



## **2023-2025 Attachment 7 Refresh Workgroup**

July 8, 2021

# AGENDA

Time	Topic	Presenter
10am-10:10	♦ Welcome and introductions	Thai Lee
10:10-10:45	♦ Covered California behavioral health initiatives and proposed requirements	Margareta Brandt Taylor Priestley
10:45-11:15	♦ Covered California data exchange initiatives and proposed requirements	Kelly Saephan Ash Amarnarth
11:15-11:30am	♦ Open Discussion & next steps	Thai Lee

PRIORITY  
AREAS

Disparities reduction

Behavioral health

Advanced primary care

Affordability and cost

Data exchange

# Covered California behavioral health initiatives and proposed requirements

Margareta Brandt, Quality Improvement Unit Manager  
Taylor Priestley, Health Equity Officer

# 2022 CURRENT CONTRACT REQUIREMENTS

## *Article 4 – Mental Health and Substance Use Disorder Treatment*

- Submit accreditation reports for behavioral health provider networks to evaluate how plans track access to behavioral health services
- Monitor and review depression treatment penetration rate and behavioral health service utilization rate using Health Evidence Initiative (HEI) data
- Offer telehealth for behavioral health services and review utilization rates using HEI data
- Collect Depression Screening and Follow-Up Plan (NQF #0418) measure results and annually report results
- Implement programs to align Smart Care California guidelines for appropriate use of opioids
- Monitor and review opioid use disorder measures using HEI data including Use of Pharmacotherapy for Opioid Use Disorder (NQF #3400)
- Report how integrated behavioral health services are promoted and supported

# ONGOING WORK & RESEARCH FOR 2021 AND 2022

- ❑ Joint behavioral health project with CalPERS and DHCS
- ❑ Informational interviews with national behavioral health experts
- ❑ Developing data collection process for Depression Screening and Follow-Up Plan (NQF #0418) measure results
- ❑ Reviewing initial results for HEI measures and engaging with issuers to review performance
  - Depression treatment penetration rate
  - Utilization measures: in-person and telehealth visits; Collaborative Care Model services; Medication Assisted Treatment (MAT) prescriptions
  - Use of Pharmacotherapy for Opioid Use Disorder (NQF #3400)
  - Concurrent Use of Opioids and Benzodiazepines (NQF #3389)
  - Use of Opioids at High Dosage in Persons Without Cancer (NQF #2940)
  - Concurrent Prescribing of Opioids and Naloxone
- ❑ Exploratory work with Smart Care California guidelines for appropriate use of opioids

# JOINT BEHAVIORAL HEALTH PROJECT



The three organizations seek to better understand the potential **role of purchasers** to:

- Improve **access** to and **quality** of evidence-based mental health and substance use disorder (SUD) services, and
- Improve **equity and eliminate disparities** in behavioral health access and outcomes in California

While there is a need to address the continuum of care for all behavioral health conditions, this project will focus on mild-moderate conditions in recognition of the **preventive value of early intervention**

# JOINT BEHAVIORAL HEALTH PROJECT

- ❑ Multi-phase project spanning Summer 2021 to Spring 2022
- ❑ Initial learning will lead to a broad menu of potential interventions before narrowing in on the most promising options
- ❑ Final objective is a report with recommended initiatives for Sponsors to consider, including potential changes to contract requirements
- ❑ Recommendations will be included in a full stakeholder consultation process that will inform an amendment to the 2024 multi-year contract
- ❑ *Note:* following scope of work is still being refined and finalized



# JOINT BEHAVIORAL HEALTH PROJECT

- ❑ Phase 1: Understanding the Behavioral Health Landscape
  - Documenting prevalence and severity
  - Assessing unmet need
  - Identifying barriers to access
  - Understanding existing measures and measurement gaps
  - Provider and network mapping

Timeline: Summer to Fall of 2021

# JOINT BEHAVIORAL HEALTH PROJECT

- ❑ Phase 2a: Identifying Potential Solutions
  - Use initial learnings to outline a wide menu of potential interventions for Sponsor purchasers to consider
- ❑ Phase 2b: Facilitated Decision-making Period
  - Contractor and Sponsors collaborate to review initial recommendations and prioritize those that are most suitable for further consideration

