MARKETING OUTREACH & ENROLLMENT ASSISTANCE

ADVISORY GROUP MINUTES

Thursday, November 1, 2018

Covered California Tahoe Auditorium

1601 Exposition Blvd.

Sacramento, CA 95815

**Agenda Item 1: Call to Order, Introductions and Welcome**

Director of Communications Kelly Green called the meeting to order at 1:30 p.m.

1. **Agenda Overview**

Kelly Green called the meeting to order at 1:30 pm and reviewed the meeting’s agenda.

1. **Introductions**

Kelly Green led the introductions. Members of the advisory group and public participants included:

* Alicia Kauk, National Health Law Program
* Amanda Klein, Anthem Blue Cross
* Cori Racela, Western Center on Law and Poverty
* Dan Garrison, HealthMarkets Insurance Agency
* Doreena Wong, Asian Americans Advancing Justice L.A.
* Doretha Willaims-Flourney, California Black Health Network
* George Balteria, Quote Selection
* George Kalogeropoulos, HealthSherpa
* Gustavo Herrera, Young Invincibles
* Hellan Roth Dowden, Teachers for Healthy Kids
* Hugo Morales, Radio Bilingue
* Jana Castillo, California Primary Care Association
* John I’Anson, Kaiser Permanente
* John Newman, Kaiser Permanente
* Joseph Gabra, CPA Accounting Rivers
* Kathleen O’Guin\*, Molina Healthcare
* Keerti Kanchinadam, California Pan-Ethnic Health Network
* Kerry Wright, Wright Way Insurance
* Kim Martin, L.A. Care
* Mary Watanabe, Department of Managed Health Care (EDD)
* Melissa Diamond, Health Net
* Nathan Purpura, eHealth.com
* Njeri McGee-Tyner, Alameda Health Consortium
* Norman Williams (ex-officio), Department of Health Care Services (DHCS)
* Pamela Moore, Redwood Community Health Coalition
* Rachel Linn Gish (substitute for Mary Jane Flores), Health Access
* Rick Krum, Anthem Blue Cross
* Roberto Ortiz\*, Ortiz and Associates
* Sarah Dar, California Immigrant Policy Center
* Stesha Hodges, California Department of Insurance

Covered California Staff: Terri Convey, Michael Brennan, Colleen Stevens, Efrain Cornejo, Jag Dhillon, Kathy Keeshan, Kelly Green, Peter Lee, Waynee Lucero, Ashley Nichols, Benjamin Walker, Jamie Yang, Robert Kingston and Hayley Figeroid.

**Public Comment:** None

**Agenda Item II: Covered California Overview and Division Updates**

1. **Covered California 101 & Latest News**

Mr. Peter Lee thanked the participants for their contribution toward our success and putting the consumers first. Covered California is an evidence-based organization that is “consumercentric”.

Mr. Lee provided a very high-level overview of Covered California. Because of the expansion of Medi-Cal and Covered California, California’s rate of uninsured is 6.8%. Approximately 40% (or 3.4%) of these uninsured are eligible, but 60% are not due to various reasons such as being undocumented. There are some policy and outreach issues that Covered California is addressing, but the 6.8% reminds all of us that there is still work to do.

Mr. Lee told participants that we will not be reviewing rates and plans in this meeting as this is the work of our Plan Management Advisory Group. Covered California has a group of 11, very engaged health plans with the same group returning from last year which is virtually the same group from 2014. He explained that this is very different from the rest of the nation where very big plans come and go, as well as roller coaster on their rates. There has been stability for California in plan participation and relative stability on premiums. For most consumers or approximately 80%, there are three or more plans to choose from as “choice matters”. Only four percent of our consumers have only one plan (available in their rating region) as we work to get more plans for our coastal counties.

Mr. Lee called attention to members that “price matters” and benefits our consumers. For 2019, there was an 8.7% average premium increase that was mostly attributable to the plans pricing for the penalties going away with healthier individuals opting to not get coverage. There is worry of a 20% drop in the individual market over the next several years. The MOEA Advisory Group’s job is to help Covered minimize this decrease. As a result of this increase in premiums, Mr. Lee explained that consumers can shop and decrease their tier level giving the average unsubsidized consumer nearly a 1% decrease in premiums.

Mr. Lee said that the average unsubsidized premium for Californians is roughly $550 a month, about an average 8% increase and not “mammoth”. Nationally, premiums increased in the teens and twentieth percentiles. Although this year’s premiums increased or decreased very little on a national level with big declines for the unsubsidized, this was attributable to plans overpricing their premiums outside of California the past several years (in anticipation of the penalty mandate’s removal). Covered California’s plans are “priced right”, not needing a correction every other year. For subsidized consumers, premiums have not gone up much or about four percent for an average or $120 (per month). Covered California’s “sweet spot” is eligible consumers which can help bring healthier individuals on (the Exchange) while keeping premiums low.

