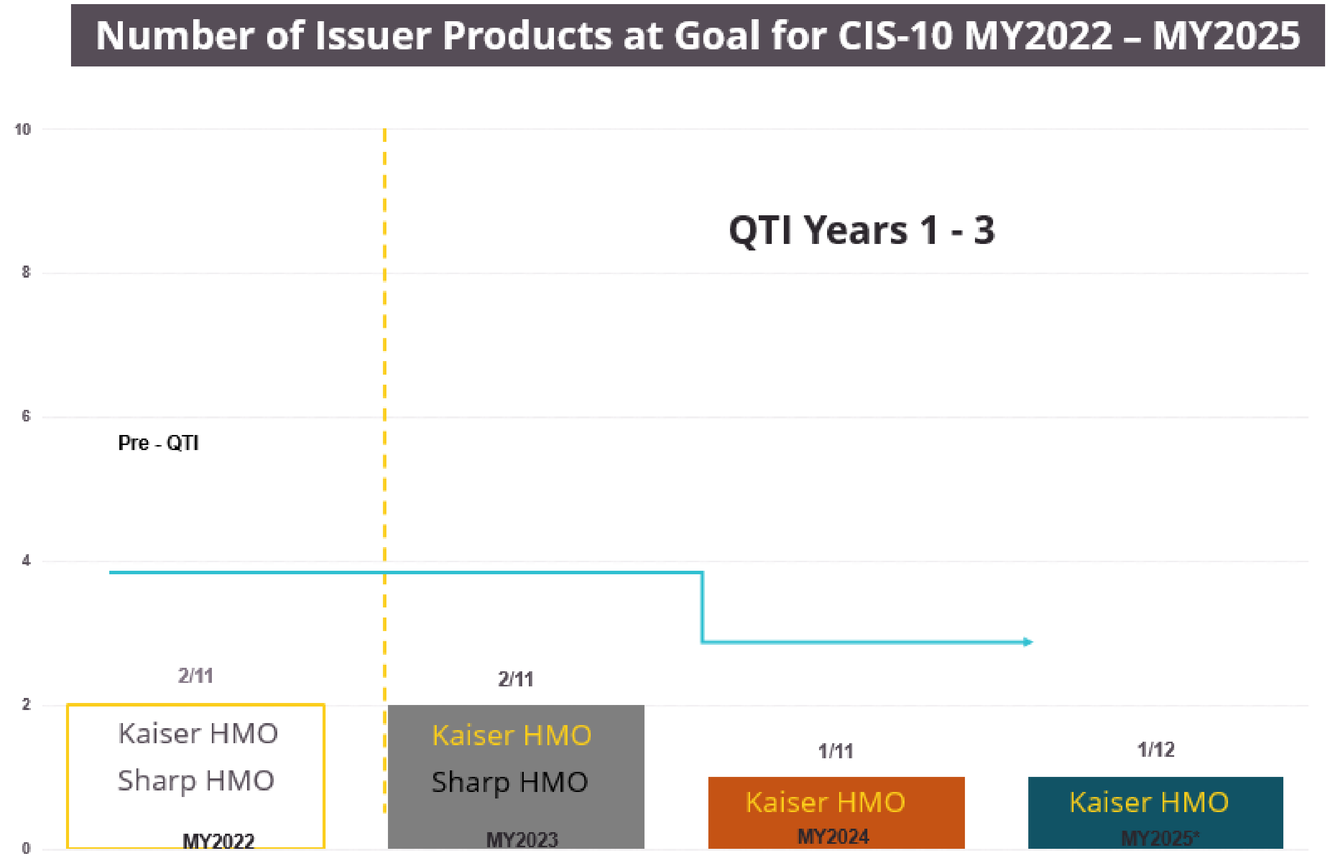
The CBP measure grew from 2 products at goal at the contract baseline to 13 of 14 by Year 3, reflecting steady gains across all three QTI years, with **5 products achieving and maintaining the goal throughout the full contract period.**



Note: Plans listed in yellow font met goal for QTI Years 1-3. *MY2025 was Aetna's first and last year of QTI, increasing number of issuer products participating in QTI from 13 for Years 1 and 2, to 14 for Year 3

Childhood Immunization Status: Underperformance Persists Across Three Years of QTI

The CIS-10 measure was the only QTI measure to show no improvement over the 2023–2025 contract period, with 1 issuer product at goal in Years 2 and 3, reflecting a nationwide decline in childhood immunization rates observed across all sectors of the health care system, with **one product sustaining goal performance across all three QTI years**.



Note: Plans listed in yellow font met goal for QTI Years 1-3.

* Number of issuer products eligible increased from 11 in Year 1 and 2, to 12 in Year 3

Year Three Reaffirms Success of QTI, with Continued Headwinds on Vaccine Uptake

	Overall Population % Improvement (MY23 to MY25)
Diabetes Control: HbA1c <8%	+8.5%
Colorectal Cancer Screening	+12.0%
Blood Pressure Control	+7.7%
Childhood Immunization: CIS-10*	**-8.0%**

**Only 11 issuers in MY2025 with reportable results for the measure*

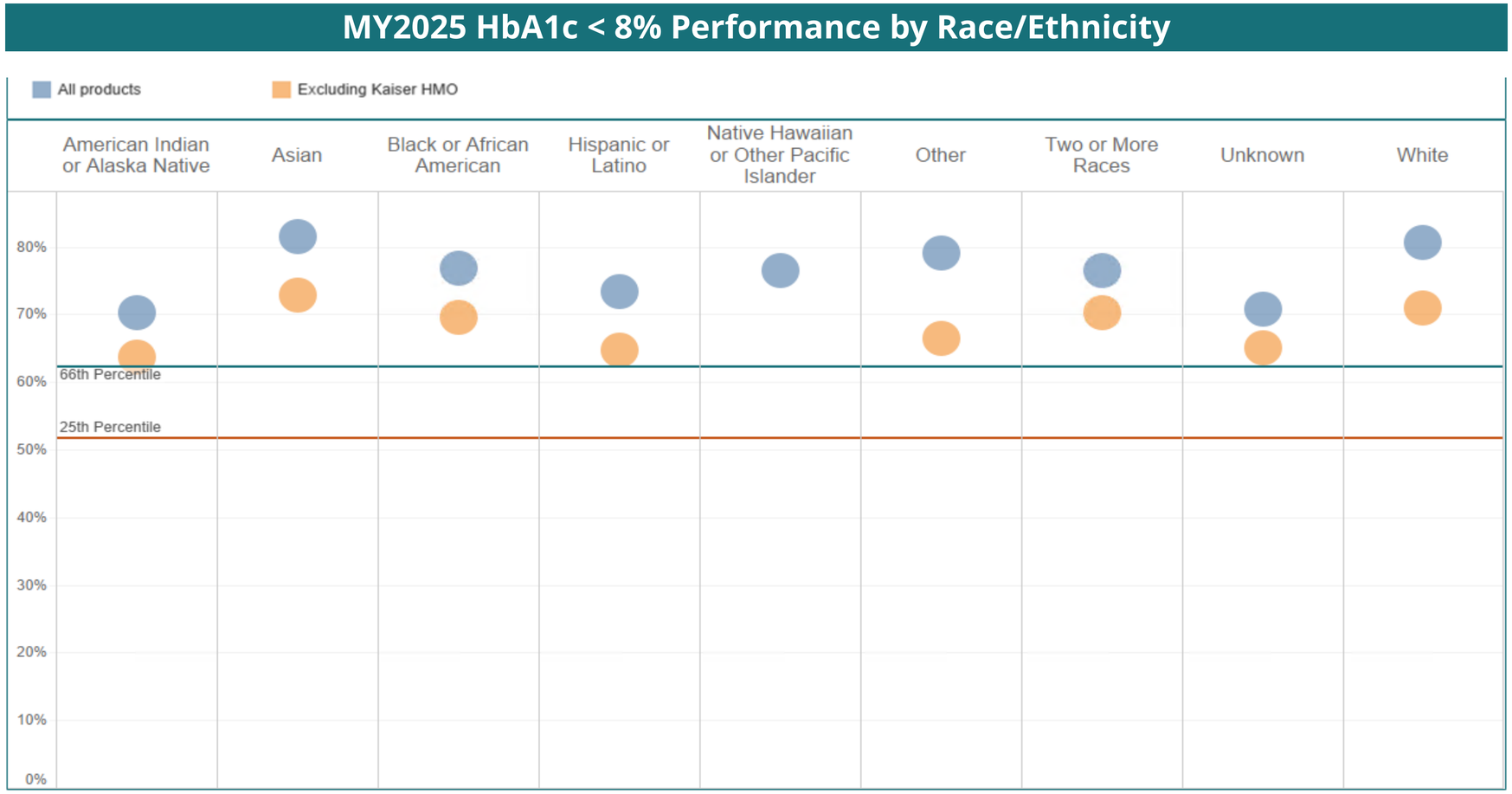
QHP Issuers Report a Shared Shift Toward Targeted, Data-Driven QTI Strategies in MY2025

Covered California asked QHP issuers to describe their MY2025 QTI strategy — including their primary focus areas and how their approach differed from prior years. Responses indicate a broad shift away from general quality improvement programs toward QTI-specific, measure-level interventions with stronger accountability and population focus.

Common themes across issuer responses:

- **Supplemental and clinical data:** Seven issuers invested in closing HEDIS data gaps — through data reconciliation, lab data, chart retrieval, supplemental submissions, CAIR access, EMR integration, and Cozeva-based gap identification
- **Targeted member outreach:** Seven issuers used targeted member outreach. Home-based colorectal cancer screening kits, SMS/text outreach, and member incentives were common tools; outreach was increasingly tailored to member-level gaps and barriers rather than broad campaigns
- **Provider engagement and accountability:** Seven issuers strengthened provider partnerships through dedicated staffing, P4P/VBP programs, medical group collaboration, quality workplans, and provider grants
- **Health equity integration:** Four issuers incorporated equity considerations — through race/ethnicity- and language-tailored outreach, community-based clinic partnerships, in-home screenings, and equity dashboards
- **Governance and dedicated infrastructure:** Four issuers made structural investments — new hires, leadership changes, and performance monitoring systems — to strengthen QTI accountability

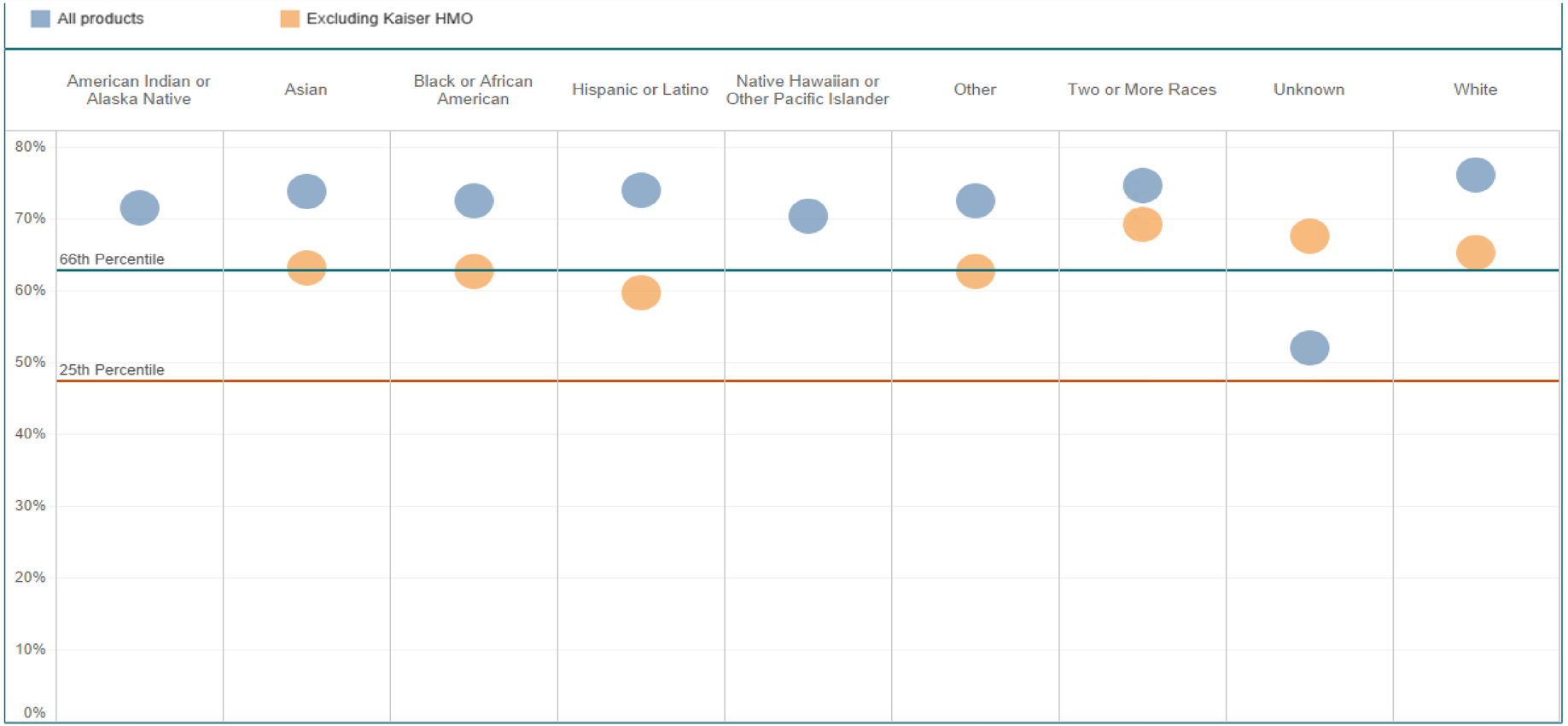
All Subpopulations Above the 66th Percentile for Diabetes Control



Because Kaiser submits full Exchange population data (n ~ 46k) while most other Issuers submit a hybrid sample (≤ 411), Kaiser's large sample size significantly influences the rate, so views are shown with and without Kaiser included. Blank data points are counts too low to report.

