



**COVERED**  
**CALIFORNIA**

## **Plan Management Advisory Group**

November 10, 2022

# AGENDA

| Time          | Topic  | Presenter   |
|---------------|--|-------------|
| 10:00 – 10:05 | Welcome and Agenda Review  | Rob Spector |
| 10:05 – 10:25 | 2024-26 QDP Issuer Model Contract Refresh                                | PMD/EQT     |
| 10:25 – 11:15 | 2024 QHP Attachment 1, Attachment 2, and Attachment 4 Amendment Proposal | EQT         |
| 11:15 – 12:00 | Open Forum   | All         |

# 2024-26 QDP ISSUER MODEL CONTRACT REFRESH

Plan Management Division (PMD)  
Health Equity and Quality Transformation Division (EQT)

# COVERED CALIFORNIA'S FRAMEWORK FOR HOLDING DENTAL PLANS ACCOUNTABLE FOR QUALITY, EQUITY AND DELIVERY SYSTEM TRANSFORMATION

| Domains for Equitable, High-Quality Care  | Care Delivery Strategies  | Goals   |
|---|---|---|
| <ul style="list-style-type: none"> <li>• Health promotion and prevention</li> <li>• Acute care</li> <li>• Chronic care</li> <li>• Complex care</li> </ul> | <ul style="list-style-type: none"> <li>• Effective primary care</li> <li>• Appropriate, accessible specialty care</li> <li>• Leveraging technology</li> <li>• Cultural and linguistic competence</li> </ul> | <ul style="list-style-type: none"> <li>• Improvement in health status</li> <li>• Elimination of disparities</li> <li>• Evidence-based care</li> <li>• Patient-centered care</li> <li>• Affordability for consumers and society</li> </ul> |

## Key Levers

Covered California recognizes that promoting change in the delivery system requires **aligning** with other purchasers and working with all relevant players in a way that improves value for consumers and society while minimizing administrative burden on plans and providers.

- Benefit design
- Measurement for improvement and accountability
- Data sharing and analytics
- Payment reform
- Consumer empowerment
- Quality improvement collaboratives
- Technical assistance
- Certification and accreditation

**Community Drivers:** Social influences on Health, Economic and Racial Justice

# PRINCIPLES AND DENTAL STRATEGIC FOCUS AREAS

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Quality is central

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Equity is quality

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Measures that matter

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Make quality count

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Amplify through alignment

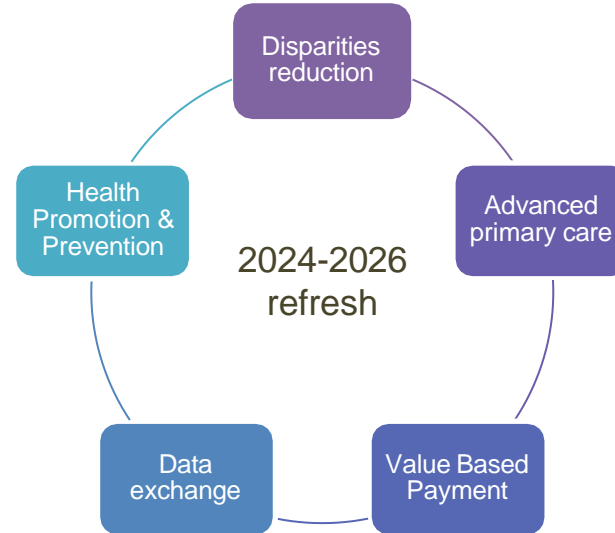
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Promote public good

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Care about cost

## STRATEGIC FOCUS AREAS



Alignment with the Department of Healthcare Services (DHCS)  
Data analytics / Healthcare Evidence Initiative

# ATTACHMENT 1 PROPOSED CONTRACTUAL REQUIREMENTS

## Equity and Disparities Reduction

- Achieve 80% capture of Covered CA member self-reported race, ethnicity, language by 2026

## Population Health

- Submit a Dental Population Health Management plan

## Health Promotion and Prevention

- Actively outreach, engage, and educate enrollees on member benefits and cost-sharing, provider location and matching, and health assessments
- Conduct tailored outreach and education based on identified needs or health status

## Delivery System and Payment Strategies to Drive Quality

- Implement primary dentist assignment for DHMO enrollees by 2024 and primary dentist selection recommendations for DPPO enrollees by 2025
- Report provider payment by HCP LAN APM category

## Measurement and Data Sharing

- Healthcare Evidence Initiative (HEI) data submission and participation

# QDP ATTACHMENT 2 & 3 OVERVIEW

Proposal to move from 5% of participation fee to 1% of gross premium at risk for Attachment 2 - Performance Standards with Penalties