Mr. Lee explained that Covered California considers both on and off exchange enrollment. There are situations where consumers are encouraged to enroll off-exchange for lower premiums. Healthy, unsubsidized consumers are now being priced out of coverage and are choosing to “roll the dice”, but this raises costs for everyone. For California, there are about one million unsubsidized and 1.1 million subsidized consumers with approximately 90% of these receiving subsidies through Covered California. The off-exchange market is all unsubsidized.

Mr. Lee stated that November 1st was the official open enrollment for the nation, but Covered California began its open enrollment on October 15th with advertising beginning after the election. Covered California is very committed to effective marketing and outreach as it represents approximately a third of Covered California’s budget or $105 million, half of which is for paid advertising with the other half to support our agents and Navigators. The other third is for the service center. The vast majority of Covered California’s total budget supports enrollment. Health insurance “has to be sold” and our evidence suggests this spending in marketing and outreach generates a seven to one return in lowering premiums, saving the federal government in lower tax credits and helping unsubsidized people get affordable health care. Mr. Lee pointed to a slide with a picture a member’s storefront, reminding members that Covered California’s relationship with the agent community, such as George Balteria, which is phenomenal as nearly every California community having a storefront. Covered California is in local communities, those insurance agents and Navigators are woven into their communities and are the face of Covered California.

Mr. Lee called attention to next Thursday’s board meeting and bus tour kickoff which will visit California communities with the purpose of getting local radio and tv coverage, reinforcing Covered California’s paid advertising and marketing campaign. Covered California also uses surveys and focus groups to sharpen messaging to our diverse group of consumers in multiple languages and we reach out in ways that are appropriate to the diversity of California. By the end of open enrollment, consumers will have heard our message over 50 times which will hopefully result in higher enrollment thereby lowering our risk pool and keeping premiums down. Mr. Lee hoped that people that are “on the edge” of signing up will be more apt to enroll.

Mr. Lee concluded by saying that Covered California is looking forward to their (MOEA members’) help. Covered California is here for the long haul as we refine our work, get better and continue to serve Californians.

**Public Comment:**

Joseph Gabra of Accounting Rivers asked about changes in the future surrounding the essential minimum coverage. As of 1/1/19, Mr. Lee reminded listeners of the removal of the penalty mandate. He explained that there is not a future for skimpier minimum essential coverage. Although the Affordable Care Act (ACA) does not mandate that all plans maintain minimum essential coverage, this is where California differs from other states in that our state recently passed legislation outlawing short-term plans which allows underwriters to exclude certain pre-existing conditions and coverage that may not be there for them when they need it. In mandating good coverage, this keeps premiums low so that healthy people maintain good coverage.

Nathan Purpura from eHealth questioned affordability as well as the recent legislation regarding short-term health insurance. He asked Mr. Lee how California can make A.C.A.-compliant health care coverage more affordable for people that don’t qualify for subsidies. Mr. Lee said that affordability is a challenge and referred to the California’s last legislative session. Here in California, a 55-year old couple with two children would pay maybe $1,500 (approximate) a month unsubsidized, not $500 (approximate) which is the average for the unsubsidized.

Mr. Lee explained that Covered California has been charged by the Legislature to develop a report and recommendation on what can be done to make health insurance more affordable for both people over and under the 400% poverty level. As part of this report, there is also an advisory group addressing this issue. These meetings are open to the public where MOEA members (and the public) can both listen and provide comments. UCLA economists are doing the “grunt work” to see how it would work if California were to extend out beyond the 400% of poverty, what would the slope look like both in cost as well as estimating how many additional people would get coverage if subsidies were to be extended beyond the 400%. UCLA will also model programs such as reinsurance which directly affects the unsubsidized instead of the subsidized, as well as the effect of a state-based penalty. Mr. Lee said this is a good question as many in this group are on the front lines and are hearing from the unsubsidized that coverage is not affordable. It is the unsubsidized that are the last Americans to get financial help whereas the rest receive health benefits through our jobs which are tax supported, Medi-Cal, MediCare, etc. These are the folks that are really feeling a very big pinch given how much health care can be.

