



COVERED
CALIFORNIA

Plan Management and Delivery System Reform Advisory Group

January 7, 2014

AGENDA 1

Public comment will be taken after each agenda item

- I. **Welcome and Agenda Review (Ellen Wu)** **1:30-1:40(10 min.)**

- II. **2015 Benefit Design & Recertification (Ellen Wu)** **1:40-2:10 (30 min.)**
 - **Certification and Recertification**
 - **Network adequacy standards for CDI products**
 - **Member-level benefits**
 - **Deductibles**
 - **Coinsurance**
 - **Alternative benefit design**

- III. **Certification & Recertification** **2:10-3:00 (50 min.)**

Send public comments to qhp@hbex.ca.gov

AGENDA 2

Public comment will be taken after each agenda item

IV. Program Updates (staff) 3:00-3:30 (20 min.)

- 1. Pediatric Dental (Casey Morrigan)**
- 2. Quality & Network Management(Jeff Rideout)**
- 3. Provider Directory (Jeff Rideout)**

**V. Plan Management Advisory
Committee Membership (Casey Morrigan) 3:30-4:00 (30 min.)**

VI. Wrap-up & Next Steps (Ellen Wu, Casey Morrigan) 4:00-4:30 (30 min.)

- Send public comments to ghp@hbex.ca.gov

2015 BENEFIT PLAN DESIGN

2015 BENEFIT DESIGN

- **Draft Regulations at January 23 Board Meeting – Recertification Regulations include benefit design**
- **Final regulations at February 20 Board Meeting**
- **Direction: Minimum change for plan year 2015**
- **Quality and Data Contract Requirements: Review and comment by Jan. 16 to qhp@hbex.ca.gov**
 - **Priorities for compliance**
 - **Other comments**

MEMBER LEVEL “SPLIT FAMILY” BENEFITS

Kat Winger, Analyst

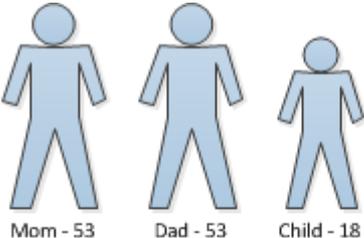
1-7-2014

Member Level Benefits Advanced Premium Tax Credit Allocation Overview

- When a subsidy eligible family chooses to enroll in different products and/or plans, APTC will be allocated based on the number of enrollees covered under each Covered California plan, weighted by the age of the enrollees using the default uniform age rating curve.
- The portion allocated to any single Covered California plan will not exceed the monthly premium. If the portion of the advance payment(s) allocated exceeds the monthly premium, the remainder will be allocated evenly among all other Covered California plans in which individuals in the tax filers' tax households are enrolled.
- Covered California health plans are prioritized over stand alone dental plans in receiving advanced credit.

The Williams Family

Total APTC Eligibility =
\$830

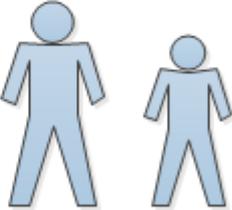


Covered
California Plan A



\$350/month

Covered
California Plan B



\$470/month

Stand Alone
Dental Plan



\$20/month

Premium:

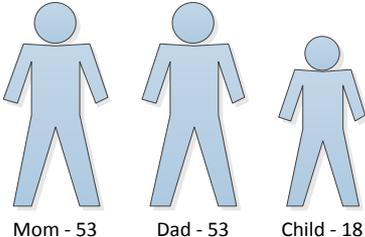
Subsidy Calculation

<u>Calculation of Subsidy Allocation:</u>		<u>Covered California Plan A Portion</u>	<u>Covered California Plan B Portion</u>	
Age	Rate Band	[820/ 2.04+2.04+0.635] *	[820/ 2.04+2.04+0.635] *	APTC – QHP Total = \$830 - \$820 = \$10
18	.635	2.04	[2.04+.0635]	
53	2.04	= \$355	= \$465	
Above values taken from default uniform age curve				
Allocated Portion Determined By:		\$355 > premium of \$350, so excess \$5 applied to QHP B	Excess from QHP A applied: \$465 + \$5 = \$470	
$\left[\frac{\text{APTC}}{\sum \text{Rate Adjustments for Family}} \right] * \sum \text{Rate Adjustments for Enrollees in Each Product}$				