## Attachment 2 - Performance Standards with Penalties:

Previously Attachment 14 Performance Standards

- The performance standards and penalties proposed reflect contract refresh priorities of improving dental care equity and quality, with data as a key driver

## Attachment 3 - Performance Standards and Expectations:

Previously Attachment 14 Performance Standards

- Proposal to remove penalties for the self-reported Customer Service Standards, move to Attachment 3 and publicly report performance data
- Proposal to remove penalties for the Operational Performance Standards, move to Attachment 3 and publicly report performance data

# QDP ATTACHMENT 2 & 3 KEY CHANGES

## Attachment 2 - Performance Standards with Penalties

- HEI Data Submission Requirements
  - Updated definition of Full and Regular
  - Dental claim/encounter submissions – no penalty within 2% variance threshold

## Attachment 3 - Performance Standards and Expectations

- Grievance Resolution – Expectation changed from 95% to 99%
- Dental Loss Ratio – Expectation 50% for all products



# PROPOSED 2024-2026 QDP ATTACHMENT 2 OVERVIEW

| Performance Area                 | Performance Standards with Penalties                              | % of At-Risk 2024 | % of At-Risk 2025 | % of At-Risk 2026 |
|----------------------------------|---|-------------------|-------------------|-------------------|
| <b>Data Submission</b><br>30%    | 1. HEI; Incomplete, irregular, late or non-useable submission     | 10%               | 10%               | 10%               |
|                                  | 2. HEI; Allowed amount total varies by more than plus or minus 2% | 5%                | 5%                | 5%                |
|                                  | 3. HEI; Rendering provider taxonomy and type missing/invalid      | 5%                | 5%                | 5%                |
|                                  | 4. HEI; Rendering NPI and TIN missing/invalid                     | 5%                | 5%                | 5%                |
|                                  | 5. Provider Directory   | 5%                | 5%                | 5%                |
| <b>Health Disparities</b><br>20% | Demographic Data Collection: Race & Ethnicity                     | 10%               | 10%               | 10%               |
|                                  | Demographic Data Collection: Language                             | 10%               | 10%               | 10%               |
| <b>Oral Health</b><br>50%        | Oral Evaluation, Dental Services for Children                     | 10%               | 10%               | 10%               |
|                                  | Topical Fluoride for Children                                     | 10%               | 10%               | 10%               |
|                                  | Sealant Receipt on Permanent First Molars for Children            | 10%               | 10%               | 10%               |
|                                  | Preventive Services Utilization for Adults                        | 20%               | 20%               | 20%               |
| <b>Total</b>                     |   | 100%              | 100%              | 100%              |

\*The total amount at risk for Contractor's failure to meet the Performance Standards is equal to 1.0% of the total Gross Premium for the applicable Plan Year (At-Risk Amount).

# ATTACHMENT 2 ORAL HEALTH MEASURES PERFORMANCE STANDARDS

## Performance Levels Development

- Identify sources of external benchmarks
- PY 2024, establish baseline rates using HEI data
- Set performance levels for PY 2025 and 2026 performance standards

# PROPOSED 2024–26 QDP QUALITY INITIATIVE DEVELOPMENT TIMELINE



# PUBLIC COMMENT PERIOD

- The first draft 2024-26 QDP Model Contract and Attachments was posted for public comment on: October 13<sup>th</sup>, 2022
- First public comment period: October 13<sup>th</sup>, 2022 – November 11<sup>th</sup>, 2022
- Edits to the draft 2024-26 QDP Model Contract and Attachments based on public comments received will occur in January
- Second public comment period in January 2023
- Please send questions and comments to Dianne Ehrke at [PMDContractsUnit@covered.ca.gov](mailto:PMDContractsUnit@covered.ca.gov)

# APPENDIX

## 2024-26 QDP ISSUER MODEL CONTRACT REFRESH

# 2022 QHP PEDIATRIC ENROLLMENT

As of April 1, 2022, Covered California has **134,378** pediatric QHP enrollees, eligible for embedded dental benefits.