Cori Racela of the Western Center on Law and Poverty asked about Covered California’s outreach and expanding its website in more languages other than just English and Spanish. Mr. Lee explained that investments are made where we can make the most difference. The Spanish website is now as good as the English website, but expanding the website to additional languages is not on the agenda as it’s not a barrier in getting people enrolled.

Peter Lee closed by thanking the membership group for their input and support.

**B. Marketing Updates: Sign Up 2019 Marketing Campaign, Key Research Learning**

Michael Brennan, Deputy Director of Covered California’s Marketing team, presented for the Marketing team. Marketing’s goal is to increase the number of insured Californians through Covered California by improving brand awareness, understanding consumer needs, enhancing consumer experiences, improving consumer perception about the value and affordability of health insurance, and maximizing acquisition and retention of membership.

Marketing achieves these goals by using extensive qualitive and quantitative consumer research to explore the barriers and motivators to getting health insurance. From there, we create messaging and creative assets for focus group testing which is then refined and undergoes a second round of focus group testing. After open enrollment, a campaign tracking study measures the effectiveness of our campaigns. The research found that cost is the primary barrier to getting insurance and the uninsured wanted some tangible information in our ads about what the cost would be for them. Again, the focus is on the uninsured as many still don’t realize they are eligible for subsidies. All of this helps us develop our marketing action plan where we then develop posts on social media as well as design our member communications and paid media strategy. The research and Covered California’s ad partners help us look at our target markets and media channels to determine our purchasing. This year, the “life can change in an instant campaign” continues which promotes the value of health insurance as well as the concept that it is within reach while making the cost to the consumer more tangible by explaining that more than 9 out of 10 enrollees receive financial help.

Nathan Purpura of eHealth asked if there is a specific call to action around affordability and where a consumer can go (to find out more information). Mr. Brennan responded explaining digital, tv and radio ads direct consumers to the “shop and compare” feature on Covered California’s website. Research also informs posts, whether advising on certain elements or engaging through the social channels for help through the process. There is also an upper funnel for lead capture which has been implemented with a stronger effort this year as we track people through their journey to inform them as they go along to help them get an application and get enrolled. Once they become members, they become part of the member communication family with reminders on 1099s, information on using their plans, updating their account for income changes, etc. Each year, we upgraded our Key Performance Indicators (KPIs) and enhancing these from OE5 to OE6. We are now able to follow people down to account creation.

Mr. Brennan concluded with explaining Marketing’s calendar in how these elements come together throughout the year as well as how they are integrated through campaigns.

Rick Krum of Anthem Blue Cross asked if they will be providing a recap of the marketing campaign as they did last year. He also wondered if there are efforts or goals to capture email addresses. Mr. Brennan explained the pop-up for the email addresses. He said there is a program where they opt in, but they cannot opt out of everything. We worked with our lawyers to see if we could buy a list, but were told we can only buy a direct mail list and not email addresses as they must specifically opt in.

Joseph Gabra asked if there is there is a budget for different ethnicities that tells us which channels such as Arabic media and other ethnicities. Mr. Brennan explained that we have a variety of different languages and channels. Colleen Stevens, Director of Marketing, explained that we look at each population uniquely and wasn’t sure if this group isn’t already getting information and messaging in English language. Ms. Stevens first looks at these various groups to see if we are reaching them sufficiently in English. She is looking for Latinos that only speak English, some that speak both and others that are Spanish dominant and we look at each of those separately. Ms. Stevens has trouble finding data on what percentage is totally dependent or dominant on getting their message in another language, so she asked the group to share any information they might have to answer this question.

Helen Roth Dowden of Teachers for Healthy Kids wonders what our “dropoff” rate is and whether or not we go back to the “dropoff people” to see if they are interested in re-enrolling. Michael Brennan responded, explaining that our research shows that most of these “dropoff people” go to employer insurance. He added that we do go back to our funnel and they get information from us at open enrollment.

Alicia Kauk of the National Health Law Program asked to review slide 15, wanting to better understand the different media tools as the font was too small to read. Mr. Brennan explained by segment which channels we advertise on such as brand TV, “DRTV” or direct TV with a call to action, radio, traffic radio, DJ endorsements/live reads, digital display premium and programmatic, paid search, paid social, print and out-of-home. The columns are multi-segment, LGTBQ, Hispanic, Asian and African American. This is just a visual of how we purchase media in these target markets.

Nathan Purpura of eHealth.com asked about Marketing’s goals outlining the enhanced consumer experience and hopes that Mr. Brennan can tell us if that is the online experience or what the focus is for this year. Mr. Brennan explained that Covered California looks at it more broadly than just online. We receive feedback every day from social media and this information is shared out to 100 individuals across divisions to see that these errors through the journey are fixed and that in our CTAs that we are sending people to find agents, counselors or to get the phone call back. Social media is a view of that and research also informs Covered California on the consumer journey.