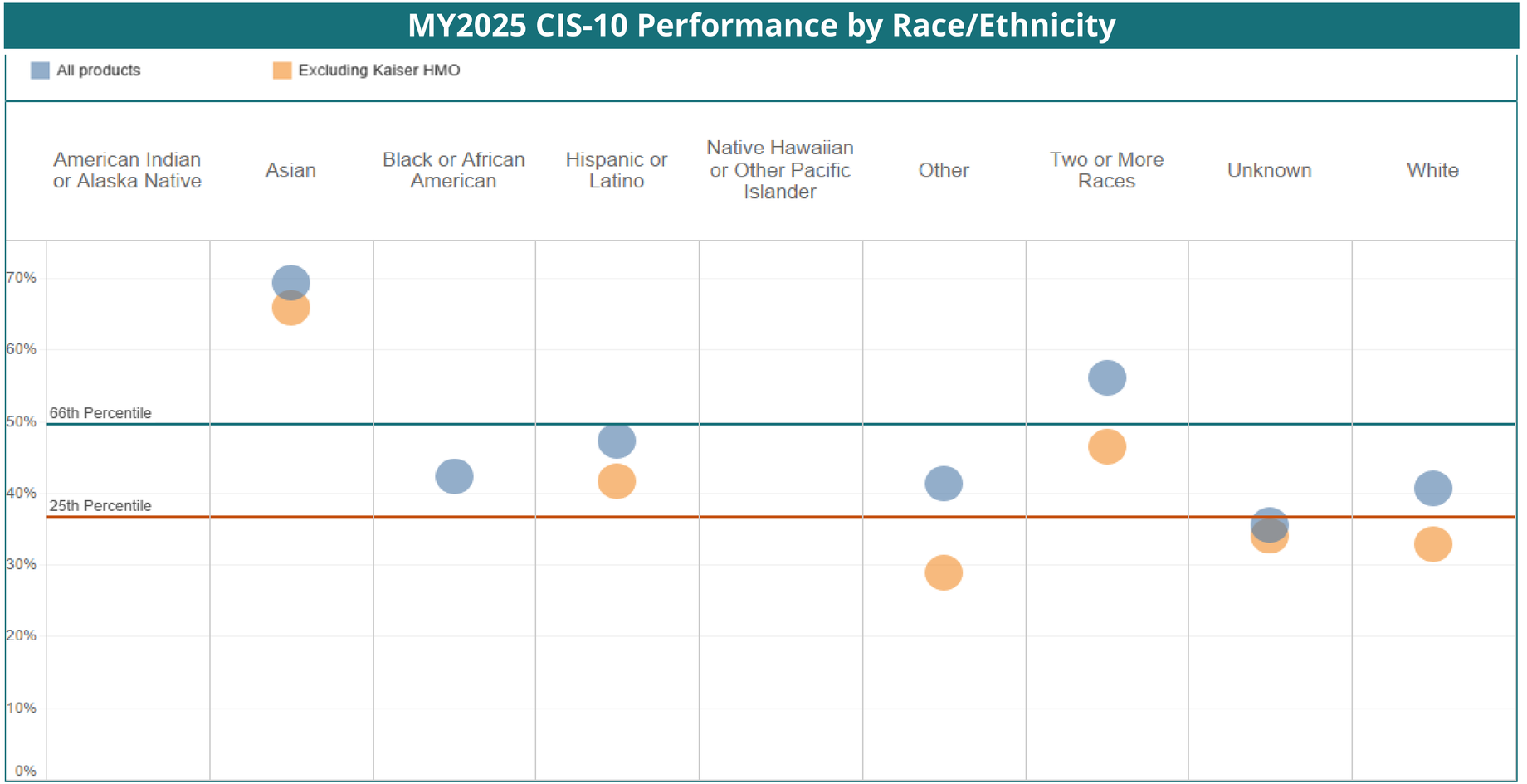
Strong Overall Results, With Meaningful Gaps Beneath the Surface for Colorectal Cancer Screening

MY2025 COL Performance by Race/Ethnicity



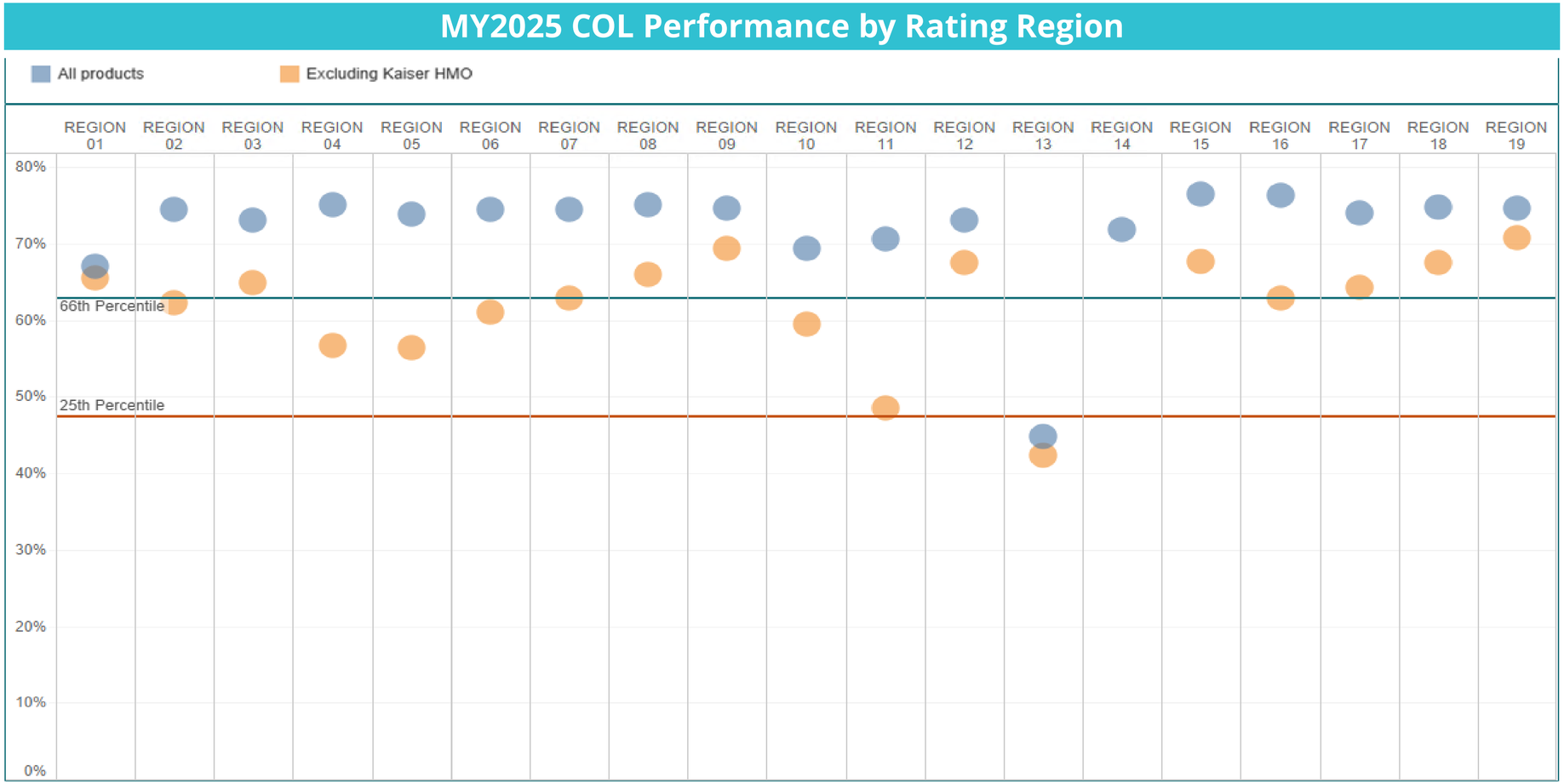
Note: Because Kaiser submits full Exchange population data (n ~ 166k) while most other Issuers submit a hybrid sample (≤ 411), Kaiser's large sample size significantly influences the rate, so views are shown with and without Kaiser included.

Significant Subpopulation Gaps Persist for Childhood Immunization



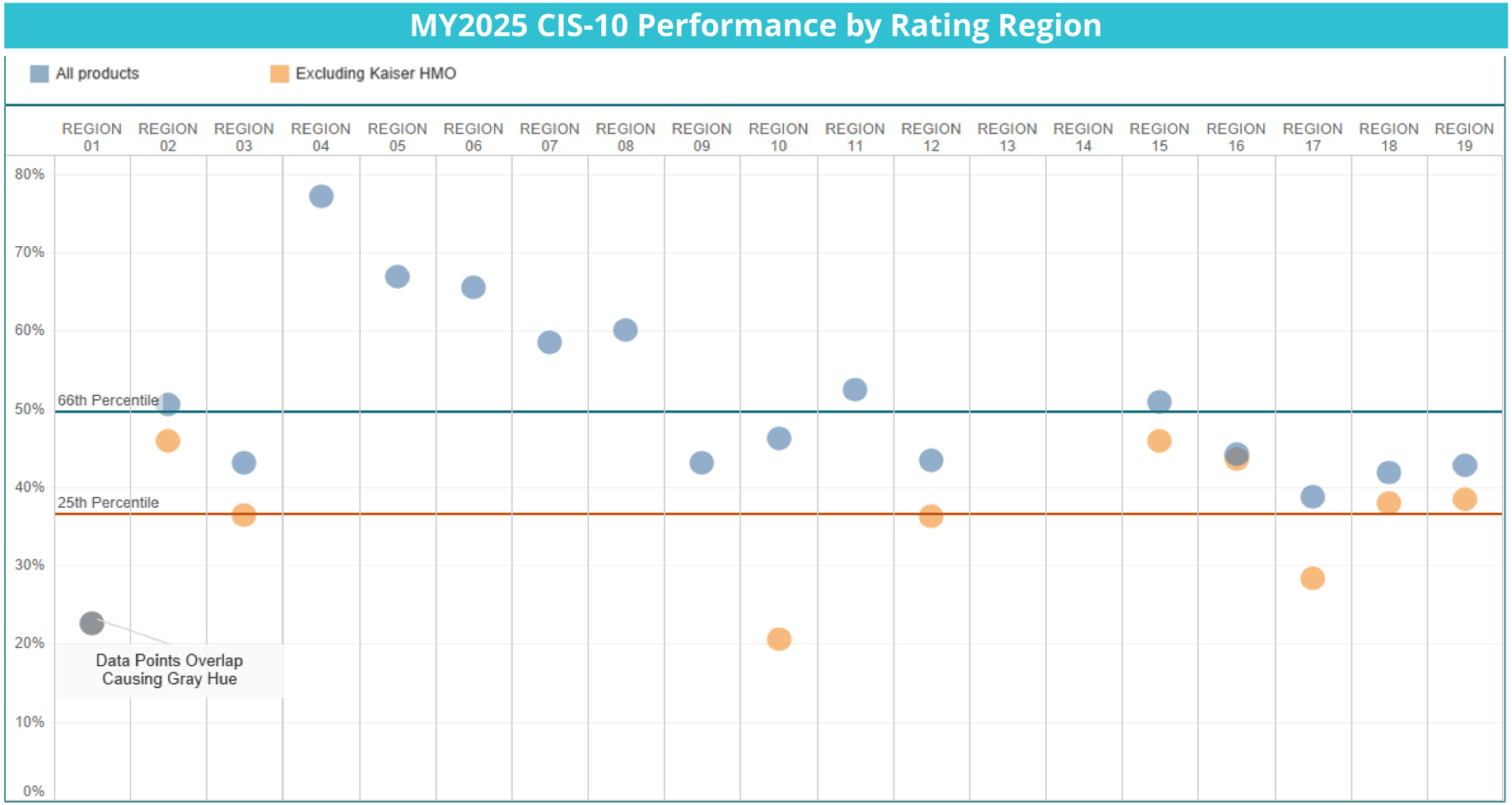
Note: Because Kaiser submits full Exchange population data (n ~ 1.9k) while most other Issuers submit a hybrid sample (≤ 411), Kaiser's large sample size significantly influences the rate, so views are shown with and without Kaiser included. Blank data points are counts too low to report.