| QHP Issuer Name           | Product Type | Pediatric      | % of Pediatric Enrollment in QHP |
|---------------------------|--------------|----------------|----------------------------------|
| Anthem Blue Cross         | EPO          | 5,634          | 4.19%                            |
| Anthem Blue Cross         | HMO          | 4,400          | 3.27%                            |
| Blue Shield of California | HMO          | 8,404          | 6.25%                            |
| Blue Shield of California | PPO          | 40,101         | 29.84%                           |
| Bright HealthCare         | HMO          | 33             | 0.02%                            |
| CCHP                      | HMO          | 100            | 0.07%                            |
| Health Net                | EPO          | 59             | 0.04%                            |
| Health Net                | HMO          | 4,409          | 3.28%                            |
| Health Net                | PPO          | 3,848          | 2.86%                            |
| Kaiser                    | HMO          | 50,198         | 37.36%                           |
| LA Care                   | HMO          | 5,051          | 3.76%                            |
| Molina Health Care        | HMO          | 2,600          | 1.93%                            |
| Oscar Health Plan         | EPO          | 4,288          | 3.19%                            |
| SHARP Health Plan         | HMO          | 3,309          | 2.46%                            |
| Valley Health             | HMO          | 751            | 0.56%                            |
| Western Health            | HMO          | 1,193          | 0.89%                            |
| <b>Total</b>              |              | <b>134,378</b> | <b>100.00%</b>                   |

# 2022 QDP ENROLLMENT

As of April 1, 2022, **294,183** enrollees have selected a Qualified Dental Plan through Covered California.

| QDP Issuer Name                 | Product Type | Adult<br>(19+ years)<br>Enrollment | Pediatric<br>(0-18 years)<br>Enrollment | Percent of total QDP<br>Enrollment |
|---------------------------------|--------------|------------------------------------|---|------------------------------------|
| Anthem Blue Cross               | HMO          | 17,117                             | 786                                     | 6%                                 |
| Anthem Blue Cross               | PPO          | 15,195                             | 1,383                                   | 6%                                 |
| Blue Shield of California       | HMO          | 21,563                             | 917                                     | 8%                                 |
| Blue Shield of California       | PPO          | 28,443                             | 2,777                                   | 11%                                |
| California Dental Network, Inc. | HMO          | 30,026                             | 1,946                                   | 11%                                |
| Delta Dental                    | HMO          | 91,268                             | 3,677                                   | 32%                                |
| Delta Dental                    | PPO          | 46,092                             | 4,399                                   | 17%                                |
| Dental Health Services          | HMO          | 2,035                              | 66                                      | 1%                                 |
| Liberty                         | HMO          | 25,921                             | 572                                     | 9%                                 |
| <b>Total</b>                    |              | <b>277,660</b>                     | <b>16,523</b>                           | <b>100%</b>                        |
| <b>Total QDP Enrollment</b>     |              | <b>294,198</b>                     |   |                                    |

# PROPOSED 2024 ATTACHMENT 1, ATTACHMENT 2, AND ATTACHMENT 4 AMENDMENT

Health Equity and Quality Transformation Division (EQT)



# PLAN YEAR 2024 AMENDMENT APPROACH

- Covered California is proposing several revisions within the Plan Year 2024 Attachment 1, Attachment 2, and Attachment 4 amendment to clarify or add to the 2023 contract requirements
  
- Covered California's approach to the Plan Year 2024 amendment includes:
  - Proposing revisions consistent with Covered California's key priority areas for the 2023-2025 contract refresh
  - Adjusting requirements to reduce administrative burden on providers and health plans where feasible
  - Prioritizing use of standard measures when available
  - Implementing revisions that were previewed during the 2023-2025 contract refresh development
  - Further alignment with other public purchasers and organizations, especially DHCS, CalPERS, and NCQA

# SUMMARY OF PROPOSED 2024 REVISIONS

## Attachment 1

- Adding requirements to demonstrate provision of culturally and linguistically competent care
- Adding requirements for behavioral health subcontractor oversight and accountability
- Adjusting social needs screening measure and reporting
- Revising Healthcare Evidence Initiative (HEI) measures based on learnings from ongoing HEI work

## Attachment 2

- Implementing performance standards for Patient Level Data file submission completeness and accuracy
- Defining oral health performance standards using standard measures

## Attachment 4

- Specifying distribution of percent at risk between Attachment 2 and Attachment 4 for Plan Year 2024

# PROPOSED 2024 ATTACHMENT 1 AMENDMENT

# PROPOSED 2024 ATTACHMENT 1 CHANGES

## Article 1: Equity and Disparities Reduction

| Notable Changes to Draft Attachment 1  | Rationale  |
|--|--|
| <p><b>Article 1.04.1 Health Equity Accreditation</b><br/>Added a reporting requirement for issuers that fail to achieve NCQA Health Equity Accreditation by year-end 2023</p>  | <p>Current contract language assumes all issuers will meet the year-end 2023 deadline to achieve Health Equity Accreditation</p>   |
| <p><b>Article 1.05 Culturally and Linguistically Competent Care</b><br/>Issuers must submit the following National Committee for Quality Assurance (NCQA) Health Equity Accreditation Standards reports:</p> <ul style="list-style-type: none"><li>□ Health Equity Standard 3: Access and Availability of Language Services</li><li>□ Health Equity Standard 4: Practitioner Network Cultural Responsiveness</li><li>□ Health Equity Standard 5: Culturally and Linguistically Appropriate Services Programs</li></ul> | <p>Covered California seeks to evaluate how issuers ensure provision of culturally and linguistically appropriate services to enrollees; requirements can be met through submission of specified Health Equity Accreditation standards reports for issuers who have achieved the Accreditation</p> |

