	MHCD 1: Race/Ethnicity and Language Data A. Collection of data on race/ethnicity B. Collection of data on language C. Privacy protections for race, ethnicity, language data D. Notification of privacy protections
Article 3	
3.01	MHC 1 aligns with the overall goals of CCA for 3.01 - requires health plans to collect and report on race/ethnicity data for members. It goes beyond this, also addressing vital infrastructure elements of data security and privacy practices as well as includes data collection on language. MHC 1 goes beyond the requirement to collect data on race/ethnicity, MHC 1 includes processes to roll up race/ethnicity to OMB categories, systems for data storage and retrieval of individual-level data, and reporting HEDIS Diversity of Membership measure (race/ethnicity component), if applicable. Additional elements include: collection of data on language, an assessment of the population's language profile at least every three years, and threshholds on languages spoken and impacts on member materials and access; privacy protection requirements for race/ethnicity and language data including controls for physical and electronic access to data, permissable uses of data, and impermissible uses of data including underwritng and denial of coverage benefits; and Notification of Privacy Protection requirements.
3.01(1)	
3.01(1)a	Collection of race/ethnicity data on members is required with a focus on self-identification. Organization must attempt to collect race, ethnicity (voluntary for eligible individuals to report). The organization may collect data directly at various points of interactions with eligible individuals and through multiple mechanisms. Evidence is documented using documented processes, reports, materials. There is no percentage requirement for how many must be achieved via self-identification nor an annual expectation.
3.01(1)b	Race/ethnicty reporting is required. MHC does not have an annual requirement
3.01(1)c	MHC 1 includes expectations for the estimation of race/ethnicity using indirect methods and validation of estimation methodology. It includes two methods for estimation that organizations may consider including geocoding and surname analysis. No prescribed method for estimation of race/ethnicity. Organizations are required to submit documented processes to demonstrate meeting this requirement.
3.01(2)	
3.01(2)a	Aligned with data collection required by MHC 1
3.01(2)b	Aligned with data collection required by MHC 1
3.02	

	MHCD 1: Race/Ethnicity and Language Data A. Collection of data on race/ethnicity B. Collection of data on language C. Privacy protections for race, ethnicity, language data D. Notification of privacy protections
3.02(1)	Aligns with MHC 1 data collection requirements
3.02(2)	Not addressed in this section
3.03	MHC 1 includes Limited English proficiency, does not address income, disability status, sexual orientation, and gender identity. Requires evidence of compliance including documented processes, reports, and materials supporting evidence of data collection.

	MHCD 1: Race/Ethnicity and Language Data A. Collection of data on race/ethnicity B. Collection of data on language C. Privacy protections for race, ethnicity, language data D. Notification of privacy protections
3.04	Covered California encourages achievement of Multicultural Health Care Distinction
CA Law	
SB 853	MHC 1 aligns with collection and reporting requirements

	MHCD 2: Access and Availability of Language Services A. Written documents B. Spoken language services C. Support for language services D. Notification of language services	**MHCD 3: Practitioner Network Cultural Responsiveness** A. Assessment and Availability of Information B. Enhancing Network Responsiveness	**MHCD 4: Culturally and Linguistically Appropriate Services Programs** A. Program Description B. Annual Evaluation
Article 3			
3.01	Not addressed in this section	Not addressed in this section	Not addressed in this section
3.01(1)			
3.01(1)a	Not addressed in this section	Not addressed in this section	Not addressed in this section
3.01(1)b	Not addressed in this section	Not addressed in this section	Not addressed in this section
3.01(1)c	Not addressed in this section	Not addressed in this section	Not addressed in this section
3.01(2)			
3.01(2)a	Not addressed in this section	Not addressed in this section	Not addressed in this section
3.01(2)b	Not addressed in this section	Not addressed in this section	Not addressed in this section
3.02			

	MHCD 2: Access and Availability of Language Services A. Written documents B. Spoken language services C. Support for language services D. Notification of language services	**MHCD 3: Practitioner Network Cultural Responsiveness** A. Assessment and Availability of Information B. Enhancing Network Responsiveness	**MHCD 4: Culturally and Linguistically Appropriate Services Programs** A. Program Description B. Annual Evaluation
3.02(1)	Not addressed in this section	Not addressed in this section	Not addressed in this section
3.02(2)	Not addressed in this section	Not addressed in this section	MHC 4 includes substantive input from community in developing an dmonitoring programs to include CLAS programs and narrow disparities.
3.03	MHC 2 focuses on access and availability of language services, including in-person and written translation, interpreter services	Cultural responsiveness includes assessing practitioner language options for LEP members and making that information available to members. MHC 3 also requires assessment of network capacity to meet member language needs and to develop a plan to address gaps identified every three years.	MHC 4 focuses on developing, implementing, and evaluating annual work plans to address CLAS, including needs of LEP members.