Although Overall Regional Colorectal Cancer Screening Results Are Strong, Kaiser Driving Performance in Several Regions



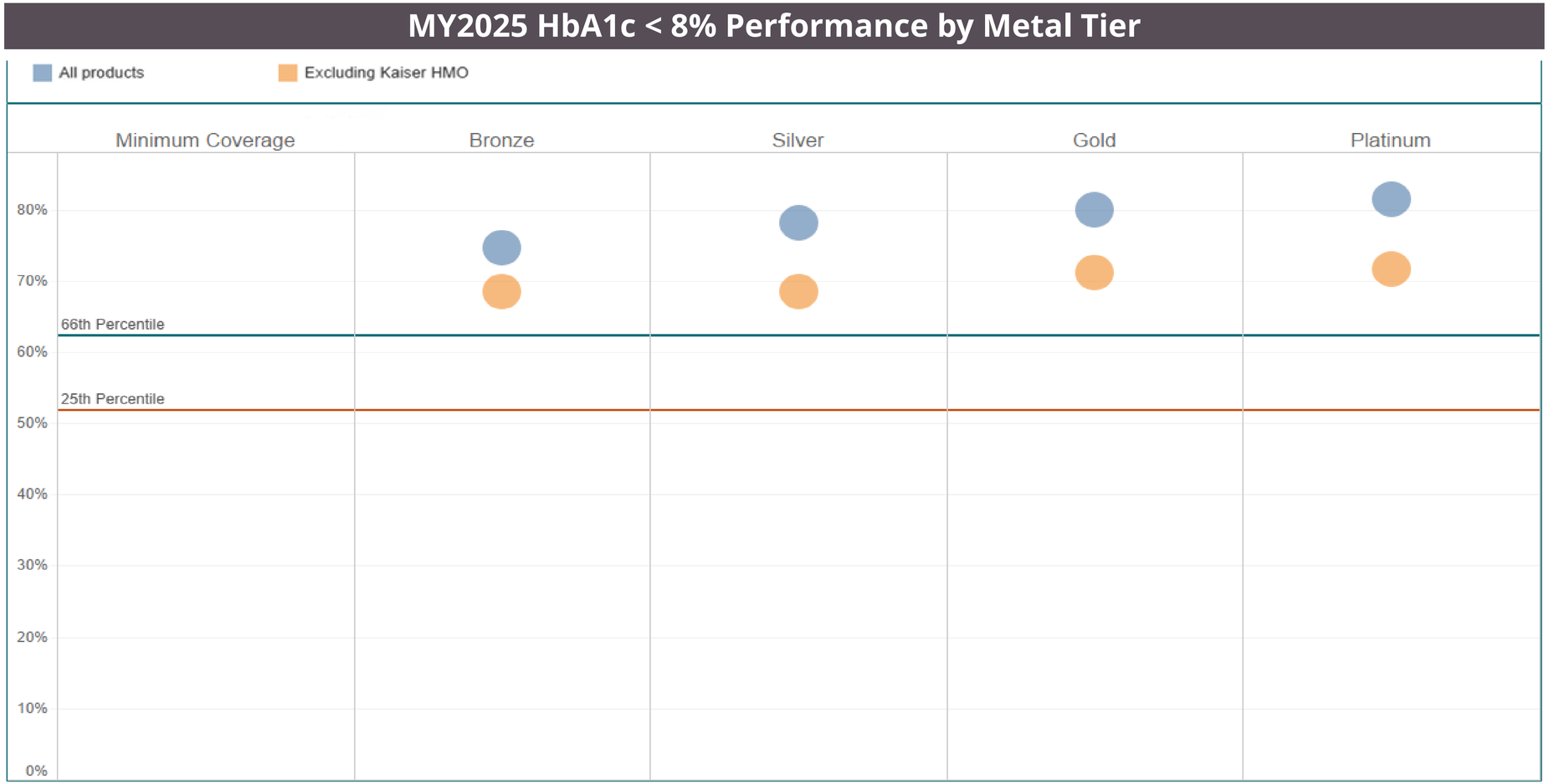
Note: Because Kaiser submits full Exchange population data (n ~ 166k) while most other Issuers submit a hybrid sample (≤ 411), Kaiser's large sample size significantly influences the rate, so views are shown with and without Kaiser included.

Wide Regional Disparities in Childhood Immunization Performance



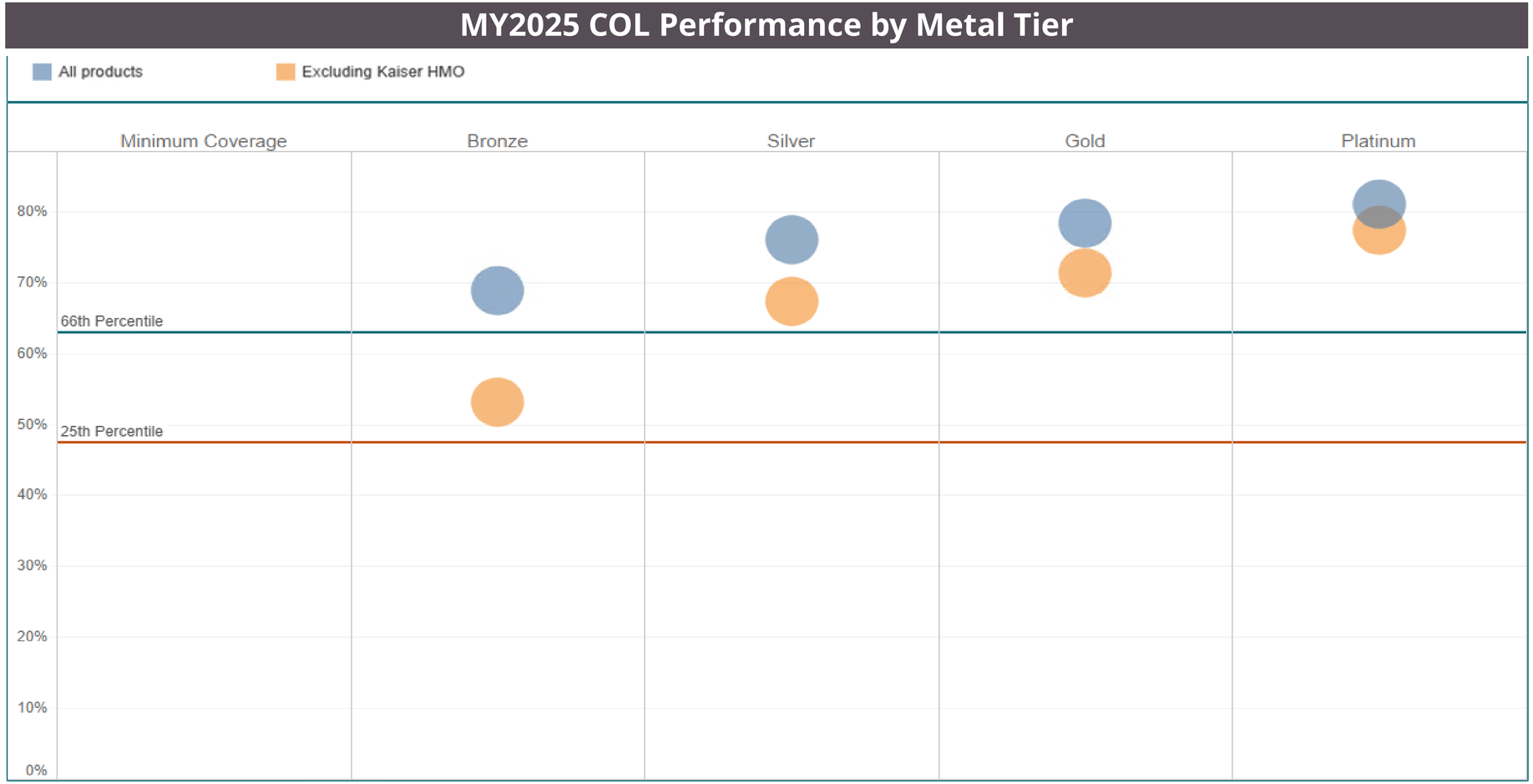
Note: Because Kaiser submits full Exchange population data (n ~ 1.9k) while most other Issuers submit a hybrid sample (≤ 411), Kaiser's large sample size significantly influences the rate, so views are shown with and without Kaiser included. Blank data points are counts too low to report.

All Metal Tiers Above Goal for Diabetes Control



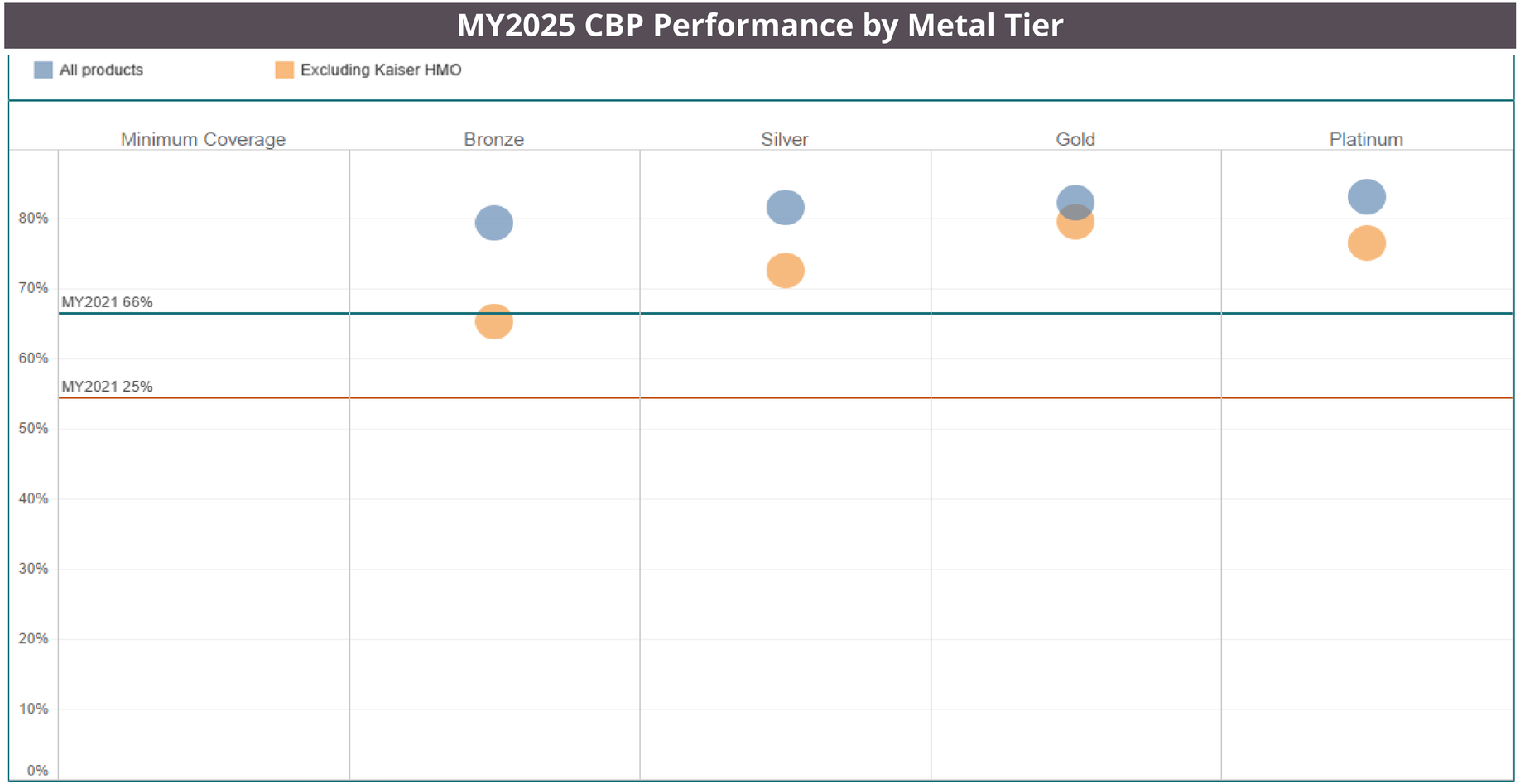
Note: Because Kaiser submits full Exchange population data (n ~ 46k) while most other Issuers submit a hybrid sample (≤ 411), Kaiser's large sample size significantly influences the rate, so views are shown with and without Kaiser included. Blank data points are counts too low to report.