# PROPOSED 2024 ATTACHMENT 1 CHANGES

## Article 2: Behavioral Health

| Notable Changes to Draft Attachment 1  | Rationale  |
|--|--|
| <p><b>Article 2.05 Subcontractor Oversight</b></p> <ul style="list-style-type: none"><li>□ Issuers must hold behavioral health subcontractors accountable for meeting the health equity, quality, and delivery system reform requirements within Attachment 1 by year-end 2025</li><li>□ Issuers must submit a delegation report by year-end 2024 that describes the relationship with their subcontractors and how they oversee subcontractors including oversight of quality improvement and health equity functions</li></ul> | <ul style="list-style-type: none"><li>□ Covered California expects issuers to work with their behavioral health subcontractors to ensure Covered California enrollees receive quality behavioral health care and have access to behavioral health services</li><li>□ Covered California is seeking insight into how issuers oversee and manage behavioral health subcontractors</li><li>□ Alignment with DHCS and CalPERS contract requirements related to subcontractor oversight</li></ul> |

# PATIENT-CENTERED SOCIAL NEEDS EVOLUTION

## Article :3 Population Health

| 2022 Attachment 7 Article 14 Patient-Centered Social needs  | 2023-2025 Attachment 1 Article 3.04 Social Health  |
|---|--|
| <b>Article 14.01: Social Needs Screening for Food Insecurity and Housing Instability or Homelessness</b>  | <b>Article 3.04.1: Screening for and Addressing Social Needs</b>   |
| <ul style="list-style-type: none"><li>□ Screen <b>all enrollees receiving plan-based services</b> (such as complex care management or case management) for at least <b>housing instability and food insecurity</b></li><br/><li>□ Issuers must maintain <b>community resources inventory</b></li><br/><li>□ <b>Reporting:</b> Issuers must report the following:<ul style="list-style-type: none"><li>▪ Process for screening enrollees</li><li>▪ Screening efforts by provider networks</li><li>▪ Report aggregated counts of members screened, number of positive screens and the number, positive screen rate and whether enrollees who screen positive are linked to services</li></ul></li></ul> | <ul style="list-style-type: none"><li>□ Screen <b>all enrollees for food insecurity</b> and must use the two food insecurity questions in the Accountable Health Community Health-Related Social Needs Screening Tool: <u><a href="https://www.cms.gov">The AHC Health-Related Social Needs Screening Tool (cms.gov)</a></u></li><br/><li>□ Issuers must <b>address enrollee’s identified social needs</b> and support linkages to social services throughout all regions covered</li><br/><li>□ <b>Reporting:</b> Issuers must report the following:<ul style="list-style-type: none"><li>▪ Process for screening enrollees</li><li>▪ Screening efforts by provider networks</li><li>▪ Report aggregated counts of members screened, number of positive screens and the number, positive screen rate and whether enrollees who screen positive are linked to services</li><li>▪ By Plan Year 2024, this reporting must be <b>stratified by race and ethnicity</b></li></ul></li></ul> |

# SOCIAL NEEDS REPORTING DEVELOPMENT

## Issuer Initial Feedback:

- No CPT code specific to food insecurity that issuer can obtain from provider; z codes not widely used
- NCQA HEDIS Social Needs Screening and Intervention (SNS-E) measure includes food, transportation, and housing
- Logistics of separating provider data by food insecurity and housing
- Reporting will have to be done manually
- Challenges in changing screening questions and tools already in use by plans and providers; including PREPARE, DHCS stay healthy assessment

## Covered California Social Health Contractual Reporting Working Principles:

- As minimally burdensome as feasible
- Flexible
- Balancing 2022 reporting needs with adaptations needed for 2023 requirements

