



Marketing, Outreach, and Enrollment Assistance (MOEA) Advisory Group Meeting Minutes

Tuesday August 27, 2024, 1:00 PM – 4:00 PM PDT

GoToWebinar Platform

Meeting Registration Link:

<https://register.gotowebinar.com/register/2474238048560165209>

Attendees:

Members:	Member Organization:
1. *Kerry Wright (Chair)	Wright-Way Financial Insurance
2. Alicia Manuel	National Health Law Program
3. Andrea Espinoza	Molina Healthcare
4. Angela Chang	KCAL Health Insurance Services
5. *Angela Cheda	Blue Shield of California
6. Ariela Cuellar	California LGBTQ Health and Human Services Network
7. Betty Ho	Valley Health Plan
8. Bianca Blomquist	Small Business Majority
9. *Cynthia Peshek	Ampla Health
10. Dawn McFarland	M & M Benefit Solutions Insurance Services
11. *Doreena Wong	Asian Resources Inc.
12. Douglas Morales	AltaMed Health Services Corporation
13. *Hellan Roth Dowden	Teachers for Healthy Kids
14. Hugo Morales	Radio Bilingüe
15. Karen Marquez/Priscilla Pelot	Collective:Choice Insurance Solutions
16. Kelly Johnson	Sharp Health Plan
17. Liwen Tsai	Anthem Blue Cross
18. Marshawn Harris	Bay Area Quality Insurance Services
19. Marti Ochai	Kaiser Permanente
20. *Pamela Moore	Aliados Health
21. *Patricia Yeager	Health Net
22. *Rachel Linn Gish	Health Access California
23. Dr. Seciah Aquino	Latino Coalition for Healthy California
24. Seleny Diaz	California Pan-Ethnic Health Network
25. *Sandy Sanchez	Community Health Association Inland Southern Region
26. *Shannon Okimoto	Health Quality Partners of Southern California

*Member attended in person

Public:	Member Organization:
27. Alexandra Lipton	Accenture
28. Jezabel Urbina	Inland Empire Health Plan
29. Victoriano Diaz	Family Health Centers of San Diego

Agenda by Items:

**Comments, questions, or feedback made during or after each section are bulleted and followed by the member's name who made the remarks. Additionally, comments have been condensed and paraphrased. Pending comments or questions are highlighted in yellow for Covered California to follow up and respond via the MOEA Advisory Group Quarterly Summary Report.*

MOEA member and public comments will be made after each section.

I. Call to Order, Rollcall and Agenda Overview

- No comments

II. Administrative

A. Welcome and Opening Remarks

B. MOEA Member Recognition

Covered California

A. Federal, State, and Legislative Updates

- **Hellan Roth Dowden – Teachers for Healthy Kids:** Will you be transferring households on high deductible plans into the new enhanced silver plans?
 - **Waynee Lucero – Covered California:** Individuals that enroll in Silver plans will have no deductibles so more cost sharing for them.
 - **Jessica Altman – Covered California:** Last year we had funding available to those up to the 250% poverty level. This year the funding is doubled so we no longer have an income cap for eligibility of the enhanced silver. Any enrollee that applies for financial assistance and enrolls in a silver plan will get the enhanced benefits which includes an elimination of the deductible and other lower copays for items such as primary care and prescription drugs. Any consumer enrolled in silver who requested financial assistance will automatically be moved into the enhanced silver. For consumer that didn't request financial assistance, they would have to receive this form of financial assistance. For those who have opted for other metal levels would have to move into silver to obtain that benefit. Our pre-existing mapping of enrollees to silver from bronze, gold, and platinum where there is a clear advantage to do so will still stand. Any consumer who wasn't mapped last year, they'll be brought in this year.

B. Enhanced Cost Sharing Reductions Program Updates

- **Rachel Linn Gish – Health Access California:** When you say 250% FPL to qualify for the Silver 73, is there a cap above this level?
 - **Melanie Droboniku – Covered California:** For 2025 there is no cap for income.
- **Rachel Linn Gish – Health Access California:** Comment that this is possible due to the enhanced subsidies received by the Federal Government, and thus California was able to put monies into cost sharing reductions and we're going to hear more about this as we work to expand these subsidies and something we have to work for, so we don't lose this in 2026.