	MHCD 2: Access and Availability of Language Services A. Written documents B. Spoken language services C. Support for language services D. Notification of language services	**MHCD 3: Practitioner Network Cultural Responsiveness** A. Assessment and Availability of Information B. Enhancing Network Responsiveness	**MHCD 4: Culturally and Linguistically Appropriate Services Programs** A. Program Description B. Annual Evaluation
3.04	Covered California encourages achievement of Multicultural Health Care Distinction	Covered California encourages achievement of Multicultural Health Care Distinction	Covered California encourages achievement of Multicultural Health Care Distinction
CA Law			
SB 853	NCQA standards are stricter: NCQA requires translation for 1% or 200 eligible, whichever is less, with a maximum of 15 languages.	Not addressed in this section	Aligned on linguistically appropriate services. In addition, MHC 4 requires organizations to continually improve their services to meet the needs of relevant populations. It requires a written program description and an annual evaluation. It also contains specific requirements for community engagement and provides a uniform framework for its internal annual evaluation. Under MHC 4, the organization must provide a writen program for improving delivery of culturally and linguistically appropriate services, which must include a list of mesurable goals fo improving CLAS and health care disparities.

	MHCD 5: Reducing Health Care Disparities A. Use of Data to Assess Disparities B. Use of Data to Monitor and Assess Services C. Use of Data to Measure CLAS and Disparities
Article 3	
3.01	Not addressed in this section
3.01(1)	
3.01(1)a	Not addressed in this section
3.01(1)b	Not addressed in this section
3.01(1)c	Not addressed in this section
3.01(2)	
3.01(2)a	MHC 5 requires using race/ethnicity and language data to identify disparities in care but does not include gender. NCQA requires reports to demonstrate compliance with this area. Stratification by gender is not a requirement.
3.01(2)b	Attachment 7 is more specific, identifying clinical measures for improvement and outlining steps for developing annual intermediate milestones in the reduction of disparities. NCQA does not prescribe clinical measures to be analyzed for disparities by race/ethinicity but requires organizations to stratify one or more HEDIS or other clinical performance meausres using individual-level data. Gender is not included in MHC 5. Despite differences, MHC 5 provides the infrastructure to support Covered California's requirements for race/ethnicity data stratification, disparity analysis, and reporting.
3.02	

	MHCD 5: Reducing Health Care Disparities A. Use of Data to Assess Disparities B. Use of Data to Monitor and Assess Services C. Use of Data to Measure CLAS and Disparities
3.02(1)	Infrastructure can be aligned, but MHC 5 is less specific than Attachment 7. HMC 5 does not include baseline clinical measures for diabetes, hypertension, asthma, and depression, required targets for 2020 or annual disaprities reduction milestones based on national benchmarks. MHC 5 requires organizations to demonstrate that they are using data to monitor and assess specific functions in the areas of language services, CLAS, and disparites with more specificity than Attachment 7. For language services, organizations must use data to monitor and assess: utilization of langauge services for organization functions; eligible individual experience with language services for organization functions; staff experience with language services for organization functions; and eligible individual experience with language services during health care encounters. For CLAS and disparities, organization must: identify and prioritize opportunities to reduce heatlh care disparities; identfy and prioritize opportunities to improve CLAS; implement at least on intervention to address a disparity and implement at least one intervention to improve a CLAS; evaluate the effectiveness of an intervention to reduce a disparity; and evaluate the effectiveness of an intervention to improve CLAS annually.
3.02(2)	MHC 5 requires organizations to establish infrastructure for analyzing clinical performance by race/ethnicity and language in order to assess existence of disparitie and focus quality improvement efforts toward improving the provision of culturally and linguistically appropriate services and decreasing health care disparities. This includes requirements on how the organization uses data to analyze one or more valid measures of clinical performance, such as HEDIS for both race/ethnicity and language and one or more valid meausre of eligible individual experience, such as CAHPS, by race/ethnicity or language. MHC 5 is less specific than Attachment 7 - it does not include baseline clinical measures for diabetes, hypertension, asthma, and depression; required targets for 2020; or annual disaprities reduction milestones based on national benchmarks.MHC 5 allows organizations to pick from any one or more valid measures of clinical performance. The overall approach of MHC 5 can be aligned with Attachment 7.
3.03	MHC 5 requires organizations to use language data to analyze at least one clincial performance measure by language. MHC 5 does not include the other four suggested areas of focus for expanded measurement: income, disability status, sexual orientation, gender identity. Together, the infrastructure and capacity required to comply with NCQA's Distinction in MHC and the organizational experience of gaining compliance could provide a roadmap for expanding measurement into mutually agreed upon areas between health plans and Covered Califrnia.