# 2024 ATTACHMENT 1 ARTICLE 3.04 SOCIAL HEALTH PROPOSED AMENDMENT

## Article 3.04.1: Screening for and Addressing Social Needs

- Covered California proposes a simplified approach to align with NCQA and reduce administrative burden:
  - Effective Plan Year (PY) 2024, all issuers would be required to adopt the HEDIS Social Needs Screening and Intervention (SNS-E) measure
    - Requires screening for food, housing and transportation needs
    - Intervention rates for identified needs would be optional reporting
    - Results would be stratified by race and ethnicity via PLD file beginning Measurement Year 2024
  - Additionally, a screen positive rate would be added to PLD file requirements
- Revised approach based on issuer feedback and internal discussions
- Covered California recognizes SNS-E is not a perfect measure, e.g., no positive screen rate
  - Proposed measure change directs issuer resources away from implementing one-time, ad hoc reporting processes toward implementing a standard measure in combination with the existing PLD file submission process

**Covered California proposes waiving 2022 and 2023 social needs reporting requirements until PY 2024 when this proposed requirement would take effect**



# PROPOSED 2024 ATTACHMENT 1 CHANGES

## Healthcare Evidence Initiative (HEI) Proposed Changes (1 of 2)

| Notable Changes to Draft Attachment 1   | Rationale   |
|---|---|
| <p><b>Article 1.02.2 Monitoring Disparities: Healthcare Evidence Initiative</b></p> <p>Revised disparities measures tracked using HEI data:</p> <ol style="list-style-type: none"><li><b>1. <i>Removed:</i></b> <del>Comprehensive Diabetes Care (CDC): Hemoglobin A1c (HbA1c) Testing (NQF #0057)</del></li><li><b>2.</b> Ambulatory Emergency Room (ER) Visits<sup>©</sup> per 1,000</li><li><b>3. <i>Removed:</i></b> <del>Adult Preventive Visits<sup>©</sup> per 1,000</del></li><li><b>4.</b> Breast Cancer Screening (BCS) (NQF #2372)</li><li><b>5. <i>Added:</i></b> Child and Adolescent Well-Care Visits (WCV)</li><li><b>6.</b> Proportion of Days Covered: Three Rates by Therapeutic Category (NQF #0541)<ol style="list-style-type: none"><li>Diabetes All Class (PDC-DR)</li><li>RAS Antagonists (PDC-RASA)</li><li>Statins (PDC-STA)</li></ol></li></ol> | <p>Revised based on HEI analysis of measures and to better align with QRS</p> |

# PROPOSED 2024 ATTACHMENT 1 CHANGES

## Healthcare Evidence Initiative (HEI) Proposed Changes (2 of 2)

| Notable Changes to Draft Attachment 1  | Rationale  |
|--|--|
| <p><b>Article 2.04.2 Monitoring Collaborative Care Model Utilization</b><br/>Revised from reviewing utilization of Collaborative Care Model (CCM) using claims codes to working with issuers to develop analysis for tracking CCM use</p>                        | <p>Revised based on HEI analysis of CCM claims. There is limited utilization of CCM based on claims submissions. Covered California is interested in exploring alternative options to monitor CCM utilization.</p> |
| <p><b>Article 4.01.1 Encouraging Use of Primary Care</b><br/>Revised from self-report to using HEI data to monitor the number and percent of Covered California Enrollees who select a clinician and the number who are assigned to a primary care clinician</p> | <p>Revised to use HEI reported data to reduce administrative burden and emphasize the importance of accurate HEI data submissions</p>  |
| <p><b>Article 4.02.2 Designing and Managing Networks Based on Value</b><br/>Revised from reviewing unit cost range and trend to working with issuers to develop analysis for total cost of care and other indicators of network value</p>                        | <p>Revised based on HEI analysis of unit cost range and trend. Covered California is interested in exploring alternative options to monitor network value such as total cost of care.</p>                          |

# PROPOSED 2024 ATTACHMENT 2 AND ATTACHMENT 4 PERCENT AT RISK

# PROPOSED 2024 ATTACHMENT 2 AND ATTACHMENT 4 PERCENT AT RISK

|   | 2023 Percent at Risk | Anticipated 2024 Percent at Risk | Proposed 2024 Percent at Risk |
|---|----------------------|----------------------------------|-------------------------------|
| <b>Attachment 2 – Performance Standards with Penalties</b>    | 0.2% at risk         | 0.2% at risk                     | 0.5% at risk                  |
| <b>Attachment 4 – Quality Transformation Initiative (QTI)</b> | 0.8% at risk         | 1.8% at risk                     | 1.5% at risk                  |
| Total   | 1%                   | 2%                               | 2%                            |

- EQT is proposing a new distribution of percent at risk between Attachment 2 and Attachment 4 to emphasize the continued importance of requirements in Attachment 2
  - *No proposed changes to the distribution of risk within Attachment 2*

