



Plan Management Advisory Workgroup Meeting

December 10, 2020

AGENDA

| Time | Topic | Presenter |
|---------------|---|---|
| 10:00 – 10:10 | Welcome and Agenda Review | Rob Spector |
| 10:10 – 10:30 | 2022 Attachment 14 Draft Review | Andrea Barandas, Taylor Priestley, Margareta Brandt |
| 10:30 – 11:00 | 2022 Attachment 7 Public Comment Review | Margareta Brandt, Taylor Priestley |
| 11:00 – 11:30 | 2022 Benefit Design Update | James DeBenedetti |
| 11:30 – 12:00 | Open Forum & Announcements | All |

2022 ATTACHMENT 14 DRAFT REVIEW

Andrea Barandas, Taylor Priestley, Margareta Brandt

PROPOSED CHANGES FOR 2022 PERFORMANCE STANDARDS – GROUPS 1, 2, 3, AND 4

- Retain monthly reporting to maintain accountability, and remove penalties and credits associated with:
 - Group 1 – Customer Service
 - Group 2 – Operational (except HEI Data)
 - Portions of Group 3 – Quality, Network Management and Delivery System Standards
 - Group 4 – Covered California Customer Service

- Retain monthly reporting and penalties. Redistribute % at risk among the remaining performance standards:
 - Group 2 – HEI Data
 - Group 3 – Quality, Network Management and Delivery System Standards

PROPOSED CHANGES FOR 2022 PERFORMANCE STANDARDS – SUMMARY

New Attachment 14 structure:

- Removed all credits with the exception of 3.3c) early NCQA MHCD attainment (2%)

- Performance Standards and Expectations (*renumbered 1.1, 1.2, etc.*)
 - Customer Service Performance Standards
 - Operational Performance Standards (with the exception of HEI Data Submission)
 - Essential Community Providers and Hospital Safety Performance Standards
 - Removal of Covered CA Customer Service Performance Standards from contract language

- Performance Standards With Penalties
 - Updated HEI Data Submission Performance Standard (*renumbered 2.1*)
 - Updated Quality Performance Standards (*renumbered 3.1, 3.2, etc.*)
 - Dental Quality Alliance Pediatric Measure Set – still in Pilot for 2022 (*renumbered 4.1, 4.2, etc.*)

PROPOSED ATTACHMENT 14 PERFORMANCE STANDARDS WITH PENALTIES

| Performance Standards with Penalties | Current % at Risk | Proposed % at Risk |
|--|-------------------|--------------------|
| 2.1 HEI Data | 5% | 10% |
| 3.1 Quality Rating System – Clinical Quality Management Summary Rating | 3.5% | 33.5% |
| 3.2 Quality Rating System – QHP Enrollee Experience Summary Rating | 3.5% | 16.5% |
| 3.3 Reducing Health Disparities | | |
| a) Race/Ethnicity Self-Identification Capture 80% in HEI Data | 2% | 7.5% |
| b) Disparity Reduction | 3% | 7.5% |
| c) NEW: Proposed 2% Credit for early achievement of NCQA MHCD | | |
| 3.4 Primary Care Payment Strategy | 3% | 10% |
| 3.5 Accountable Care Organizations | 5% | 10% |
| 3.6 Appropriate Use of C-Sections | 4.5% | 5% |
| | | |
| Total at Risk - Quality (90%) and HEI data (10%) Standards | | 100% |

2022 ATTACHMENT 14 NEXT STEPS

Timeline for Board discussion and approval:

- January 2021 – Board discussion of the draft 2022 amendment
- March 2021 – Board approval requested for the 2022 amendment

2022 ATTACHMENT 7 PUBLIC COMMENT REVIEW

Margareta Brandt, Taylor Priestley

2022 ATTACHMENT 7 PUBLIC COMMENT KEY THEMES

- Individualized Equitable Care
 - Requests to make race and ethnicity self-identification a required element in the CalHEERS application
 - Concerns that proposed health disparities requirements for 2022 represent a reduction of health disparities requirements from the 2017-2021 contract
 - Concerns regarding the ability for issuers to select the disparity of focus for the required disparity reduction intervention
 - Requests for NCQA Multicultural Health Care Distinction to remain voluntary or substituted for disparity reduction intervention and to delay the deadline for achieving the distinction to 2023; parallel concerns the Distinction would be permitted to substitute for contractual disparities reduction requirements

- Population Health Management
 - General support for the requirement for issuers to develop and submit a population health management plan
 - Concern about racial bias in population health management risk stratification models and algorithms

2022 ATTACHMENT 7 PUBLIC COMMENT KEY THEMES

- Health Promotion and Prevention
 - Requests for Covered CA to strengthen requirements for screening for unhealthy drug use
 - Issuers expressed concern about the requirement to offer both in-person and online Diabetes Prevention Programs (DPP), citing low in-person attendance and limited availability of in-person programs