- **Hellan Roth Dowden – Teachers for Healthy Kids:** How is this going to affect insurance agents?
 - **Melanie Droboniku – Covered California:** We're hopeful the insurance agents can explain the benefits of our silver plans and the additional cost sharing people will be eligible for.
 - **Kerry Wright – Wright-Way Financial Insurance:** This will make offering insurance to clients in California a lot easier. Zero-dollar deductibles and cost sharing deductibles make it an easier sell to the consumer, who is more likely to use the plan due to these cost savings.
- **Hugo Morales – Radio Bilingüe:** How are Covered California enrollees being notified of this assistance, especially those who didn't request these benefits?
 - **Melanie Droboniku – Covered California:** Consumers must be willing to indicate that they're willing to accept government assistance to help pay for their healthcare. People currently enrolled in a Silver 70 will automatically be enrolled into one of these new Silver CSR plans.

C. Language Consistency Initiative Update

- **Pamela Moore – Aliados Health:** Can you say a little bit more about how this will work with translating on the website when you select a different language with all these changes you'll be making? Or do you have to do another pass and do this language by language?
 - **Shawna Samboceti – Covered California:** Good question, we're making the Spanish language translation updates at the same time we're updating the English. Although some of the other language pages do not mirror the website directly, we do have it in our plan to update those later. They may not be made at the same time divisions are updating theirs through the different phases, but yes, eventually all the in-language pages will be updated as well.
- **Doreena Wong – Asian Resources Inc:** – Is it too late to provide feedback on some of these terms? Or is it an ongoing process that we may provide some feedback as we encounter terms moving forward?
 - **Shawna Samboceti – Covered California:** We welcome any feedback you may have. We are currently in the process of implementing these approved changes right now, but if there are some major changes put forth by the workgroup, advocates, and senior leadership feel that we should implement, then we'll take them into consideration.

III. MOEA Advisory Member Feedback Discussion

A. Reaching Deferred Action for Childhood Arrivals (DACA) Populations – Outreach Strategies

- **Kerry Wright – Wright-Way Financial Insurance:** The federal government has a list of the people that have applied for DACA. Is it that we can't have access to that list?
 - **Yuliya Andreyeva – Covered California:** My understanding is that the data is very much protected and it's not readily and easily available to where you can just ask for it and get it.
- **Kerry Wright – Wright-Way Financial Insurance:** Also, I was thinking that reaching out and making presentations at the community colleges might be a good way to get some of these folks. The reasons why are because they're young and, and that's

their age group. DACA folks, from my experience are very driven and they're interested in education. They're interested in gaining skills to be nurses, nurses assistants, and electricians. Education and skillsets provided by Community College.