# PROPOSED 2024 ATTACHMENT 2 QHP PERFORMANCE STANDARDS

# PROPOSED CHANGES FOR 2024 ATTACHMENT 2: PERFORMANCE STANDARDS WITH PENALTIES (1 OF 2)

| Performance Standards With Penalties  | 2023 % at Risk      | Proposed 2024 % at Risk | Proposed 2024 Change and Rationale                                |
|---|---------------------|-------------------------|---|
| 1. Reducing Health Disparities: Demographic Data Collection – Enrollee Race and Ethnicity Self-Identification | 10%                 | 5%                      | <i>No proposed changes</i>  |
| 2. Reducing Health Disparities: Demographic Data Collection – Spoken and Written Language                     | 10% (for reporting) | 5%                      | Revised to 5% total penalty for spoken <b>or</b> written language |
| 3. Reducing Health Disparities: Disparities Reduction Intervention  | 10%                 | 10%                     | <i>No proposed changes</i>  |
| 4. National Committee for Quality Assurance (NCQA) Health Equity Accreditation                                | 0%                  | 10%                     | <i>No proposed changes</i>  |
| 5. Primary Care Payment   | 10%                 | 10%                     | <i>No proposed changes</i>  |
| 6. Primary Care Spend   | 10% (for reporting) | 5%                      | <i>No proposed changes</i>  |
| 7. Payment to Support Networks Based on Value   | 10% (for reporting) | 10%                     | <i>No proposed changes</i>  |
| 8. Quality Rating System – QHP Enrollee Survey Summary Rating   | 20%                 | 20%                     | <i>No proposed changes</i>  |

Where applicable, scores are provided per product, and penalties are weighted based on the enrollment in each product.

# PROPOSED CHANGES FOR 2024 ATTACHMENT 2: PERFORMANCE STANDARDS WITH PENALTIES (2 OF 2)

| Performance Standards With Penalties  | 2023 % at Risk | Proposed 2024 % at Risk | Proposed 2024 Change and Rationale  |
|---|----------------|-------------------------|---|
| 9. HEI Data Submission  | 20%            | 20%                     | Added patient level data (PLD) submission standards to ensure complete and accurate submissions; updated reference list of California healthcare facilities |
| 10. Dental Quality Alliance (DQA) Pediatric Measure Set                               | 0%             | 5%                      | Removed to add measure-specific oral health performance standards aligned with DHCS priority measures and recently added non-QRS HEDIS measures             |
| 10. Oral Evaluation, Dental Services (OEV-CH-A) (NQF #2517) (Pediatric)               | 0%             | 2.5%                    |   |
| 11. Topical Fluoride for Children, Dental Services (TFL-CH-A) (NQF #2528) (Pediatric) | 0%             | 2.5%                    |   |
| <b>Total</b>  | <b>100%</b>    | <b>100%</b>             |   |

Where applicable, scores are provided per product, and penalties are weighted based on the enrollment in each product.

# PROPOSED 2024 ATTACHMENT 2 CHANGES – HEI AND PLD PERFORMANCE STANDARD

## Healthcare Evidence Initiative (HEI) Data and Patient Level Data (PLD) Submission Performance Standard

### *New Additions*

- Submission of full and regular patient level data (PLD) submissions according to the standards outlined in Attachment 1, Article 1.02.1
  - Updated instructions and templates for data submission will be provided
  - Failure to submit a unique person identifier as specified by Covered California and valid race and ethnicity attributes for each enrollee in the denominator constitutes incomplete PLD submission

### *Rationale*

- PLD files allow for demographic stratification critical to health equity work
- Accurate and complete data allows for a better reflection of health care delivery and existing disparities
- Alignment with both state and national priorities
- PLD files are used to assess performance on performance standard 3, Reducing Health Disparities: Disparities Reduction Intervention, for more than half of our QHP issuers



# PROPOSED 2024 ATTACHMENT 2 CHANGES – ORAL HEALTH PERFORMANCE STANDARDS

## 2023 Pediatric Oral Health Performance Standards

Dental Quality Alliance (DQA) Pediatric Measure Set (no assessment/reporting only)

## 2024 Pediatric Oral Health Performance Standards

### *Measures Selected*

- Oral Evaluation, Dental Services (OEV-CH-A) (NQF #2517) (Pediatric)
- Topical Fluoride for Children, Dental Services (TFL-CH-A) (NQF #2528) (Pediatric)

### *Rationale*

- Strong clinical evidence base
- Alignment with DHCS priority measures, HEDIS measure adoption
- Alignment with QDP Issuer Model Contract 2024-2026 proposed priority measures

# DISCUSSION AND NEXT STEPS

- The draft 2024 Attachment 1, Attachment 2, and Attachment 4 will be distributed for a public comment period from November 10 through December 9, 2022
- Please send questions and comments to [PMDContractsUnit@covered.ca.gov](mailto:PMDContractsUnit@covered.ca.gov)

# OPEN FORUM

# APPENDIX 2023 AND PROPOSED 2024 ATTACHMENT 1 REQUIREMENTS

# 2023 AND PROPOSED 2024 ATTACHMENT 1 REQUIREMENTS

## Article 1: Equity and Disparities Reduction

### *Disparities Reduction Intervention*

- Issuers will meet a multi-year disparities reduction target.