All Metal Tiers Above Goal for Colorectal Cancer Screening Overall, With Bronze the Critical Exception



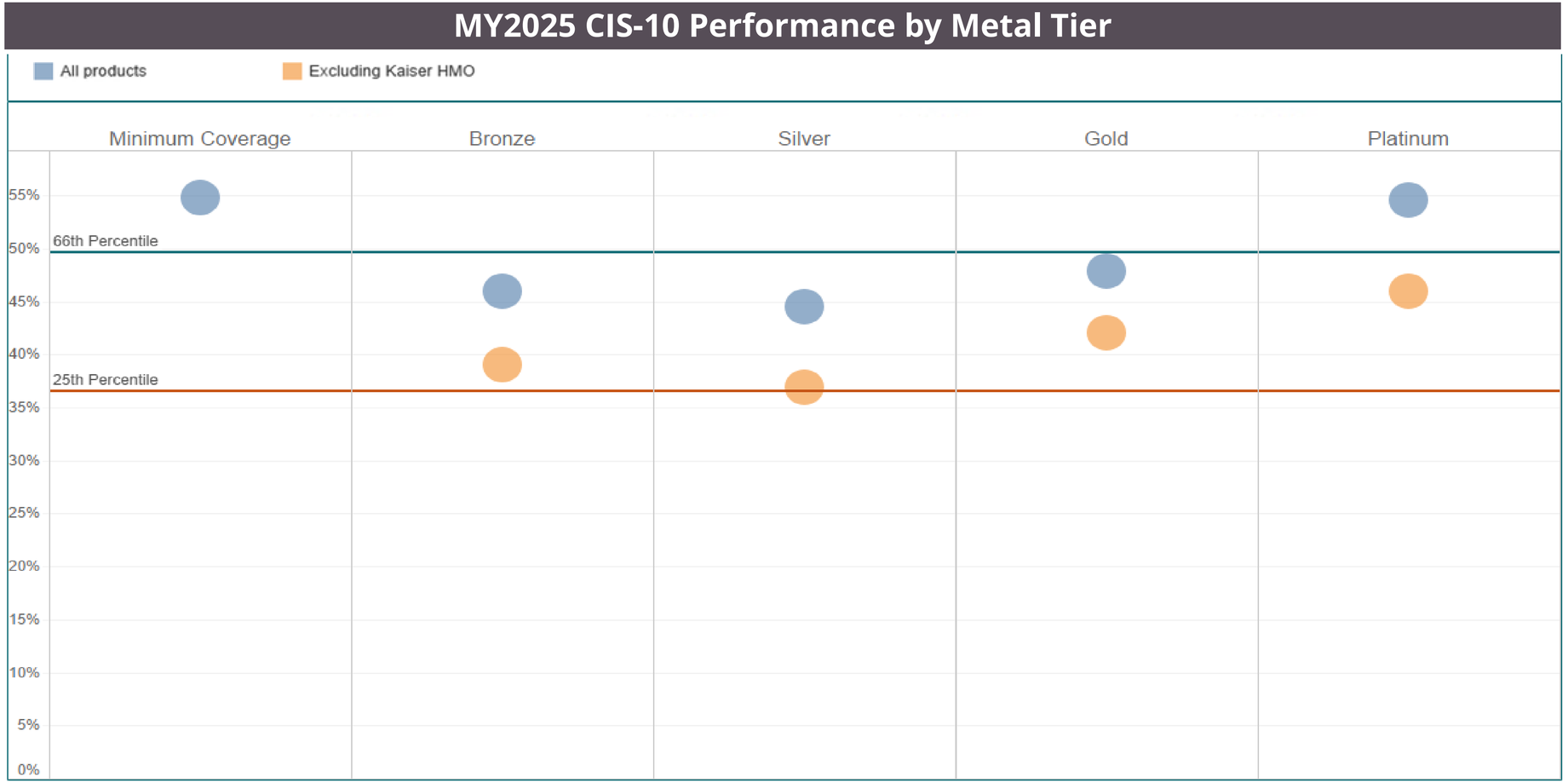
Note: Because Kaiser submits full Exchange population data (n ~ 166k) while most other Issuers submit a hybrid sample (≤ 411), Kaiser's large sample size significantly influences the rate, so views are shown with and without Kaiser included.

Higher Metal Tiers Perform Stronger for CBP



Note: Because Kaiser submits full Exchange population data (n ~ 48k) while most other Issuers submit a hybrid sample (≤ 411), Kaiser's large sample size significantly influences the rate, so views are shown with and without Kaiser included. Blank data points are counts too low to report.

3 Out of 5 Metal Tiers Fall Below Goal for Childhood Immunization Performance



Note: Because Kaiser submits full Exchange population data (n ~ 1.9k) while most other Issuers submit a hybrid sample (≤ 411), Kaiser's large sample size significantly influences the rate, so views are shown with and without Kaiser included. Blank data points are counts too low to report.

QTI Adjustments Based on Issuer Feedback

CIS-10 Allowance Program

- **MY2023 Launch:** Allowed issuers to submit supplemental data for children completing the full vaccine series, even if the 2nd flu shot was given after the 2nd birthday (90 days).
- **MY2024 Expansion:** Included all CIS10 vaccines. Vaccinations accepted up to 180 days post-2nd birthday. Designed in response to issuer request and to maintain clinical appropriateness.
- **MY2025:** Program continued under MY2024 standards

CIS-10 Payment Adjustment

- **MY2024:** Issuers retained 50% of each product's CIS-10 QTI payment for issuer-led quality improvement; 100% opt-in across all 6 eligible issuers (9 products)
- **MY2025:** Retention increases to 60%; updated to a structured, category-based use-of-funds framework (*see slide 26*)
- Both years: reduction applied after CIS-10 Allowance Program; issuers to discuss intended use with Covered California before committing funds and submit signed attestation of funds spent

QHP Permissible Uses of Retained Funds

MY2025 Program: Structured, Evidence-Based Use-of-Funds Framework

Issuers must select **three activities** following this structure:

- **1 activity** from Access **or** Workforce Support
- **1 activity** from Pharmacy
- **1 activity** from any remaining category

Permissible Categories

- **Access** — expanding real pediatric care capacity
- **Workforce Support** — building clinical and community capacity to reach families
- **Communication** — strengthening vaccine conversations between providers and patients
- **Pharmacy** — increasing pharmacist role in childhood immunization
- **Regional / Community** — partnering with local organizations serving populations of focus

Additional Supports *(when they directly remove barriers to vaccination)*

- Food/grocery distribution in conjunction with vaccine administration
- Technology to increase pediatric care access or facilitate vaccine scheduling

Not Permissible

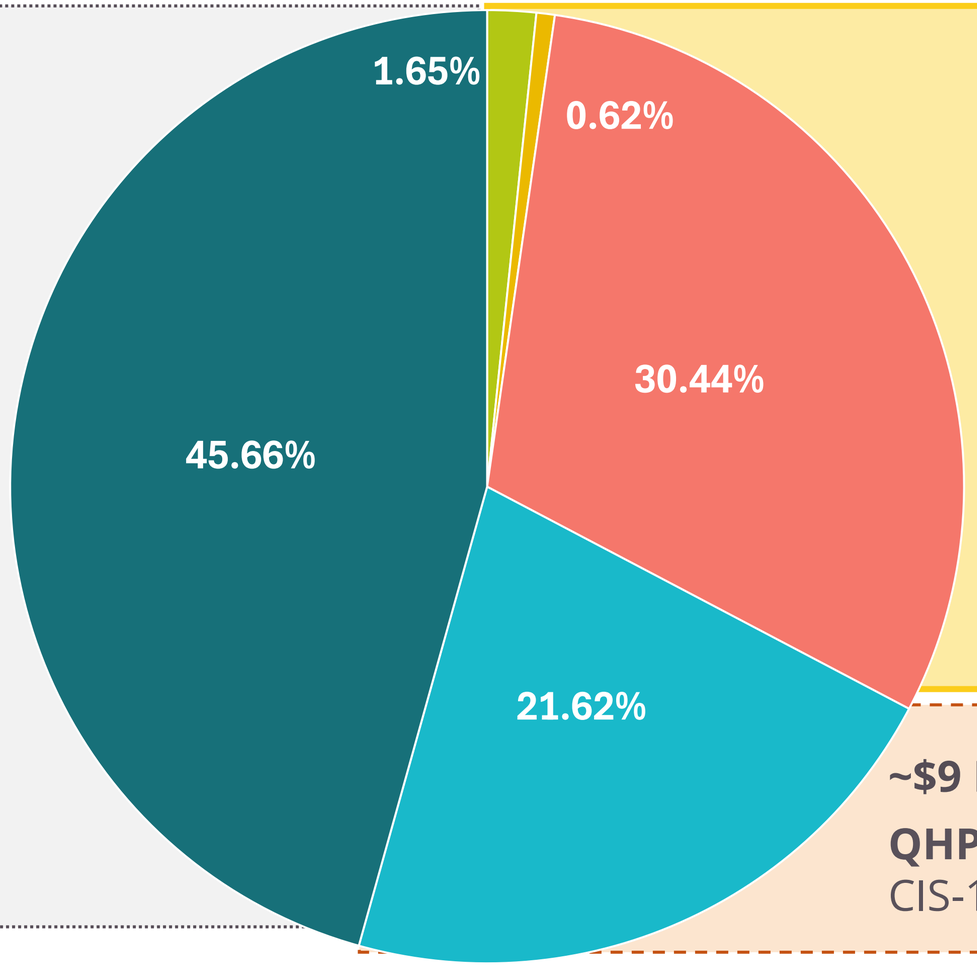
- Routine operations, administrative overhead, or duplicative functions
- Technology unrelated to primary/pediatric care or direct vaccine access

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

COL CBP CIS-10 Covered CA CIS-10 Allowance Savings CIS-10 QHP Issuer

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

Implementation Considerations for H.R.1 Pre-Enrollment Verification

Katie Ravel, Director
Policy, Eligibility and Research Division

Discussion

HR 1 eliminates consumer-friendly Marketplace eligibility and enrollment practices

HR1 changes will impact new and renewing members beginning with plan year 2028

HR 1 will prevent applicants from accessing premium tax credits and cost-sharing reductions while their eligibility paperwork is reviewed. This reverses the Marketplace practice of providing financial assistance for 90 days while consumers provide paperwork and Marketplace staff review and finalize eligibility.

HR 1 also ends the long-standing Marketplace practice of automatic renewal. Beginning in play year 2028, consumers will need to actively confirm eligibility factors for the next plan year or lose financial assistance.

Pre-enrollment verification requirements will impact many applicants and enrollees

35 percent of new applicants (301,300 individuals) during the 2024 open enrollment and special enrollment periods had to provide paperwork to finalize their eligibility.

9 percent of enrollees with finalized 2024 eligibility (96,000 individuals) subsequently reported changes to their income or household during the course of the year which required them to provide paperwork.

73 percent of renewing enrollees (1.2 million individuals) were passively renewed for plan year 2025. Under HR 1, all of these enrollees will have to take additional steps to verify their eligibility in order to continue receiving premium tax credits and cost-sharing reductions.

