



# Marketing, Outreach, and Enrollment Assistance (MOEA)

## Advisory Group Meeting Minutes

**Thursday, July 9, 2020 from 1:30 PM – 3:30 PM**  
GoToWebinar Platform

### Webinar Participation:

<b>Members:</b>	<b>Member Organization:</b>
1. Alicia Emanuel	National Health Law Program
2. Amy DeMarco	Molina Healthcare
3. Andrew Nguyen	Asian Americans Advancing Justice- L.A.
4. Angela Cheda	Blue Shield of California
5. Cori Racela	Western Center on Law & Poverty
6. Dan Garrison	HealthMarkets Insurance Agents
7. George Balteria	Collective Choice
8. George Kalogeropoulos	HealthSherpa
9. Hellan Roth Dowden	Teachers for Healthy Kids
10. Hugo Morales	Radio Bilingue, Inc.
11. Jessica Moran	The Children’s Partnership
12. Joseph Gabra	Accounting Rivers
13. Kerry Wright	Wright Way Insurance/C.A.H.U.
14. Linh Tran	L.A. Care
15. Mark Herbert	Small Business Majority
16. Michael Bergstrom	Neighborhood Health Insurance Center
17. Njeri McGee-Tyner	Alameda Health Consortium
18. Pamela Moore	Redwood Community Health Coalition
19. Rachel Linn Gish	Health Access California
20. Rick Krum	Anthem Blue Cross
21. Roberto Ortiz	Ortiz & Associates
22. Seciah Aquino	Latino Coalition for a Healthy California
23. Weiyu Zhang	California Pan-Ethnic Health Network
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<b>Public:</b>	<b>Member Organization:</b>
24. Doreena Wong	Asian Resources
25. Leslie Toy	Asian Resources
26. Yvonne Vasquez	Health Access California



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## Agenda by Items:

*\*Comments, questions or feedback made during or after each section are bulleted and each bullet is followed by the member's name who made the remarks. Additionally, comments have been condensed and paraphrased.*

### Item I. Call to Order and Agenda Overview:

- George Balteria, MOEA Chair called the meeting to order
- Pamela Moore announced her resignation with the intention of bringing new ideas and perspectives to the group.

### Item II. Administrative: Final Charter Review & Approval:

- No comment or questions.

### Item III. Covered California:

#### A. FY 2020-21 State Budget:

- Pamela Moore: Asked how changes to the Bronze AV (actuarial value) would affect consumers.
  - Kelly Green: Explained this was quite technical and varies by each consumer but explained that state law dictates how the allowable range for a metal tier is based on an actuarial value and a bronze plan pays 60% of services provided to an enrollee so they pay 40%. Now, bronze plans will pay up to 65% allowing it to be slightly "richer" for consumers.
- Rachel Linn Gish: Health Access noted a \$250 million reduction in affordability assistance sweeping unused funds, taking back what should have been reallocated to more affordability assistance.
  - Kelly Green: Asked this question to be deferred to Isaac Menashe in the next section.
- Alicia Emanuel: As Medi-Cal advocates, she is relieved to see the Medi-Cal cuts in the May Revise were reversed. Given the recession and the likely uptick in Medi-Cal enrollment, she asked if we were tracking the percentage of people moving from Covered California to Medi-Cal.



- Kelly Green: Responded saying we do support movement between the programs and that this is data Covered California can hopefully provide her. We will follow up with you.