Kerry Wright of Wright Way Insurance talked about the “shop and compare tool” in that he is no longer able to send his clients a proposal. Mr. Brennan confirmed this functionality was available in the beginning, but that it was burdensome to coordinate with the printer and wasn’t used at all. Mr. Wright responded to say that he used this functionality “all of the time”.

Cori Racela added that Covered California has done a great job including more diverse communities and has made it more accessible and streamlined for both consumers and enrollers. However, she believes that despite our proximity to Silicon Valley there is an opportunity for the group to talk about digital literacy as well as digital inclusion. Ms. Racela explained that there is a lot of research and documentation on how important it is for communities that do not have access to digital opportunities and there are still a lot of inequalities with technology, making it harder for our enrollers that might not know their certification went to spam. Small things like that do make a difference to the outcome. Covered California does a great job in using media to reach different groups like Latinos and differentiating for those that don’t always speak Spanish like herself. Ms. Racela believes that this same care ought to be given to this group, such as the safety net community, giving more funds to help us get to that widget because culturally a lot of us did not grow up with these “cool” things Safety net community need help and get people to all of the cool tech opportunities.

1. **Communications Updates: Bus Tour Dates and Locations:**

Jag Dhillon thanked members, the familiar ones from previous meetings and is looking forward to getting to know the new faces. He continued by telling the members that his presentation’s focus will be on the bus tour which will hit the road next week with its first media stop on Thursday, as well as a Wednesday in-house stop to our service center. The focus of the bus tour is on the “life can change in an instant” visual featuring a person on a bike that hits the bus’s wheel, then flipping over the bike and onto crutches. There will be 23 stops across the state in nine days. We open in Oakland on the 8th, San Jose on 9th, Santa Barbara on the weekend, L.A. and San Diego on Monday and Tuesday, the Central Valley on 14th and 15th and then the 16th to San Francisco. There will also be another tour in January around deadlines.

Covered California is a “learned” organization with research and data teaching us that we must use smart phones to reach the younger demographic. In addition to the earned media the dancers will create, Covered California will be launching a social media campaign. Mr. Dhillon asked the audience to go to the bus tour and take selfies and videos with the bus, so these may be shared via Instagram using the hashtags #InAnInstant and #CoveredCaliforniaDance. Our webpage [www.coveredca.com/dance](http://www.coveredca.com/dance) may also be shared using email. The bus tour will also feature some of our long-term enrollees sharing their stories.

Doreena Wong of Asian Americans Advancing Justice (A.A.A.J.) voiced her appreciation of the Covered California partnership the last several years referencing the joint press conferences. Ms. Wong wanted to do another press conference, but the bus tour is scheduled to be in L.A. on a Monday which is a holiday and they are unable to coordinate this. The alternative given to her was January 14th, the day before open enrollment ends. Because of this, A.A.A.J. held their press conference on October 25th as it was important that they get the word out earlier versus competing with the holidays. She hopes that some consideration can be made due to our long-term partnership and encourages Covered California to work out the schedules. Ms. Wong wants to work collaboratively but scheduling difficulties limit her ability to support the bus tour. Mr. Dhillon responded citing the election made this year very difficult, but he hopes that we will be able to better coordinate the bus tour next year.

1. **Outreach and Sales Updates Kickoff Event Debrief, Help on Demand, and Navigator Program**

Terri Convey, Director of Outreach and Sales, gave a brief introduction of the Outreach and Sales team. This division is comprised of 55 very mission-driven people with the goal of increasing the number of insured Californians by working with our different channel partners. Our job is getting the word out to Californians and we do this by developing tools and education materials to enable enrollers to be productive, so consumers understand the value of the offer and are aware there is financial assistance and helping them through the enrollment process. The Outreach and Sales team works with approximately 12,000 certified agents, 1,000 Navigator enrollers, 1,600 certified application counselors and 600 plan-based enrollers working for health plans, as well as a few Medi-Cal enrollers. Currently, our channel partners help us enroll approximately 53% of Covered California’s estimated 1.2 million enrollees.

There are 42 Navigators that receive approximately $6.4 million in funding to help us enroll the “hardest to reach” that might not be digitally empowered, representing 40,000 or five percent of our enrollment.