- **Hellan Roth Dowden – Teachers for Healthy Kids:** There's an immigration coalition here in Sacramento and others throughout the state. They have a Resource Center for DACA folks. They do have list of who the DACA recipients are, and they're a group of immigration lawyers who also work with them. And this is just wonderful that these folks are now going to be covered. But you're right, community colleges are very active in this.
 - **Waynee Lucero – Covered California:** We would love that contact. And just this morning our team had a conversation with the foundation of community colleges. And so, we are going to be and they're open to partnering with us on disseminating information. They have some events coming up and they also have a package of information that they're going to be sharing with all the dream centers within the community colleges. And so, we have an opportunity there to really get the word out and provide information across the state.
 - **Jagdip Dhillon – Covered California:** And Hellan, along those lines, I know there's a lot of sensitivity around this topic, but as a Communications unit, we're also looking for people that would even like to be on camera to appear at events if they're inclined.
- **Patricia Yeager – Health Net:** A couple questions regarding the slide up there, the timeline for the outreach development, what are we looking at in terms of talking points? Regarding the three bullet point questions, what would be the timeframe for receiving our feedback regarding those questions?
 - **Waynee Lucero – Covered California:** I'm in an engagement meeting today to talk about timing of materials after this meeting. Specifically, we are looking to do a DACA specific webinar at the end of September for our community partners and stakeholders.
 - **Craig Tomiyoshi – Covered California:** In terms of talking points and messaging, I'd say by middle of next month we should have a draft in place. But just wanted to mention that, talking points and messaging, will likely evolve and shift or as it gets closer to November 1st. So, there may be updated versions that come out.
 - **Patricia Yeager – Health Net:** Understood. I just want to make sure that when I take this back that we have an opportunity if we want to provide feedback or share our thoughts or ideas that we'd like to see included, that we get them submitted in a timely manner.
- **Pamela Moore – Aliados Health:** My understanding of DACA is that it's not a status that's granted in perpetuity, you must renew it. Is there any provision in this rule that if someone fails to renew, maybe financially they can't afford the renewal or something happens, will they be kicked out of their Covered California eligibility? Do you have to be in a current DACA status to still receive the cost sharing? Because hopefully your insurance would stay for as long as you can pay your premiums and get your subsidy. But because it's not a permanent status, I just wonder what our plan is because I think it would be important for DACA recipients to know.
 - **Waynee Lucero – Covered California:** That's a great question Pamela and we're going to take it back for guidance from our legal division.

- **Covered California Legal Division Response:** *In the event of loss of DACA status, the consumer will lose their eligibility for enrollment because under both state and federal rules, applicants must be a citizen or lawfully present and must reasonably expect to be a citizen or lawfully present for the entire period for which enrollment is sought. (45 CFR § 155.305(a)(1); 10 CCR § 6472(c).) Since citizenship/lawful presence is not part of Covered California's mid-year periodic data matching process, a consumer will stay enrolled through the end of the benefit year unless they report a change sooner. Their eligibility will be redetermined at renewal at which time they would lose their eligibility for enrollment and cannot renew their coverage for the following benefit year.*
- **Kerry Wright – Wright-Way Financial Insurance:** One of the tools that we're talking about and, Hellan, I'm happy about you mentioned outreach to the community colleges as I think that is going to be a big one. Because if you talk to folks that are there at the community colleges, they'll talk to their younger siblings and their older siblings who've already graduated from college who have DACA status. So, I believe the community colleges are a great way to make outreach.
- **Rachel Linn Gish – Health Access California:** One thing we've been working with the California Immigrant Policy Center for a long time on our *Health for All* campaign is to expand coverage to all regardless of immigration status. And one thing that we really noticed in the last few years is a lot of fear around public charge. We do a lot of work to try to clear the air that public charge is not currently something on the books. I can't speak to what happens in the future, but I wouldn't be surprised if in your messaging and outreach to DACA recipients, if that comes up. If there's anything we can do to talk about public charge, we're happy to help.
 - **Jagdip Dhillon – Covered California:** Rachel, the way we usually handle that is to lead with the fact that Covered California itself is not a public charge. For DACA recipients, if they're going to get Covered California coverage, it would not be a public charge. There is that gray area where if you try to sign up for Covered California, not for DACA recipients per se, but anyone else, and you were found to be Medi-Cal eligible, we send you that way. And then Medi-Cal in the prior administration could be a public charge. So, you must lay out both things, be honest with it. As mentioned, DACA recipients are usually very well informed and they're not going to just buy our generic talking points. They have questions, they know the issue, the topic. I think what you said, the fact that we cannot predict the future, odds are, future administrations of the same party will try to just go back on the rule and go to the previous rule they had. But that's a little too in depth probably for any kind of messaging. So, Affordable Care Act plans are not a public charge. That is the lead for us.
- **Marshawn Harris -- Bay Area Quality Insurance Services:** I want to include in my strategy, DACA messaging in Facebook or other social media. A lot of the pieces that are social media are usually coming from Covered California, and that's great. But we're not supposed to comment on those. So, if there are social media posts that we can use in the toolkit that we can pull regarding DACA as well as other topics, that would be helpful.