- Behavioral Health
 - Requests for Covered CA conduct further monitoring of the availability and access to medication-assisted treatment (MAT)
 - Requests for Covered CA to clarify how it will measure depression treatment penetration rate using HEI data
 - Issuers expressed concern about reporting Depression Screening and Follow-Up Plan measure results because it is not required for non-Medicare populations and will be burdensome
 - Issuers expressed concern about reporting the number of active X waiver prescribers in their network because it is not currently tracked by plans and could only be evaluated by MAT prescription claims processed by pharmacy benefit managers (PBMs); suggested Covered CA track this through HEI data
 - General support for the expansion of behavioral health telehealth services

2022 ATTACHMENT 7 PUBLIC COMMENT KEY THEMES

- Acute, Chronic, and Other Conditions
 - Requests for Covered CA to further clarify the definition of “At-risk Enrollees with a sensitive diagnosis”
- Complex Care
 - Concerns regarding implementation of Admission, Discharge, Transfer (ADT) Notifications for Covered CA enrollees due to HIPAA issues, challenges implementing for PPO/EPO plans with no auto assigned PCP, and increased burden on hospitals
- Effective Primary Care
 - Concerns regarding implementation of the advanced primary care measure set if the measures are not aligned with other measure sets which could increase burden on providers and issuers
- Integrated Delivery Systems (IDSs) and Accountable Care Organizations (ACOs)
 - Concerns regarding the requirement to continue to increase enrollment in IDS and ACO models due to geographic or enrollment limitations of ACOs

2022 ATTACHMENT 7 PUBLIC COMMENT KEY THEMES

- Networks Based on Value
 - Issuers suggest Covered CA clarify the measures and standards that will be used to determine the “lowest decile” of providers and hospitals
 - Issuers suggest Covered CA specify how the quality of contracted independent providers should be evaluated so it is standard across issuers
 - Issuers recommend using the IHA AMP measure set to assess physician group performance
 - Issuers support the shift away from requiring exclusion of outlier poor performing hospitals, while advocates request more oversight by Covered CA of issuers that continue to contract with poor performing hospitals

- Sites and Expanded Approaches to Care Delivery
 - General support for removing the Attachment 14 performance standard tied to Hospital Patient Safety payments

- Appropriate Interventions
 - Concerns about issuer ability to track physician implementation of *Choosing Wisely* guidelines; recommendation to remove requirement

2022 ATTACHMENT 7 PUBLIC COMMENT KEY THEMES

- Key Driver: Data Sharing and Analytics
 - Requests that issuers be provided more time and flexibility to implement Patient Access Application Programming Interfaces (APIs)
 - Support from both issuers and consumer advocates for making Health Information Exchange (HIE) participation mandatory

- Key Driver: Certification, Accreditation and Regulation
 - Requests for Covered CA to allow issuers to be accredited by any accreditation organization as long as the program meets or exceeds Covered CA requirements
 - Concerns about sharing NCQA Accreditation reports with Covered CA as accreditation applies to non-Covered CA plans as well and the reports are not intended for use beyond accreditation

2022 ATTACHMENT 7 NEXT STEPS

- ❑ Covered CA will consider these comments and recommendations, and will update the 2022 Attachment 7 Draft
- ❑ Responses to public comments will be provided by the end of December
- ❑ January 2021 – Board discussion of the draft 2022 Attachment 7
- ❑ March 2021 – Board approval requested for the 2022 Attachment 7
- ❑ For more information or general questions, please email margareta.brandt@covered.ca.gov

2022 HEALTH BENEFIT PLAN DESIGN UPDATE

James DeBenedetti

2022 BENEFIT DESIGN UPDATE

- The draft 2022 AV Calculator was released December 3rd
- The federal Maximum out of Pocket (MOOP) increased by \$550 to \$9,100, the MOOP available in CA is \$8,750
- The AVC assumes a 0% trend increase from 2021 to 2022, given continued uncertainty around COVID-19
- Modeling is in process, some options include:
 - Leave 2021 plan designs in place
 - Reduce the Rx deductible for Silver plans, currently at \$300
 - Adjust the MOOP (Silver/Gold)