The Outreach and Sales team creates many of the tools and resources for webinars, training videos, toolkits, etc. for our channel partners. Before open enrollment, we cover the state with our kickoff events in nine cities in September and about 1,300 of our partners attended these meetings where we created a very extensive, three-hour training event which included Medi-Cal in preparation for open enrollment. At the kickoff events, we also share out our rates. Outreach and Sales also conducts grass roots marketing in local communities with phone banks and local radio and TV stations, some of which are in languages other than English such as Spanish and Chinese. Additionally, we have event partnerships and our storefronts also create visibility in our local communities.

**Public Comment:**

Helen Roth Dowden asked for detail about the breakdown percentage of our enrollment numbers by sales channels. Ms. Convey answered by stating that approximately 48% of enrollment is through certified insurance agents with five percent from our Navigators and certified application enrollers. The Medi-Cal enrollers are very nominal and do work at the counties.

Pamela Moore thanked Ms. Convey’s team for streamlining the recertification process for their enrollers this year as it’s critical to have their people recertified prior to open enrollment and the renewal period, adding that it was much less painful this year. In looking at tools and resources for enrollers (whether it’s Navigators or certified application assisters), she wondered if there is a long-term plan for skill specific training for Navigators beyond CalHEERS updates or toolkits to look at specific things that are required by the grant, such as linguistically and culturally appropriate services in language and ability. Ms. Moore’s team is working with their CECs to put them through skill-based scenarios such as class issues, but it would be nice if there were materials in development that would support this more active (versus passive) training to help give the consumer a better experience. Ms. Convey appreciated the suggestion and hopes to learn more about Ms. Moore’s ideas with respect to grant required education and training.

Nathan Purpura asked about the enrollment outside of the sales channels. Ms. Convey addressed his question by saying the majority of these consumers enrolled online but a portion are through the call center.

Mr. Kerry Wright voiced his opinion that the agent sector is having a tough time keeping folks involved. Mr. Wright asked the larger agencies present at the meeting how they are doing with respect to the lack of compensation for Medi-Cal re-enrollment. Mr. Wright said that there is cost shifting and when they had compensation on the other side, his agency would do it for free but it’s harder to keep the membership involved. He wondered if the other large agencies have challenges staying involved in the market.

Dan Garrison of HealthMarkets thought it was an excellent question, a great point to be made. Mr. Garrison feels that there is a commission squeeze and choice is a key component. He referred to Peter Lee’s opening comments about the choice in a lot of the counties was great, but there’s not “choice” for the unsubsidized as it is unaffordable. He said that there is a cost element and commissions have continued to decrease, confirming Mr. Wright’s opinion that it is indeed challenging.

Mr. Wright reminded the group that the environment is challenging and they do want to stay in the game, but they cannot lose on every deal they write which has become “the challenge”. Terri Convey responded and feels that it is a fair issue to raise and something we’ve heard from his other colleagues. As such, Covered California created a workgroup to look into the issue. An audience member asks how they can become involved and Terri asked them to contact Efrain Cornejo.

George Balteria with Quote Selection asked if there are any preliminary numbers on proactive disenrollments. His agency does a lot of business through their storefronts and his team is challenged by the premium increases. Mr. Balteria wondered if there is a cancellation rate that we are not seeing and hopes we can see these statistics to track this trend. He also wondered if the call center is trained to handle callers asking to disenroll and asked if they could listen to some of these calls while also suggesting call center training. Perhaps his agency’s enrollees are disenrolling with the call center or by non-payment versus cancelling directly through his agency. He asked if there was a strategic plan addressing disenrollments. Terri responded saying that we are taking a hard look at this issue, but disenrollment might be a good area for our group to do further collaboration. He wanted to know more about the people proactively cancelling by calling the call center. Terri said this is a good suggestion and said that we are working with some academics and a survey organization, but she would like to circle back to this in the context of this group and it might be an opportunity for further collaboration.

George Balteria asked if the call center reps are trained to retain the disenrollment callers. Terri Convey said that she is not the person to provide information regarding the call center training.

Doreena Wong added that this compensation issue also extends to Covered California’s Navigator partners noting their compensation is not nearly as much as the agents’. Ms. Wong’s group also works with the agent community as the Medi-Cal referrals go to back to A.A.A.J. She wondered how they can do more for less and believes Navigators should be compensated adequately for what they do, but Covered California needs to look at all of the service channels. Ms. Wong believes that it is going to get “harder and harder” to enroll people and is worried about the direction things are going. As such, she would like to be a part of these conversations as well.

Mr. Kerry Wright commented by saying that his office, as well as Ms. Wong’s, are assets to their communities. People come to his office asking him how to read a gas bill. He believes that having people in the community is more than just selling a policy, but also are assets to the community. Kelly Green added to their comments by saying that our enrollers also work as a trusted source, working and living in their communities that Covered California serves.