### *NCQA Health Equity Accreditation*

- Issuers must achieve or maintain NCQA Health Equity Accreditation by year-end 2023 or submit plan to achieve Health Equity accreditation at the expiration of the MHCD period, if their MHCD has not yet expired.
  - **New Proposal:** Issuers that fail to achieve NCQA Health Equity Accreditation by year-end 2023 must submit additional progress reports in 2024.

### *Culturally and Linguistically Competent Care*

- **New Proposal:** Issuers must submit the following National Committee for Quality Assurance (NCQA) Health Equity Accreditation Standards reports:
  - Health Equity Standard 3: Access and Availability of Language Services
  - Health Equity Standard 4: Practitioner Network Cultural Responsiveness
  - Health Equity Standard 5: Culturally and Linguistically Appropriate Services Programs

# 2023 AND PROPOSED 2024 ATTACHMENT 1 REQUIREMENTS

## Article 1: Equity and Disparities Reduction

### *Demographic Data Collection*

- Issuers must collect member self-identified race, ethnicity, and language data. Covered California intends to proceed with measures stratification by income for disparities identification and monitoring purposes.

### *Disparities Measurement*

- Patient Level Data File: Issuers must submit Healthcare Effectiveness Data and Information Set (HEDIS) hybrid measure patient level data files for its enrollees: Prenatal Depression Screen and Follow-up (PND-E), Postnatal Depression Screen and Follow-up (PDS-E), Quality Transformation Initiative (QTI) measures, and **New Proposal:** Social Needs Screening and Intervention (SNS-E).
- Healthcare Evidence Initiative: Issuer and Covered California will review performance on specified disparities measures using HEI data.
  1. **New Proposal:** ~~Comprehensive Diabetes Care (CDC): Hemoglobin A1c (HbA1c) Testing (NQF #0057); (Removed)~~
  2. Ambulatory Emergency Room (ER) Visits<sup>©</sup> per 1,000;
  3. **New Proposal:** ~~Adult Preventive Visits<sup>©</sup> per 1,000; (Removed)~~
  4. Breast Cancer Screening (BCS) (NQF #2372); and
  5. **New Proposal:** Child and Adolescent Well-Care Visits (WCV)
  6. Proportion of Days Covered: Three Rates by Therapeutic Category (NQF #0541)
    - a) Diabetes All Class (PDC-DR)
    - b) RAS Antagonists (PDC-RASA)
    - c) Statins (PDC-STA)

# 2023 AND PROPOSED 2024 ATTACHMENT 1 REQUIREMENTS

## □ **Article 2: Behavioral Health**

- Issuers must submit NCQA Health Plan Accreditation Network Management reports, or a comparable report, for the elements related to the issuer's behavioral health provider network.
- Issuers must promote access to behavioral health services and offer telehealth for behavioral health services.
- Issuers must annually report Depression Screening and Follow Up for Adolescents and Adults (DSF) measure results for Covered California enrollees; Covered California will engage with issuers to review their performance.
- Issuers must promote the appropriate use of opioids using a harm reduction framework and individualized approach to treatment planning aligned with Smart Care California guidelines.
- Covered California must monitor the Pharmacotherapy for Opioid Use Disorder (POD) measure and Medication Assisted Treatment (MAT) prescriptions through HEI and engage with issuers to review their performance.
- Issuers must promote the integration of behavioral health services with medical services, report the percent of enrollees cared for under integrated models, and whether the issuer reimburses for the Collaborative Care Model claims codes.
- ***New Proposal:*** Issuers must hold subcontractors accountable for meeting the health equity, quality, and delivery system reform requirements within Attachment 1 by year-end 2025.

# 2023 AND PROPOSED 2024 ATTACHMENT 1 REQUIREMENTS

## Article 3: Population Health

### *Population Health Management*

- Issuers must submit a copy of NCQA Population Health Management Plan: Standard 1 (Population Health Management Strategy), Standard 2 (Population Stratification and Resource Integration), and Standard 6 (Population Health Management Impact), or a comparable Population Health Management plan.