RISK 1



Consumer confusion and enrollment loss: missed actions and deadlines, loss of coverage and financial help

RISK 2



Fragmented renewal experience: disconnected renewal, consent, verification, and reconciliation steps

RISK 3



Operational strain and rework: more manual work, backlogs, delays, and repeated touchpoints

Covered California's pre-enrollment verification implementation strategies

1. **Leverage trusted data and automation** to streamline the eligibility determination process
2. **Enable one-touch renewal** for members without eligibility verification issues or case updates
3. **Provide clear and timely communication** through mail and digital channels to get and keep consumers covered
4. **Equip Covered California staff and enrollment partners** with information and tools to support consumers
5. **Leverage partnership with Medi-Cal** to mitigate impact of renewal pre-enrollment verification to the extent allowed by federal regulations
6. **Deploy key features early** to test and learn

Early deployment of key features to test and learn

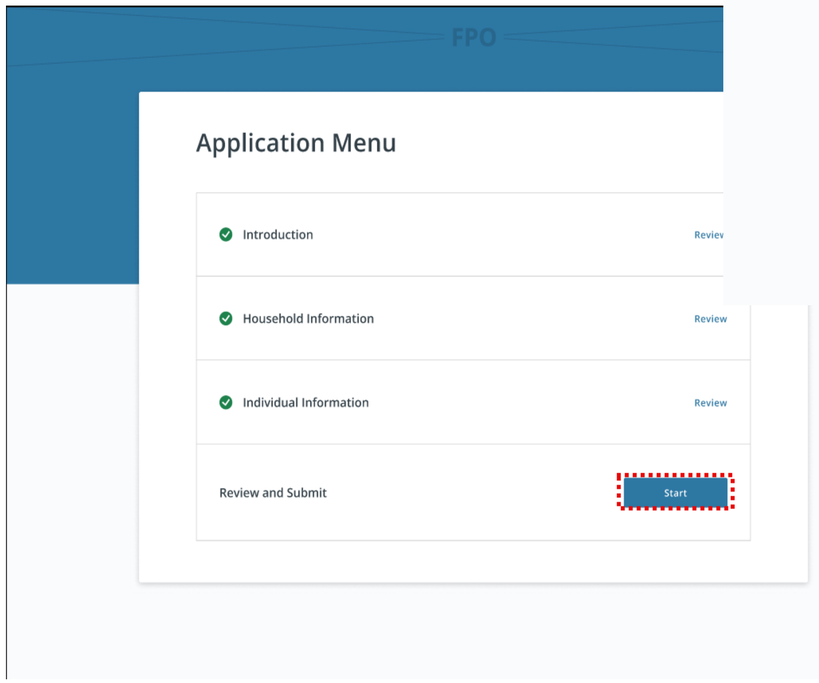
Plan year 2027 deployments

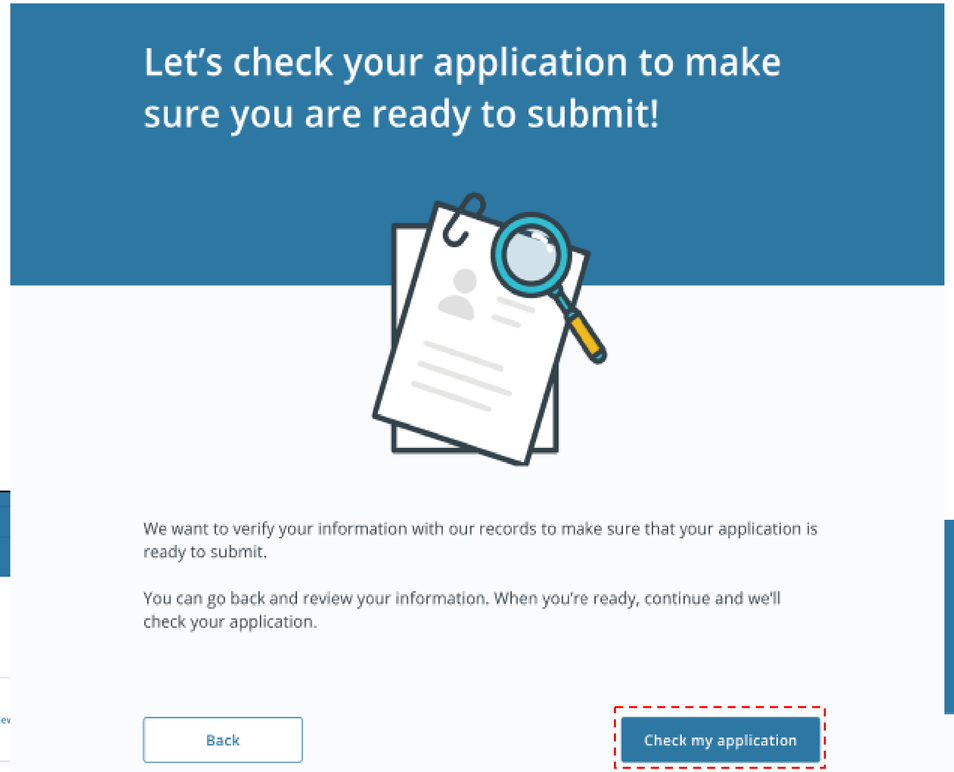
Eligibility mini-assessment: a new feature that will make it easy for consumers to clear up eligibility inconsistencies before they submit their applications. This feature is intended to minimize the number of consumers who have to wait to receive financial assistance and reduce administrative burden and cost.

Easy renewal for enrollers: a new feature that will allow enrollers to renew consumers with one-click. This feature will speed the renewal process enabling enrollers to assist more consumers.

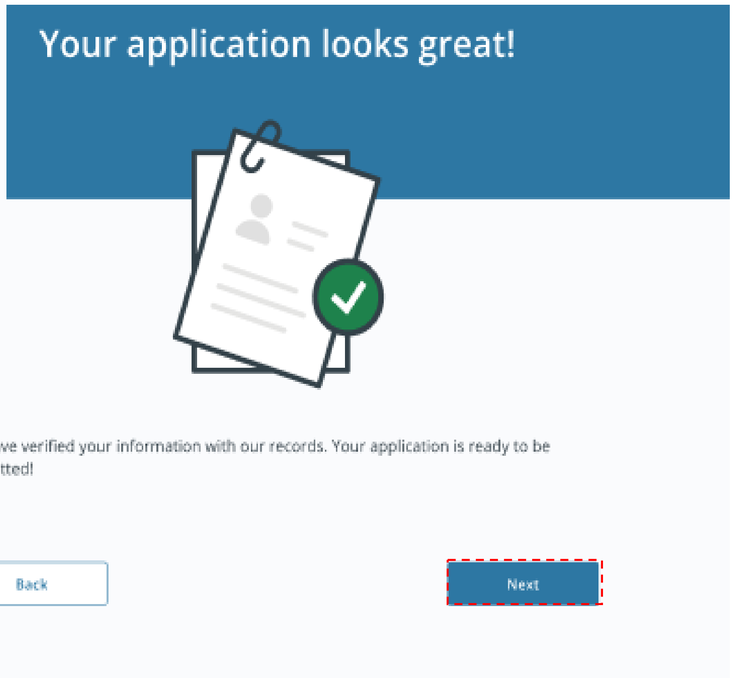
Text-to-consent: a new digital outreach campaign that will allow consumers to update their consent for eligibility verification via text. This campaign will test a key strategy for “one click” renewal – allowing our members to text “renew” if they don’t have changes to their account.

Application Menu: Once the user has entered all the application data, they return to the Application Menu where they can begin the Review and Submit section.



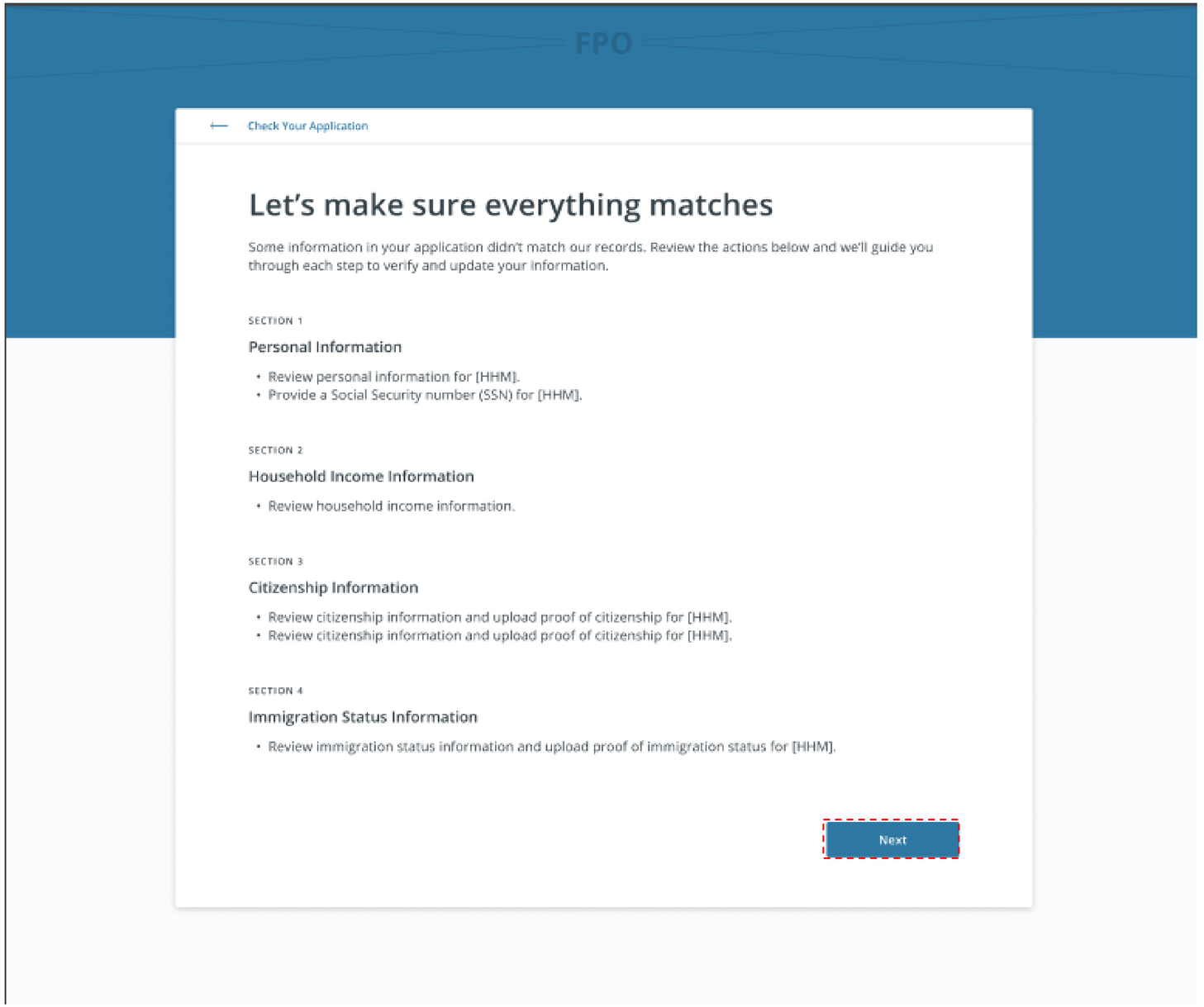


(NEW) **Application Check:** An animation will appear while the system performs a mini determination which will include calling electronic verification services and determine if there are any data mismatches that need to be cleared.



(NEW) Overview:

If anyone in the household has a data mismatch, the user will land on this overview page which calls out exactly who in the household has the inconsistency and for what reason.



Planning for renewal pre-enrollment verification

Enable one-touch renewal and streamlined path for updates

Provide a **household eligibility snapshot** online and through notices.

Offer an easy renewal option: **if information is correct, text to renew.**

If anything changed, route the consumer directly into an **easy targeted update flow.**

Use a mobile-first front end for quick actions, tied back to the core CalHEERS experience.