**III. The MOEA Advisory Group**

1. **Draft Charter Overview and Discussion**

Kelly Green began the draft charter overview and discussion. Ms. Green sees this as an opportunity for new and continuing members to build a strong foundation for this advisory group. She revisited the mission as well as strategic pillars as they lay the groundwork for Covered California’s work organizationally, as well as for marketing and outreach efforts. In turn, the strategic pillars led to a 2012 resolution which established advisory groups that could serve and advise Covered California in a variety of areas. It is this 2012 resolution and recommendation which serves as the model for the draft charter, which we will be discussed today. We are looking for feedback on the purpose, scope, objectives, meeting frequency, location, attendance and membership.

1. **Purpose:**

Ms. Green then discussed the purpose of the MOEA Advisory group which is to collect perspectives from key experts and stakeholders, provide advice and recommendations and serve as a sounding board to Covered California staff in the areas of outreach, marketing and enrollment assistance. This group should also advise staff on how we can best reach specific targeted populations with the goal of reducing the number of California’s uninsured and we know that based on data many are unaware of their eligibility for financial assistance.

**Public Comment:**

Joesph Gabra asked if there is a method to explain to the public the relationship between insurance and income tax? It’s an awareness point that’s very important. Some agents don’t know the tax implications and this might affect the public negatively as they could be hit with a tax penalty. Ms. Greene said our enrollers are not tax advisors. Ms. Convey said this was an excellent callout and an opportunity for us to do some more proactive education. Ms. Green added it fits within the scope and purpose of this group. Ms. Convey said that she sees heads nodding that it’d be a good topic. Cori Racela wanted to add an element and if we are going to do better regarding the relationship between taxes and health insurance and make sure that they are aware of the changes for tax filing thresholds and how that affects eligibility.

Ms. Racela asked about the frequency of meetings as her work is centered around eligibility and enrollment. She would like to see more enrollment data about when and how people are enrolling in Covered California. If this data informs next cycle strategies, maybe we should meet more than twice a year or at least after open enrollment so we can see where we saw returns.

Hellan Roth Dowden agreed with the draft’s purpose and scope but wondered how the group can provide advice and recommendations, especially since the group is only meeting twice per year. Ms. Green hopes that the chairperson will address the “how” question.

Alicia Kauk commented that the “how” has to be about looking at the data and touching base after open enrollment has concluded and talking strategically in these meetings about how we can improve outreach and enrollment for underserved and hard to reach populations would be the ideal construct of the meetings. Colleen Stevens responded by saying we will have the best data we’ve ever had from the 9,000 member survey of people that terminated, got lost in the funnel, started the process and didn’t finish it,… to find the commonalities as well as the differences. This data will be released by the next board meeting. There was also a tracking study asking participants where they shopped, where they looked at for information and where they signed up. For focus groups, we even looked at this by ethnicity finding out where they like to get information as well as where they like to sign up. We wanted to share this in August before open enrollment, but we hope to be sharing this in November as it’s a rich data set that will help us on the inside to craft better messages as well as those of you in the communities. These studies started as soon as open enrollment concluded while it was still “fresh” and we hope to share the data in a few weeks in a format that’s “digestible”. This will be public to everyone as it helps your decision making.

Ms. Kauk wondered about the draft charter’s purpose and the wording. Although the meeting’s discussion has focused on open enrollment, she hopes that special enrollment and retention are also included.

1. **Scope:**

George Balteria said that he believes it is critical for this group to identify action items that will help enrollment partners and what this group is specifically going to do, even if it’s one initiative a year this group will agree and commit to that’s going to help your partners do enrollment and what this group will do to help the Navigator and enrollers whether that be working toward some KPIs that are going to help your partners do enrollment. What can Covered California do to make it easier and get more ladders in the pool to get more people enrolled as well as be more efficient in a market where commissions and federal funding is declining, need to make the experience better and more effective for those that are helping you enroll.

Mr. Gabra said that he hopes that there are better ways we can help mixed households with respect to Medi-Cal and wishes there was a way we could work together to help these consumers. The other issue is non-payment as the consumer needs to make sure it goes through and is on the lookout, otherwise the insurance company will not take responsibility.

Ms. Pamela Moore asked about retention and utilization and wanted to know if there is data looking at the relationship between using their insurance as soon as they enroll and retention, not unlike a gym membership and maybe we should get them to use their insurance sooner if the retention data supports this.