2022 PLANS: EXPECTED AV

| | | Bronze | | Silver | | | | Gold | | Platinum | |
|-----------------------------|--|--------------|---------------|---------------|---------------|---------------|--------------|--------------|--------------|--------------|--------------|
| | | HDHP | Standard | Silver | Silver 73 | Silver 87 | Silver 94 | Copay | Coins | Copay | Coins |
| AV Target | | 60 | 60 | 70 | 73 | 87 | 94 | 80 | 80 | 90 | 90 |
| Deviation Allowance | | +5 /-2% | +5 /-2% | +/-2.0% | +/-1.0% | +/-1.0% | +/-1.0% | +/-2.0% | +/-2.0% | +/-2.0% | +/-2.0% |
| 2021 AV | | 64.60 | 64.90 | 70.45 | 73.26 | 87.82 | 94.09 | 78.01 | 81.90 | 89.25 | 91.59 |
| Change due to custom inputs | | | | -0.04 | -0.001 | -0.15 | -0.09 | | | | |
| AV baseline in 2022 AVC | | 64.60 | 64.90 | 70.41 | 73.26 | 87.67 | 94.00 | 78.01 | 81.90 | 89.25 | 91.59 |
| 2022 AV | | 64.60 | 64.84* | 70.47* | 73.30* | 87.64* | 94.00 | 78.01 | 81.90 | 89.25 | 91.59 |

| CCSB ONLY | | Silver | | | Gold | | Platinum | |
|-----------------------------|--|---------------|---------------|--------------|--------------|---------------|--------------|--------------|
| | | Copay | Coins | HDHP | Copay | Coins | Copay | Coins |
| AV Target | | 70 | 70 | 70 | 80 | 80 | 90 | 90 |
| Deviation Allowance | | +/-2.0% | +/-2.0% | +/-2.0% | +/-2.0% | +/-2.0% | +/-2.0% | +/-2.0% |
| 2021 AV | | 70.62 | 71.30 | 71.78 | 79.43 | 78.22 | 88.29 | 90.47 |
| Change due to custom inputs | | -0.02 | -0.04 | -0.03 | | -0.12 | | |
| AV baseline in 2022 AVC | | 70.60 | 71.26 | 71.75 | 79.43 | 78.10 | 88.29 | 90.47 |
| 2022 AV | | 70.92* | 71.55* | 71.75 | 79.43 | 78.08* | 88.29 | 90.47 |

*Final AV includes 2021 copay accumulation additive adjustment – will update with final screenshots

Red text: AV is outside de minimis range

Blue text: AV is within de minimis range

2022 ANNUAL LIMITATION ON COST SHARING - MOOP

| | 2019 | 2020 | 2021 | 2022 |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| Maximum annual limitation on cost-sharing (federal) | \$7,900 / \$15,800 | \$8,150 / \$16,300 | \$8,550 / \$17,100 | \$9,100 / \$18,200 |
| Less CA MOOP (\$350) for dental | \$7,550 / \$15,100 | \$7,800 / \$15,600 | \$8,200 / \$16,400 | \$8,750 / \$17,500 |
| CSR 73 Maximum annual limitation | \$6,300 / \$12,600 | \$6,500 / \$13,000 | \$6,800 / \$13,600 | \$7,250 / \$14,500 |
| CSR 87 Maximum annual limitation | \$2,600 / \$5,200 | \$2,700 / \$5,400 | \$2,850 / \$5,700 | \$3,000 / \$6,000 |
| CSR 94 Maximum annual limitation | \$2,600 / \$5,200 | \$2,700 / \$5,400 | \$2,850 / \$5,700 | \$3,000 / \$6,000 |

2022 DENTAL PLAN UPDATE

DENTAL UPDATE

- The 2022 Copay Schedule has been reviewed and completed (see accompanying documents)
- Actuarial Values for the 2022 Standard Benefit Plan Designs are:
 - Pediatric Coinsurance Plan AV 87.3%
 - Pediatric Copay Plan AV 85.2%
- Requested changes to Dental Standard Benefit Design
 - CDT additions (D3501- D3503, D8090) are not part of the 2014 Denti-Cal benchmark plan and can not be added to the Copayment Schedule
 - End Note #11 has been changed from “comprehensive” to “comparable” for better consumer understanding

OPEN FORUM & ANNOUNCEMENTS

2021-2022 PLAN MANAGEMENT ADVISORY MEMBERSHIP

- Reminder that we are currently accepting applications for the Plan Management Advisory Group members for the 2021-2022 term.
 - If your term is ending in 2020 then you will need to reapply.
- The Plan Management Advisory Group nomination form is now available and can be found on Plan Management Stakeholders page under Resources.
- Anyone interested in serving is invited to submit an application to Elena.Wise@covered.ca.gov by COB **December 10, 2020** (for renewing applicants) and **January 7, 2021** (for new applicants).
- Please let Elena know if you need more time or have questions about the application.

2023-2025 ATTACHMENT 7 REFRESH WORKGROUP

- We are aiming to start the refresh workgroup in March 2021
- This will allow us time to finish the 2022 Attachment 7 Amendment, which will serve as the basis for the 2023-2025 Attachment 7 refresh work
- Meeting materials and dates will be distributed at a later date
- We welcome your ideas about the structure and work processes of the refresh workgroup
- Please send questions or comments to Thai at thai.lee@covered.ca.gov

THANK YOU