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*

Appendix

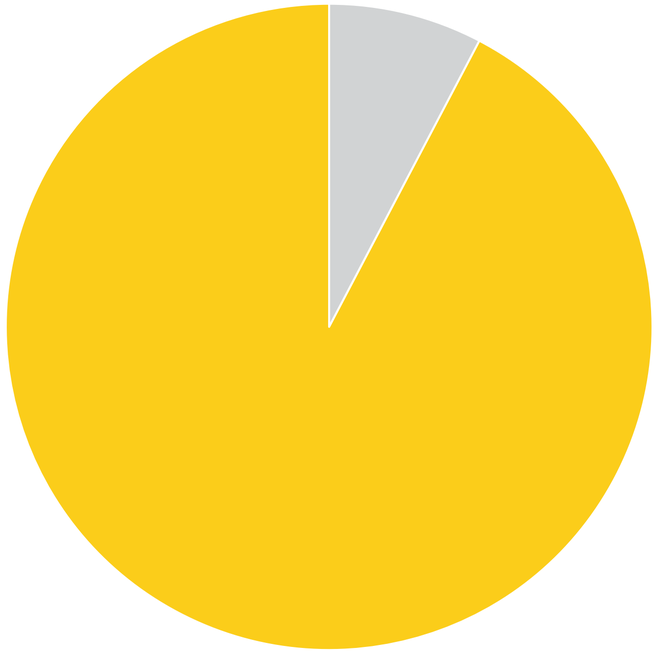
Qualified Health Plan Issuer Accountability Programs

Chronic Disease Control and Cancer Screening Improved Across the Full QTI Contract Period

Option B: MY23-25 Comparison

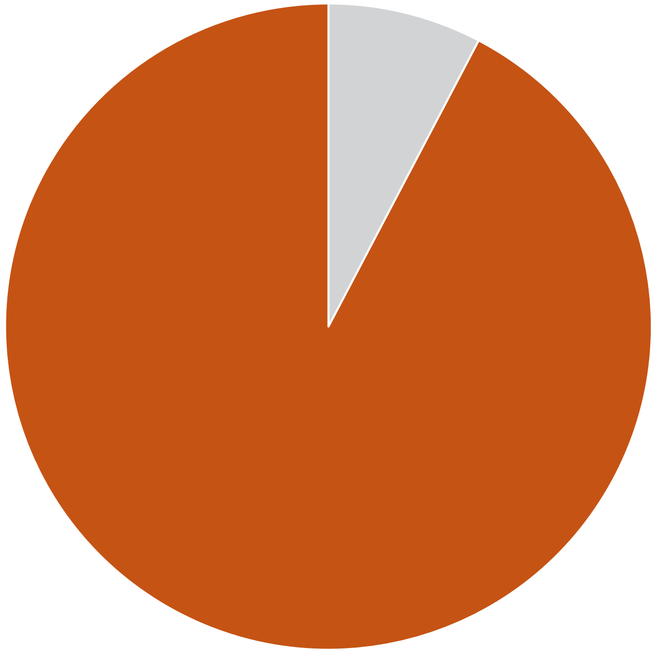
Comparison of MY2023 to MY2025 QTI Measure Performance

CBP



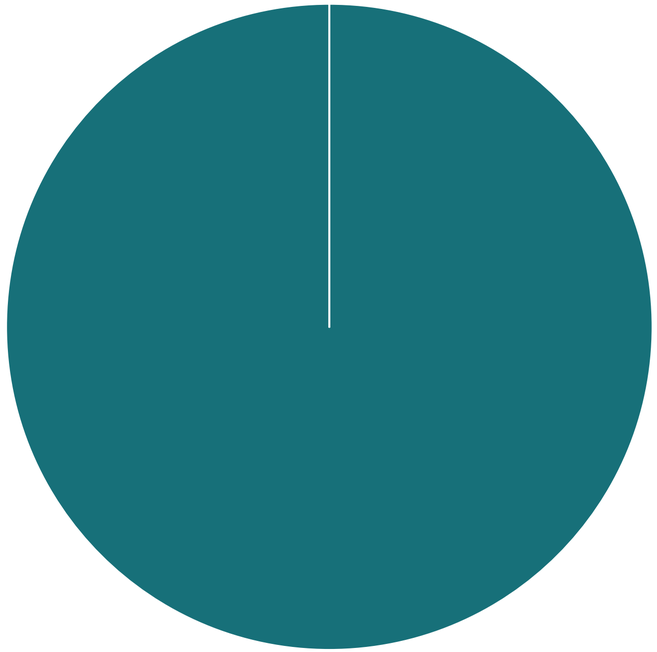
12 of **13** Issuer products had an **increase** in score for **controlling blood pressure**

HbA1c <8%



12 of **13** Issuer products had an increase in score for **diabetes management**

COL



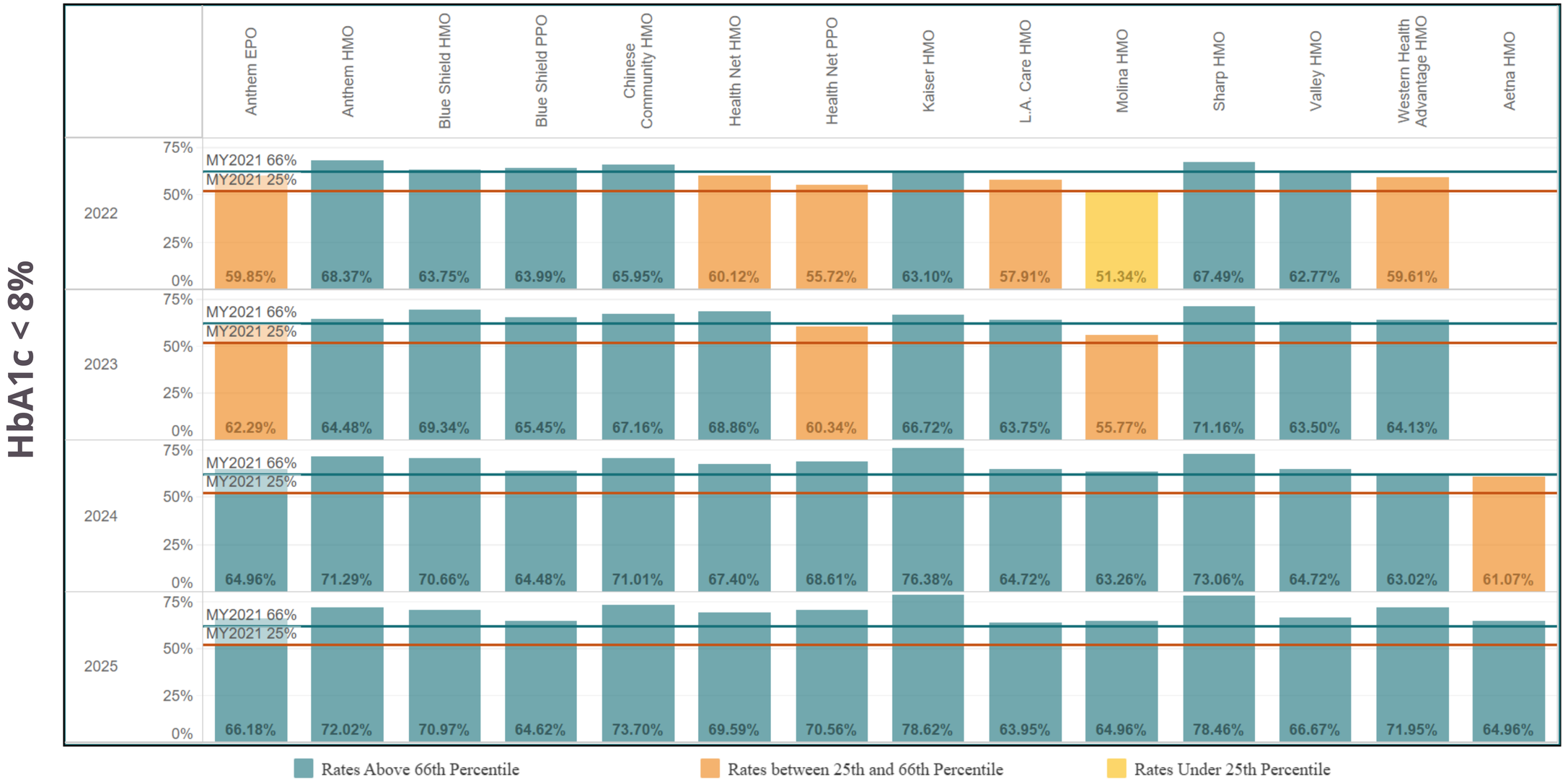
13 of **13** Issuer products had an **increase** in score for **colorectal cancer screening**

Across Three Years of QTI, Issuer Products at Goal More Than Doubled for Cancer Screening and Blood Pressure

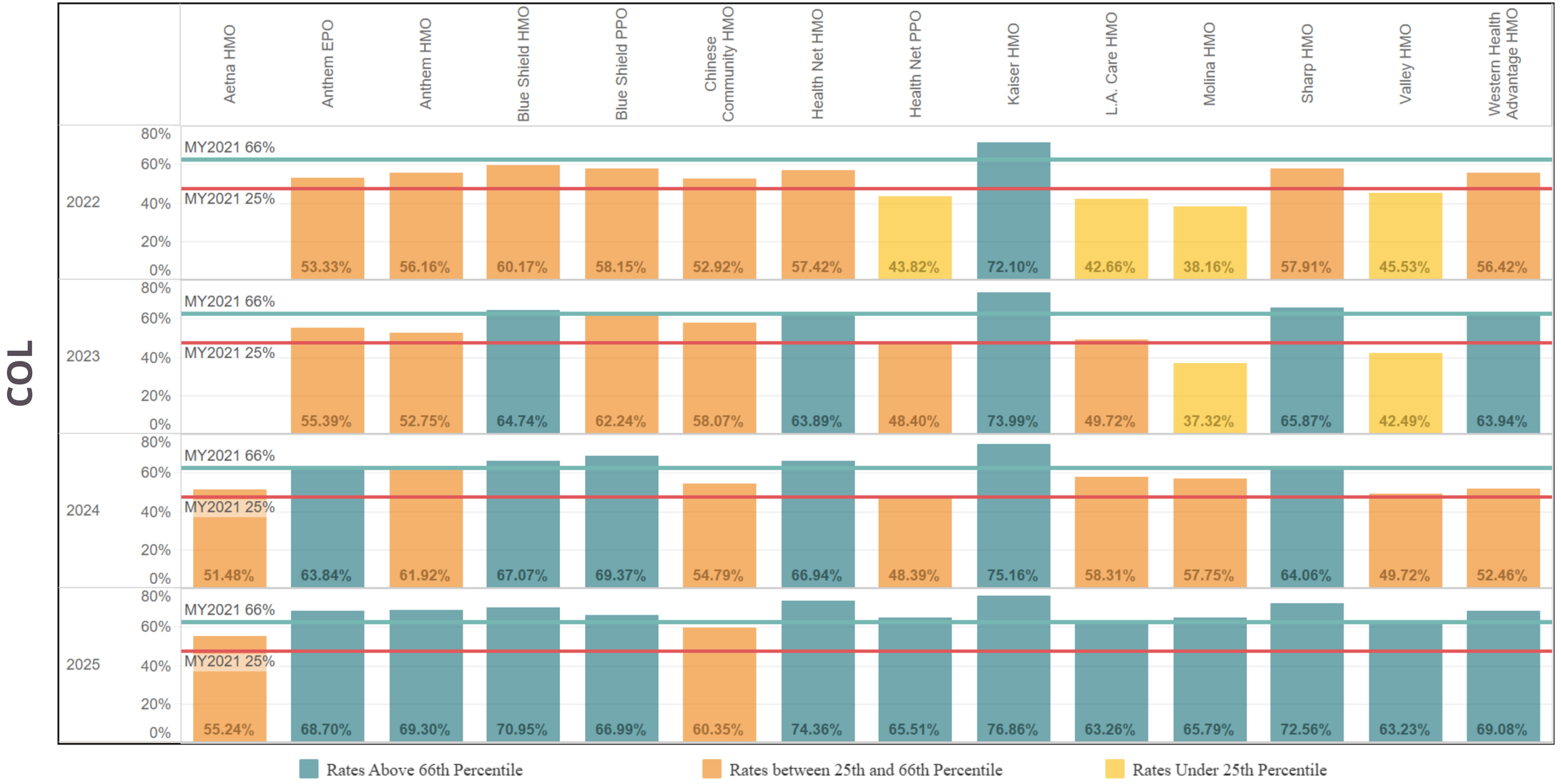
	HbA1c Control MY2023	HbA1c Control MY2024	HbA1c Control MY2025	HbA1c Delta MY23 - MY25	COL MY2023	COL MY2024	COL MY2025	COL Delta MY23 - MY25	CBP MY2023	CBP MY2024	CBP MY2025	CBP Delta MY23 - MY25
Number of issuer products at goal*	10/13	13/13	14/14	**+4**	5/13	6/13	12/14	**+7**	6/13	8/13	13/14	**+7**
Percentage of members in the measured population at goal	86%	100%	100%	**+14%**	51%	71%	99%	**+48%**	63%	89%	99%	**+36%**