- **Hugo Morales – Radio Bilingüe:** How will we know about the webinars coming up? Also, Parole-in-Place has been faced in court, do we know if it's anticipated for this Biden administration action may also be challenged?
 - **Waynee Lucero – Covered California:** Regarding the webinar, we'll be sending out an invitation and we'll make sure to share with Outreach and Sales so that they can send it to the MOEA group. We're looking towards the end of September. And regarding the current litigation, we are tracking it, but we're still moving forward with November 1st and enrolling DACA recipients. There is a challenge to the new DACA rule.
- **Hugo Morales – Radio Bilingüe:** Please repeat the enrollment period for DACA recipients?
 - **Jagdip Dhillon – Covered California:** Their eligibility begins on November 1st. Not only can they sign up for 2025 beginning on November 1st, if they sign up in November, they will receive coverage starting December 1st. They can get coverage for the rest of this year as well beginning on November 1st. It is in essence like a special enrollment period for them, but they can also sign up like everyone else for 2025 coverage beginning on November 1st as well.
- **Patricia Yeager – Health Net:** For the December DACA coverage, when they go in and apply the drop-down box for the Special Enrollment Period, will there be something added to the system that signifies they are enrolling under DACA status?
 - **Robert Kingston – Covered California:** The specific qualifying life event in CalHEERS will be *gained lawful presence*.
- **Doreena Wong – Asian Resources Inc:** It was interesting about the statistic about the Koreans being the highest number of DACA recipients. I'm just curious where you got that statistic because we haven't seen that trend in the different populations we serve. Also, the DACA recipients we work with are young individuals. An example of our strategy; we have a youth program that we work with through the high schools, and then can also reach their younger or older siblings. That's how we hope to reach out to the families, and we work with a lot of immigrant families, newcomer families, and refugee families. I'm glad you are thinking of creating materials in other languages. And hopefully not just Spanish and Asian languages, as there are other threshold languages. The populations won't be as large, but it would be good if we have a range of languages provided. And if you need help in identifying them, we can support with this effort as we also work with the other immigrant populations and newer immigrant populations as well.
 - **Yuliya Andreyeva – Covered California:** Regarding the Korean statistic, we accessed US Citizenship and Immigration Services data and we'd be happy to share with the group. And Doreena, if you have other sources, we'd be happy to review them.
- **Shannon Okimoto – Health Quality Partners:** To clarify, the DACA recipients will not be required to have health insurance now that they're eligible; they won't be subject to any kind of penalty for not having coverage?
 - **Robert Kingston – Covered California:** The California tax penalty for the individual mandate is administered by the Franchise Tax Board so Covered California may not have information yet on whether or not Franchise Tax Board will impose that penalty or not.

- **Covered California Legal Division Response:** *DACA recipients will be considered lawfully present as of Nov. 1st, 2024, and will be subject to the state individual mandate and its penalty.*