	MHCD 5: Reducing Health Care Disparities A. Use of Data to Assess Disparities B. Use of Data to Monitor and Assess Services C. Use of Data to Measure CLAS and Disparities
3.04	The Distinction in MHC is awarded for two years. The renewal process includes submitting a Renewal Survey before the organization's status expires.
CA Law	
SB 853	Not addressed in this section

MHCD 1: Race/Ethnicity and Language Data	MHCD 2: Access and Availability of Language Services	MHCD 3: Practitioner Network Cultural Responsiveness	MCHD 4: Culturally and Linguistically Appropriate Services Programs	MCHD 5: Reducing Health Care Disparities
A. Collection of data on race/ethnicity	A. Written documents	A. Assessment and Availability of Information	A. Program Description	A. Use of Data to Assess Disparities
B. Collection of data on language	B. Spoken language services	B. Enhancing Network Responsiveness	B. Annual Evaluation	B. Use of Data to Monitor and Assess Services
C. Privacy protections for race, ethnicity, language data	C. Support for language services			C. Use of Data to Measure CLAS and Disparities
D. Notification of privacy protections	D. Notification of language services			

3.01 Measuring Care to Address Health Equity

Contractor must track and trend quality measures by racial or ethnic group, or both, and by gender for the Contractor's full book of business, excluding Medicare.

1) Identification:

(a) By year end 2019 and annually thereafter, Contractor must achieve eighty percent (80%) self-identification of racial or ethnic identity for Covered California enrollees.

(b) In the annual application for certification, Contractor will be required to report the percent of self-reported racial or ethnic identity for Covered California enrollees.

(c) To the extent Contractor does not have self-reported information on racial or ethnic identity, or both, it shall use a standardized tool for proxy identification through the use of zip code and surname to fill any gaps in information.

2) Measures for Improvement:

(a) Disparities in care by racial and ethnic identity and by gender will be reported annually by QHP Issuers based on its Enrollees. The tool for proxy identification shall be used to supplement self-reported racial or ethnic identity. Contractor agrees to work with Covered California to provide comparison reporting for its other lines of business where comparative data can offer meaningful reference points.

(b) Measures selected for improvement beginning in plan year 2017 include Diabetes, Hypertension, Asthma (control plus hospital admission rates), and Depression (HEDIS appropriate use of medications).

(c) Covered California will consider adding additional measures for plan year 2021 and beyond.

3.02 Narrowing Disparities

1) Contractor reported baseline measurements from plan years 2015, 2016, 2017, and 2018, on the measures listed in the Measurement Specifications document, based either on self-reported identity or on proxy identification on its Enrollees. Covered California anticipates that this baseline data may be incomplete. The Measurement Specifications document is posted on the Contractors extranet website provided by Covered California (Plan Home, in the Resources folder, Health Disparities Reduction – Measurement Specifications folder).

2) Targets for year end 2020 and for annual intermediate milestones in reduction of disparities will be established by Covered California based on national benchmarks, analysis of variation in California performance, best existing science of quality improvement, and effective engagement of stakeholders.

3.03 Expanded Measurement

Contractor and Covered California will work together to assess the feasibility and impact of extending the disparity identification and improvement program over time. Areas for consideration include:

1) Income

2) Disability status

3) Sexual orientation

4) Gender identity

5) Limited English Proficiency (LEP)

3.04 NCQA Certification

Meeting the standards for Multicultural Health Care Distinction by NCQA is encouraged as a way to build a program to reduce documented disparities and to develop culturally and linguistically appropriate communication strategies. To the extent Contractor has applied for or received NCQA Certification, Contractor must provide this information with its annual application for certification. Covered California may publicly recognize this achievement and include it in information provided to consumers.