APTC Allocation

The Williams Family

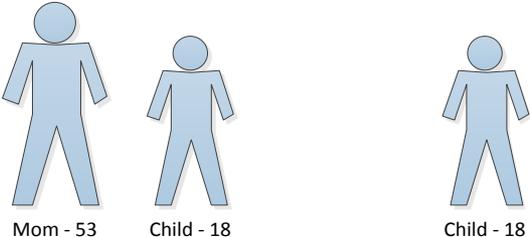
Total APTC Eligibility = \$830



Covered
California Plan A



Covered
California Plan B



<u>APTC Available for Each Plan:</u>	\$349/month	\$469/month	\$12/month
Above APTC amount amended to reflect \$1 minimum payment for women's reproductive health, with the excess QHP dollars applied to the SADP			

Moving Forward

- This functionality will be in CalHEERS in the beginning of February.
- Families that want member level benefits, but have already enrolled, will be allowed to disenroll and re-enroll by contacting Covered CA service centers.

PROGRAM UPDATES

PEDIATRIC DENTAL UPDATE

PEDIATRIC DENTAL UPDATE

Scheduled Meetings

January 15, 1:30-2:30

April 9, 1:30-2:30

July 16, 2013

1. Reportback on December meeting (Tim Von Herrmann)
2. January meeting: review draft board recommendation

QUALITY, NETWORK MANAGEMENT AND DELIVERY SYSTEM REFORM UPDATE FOR PLAN ADVISORY COMMITTEE

Jeff Rideout, Senior Medical Advisor
1-7-2014

Quality and Network Management Topics

- Overview of Plan Networks
- Provider Directory Update
- Quality Rating System Update
- Contract compliance with Attachment 7
- Clinical and Network Analytics RFP Update

Overview of Plan Networks- Key Themes

- There is broad access to physicians and hospitals across the plans offered on the Exchange
 - 58,000 unique physicians
 - 360 acute care hospitals
 - 2/3's of the state's ECP hospitals
 - All member hospitals of the CA Children's Hospital Association
- Plan selection is critical- selecting the right provider requires selecting the right plan. Also....
 - “in network” rules are plan and product specific
 - provider contracting rules are unique to each plan
- Capacity and access will be zip code based-even with regulatory and ECP adequacy
- Accurate network information is critical and an ongoing endeavor

Provider Information and Provider Directory Update

Task	Goal	Target Date	Comments	Status
Single point of contact	Ensure comprehensive cataloging for all identified issues regardless of source	October 31	“In Box” completed; CC personnel monitoring	Green
Physician search accuracy	Accuracy now 80%- re commend >80% all cause); need automated process	November 6 (done)	CMA rerun now >80% accuracy with remaining being submission errors; need automated test process going forward	Yellow
“Facility” search	Restore search capability for hospitals, clinics, health centers and medical groups;	Dec 15- completed Dec 18	Required manual sorting of >10,000 individual submissions; accuracy still a work in progress	Yellow
Quarterly “refresh”	Ensure timely, accurate and fully searchable provider data from each plan	Completed Dec 18; regular refresh schedule posted to plans on 11/26	Aggressive monthly schedule through the rest of open enrollment; better QA and precision in requests	Green
Consolidated Provider directory	MD/DO and Hospital (only) composite available for external parties	Completed November 15	Need automated process beginning in 2014; add other providers	Green
Plan & Exchange product specific URLs	Allow direct path from enrollment site to plan specific provider info	Nov 6 (done)	Completed; any improved links need to be added	Green