B. Open Enrollment 2025 – Marketing & Outreach Efforts

- **Pamela Moore – Aliados Health:** We do a lot of radio spots. If your radio spot could include in its script information about DACA because we rely on Covered California materials, so we don't recreate the wheel and we also know it's pre-approved. If there's a spot that specifically mentions DACA, that would be helpful. And then we could include it in our 30 second radio ads, which are done in English and Spanish. We also do before the movie ads, which have been surprisingly effective. And when we review them, anytime there's a change in health insurance, for example, the expansion for Medi-Cal, we create a slide to alert people of the changes. We would probably insert a slide specific to those now eligible due to DACA legal status. We must keep it short because it's only a 30 second ad. We're not going to release the ad until after the election is over.
 - **Jagdip Dhillon – Covered California:** We can certainly help formulate and deliver something that's close to the request.
- **Marshawn Harris -- Bay Area Quality Insurance Services:** I will be doing outreach in terms of community outreach with health fairs and different things. And I have received assistance in terms of information. Of course, when information changes, a lot of that information becomes outdated. So that is one thing is making sure that the information that's available is current. And then the second thing is if we can have marketing documents that may be separate for certified insurance agents or a space on those documents for insurance licensing. The State of California requires insurance agents to have their license numbers on documents when they're putting their name and information out there. If we could have those documents updated for that slot, or a separate document for certified insurance agents, that would be helpful.
- **Hugo Morales – Radio Bilingüe:** Please share any scripts for public service announcements for DACA with Radio Bilingüe.
 - **Jamie Shigetoshi – Covered California:** We'll work with the Communications team to see if we have any talking scripts, or as Jagdip noted earlier, we'll work with Hugo to see the scripts he's needing so we can make sure to provide the customized scripts for them.
- **Doreena Wong – Asian Resources Inc:** There are different Dream Centers at the different universities, and we work closely with the one at UCLA. And that is a strategy to make sure we can reach the population. They have the materials, they know they can come to our different navigators, and if there is any language assistance needed, we can refer them accordingly. And, I did want to just reiterate, the warning about the public charge, because we have heard that it has been a barrier, and despite the earlier suggestion that DACA recipients are educated about these different programs, I can assure you that they're not. It's not so clear what Medi-Cal is versus Covered California in the marketplaces and health plans. I do think it is important as we get questions about public charge all the time, even though it's not relevant; it hasn't been relevant in Medi-Cal for a while and certainly not relevant in Covered California. Because there's a chilling effect if you don't continually educate the public on the current status of public charge matters.

- **Ariella Cuellar - California LGBTQ Health and Human Services Network:** I want to share potential strategies that you all could incorporate for Open Enrollment. I think the network would benefit with resharing materials that are more inclusive, and the ones that highlight the fact that there are health plans that Covered California offers that include gender affirming care. Or just affirming health services that are included in these different plans would be useful for LGBTQ+ Californians to grow trust with Covered California. I know many in the LGBTQ+ community are more prone to facing unemployment, being unhoused, and being uninsured.
- **Alicia Manuel – National Health Law Program:** For DACA, there is a lot of value in developing joint DHCS and Covered California materials. Also, we're encouraged by all the work Covered California staff is doing to enroll DACA recipients.

BREAK

IV. Covered California

A. Marketing Updates

- **Pamela Moore – Aliados Health:** Can you provide details on how you capture your impressions? I'm particularly interested in understanding how to capture our viewership or readership when using media. Can you track how many people heard your radio ad, for example? I don't know other than the radio people telling us that this is our listening audience.
 - **Yuliya Andreyeva – Covered California:** We rely on our media partners to deliver that information for us, and the media channels that we utilize have checks and balances in place to make sure that they can't just say it's X number of touches without it being accurate. So, we work with reputable media vendors that are tracked with quality controls in place.
- **Pamela Moore – Aliados Health:** I haven't seen your full album of pictures, but as we think about focus populations and developing new spots, videos and the like, it's been a long time since I've seen people with disabilities represented in some way. And when you're doing enrollments, this is often a group of people that needs a little bit more specialized attention and making sure that the kinds of things that they need in their insurance are available to them. And I just think with all advertising pictures, people when they see themselves in the pictures, they're more likely to say, oh, there's something there for me. It would be good to keep that in the forefront.
 - **Yuliya Andreyeva – Covered California:** Thank you. I should've mentioned that what I've shared with you is very much a work in progress, so this is perfect timing, and we'll take this feedback to the team.
- **Rachel Linn Gish – Health Access California:** One thing that would help partners is if all this wonderful, beautiful content you put together was all in one place. Or you could give us the downloadable images or the GIFs so that it's easy for us to access quickly. At Health access, we're a team of two, so I can only do so much. But if it's easier to take your content and repurpose it for our audiences, that would make it that we could reach more people more frequently. So that's my ask, is there a way

to make available this great content in a way that we can engage with it with to present to our audiences quicker and easier?