**QTI uses MY2021 national exchange 66th percentile as goal for these 3 measures*

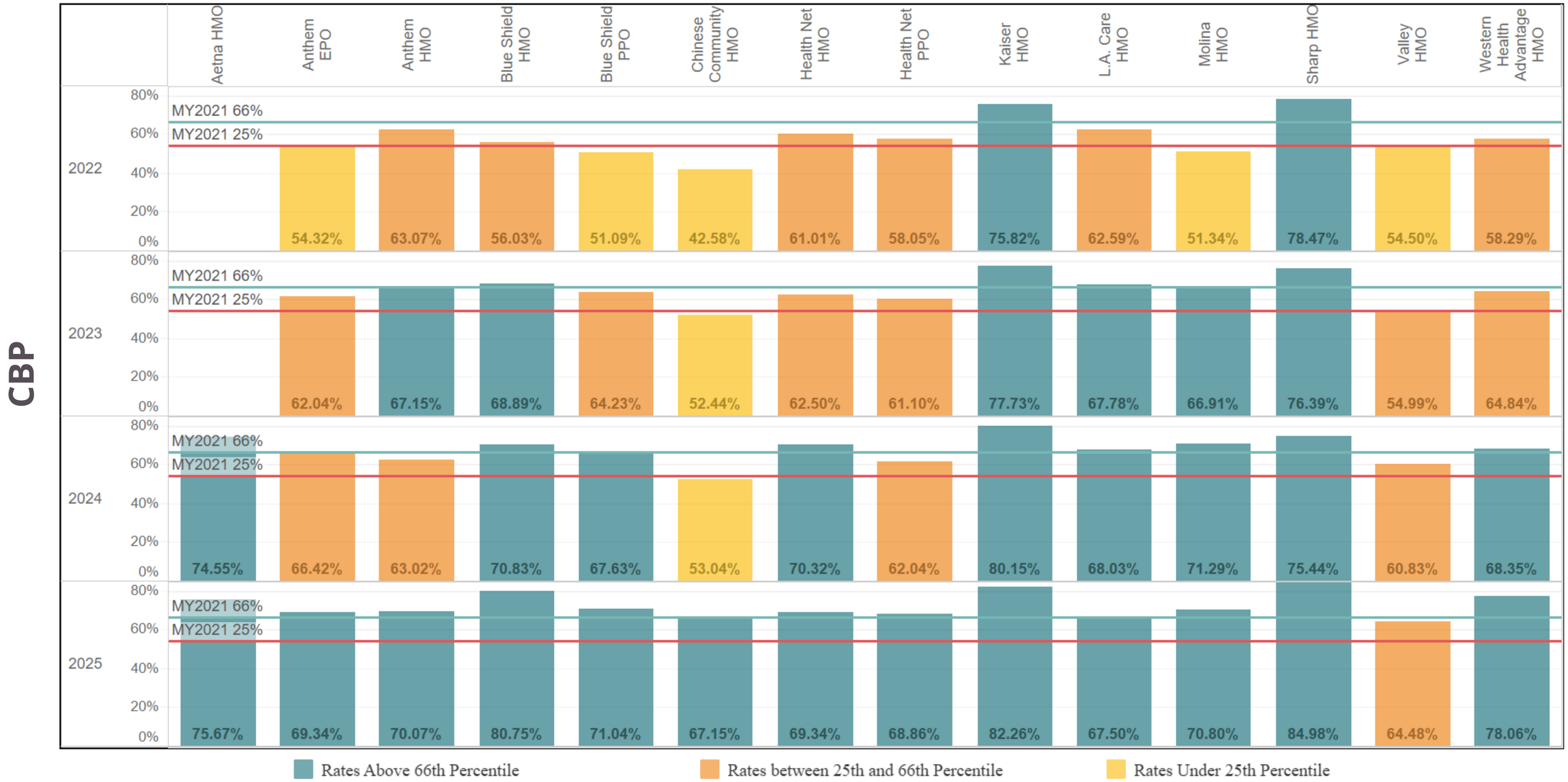
MY2023-MY2025: Diabetes Control Achieved and Held Full Goal Performance in Years 2 and 3



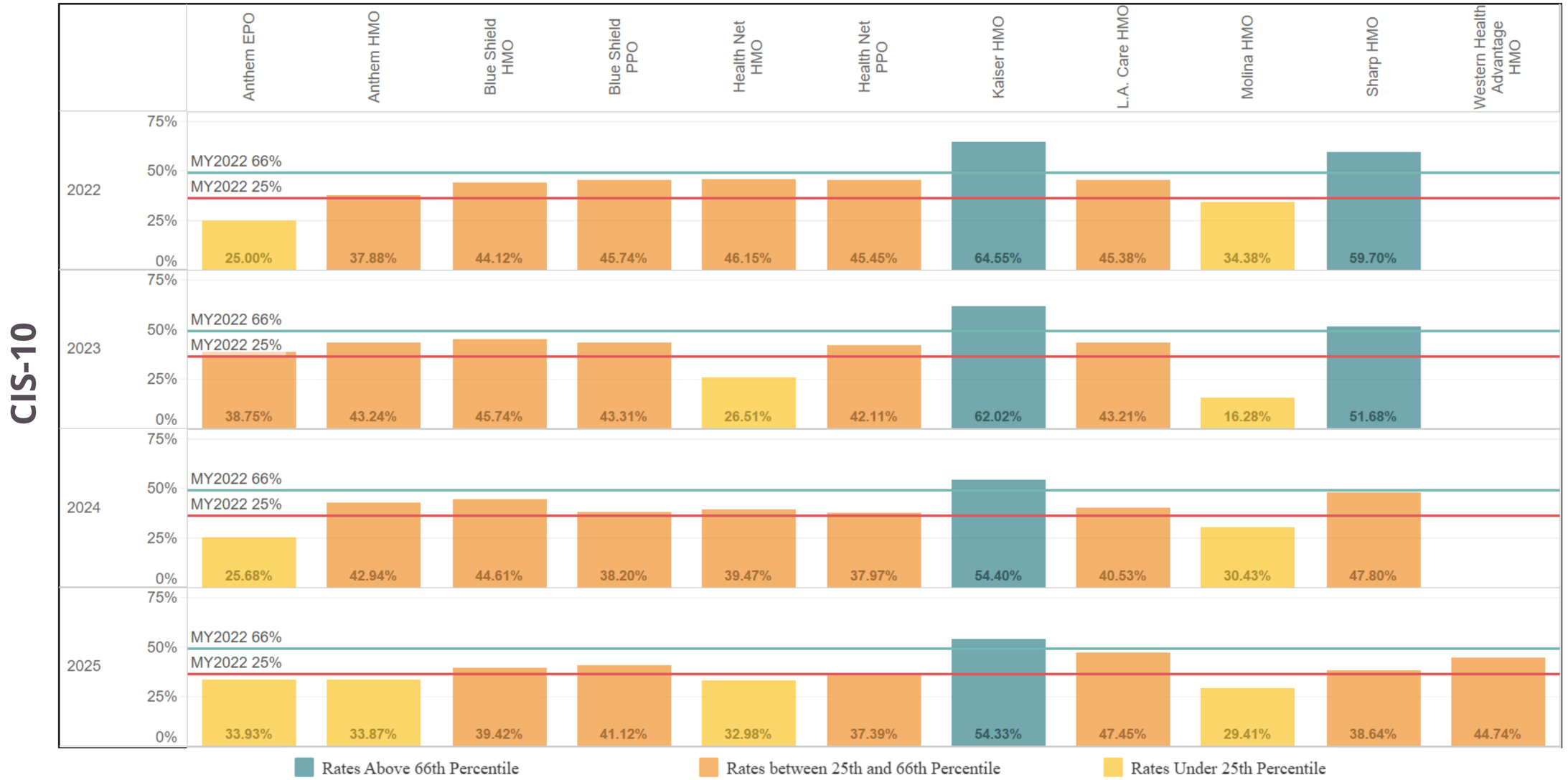
MY2023-MY2025: Four Issuer Products Climbed from the Bottom to Goal for Colorectal Cancer Screening



MY2023-MY2025: Almost Full Goal Achievement After Three Years of Growth for Controlling Blood Pressure

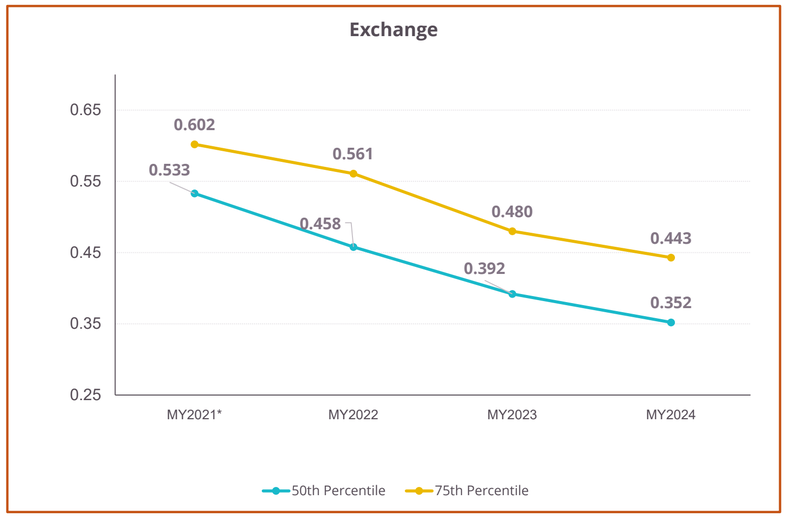


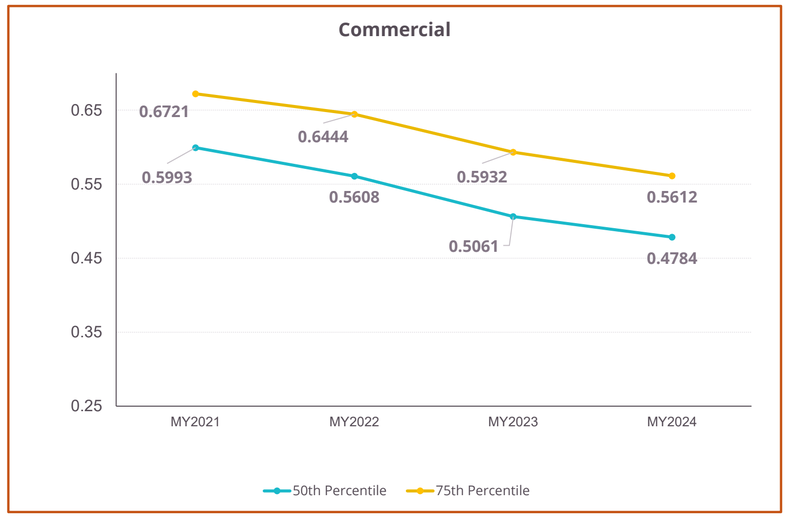
MY2023-MY2025: Rates Fell for Most Issuers — Including Those at Goal for Childhood Immunization