Provider Directory “Re-Boot” for Fall 2014

- Improve integrity of plan submissions
 - Ensure completeness and specificity of submission
 - Full QA and pre-production testing
- Test accuracy of submissions using 3rd party intelligence and Key Stakeholder reference lists (OSHDP, CPCA, CAPG)
- Limit to providers that matter to enrollee plan selection
 - Physicians, Hospitals, Med Groups, IPAs, Clinics and Health Centers
 - Reduces non MD submission load from >50,000 to <10,000
- Use fully “scrubbed” information for provider directory and consolidated multi-plan directory- examples
 - Network composition/capacity by zip code/region
 - ECP adequacy
 - Media and 3rd Party responses
- Dramatically improve navigation to retail standards

Update on Quality Rating System (QRS)

- Board approved CAHPS only version for January 2014 use
- Plan specific information will be available for Enrollees Jan 13
 - All plans, all regions except Valley and Chinese Comm
 - OPA link still active
- Press release to go out after Jan 13- includes 19 regional reports
 - Plans provided all information (unblinded) on January 6
 - Results to be reviewed with DHCS, OPA and CU to assess congruence/dissimilarities with their public reports
- Process underway for Exchange specific CAHPS process to begin in July 2014 for Fall 2015 open enrollment

Quality and Network Management (aka Attach. 7) Contract Compliance

Section/Article (all Attach 7 unless noted)	Date Addressed	Focus Areas/Notes
Article 1- Improving Care, Promoting Better Health and Lowering Costs (incl. collaboration)	Jan 21, 2014	Health Disparities
Article 2- Accreditation	Forum not needed	
Article 3-Provision and Use of Data and Information for Quality of Care	Aug 13, 2013 Nov 19, 2013	HEDIS/CAHPS-QRS, Hospital Quality
Article 3-Provision and Use of Data and Information for Quality of Care	Dec 17, 2013	Claims data submission, eValue8
Article 4- Preventive Health and Wellness	Q2 2014	
Article 5-Access, Coordination, and At-Risk Enrollee Support	Oct 15, 2013	use of PCPs, integrated care, care transitions
Article 6-Patient-Centered Information and Communication	Q1 2014	provider performance, enrollee decision support; Initial discussion on Aug 13
Article 7- Promoting Higher Value Care	Upcoming Q2	
Section 3 & Attachment 5-network contracting, directory process	Sept 17, 2013 Nov 19, 2013	ECPs, Grace period, network composition
Attachment 14-performance standards	Upcoming Q1	

Clinical and Network Analytics RFP Update

- Goal: independent assessment of quality of care and services provided to Covered California enrollees
 - No enrollee specific information accessible to Covered CA- follows all HIPAA and privacy standards
 - Cross plan and region specific
- DRAFT RFP to be issued January 10 for stakeholder comments-Final RFP to be issued mid February
 - Award targeted for April/May 2014
 - Phase 1 (through 2014)- data aggregation/warehousing
 - Phase 2 (late 2014)- first analysis available- “self service” model
- Part of overall Enterprise Business Intelligence strategy
- Key Data Inputs
 - Enrollment
 - QHP claims/encounter (per model contract Att. 7, section 3.03)
 - Provider roster information
 - Publicly available- OSHPD, vital statistics
- Analysis before 2014 remain “ad hoc”

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ADVISORY COMMITTEE MEMBERSHIP

Casey Morrigan, Plan Management Consultant

ADVISORY COMMITTEE MEMBERSHIP

- Two year terms
- One-year chairperson
- One resignation
- Check on ongoing commitments
- Open nomination process after check-in complete
- Information on committee charter and membership:

<https://www.coveredca.com/hbex/stakeholders/plan-management/>

WRAP-UP AND NEXT STEPS

THANK YOU

Send Public Comments to ghp@hbex.ca.gov