- **Hugo Morales – Radio Bilingüe [DACA]:** I was going to comment about the DACA population because we have been working with them or with immigrants for many years. I think the comments that have been made about reaching out to the community colleges, I think it's proper and, it's targeted. And if I may say that's kind of the easier way because those folks are in the system. What has happened is it's been harder in recent years to reach what is now the college population and that is because of legal challenges. So that makes the task of reaching out to the DACA population much harder because they're more at large. I'm happy that Covered California staff is looking toward a broad range of outreach because it's harder to reach the population than it was years ago because of the complexity of enrollment generations. They're not allowing people to enroll anymore. And of course, there's some of us who have, including Radio Bilingüe, who have been working with this population and the trusted messengers. And I think working with some of the legal law firms, I've been working with immigrant lawyers, there aren't that many, but they're very important and trusted messengers along with networks throughout the state. And some of us are involved in both, including Radio Bilingüe, and Fresno Civic; a nonprofit that we have founded. I was one of the co-founders to network all the immigrant service providers in the whole San Joaquin Valley, so the networks in the state. So, I'm more than happy to connect staff with the executive director of Civic here in Fresno. And he may know some of the same people who are connected and maybe others that are easier to identify with the networks. And there are state conferences that we attend, those of us in the ongoing working space of immigrants. Even though I'm in radio, one of the things that I center on, and my staff does is immigrants. And so more than happy to be of a resource if I can be to the staff.
- **Angela Cheda – Blue Shield of California:** The digital plan showed starting November 1. Is there any pre-OE October 1 or anything going on then, or is it just the normal SEP campaign?
 - **Yuliya Andreyeva – Covered California:** The digital channels will start November 1st. For TV and radio, we will wait until after the political window because of the election; the Monday after the election.
 - **Angela Cheda – Blue Shield of California:** People are getting renewal letters in October and it's dark otherwise?
 - **Yuliya Andreyeva – Covered California:** Yes. Renewal communication will go out, but not the overarching marketing campaign.
 - **Angela Cheda – Blue Shield of California:** There's just a normal SEP campaign during that time?
 - **Glenn Oyoung – Covered California:** I'm interested in looking at when we're in market, what we're in market with, and bolstering an *always on* approach with the brand message throughout the year. And when we look at the OE window from a marketing perspective, doing something,

exploring something like what you're talking about or ramp up before you can sign up.

- **Craig Tomiyoshi – Covered California:** Because of the election, we are going to start a little bit early with our earned media efforts this year for Open Enrollment. We'll be starting probably that last week in October with some media events. We will have some material in key markets before November 1st.
- **Victoriano Diaz – Family Health Centers of San Diego:** I am one of the recipients of Cover California funds to provide application assistance in San Diego. One of the things I want to see, and mention is one of the things that makes us successful as far as getting people in to complete applications, is what happens at the actual application. And making sure that when individuals have a good experience when completing an application, that they pass that on immediately to someone they love or someone they know. Because I think letting people know like, "Hey, let me hook you up with someone that I know," is much easier to digest than saying, "Call this number or call someone," that you don't know. But taking that additional step of saying, "Hey, if you had a good experience, make sure you let your family members know that I'm here and available."

B. Communications Updates

- **Kerry Wright – Wright-Way Financial Insurance:** From the agents' standpoint, we were discussing amongst ourselves the Medi-Cal unwind and it wasn't as daunting, at least for us, as we thought it was going to be because during COVID they kept a lot of people on and didn't do redeterminations. And people were riding that Medi-Cal because it doesn't cost anything. They can see their doctor and then it's going along and that sort of thing. And then when they started doing this redetermination, we found out that they had jobs and had insurance through their employers. And that was why it wasn't so heavy. It was a revelation to us agents.
 - **Jagdip Dhillon: Covered California:** Along those lines, Kerry, and this is obviously one survey that we pointed to in a press release, 81% of respondents in that first batch of redeterminations had found another form of coverage; whether it was Covered California as you mentioned, or employer-based coverage. People were not being, at least not here in California, just thrown off Medi-Cal with nowhere to go. And from a communications perspective, and discussing Medi-Cal to Covered California, it was daunting at first because when we opened the program, we said this is happening now. But the information was coming in slower. The data takes a little time to bake with all those batches coming in. We didn't have a lot of news. But I think as we got to the finish line here and to be able to share, and it's over 160,000 now, that many Californians were able to keep coverage on a low-cost plan because of this new program, and the work Rachel's group at Health Access California did to make SB260 a reality. I think it's a great story and goes along with what you mentioned as far as California being in the spirit of the Affordable Care Act. The Medicaid

redetermination happened across the country, but we wanted to make sure in California we made it as painless as possible.