Kelly Green referred to the scope of the MOEA Advisory Group draft charter and the possibility of there being subcommittees. She stated that there has been feedback that the meetings need to be more than just updates, so she asked the members for feedback from the group regarding scope and issues that can be leveraged to inform Covered California.

Kerry Wright voiced his concern that the group has been challenged as there have not been actions when the group has pointed out issue. For several years, he has talked about the “soft pause” and if we know it’s a challenge then it should be addressed. Mr. Wright believes that these discussion items should be actionable.

Kelly Green responded saying that for this membership, Covered California has partnered with DHCS as ex-officio representation, DMHC and the Department of Insurance with the hope that there are opportunities to work collaboratively through these discussions to have an action plan.

Ms. Wong said that the subgroups go back to the process for when we do have a recommendation that these should be tracked and responded to. She thinks that there should also be subgroups for certain issues like the public charge. Small workgroups for issues such as these might be impactful.

Rachel Lyn Gisham of Health Access found the language to be more focused on the members informing Covered California, but would like to see it expanded to reflect more of a dialogue between the members and Covered California. She believes that Covered California can be more interactive to the group by not just providing updates, but calling on the group to be of service at specific times such as showing up to a bus stop, sending an email,… making it more of a dialogue. Ms. Green responded saying others are looking for ways they can help amplify the Covered California message.

1. **Objectives**

Kelly Green reviewed the objectives of the draft charter which are to provide advice and recommendations to Covered California staff to inform policy-making related to health coverage marketing and/or marketing to key populations, public relations, community outreach and facilitating enrollment in health coverage as well as outreach and education in minority or hard-to-reach groups.

Hellan Roth Dowden suggested expanding the objectives to included members “take back” these learnings to their communities and feels that it is a “two-way street”. If something is or is not working in a certain area or if you see enrollments are going down among a certain population, this (MOEA) group should help get the word out. Getting feedback to MOEA members should also be an objective.

Kerry Wright said that health underwriters get information from Covered California back to our members by regularly inviting their staff out to speak. He said they always give him a very informative speaker. If you want information from them, just schedule them and they’ll come out & talk to you.

Dan Garrison thought that all of these objectives are good and geared to the member. Given the population of the advisory board, his one recommendation or bullet is to add the customer being the agents, Navigators, community enrollers to make their experience and engagement with Covered California that much better.

A member shared that the subjects are good, but giving a broad definition to each one of them would be really helpful for issues such as the public charge, etc. which can then be fit in some of these buckets.

Ms. Green responded saying that there is some advantage of having objectives because it gives flexibility to adapt and react to issues as they come up.

1. **Membership Composition**

Kelly Green continued the draft charter discussion with respect to the membership composition. She said that this largely reflects those in the room and there is a broad representation of cultural, geographic, economic from backgrounds, plans, agents, Navigators, consumer advocates, our partners, and state departments. Ms. Green asked if there is particular group missing from this and solicited feedback from the members.

**Public Comment:**

A participant wondered if the disabilities community is being represented as well as the Asian community, unsure if anyone in the room represented the Asian community.

Kelly Green continued with the membership topic telling members at the last Board Meeting that the MOEA Advisory Group was officially expanded from 12 to 15 members (plus one ex-officio) to up to 30 members. She discussed the two-year membership term, which also applies to the chairperson role. Ms. Green hoped to hear feedback on the chairperson position that Anthony White had very capably served for a number of years. Although he is no longer a member, there is still representation from Health Access. The chairperson serves to work with the membership group and Covered California to chart and set out an agenda of issues that the advisory group wishes to talk about while also helping with the coordination and organization. The chair should seek input from the members to craft and drive the agenda for the group, but also to run and manage the meetings, which is an important role in managing the time to the extent that there may be subgroups that the chair would helping coordinate and organize. Although this would be with support from Covered California, we would view the chairperson as having a very distinct and large role in helping manage the work of the advisory group. Ms. Green asked for comments and feedback on the role of the chairperson.

Ms. Cori Racela suggested co-chairs as there is a lot of work to do and representation from very diverse groups. Whether we decide to have at least one consumer advocate, one enroller whether it be an agent or Navigator. She believes the group should have co-chairs as it is a two- person job.

Ms. Dowden commented that one co-chair should be from insurance as well as one that plays a role in the community, to provide a balance.

Kerry Wright agreed to a chair and co-chairs, but thinks it might be interesting to ask the Board for a secretary and someone who can handle actionable items and report back to the group.