#### **B. 2021 State Subsidy Program:**

- Kerry Wright: Pleased to see the state subsidy program is financially stable from a California perspective for 2021. What will happen if the court case goes the wrong way? How would this affect Covered California if the Affordable Care Act (ACA) is ripped out from under us? Given California has passed so much legislation supporting the ACA, how would this affect California if there is no longer an ACA?
  - Isaac Menashe: Responded saying that he would need to ask Legal how this will potentially affect California regarding which policies would need to remain. Conceptually, this would be a question for state legislators but added that state subsidies pale in comparison to federal APTC (advanced premium tax credit) subsidies.
- Michael Bergstrom: Commented that those above the 138% weren't too keen on jumping off exchange to on exchange. However, those less than 138% FPL (federal poverty level) really benefited from the additional state subsidies as some of these people are in very tight situations and some of those over 65 did not qualify for Medicare or Medi-Cal due to income. Although the focus has been on those between the 400 to 600% FPL, his practice found that those under the 138% FPL greatly benefited although this didn't get much publicity.
- Rachel Linn Gish: Going back to her last question regarding the unused funds being swept, is there concern that the 2020 allocations won't go far enough given the recent uptick in enrollment due to COVID-19? Is there concern about losing the unused funds now with people perhaps not getting the subsidies they need in this critical time?
  - Isaac Menashe: That is a great question and something that was noted to the Board. There is a safety valve in the way program design is adopted in that it is not an entitlement but functions nearly as so. There is a process to request additional funding from the Department of Finance if it looks like the spend will need to be higher than what was appropriated in order for consumers to maintain subsidies. However, the broader question of the program cost the pandemic over the long term have evolved and something that Policy is monitoring very closely. For this year, the good news is that there is nothing to worry about and the safety valve is there.



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### C. Communications Division Updates:

- George Balteria: Asked what Covered California is doing to address racial equality in terms of marketing or outreach? Indirectly, the presentation has addressed this topic.
  - Kelly Green: Answered that racial equity is core to Covered California's mission. The organization works very hard to promote open enrollment throughout the state's diverse communities. They also work with Plan Management to address health equity issues in the work it does with the carriers in order to address health disparities and inequities in care. Given COVID-19 and the timely discussions regarding racial equity, we are seeing impacts and social determinants as well as the disproportionate impacts based on race or ethnicity. Ms. Green added that it is a good time to talk about the work that we are doing and are continuing our commitment to this topic, as well as renewing and refreshing our focus. We have a great group of members that serve these communities and we see today's dialogue as an opportunity to hear from you and generate some new ideas.
- George Balteria: Asked the membership what Covered California can do to address and progress concerns regarding racial equality in terms of marketing, outreach and enrollment assistance.
  - Alicia Emanuel: Had her hand raised for a prior section, but wanted to highlight the action item log related to the state subsidy discussion and Rachel Linn Gish's comments at the March meeting about how the group could improve outreach to the 400% to 600% FPL population, but wasn't sure if there would be another meeting before open enrollment as there are some members that are interested in discussing how this could be executed.
  - Kerry Wright: Speaking directly to George, this subject was discussed at CAHU (California Association of Health Underwriters) and LAAHU (Los Angeles Association of Health Underwriters), but agents in Central, South Central Los Angeles don't have a good penetration in these areas. Covered California is really making an effort there with the storefronts and the murals in these areas. One of the greatest disparities in this area is access to an agent which doesn't cost them anything. A lot of people that contact him, some of them want to be independent and he gives them the insurance products with the 1099 to start their own business. People in underserved areas would really benefit from a relationship with an agent and he believes this is one of the great health disparities in this underserved community. He added that Navigators do offer



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some real help, but his opinion is health education is one of the great health disparities.

- Alicia Emanuel: Commented that CPEHN (California Pan-Ethnic Health Network) has been the leader more recently in the advocacy space regarding racial disparities. Beyond addressing equity in what Covered California offers and in terms how Covered California approaches communications and marketing, there is also a desire to see more anti-racism work within the structure of Covered California from everything such as its hiring practices to learning about what Covered California's health equity officer is working on and engaging others.
- Pamela Moore: First thanked Covered California for representing diverse groups of people and family compositions. One thing Covered California staff can do in addition to its marketing with its diverse groups, is have more of a focus on using health insurance benefits for preventive care rather than wait until there is an episodic emergency care need. This helps give a baseline in terms of the preventative care visits and to begin to work with health care providers to look at chronic diseases such as diabetes, promoting the importance of health insurance thereby making a more direct link for consumers to get in touch with health care providers to schedule preventive care appointments which address the underlying chronic diseases early on that are the underlying causes we see in these health equity disparities.
- George Balteria: Are there other benefits to having health insurance that Covered California can promote?
  - Cori Racela: Thank you Alicia and Pamela for those excellent observations and comments. If we can connect Covered California's other efforts related to attachment 7 to the plan contracts, which focuses on specific health outcomes in a number of different areas. The data so far is not totally usable or reliable just yet on asthma, diabetes, depression. To Pamela's point, we can do outreach utilizing benefits to focus in those areas.
  - Pamela Moore: The last speaker made the same comments.
  - Doreena Wong: Added her thoughts around the racial inequities. Covered California has the potential to do more because they collect so much data especially disaggregated data around income, race... You can really see where these disparities are existing as we likely have a large sample size. Doreena realizes that there is some of this work in progress but as Cori mentioned with the Attachment 7 work, the pieces are not connected yet and but there is a big