- **Hugo Morales – Radio Bilingüe:** How many Californians lost their Medi-Cal coverage within the last 12 months?
 - **Jagdip Dhillon: Covered California:** That is a question that's probably best served for DHCS. We, I personally don't know of a good estimate that I would give right now, but they are constantly working on that. We'll have to take that one back.
- **Hugo Morales – Radio Bilingüe:** I want to make a correction about a statement made very early in this meeting about public charge. I just checked with an attorney with ILRC, an immigration law firm. The response was that Medi-Cal was not a public charge under the Trump rule. In other words, it has not been a public charge. So however, it was in the works under the Trump administration, and it leaked and that created a chilling effect in the undocumented population and beyond. I wanted to make sure that we had that fact corrected.
 - **Jagdip Dhillon: Covered California:** No, the Trump administration did pass a public charge rule that the Biden administration has in essence reversed. It is true that the news of the rule before Trump passed it was leaked, and it did have a chilling effect going into that Open Enrollment. But then they did follow through and pass the rule. And then the Biden administration last year went through and reversed it via essentially the same process, which means it's possible a future administration could go back and reverse it again.
- **Doreena Wong – Asian Resources Inc:** The unwinding was a little bit challenging for some of the navigator entities. And one reason it made it a little smoother was because at that time, the Department of Healthcare Services did provide some navigator grants, to help ease the Medi-Cal population in its renewals, which unfortunately that money was lost as it's not in next year's budget. We won't have that kind of support next year for the renewals. I want to just point out that luckily Covered California had navigator funding and DHCS also had navigated grants, but unfortunately, next year we won't have that support, and hopefully there won't be a lot of loss of coverage. I think it'd be a good idea to just keep tracking those numbers and that data because I do think there are a lot of questions that came up. A lot of people were confused about the transition from Medi-Cal to Covered California, at least from what we could tell.

C. Outreach and Sales Updates

- **Kerry Wright – Wright-Way Financial Insurance:** In 2014, agents got a small something thrown at them when they signed folks up for Medi-Cal. And because of the no wrong door approach that we take, it would be nice if you all had a small grant. I believe it was \$50 in 2014. I think it was a one-time \$50 payment and we're still going to service them. And to tell you the honest goodness truth, most of the time we're dealing with mixed families where we get paid on the parents. It's not like we're not getting anything, but sometimes someone walks in and it's just pure Medi-Cal and a small something to help cover expenses might not be the worst thing.

- **Hugo Morales – Radio Bilingüe:** Send details of the Open Enrollment 2025 enrollment events in El Centro and Fresno to announce on the local radio stations in the region.
 - **Tiffany Krouch – Covered California:** For transparency, the kickoff meeting content in El Centro and Fresno is tailored for our enrollers, so it's not necessarily something the public would benefit from.
- **Bianca Blomquist – Small Business Majority:** Small business majority would love to partner on outreach with CCSB.