### *Health Promotion and Prevention*

- Issuers must report its analysis of trended performance over time for its tobacco cessation program and diabetes prevention program utilization rates and its improvement strategies.
- Issuers will report strategies to improve its rates on the Medical Assistance with Smoking and Tobacco Use Cessation measure (NQF #0027).
- Issuers must offer diabetes prevention programs as both online and in-person formats.

### *Acute, Chronic, and Other Conditions*

- Issuers must continue to support transition of enrollment for at-risk enrollees.

### *Social Health*

- ***New Proposal:*** Issuers must adopt the HEDIS Social Needs Screening and Intervention (SNS-E) to screen for food, housing and transportation needs and report measure results and a screen positive rate



# 2023 AND PROPOSED 2024 ATTACHMENT 1 REQUIREMENTS

## Article 4: Delivery and Payment Strategies to Drive Quality

### *Effective Primary Care*

- Issuers must continue to match enrollees with PCPs.
- **New Proposal:** Issuers must engage with Covered California to review the number of enrollees who select a PCP vs. those who are assigned a PCP using HEI data.
- Issuers must implement a quality measure set for advanced primary care in collaboration with the California Quality Collaborative (CQC) and the Integrated Healthcare Association (IHA).
- Issuers must continue to report on primary care payment models using the Health Care Payment Learning and Action Network Alternative Payment Model (HCP LAN APM) categories and increase the number of PCPs paid through shared savings and population-based payment models.
- Issuers must report total primary care spend compared to overall spend by HCP LAN category and a description of the payment models for their 5 largest physician groups.

### *Promotion of Integrated Delivery Systems (IDSs) and Accountable Care Organizations (ACOs)*

- Issuers must continue to report the number of enrollees in IDS and ACO systems and increase the number of enrollees cared for under IDS and ACO systems.
- Issuers must continue to report the characteristics of the issuer's IDS and ACO systems such as payment model, leadership structure, quality incentive programs, data exchange processes, etc. and report the percent of spend under ACO and IDS contracts compared to overall spend.
- Participate in the Integrated Healthcare Association (IHA), submit data for the IHA Commercial HMO and ACO measure sets (as applicable), and report performance on the measure sets to Covered California annually.

# 2023 AND PROPOSED 2024 ATTACHMENT 1 REQUIREMENTS

## Article 4: Delivery and Payment Strategies to Drive Quality

### *Networks Based on Value*

- Issuers must continue to report how cost, quality, patient safety, patient experience, or other factors are considered in network design and provider and facility selection and review.
- **New Proposal:** Issuers must engage with Covered California to develop total cost of care analysis or other network value analysis using HEI data.
- Issuers must report on their network payment models by HCP LAN categories and associated subcategories.
- Issuers must participate in the IHA Align. Measure Perform (AMP) program for physician groups and report AMP performance results to Covered California annually or allow IHA to submit results to Covered California.
- Issuers must adopt a hospital payment methodology for each general acute care hospital in its QHP networks that ties payment to quality performance.
- Issuers must report its strategies to improve the appropriate use of opioids in its network hospitals.
- Issuers must adopt value-based payment strategies structured to support only medically necessary care with no financial incentive to perform C-sections.

### *Telehealth*

- Issuers must report how they facilitate the integration and coordination of care between vendor services and network providers.
- Issuers must report how they screen for enrollee access barriers to telehealth services.
- Issuers must report its telehealth reimbursement policies for network providers and for third party telehealth vendor.

### *Participation in Quality Collaboratives*

- Issuers must report participation in any collaborative initiatives that are aligned with Covered California's priority areas.

# 2023 AND PROPOSED 2024 ATTACHMENT 1 REQUIREMENTS

## Article 5: Measurement and Data Sharing

- ❑ Issuers must continue to submit data for the Quality Rating System, NCQA Quality Compass and Covered California's Healthcare Evidence Initiative.
- ❑ Issuers must implement and maintain a secure, standards-based Patient Access Application Programming Interfaces (API) consistent with the Federally Facilitated Marketplace (FFM) rule.
- ❑ Issuers must participate in a Health Information Exchange (HIE) that is a member of the California Trusted Exchange Network (CTEN) and bi-directionally exchange data.
- ❑ Issuers must continue to support data aggregation across plans including participation in IHA.

# 2023 AND PROPOSED 2024 ATTACHMENT 1 REQUIREMENTS

## Article 6: Certification, Accreditation, and Regulation Requirements

- All issuers will be required to be NCQA accredited by year end 2024.

# OPEN FORUM