opportunity here. It could be nice to be able to use this data in the Plan Management meetings and figure out what measures we can use to address these issues. I agree with Pamela with promoting utilization of the health coverage. If Covered California could take it one step further from the access and coverage issues, she believes that looking at utilization data could help address these disparities.

- George Balteria: Communications presented the redesign of the landing page and asked if the whole website is being redesigned or just the landing page?
  - Jagdip Dhillon: Unsure of what was meant by “whole website” but said there will be an entire redesign from its original 2013 design, both in function and visually.
  - Kerry Wright: Asked if the CalHEERS (California Healthcare Eligibility, Enrollment, and Retention System) pages and dashboard will look different, as well as the account page. Agents and enrollment counselors work with the website on a daily basis but worries about direct consumers only accessing CalHEERS several times per year.
  - Jagdip Dhillon: Was unable to answer about the specific pages Kerry commented on as it does not belong to Communications. Asked Mr. Wright to ask the question formally after the webinar so someone can respond appropriately.
  - Kelly Green: My understanding is this focus on the website refresh is on the dot com and not on the CalHEERS portion, but we can confirm this for Kerry.
  - Jagdip Dhillon: I have an update to Kerry’s question, CalHEERS is not changing in this first year of the redesign but we can get you a more clarifying response.
- Michael Bergstrom: Returning to the health equity topic, it appears there is a “last mile” problem. We have agents working with the 50-60% of consumers enrolling, but we do not have a way to get them to use their insurance by seeing their doctors. We have done so much work to get consumers insured but asked if there is a way via Covered California or perhaps the carriers to be able to assist with getting consumers their appointments thereby extending the services we offer. I wonder if there is a technical way of connecting the consumer to their doctor for the first visit. He is unsure if this is on the end of Covered California or the carriers, but thinks it is something that needs to be addressed after so much effort and money has been spent in getting the consumer enrolled. Perhaps agents can also connect them to a physician and help get them scheduled.

#### **D. Marketing Division Updates:**



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- Alicia Emanuel: Expressed her appreciation to Marketing and thanked them for putting together the ‘Immigration Status and Eligibility’ collateral specific to the public charge. We really feel heard from our last meeting and it shows. If there is more bandwidth, she asked if the public charge document could be available in more languages other than English and Spanish?
    - Colleen Stevens: To address a previous question regarding the follow-up on consumers to use their coverage, Ms. Stevens informed membership that there is an active campaign regarding benefits utilization sending emails to consumers once they become members to encouraging them to use their insurance plan. We know the most satisfied consumers are those that use their insurance.
  - Rachel Linn Gish: Asked if the special open enrollment ends in July will the special enrollment outreach continue through July or will the regular general Special Enrollment Period (SEP) outreach begin now?
    - Colleen Stevens: The special open enrollment outreach will continue through July 31<sup>st</sup>, but we will have additional marketing beyond our normal SEP with television ads running through September that will not focus so much on COVID-19 and more on losing health benefits related to a job or income loss. It will be the same ad but different wording through September. Between September and October, ads will be lighter but still encourage around the economics and the normal SEP messaging.
  - Pamela Moore: Commented how impressed she is by the amount of research and data analysis work Marketing uses in driving its ads, giving her a comfort level about who the messages are targeted to and their effectiveness. She is curious about the report that will be out in a few weeks and wondered if this report will be shared with the group.
    - Colleen Stevens: **The report is about the economics of COVID-19 issues. She is unsure if the report will be publicly released. It is still being reviewed internally; however, they have made a pledge that both the MOEA members and advocates will receive it.**
  - Doreena Wong: Wanted to thank the Marketing team for the fact sheets and reiterated Alicia’s recommendation to have the public charge and penalty fact sheet be translated into different languages. She added it’s confusing for consumers to have these differing deadlines and believes it’d be helpful to focus on the SEP message of a July 31<sup>st</sup> deadline and maybe thereafter focusing on the new SEP deadline to October 2020. She finds that when you run messages with different deadlines, it’s confusing for her community members.
    - Colleen Stevens: Agreed with Doreena and said they will look at ways to make the deadlines easier on them.