D. External Affairs and Community Engagement Updates

- **Doreena Wong – Asian Resources Inc:** It sounds like a great program, is this different from anything you've done before? Because I know you've periodically sought feedback from different navigators and different entities. So how is this different, or is it a more formalized process? And how do people get connected to you? Or are you going out to choose who you're going to talk with? What's the process of doing your outreach?
 - **Waynee Lucero – Covered California:** We're still developing those processes, but we are going to be working very closely with our Outreach and Sales team as well because there's already a field team established there, and working with them on any potential partnership opportunities that we have. For example, the DACA outreach, we are looking to interview, for example, some of the immigrant advocacy organizations. We've interviewed CIPC, National Immigration Law Center; Health Access was part of that too, and a few other organizations to really understand how we reach DACA recipients and really getting those learnings from them. In addition, in 2023 and 2024, we had community conversations where Jessica Altman went to specific communities and had conversations with, for example, the Hmong community, and learning how to engage the African American community in Long Beach. What are the barriers to health coverage that they're experiencing? What should we be doing at Covered California to better to reach those communities? What are some of the culturally sensitive issues that we should be aware of when engaging with specific communities? It's more of a holistic view of creating those partnerships and gaining information and insight to bring back to Covered California to inform our decisions. It's a community level partnership program and we're hoping to continue to engage with our current partners that we have and gain new partnerships as well.

V. MOEA Member Open Discussion

- **Marshawn Harris – Bay Area Quality Insurance Services:** I don't know if this is impacting other Covered California enrollers in addition to me, but I want to discuss the fact that we're losing a lot of clients to Medi-Cal, particularly the clients who are on unemployment. The unemployment level has not changed in decades, as the \$450 a week is the maximum and it is very quickly reaching the Medi-Cal limit. We have more and more people falling into Medi-Cal, which is the area that we service, but we don't service, and is becoming kind of frustrating because I don't see where there are other opportunities to grow the market besides like DACA, which would lean to other areas, people with who speak at least Spanish or another language. So are there any areas of opportunity of growth that you guys

are seeing that I'm overlooking? Also, since we are not getting compensated for Medi-Cal, is there anything that we should be lobbying for on our end to potentially see compensation for servicing Medi-Cal consumers? Because if the unemployment amount doesn't change, I don't see enrollers losing those consumers to Medi-Cal for those that lose their jobs. That's a large group of people that would normally be on Covered California

- **Robert Kingston – Covered California:** We'll take your comments back and follow up with you.
- **Angela Chang – KCAL Health Insurance Services:** Last week Blue Shield had a top provider discussion and some of the topics that came back I promised I'd bring up to our MOEA meeting. The first one is a lot of providers are apparently denying coverage, claiming that they get paid less for Covered California patients and discouraging their patients from signing up with Covered California. I'm not sure of any other agents experiencing this, but that's scary to hear. The second one is there was a major complaint about how for those who experience redetermination, Medi-Cal to Covered California, a lot of brokers were not notified because of a new assignment of a new consumer ID. The next one is that some of the carriers, due to Covered California being the source of truth, are not getting real time updates and it takes sometimes more than two weeks for a member to prove that they're an active Covered California customer with any of the carriers. The member is getting denied access when they go to the provider office. And then finally, this is less consumer facing, but this does affect a lot of us agents, a lot of tax filers, tax preparers, are causing broker of record changes to themselves without client approvals while they're filing client taxes. Four very different topics, but I wanted to bring them up in case there are any resolutions that this committee can provide.
 - **Kerry Wright – Wright-Way Financial Insurance:** We'll take that back for Cover California to consider and get back to you with any responses.
- **Kerry Wright – Wright-Way Financial Insurance:** We are at the end of our allotted time, and I wanted to take just a couple of moments of personal privilege. It has been one of the greatest things in my life to have been your chairman for the past two years. And the reason why is because I respect the MOEA Advisory; I've been on it since its inception. Some of the people that have served as chairman have just gone away and disappeared, I'm not going anywhere. I believe that the other marketplaces across the country and Healthcare.gov itself need something like us, because I believe that we have offered something in reaching out to, in particular the underserved communities. But more than that, because we have experience from the folks who are buying the policies, we can give that information to Covered California and Covered California as a learning institution has put it in the actions that have made us as successful as we've been. So, I want to thank you for allowing me the privilege of being your chairman for the last two years, and I plan on going into the future with you.

VI. Adjourn

- **Kerry Wright – Wright-Way Financial Insurance:** And with that, I call meeting adjourned.