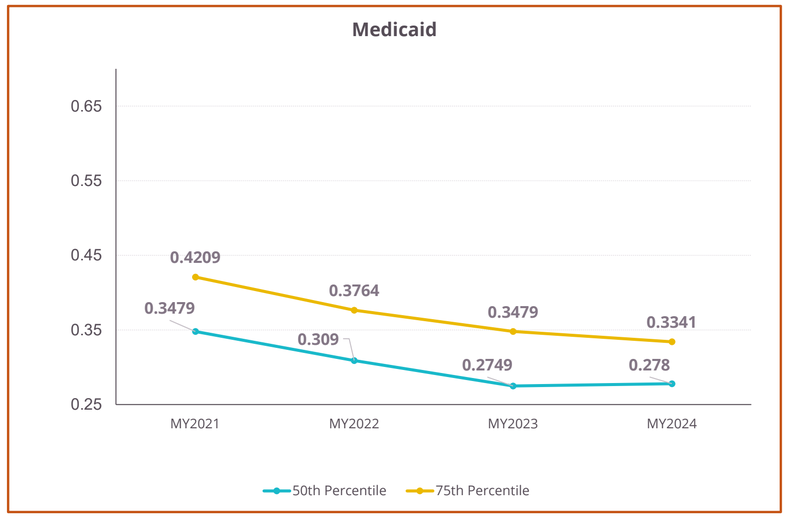


National Declines on Childhood Immunization

National CIS-10 Trends





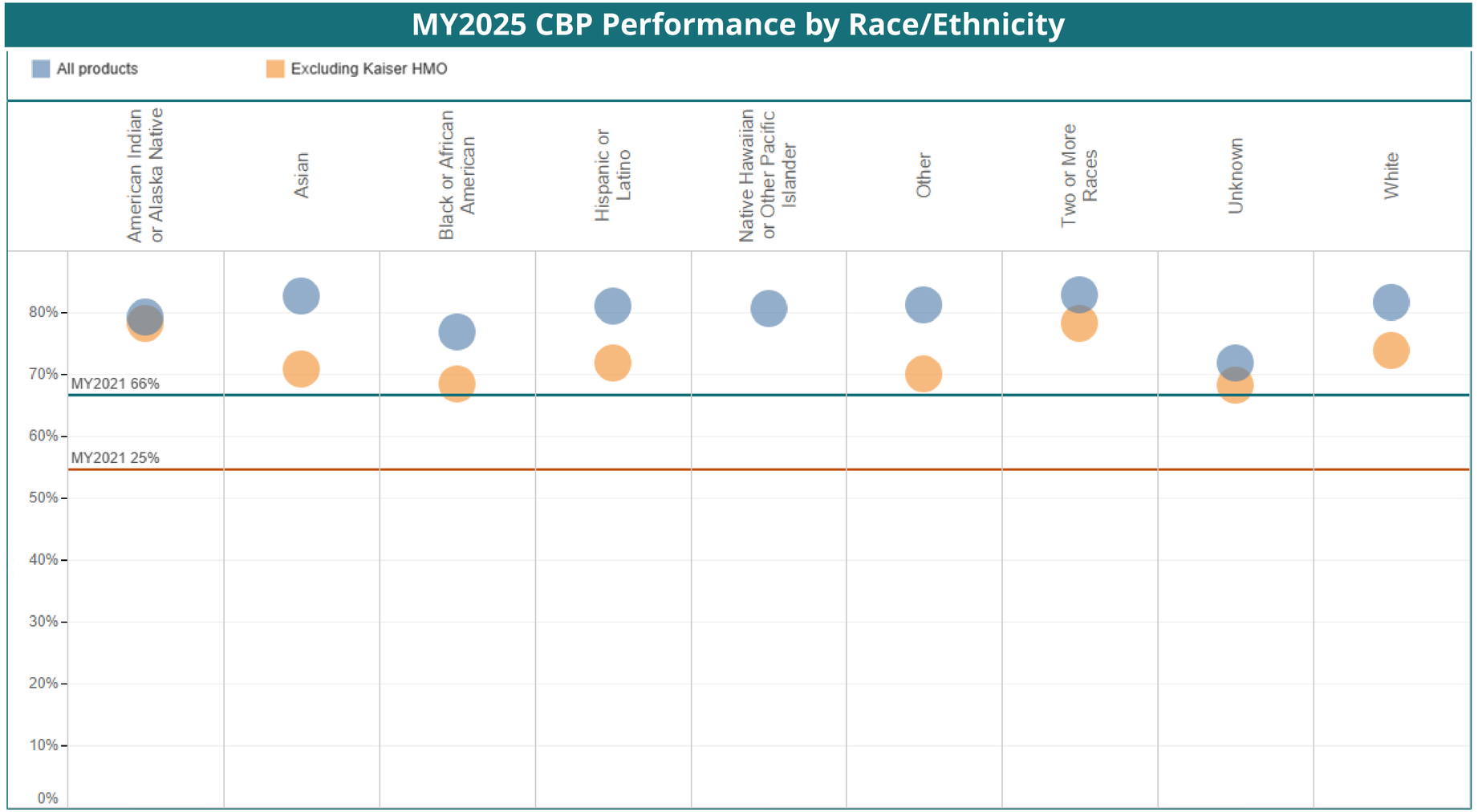


Factors that contribute to low performance on CIS-10 measure

- 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

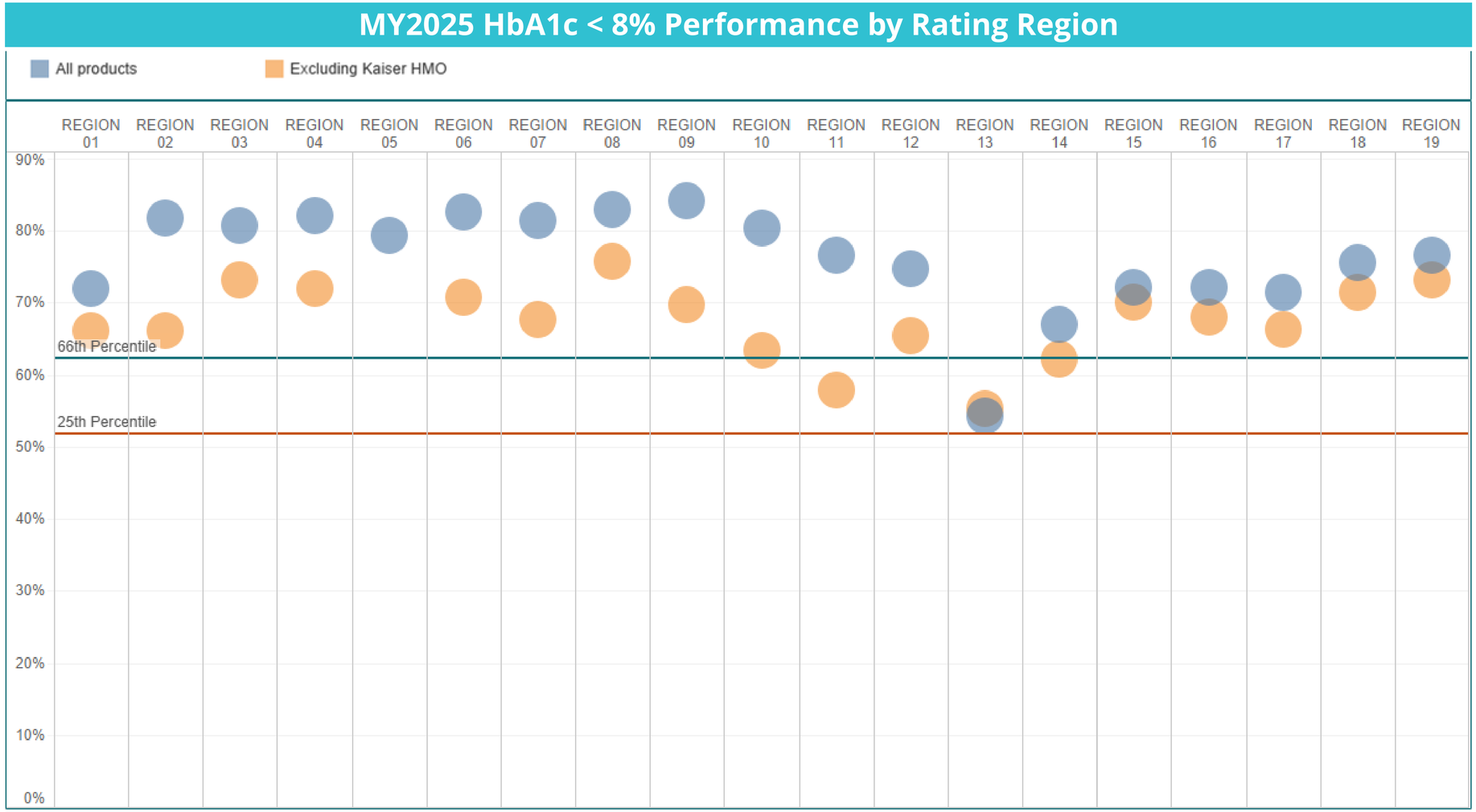
*MY2021 Only reported, not scored.

All Groups at Goal, Though a Gap Remains Between Highest and Lowest Subgroups for Blood Pressure Control



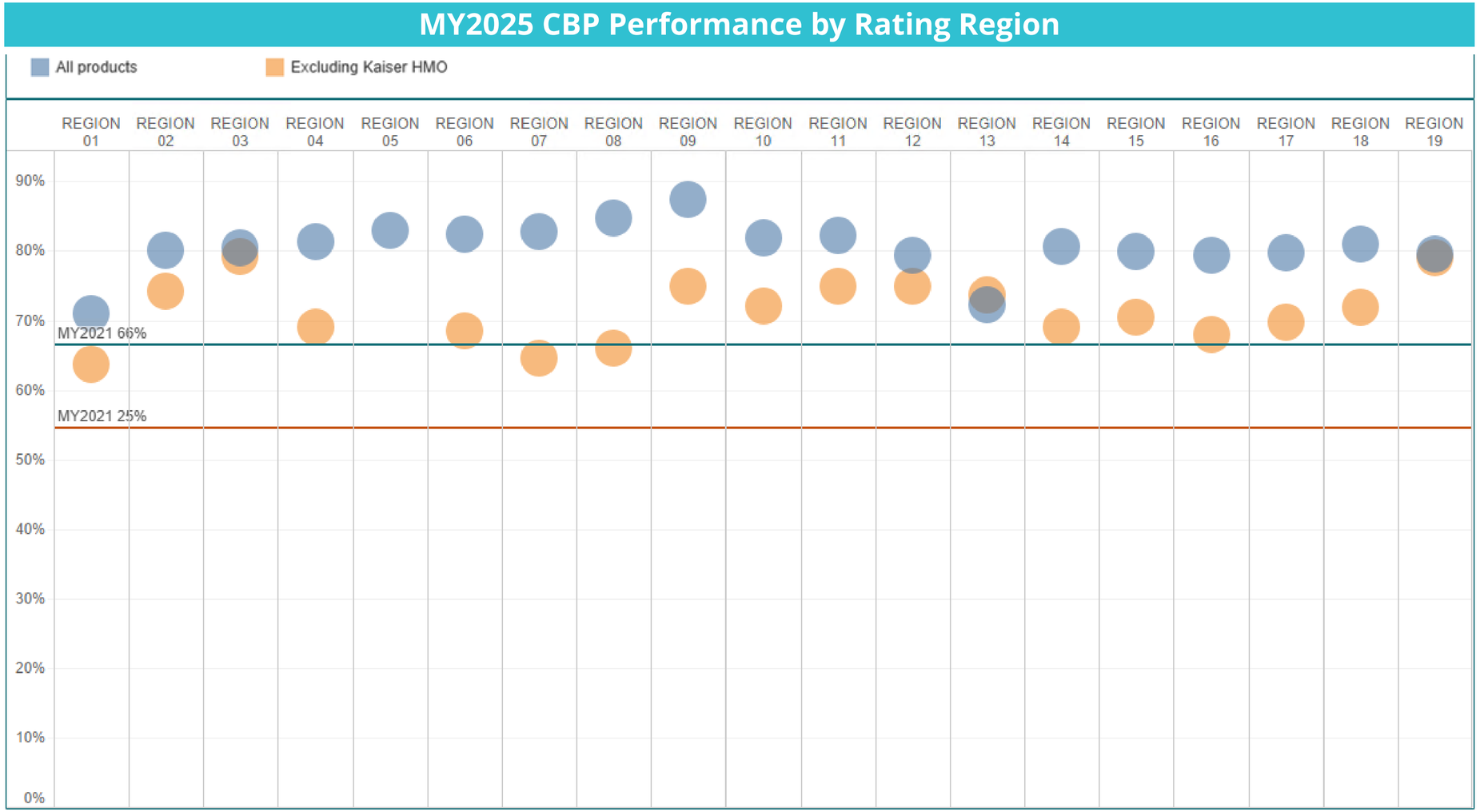
Note: Because Kaiser submits full Commercial population data (n ~ 48k) while most other Issuers submit a hybrid sample (≤ 411), Kaiser's large sample size significantly influences the rate, so views are shown with and without Kaiser included. Blank data points are counts too low to report.

Almost All Regions at Goal for Diabetes Control, Except Region 13



Note: Because Kaiser submits full Commercial population data (n ~ 46k) while most other Issuers submit a hybrid sample (≤ 411), Kaiser's large sample size significantly influences the rate, so views are shown with and without Kaiser included. Blank data points are counts too low to report.

All 19 Regions Above Goal for CBP, Including 16 of 19 Without Kaiser



Note: Because Kaiser submits full Commercial population data (n ~ 48k) while most other Issuers submit a hybrid sample (≤ 411), Kaiser's large sample size significantly influences the rate, so views are shown with and without Kaiser included. Blank data points are counts too low to report.