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## E. Outreach and Sales Division Updates

- Alicia Emanuel: Asked about the data at the most recent Board meeting and notes uptick in enrollment in bronze plans. For those under 138%, is there any help for this group in getting them more bang for their buck.
  - Terri Convey: Aware that there is an outreach initiative to those with CSR (Cost-Sharing Reduction) benefits and had not taken them. Will need to check to see if we are also adding the bronze folks to this outreach effort.
- Kerry Wright: Commented that the agents sell against the bronze plans. If you look at the bronze and silver plans, you need to sell the silver. The SEP period through the end of the months seems to mirror what society is doing with COVID-19, so seems that there might be a new stimulus at the end of the month. Do you think there is a chance that this SEP will be extended? A lot of his clients are still out of a job.
  - Terri Convey: Not aware of an extension.
  - Kelly Greene: Commented that Covered California continues to look at what else can be done to help give individuals the greatest opportunity to enroll. At this time, there's not an extension but we continue to look at it and will get word out as quickly as possible if we indeed do extend it.
- Doreena Wong: Added to Mr. Wright's comment in that the extra \$600 a month will be ending July 31<sup>st</sup> and there will likely be a lot more people needing coverage. Expressed her appreciation regarding their recommendation to maintain current enrollment and effectuation goals given the current uncertainty. For next year's Navigator Program, she wondered how the money for the targeted area pilot project core funding will be going to new grantees or adding to existing grantees? She noted at the Board meeting that Peter Lee mentioned the return on investment for the Navigator Program and wondered what was meant by that. You mentioned that you will be looking at the past two years of enrollment of our goals, but asked if they will be looking at other channels too? She wondered what was meant by other channels such as the agent and service channels as well as the Navigators. Also wondering if there's an opportunity to talk about the outreach activity program such as the Navigator Program as they have some recommendations they hope to share.
  - Terri Convey: Funds were reinvested in the core program and did become part of the distribution for those entities that received additional funds. We will look at the past two years, what was specifically going to look at how enrollment was being effectuated as this was the first year that we employed the new methodology. We will have the benefit of having two years data and seeing what the trend is. At that point, it will be more mature and will give us the opportunity to

look at other measures of performance and value. We do compare our channels. We think our Navigator channel will improve the reach to the diverse and hard-to-reach groups, as well as the metrics around that. We hope to have the analytics soon and the activity goals is something that we are open to discussing. Terri expressed her interest in learning how this could be measured in a manner that's good for the participants in the program and keeping us on track to doing the outreach that consumers really need.

- Hellan Dowden: Said her ongoing concern with the Navigators, how we are connecting people into Medi-Cal coming off of Covered California. She wondered what the response was to the EDD (Employment Development Department) outreach was successful. With so many people falling off at the end of July unless the feds come in with additional money, wondered if Covered California has upgraded staffing to handle call volume if the benefits are to go away. She saw the report with dropped call data, probably because of what was going on with the economy. She asked if we have a backup plan if the benefits are to go away?
  - Terri Convey: With the Service Center and the dropped calls, it was the high demand and standing up a team working from home with logistics that slowed us down. Since then, demand has slowed, and we have people working from home with their double screens and VOIP (Voice over Internet Protocol) which is going well. We do have good management on variable staffing, and we do have a vendor that wraps around our permanent employees. So, there is a good plan in place albeit not her area of expertise. We do have navigators and agents, with an overflow mechanism to those channels such as help on demand. We are making other enhancements to our agent interfaces to make them quicker and more effective at helping consumers in this situation. We learned a lot in this last practice session a few months ago and I think that you will find us getting more and more efficient.

#### **Item IV. MOEA Member Discussion**

To close, George Balteria asked the group to email the MOEA inbox responses to these questions:

- Enrollers: Are there any unique enrollment tools that need to be created in light of COVID-19?
- Is there anything that Marketing should be targeting to that's unique in this COVID-19 period?

***Meeting was adjourned at 3:35 pm.***