Ms. Green confirmed her understanding and agreed, but was unsure whether or not new resources need to be allocated as there are already a number of divisions supporting this advisory group that can follow up on these actionable items. One of the things that we are looking for in this advisory group is a bigger picture, directional view looking at the hard issues facing Covered California, identifying areas of opportunity and challenge, as well as suggestions for change. The role of this advisory group is not only to use as a forum to talk about the actionable items, but really looking at the bigger picture and giving us that advice and guidance.

Kerry Wright said that the group was originally media marketing and enrollment, but enrollment is definitely all over the document. When we talk about soft pause which is enrollment, this has never been addressed. The chair should be someone who can follow up and get some action on these issues so it doesn’t just continue to be a question year after year.

Kelly Green commented by confirming what she is hearing from the members which is their suggestion that the chairperson is a job for more than one person and Covered California should consider co-chairs. Ms. Green told members that we are seeking letters of interest for members that are interested in serving as the MOEA chairperson. Anyone interested should send a letter of interest by November 14th. The chairperson serves a two-year term until a successor is appointed.

Colleen Stevens remarked on the silence from our health plan partners and wondered if they have anything to add on these issues that might bring a different perspective.

A member explained this was his first chance to attend this advisory meeting and he too was very interested in the “how”. He believes that he will get out of this what he puts in. He thinks the room is full of experienced people that Covered California can take advantage of where you can potentially bring questions, issues, and topics that we can help you think about and address. Similarly, this is an opportunity for all of us in the room to partner with people who have similar problems - either in this forum or externally making the connections here. He is looking forward to seeing Marketing’s data. From a health plan perspective and the expectations of his marketing spend, he is interested in understanding some of the KPIs both from the health plan perspective directly and partnering back with Covered California to find out what is of value. In terms of some of the concerns raised by George earlier about disenrollment and terminations, he wondered whether or not we need to meet early January to see if there needs to be a hard push before the end of open enrollment and there really is great expertise within this group and definitely with Covered California.

1. **Meeting & Attendance:**

Ms. Green asked members to look at our draft charter which outlines meeting two times per calendar year at Covered California’s Sacramento headquarters, strongly encouraging in-person participation. Ms. Green reminded members that these meetings are open to the public and will be announced in advance. Although there was already discussion regarding the meeting frequency, she requested feedback.

George Kalogeropoulos of HealthSherpa said that on the federal side, they often do a series of in-person meetings and then regular phone calls or conference calls. He suggests a monthly conference call or something similar.

George Balteria said that there was some feedback from the previous advisory group regarding the two times per year, in-person meeting frequency. He still agrees with this and realizes that this advisory meeting got pushed back because of this group’s revamping. In the future, he would prefer it to be at least a month in advance of open enrollment as well as the conclusion of open enrollment.

Ms. Green confirmed hearing feedback about the twice per year working for most people, but she said that others feel it should be more frequent. Another question is the timing and when is the right timing, whether it is twice a year or more.

George Balteria suggested two in-person meetings a year as Covered California, chair or the group decides and maybe webinars in between on an as-needed basis.

Rachel Gish asked why both meetings are in Sacramento and wondered if one can’t be in Southern California as there are many partners there.

Kelly Green responded saying that this is a question we can take back. Traditionally, the meetings have been in Sacramento with call-in capability. She thinks it goes to the question of timing and resources, but it is certainly something we can take back and understand the rationale behind wanting to be inclusive to partners in other areas of the state.

Ms. Dowden said that we need the information before enrollment to can help us do a better job, but wonders what happens after enrollment. It may not be within a six-month period, but it could be we may want to have a meeting in August and then after open enrollment ends. Those would be the two things in between if you need our assistance because things need to change during open enrollment and we could do smaller calls. Or, allow other meetings to react to data coming out.

Ms. Kauk of the National Health Law Program said that she had alluded to this earlier in the meeting, but her group’s perspective is that two meetings are needed in order to effectively dig into any potential data or discussions around pivoting marketing and outreach efforts. As others have voiced, there would be one before open enrollment once there’s data and one after open enrollment to assess the data and talk through it. And, potentially two meetings at other intervals throughout the year.

Ms. Green told members that we are at time. She said that we (Covered California) have some homework to do. For us, we will take back all of the comments and feedback from today, discuss it with our teams here and we will be back in touch. We didn’t quite land on a next date and time for our next meeting but we did hear some good feedback in terms of frequency and some feedback on timing, so we’ll take that into consideration. If any member is interested in serving as a chairperson role, please send us your letters of interest and we’ll take back much of the feedback that we’ve received specific to the charter and discuss next steps on how we can communicate back with the group and go from there. Ms. Green thanked everyone for their time.

Meeting adjourned at 3:30 p.m.