

About CalOptima Health's Interest in Covered California

CalOptima Health is exploring joining the Covered California market for the 2027 plan year. By becoming part of Covered California, CalOptima Health aims to ensure that more Orange County residents have access to affordable health insurance and the quality care they deserve. CalOptima Health's intent is to benefit members, providers and the community overall. This document briefly explains the opportunity.



Question: What initial steps must CalOptima Health take to join the Covered California exchange?

Answer: To launch a Covered California plan by 2027, CalOptima Health must seek a change to its governing ordinance from the Orange County Board of Supervisors in 2024. CalOptima Health will also need to obtain approval from both Covered California and the California Department of Managed Health Care (DMHC). CalOptima Health's Board of Directors will guide implementation based on the project timeline.

Question: How will CalOptima Health ensure a transparent process as it prepares to enter the Covered California market?

Answer: To boost community engagement, CalOptima Health is convening a Steering Committee of external stakeholders to ensure transparency and gather input both before and after the ordinance change. CalOptima Health's Member Advisory Committee and Provider Advisory Committee are also being engaged throughout the process.

Question: How will CalOptima Health ensure that entering Covered California will benefit members, providers and the community?

Answer: CalOptima Health will adhere to seven guiding principles throughout the design and implementation of a Covered California plan, including:

- 1. Provide continuous, high-quality care to our members across changes in life circumstances.
- **2.** Ensure sufficient provider reimbursement in alignment with the current Covered California market in Orange County.
- **3.** Consistently engage external stakeholders on an ongoing basis to inform the design, development and implementation of the program in a transparent way.
- **4.** Be strong stewards of public funds by identifying opportunities for efficiency and careful investment in needed capabilities.
- **5.** Ensure ongoing reinvestment in the Orange County community.
- 6. Start small and target individuals and families churning on and off Medi-Cal coverage.
- 7. Ensure network adequacy to support access and availability to care for our members.

CalOptima Health welcomes your questions and input. Please email the Strategic Development department at StrategicDevelopment@caloptima.org. Thank you for your partnership!

Benefits of a CalOptima Health Covered California Plan	
For Members	For Providers
As incomes change, members may lose Medi-Cal coverage and need to transition to Covered California. A CalOptima Health Covered California plan will offer continuity of care to former Medi-Cal members and help them retain their primary care provider.	A CalOptima Health Covered California plan will support safety net providers by offering a new line of business and a way to maintain relationships and continuity of care with patients transitioning out of Medi-Cal.
CalOptima Health will aim to provide access to a broad, high-quality health network to ensure continuity of care for members transitioning from Medi-Cal. This may prevent disruption for members who would otherwise be required to join a new provider network and seek services from a different provider.	Maintaining competitive reimbursement rates is critical to ensuring the delivery of quality care. Covered California is an established market, and CalOptima Health will need to have competitive provider reimbursement rates to maintain a robust provider network.
By offering both Medi-Cal and Covered California plans, CalOptima Health will help mixed-coverage households maintain aligned provider networks for all family members.	CalOptima Health will work to align administrative and quality of care requirements and processes across all our programs.
Upon implementation, CalOptima Health will establish a member and community advisory committee to gather input about the ongoing operations of the plan.	CalOptima Health will reinvest any net revenue into Orange County's broader community health, which will benefit providers, clinics, hospitals and others. CalOptima Health will formalize the reinvestment process with stakeholder input.
Proposed Implementation Timeline	
Summer/Fall 2024 • Initial Product Design and Business Case • Stakeholder Engagement	 December 2024 Ordinance Change Initial Financial Resources

August 2025 January-April 2026 **Early 2025** Provider Network Contracting QHP Application Process Begin System Build Vendor Contracts and Rate Filing DMHC Licensure Process Operational Readiness Review November 2026 January 2027 **April 2026**

Begin Marketing and Awareness Campaigns

About Covered California

• Launched in 2014, Covered California is the state-based health insurance marketplace through which eligible Californians purchase low-cost individual insurance coverage for themselves and their families.

Open Enrollment

Product Go-Live

- All Covered California plans must provide a comprehensive package of benefits and services, known as the Essential Health Benefits.
- · Lawfully present California residents who are not eligible for Medi-Cal or employer-sponsored insurance can purchase a plan through Covered California.
- Premium subsidies are available to qualifying individuals and families, and 9 out of 10 people who enroll get financial help based on their income level.
- There are approximately 163,000 Orange County residents currently enrolled in a Covered California plan.