Timeline: Fall of 2021 to Winter 2022

# JOINT BEHAVIORAL HEALTH PROJECT

- ❑ Phase 3: Final Portfolio of Recommendations
  - Potential interventions should include specifics related to:
    - Fiscal impact
    - Implementation sites and target populations
    - How recommendation aligns with current work and efforts
    - Associated regulatory or internal policy changes required

Timeline: Winter to Spring of 2022

# 2023-25 PROPOSED CONTRACT REQUIREMENTS

- ❑ Covered California plans to modestly adjust the 2022 behavioral health contract requirements for the 2023 contract year

## *Areas of exploration for 2023:*

- ❑ Encouraging or requiring the use of PHQ-2/PHQ-9 tools with the implementation of the Depression Screening and Follow-Up Plan (NQF #0418) to support future implementation of patient-reported outcome measures (PROMs) for depression
- ❑ Requiring reimbursement or coverage of Collaborative Care Model services
- ❑ Reducing narrative reporting requirements

# 2023-25 PROPOSED CONTRACT REQUIREMENTS

- ❑ Covered California intends to strengthen and adjust requirements in the 2024 amendment based on the timeline for the joint behavioral health project and when we will receive data for new measures

## *Areas of exploration for 2024-25:*

- ❑ Patient-reported experience surveys for behavioral health such as the CAHPS Experience of Care and Health Outcomes (ECHO) Survey
- ❑ Monitoring care coordination between behavioral health and physical health providers and collaborating on standard processes for patient consent to share data
- ❑ Implementing patient-reported outcome measures (PROMs) for depression and exploring PROMs for other conditions (anxiety, substance use disorders)
- ❑ Tracking access to Medication Assisted Treatment (MAT) for substance use disorders in addition to opioid use disorder
- ❑ Strengthening data exchange between behavioral health and physical health providers

# Covered California data exchange initiatives and proposed requirements

Kelly Saephan, Senior Quality Improvement Specialist  
Ash Amarnath, Medical Director

# 2022 CURRENT CONTRACT REQUIREMENTS

## *Article 15 – Data Sharing & Analytics*

- ❑ Submit timely and appropriate data for the Healthcare Evidence Initiative (HEI)
- ❑ Participate in data exchange initiatives with providers and Health Information Exchanges (HIEs)
- ❑ Support the aggregation of claims and clinical data across health plans and explore opportunities to improve measurement and reduce burden of data collection
- ❑ Implement and maintain a secure, standards-based Patient Access Application Programming Interfaces (API) consistent with the Federally Facilitated Marketplace (FFM) rule

# ONGOING WORK & RESEARCH

- ❑ Engaging with issuers that currently participate in an HIE to gain insight and knowledge on the value they gain from participating at the issuer and provider-level
- ❑ Informational interviews with national health informatics experts to explore recommendations on interoperability and data exchange requirements that complement our goals of aligning with federal standards and promoting statewide standards
- ❑ Exploring opportunities to reduce administrative burden by working closely with CalPERS and DHCS



# 2023-25 PROPOSED CONTRACT REQUIREMENTS

- 1) Require participation in a Health Information Exchange (must be a CTEN member)
- 2) Establish QHP issuer–Provider HIE contract requirements
  - QHP issuers to require designated providers to participate in HIE per a minimum set of data exchange functions

## *CMS FFM Requirements (effective 01/2023):*

- 3) Require QHP issuers to participate in payer-to-payer data exchange at enrollment and educate consumers about opt-in to approve data transfer from prior to new health plan
- 4) Require QHP issuers to implement and maintain a Provider Access API to facilitate the exchange of current patient data from payers to providers

**The proposed requirements are being explored and are not final. Covered California is continuing ongoing discussions and engagement with QHP issuers, external stakeholders, and other state agencies to finalize requirements that will promote standard expectations statewide.**

# OUTSTANDING QUESTIONS AND ISSUES

- ❑ Initial costs for data exchange infrastructure are high, and the use cases and ROI – particularly for early adopters – are not always clear; for example, major barrier to providers joining HIE is that unless/until there is a critical mass of participation, data on their patients may not be available in HIE
- ❑ For QHP issuers, what constitutes HIE participation?
- ❑ Does Covered California have a role in requiring provider participation and resolving the HIE data gaps?
- ❑ Does Covered California have a role in requiring QHP issuers to onboard its data with HIEs (member eligibility, medication history, etc.)?
- ❑ There is no eHealth measure system in California; need to explore how Covered California can align and/or collaborate with NCQA CMS, DHCS, IHA etc. to advance use of eCQMs

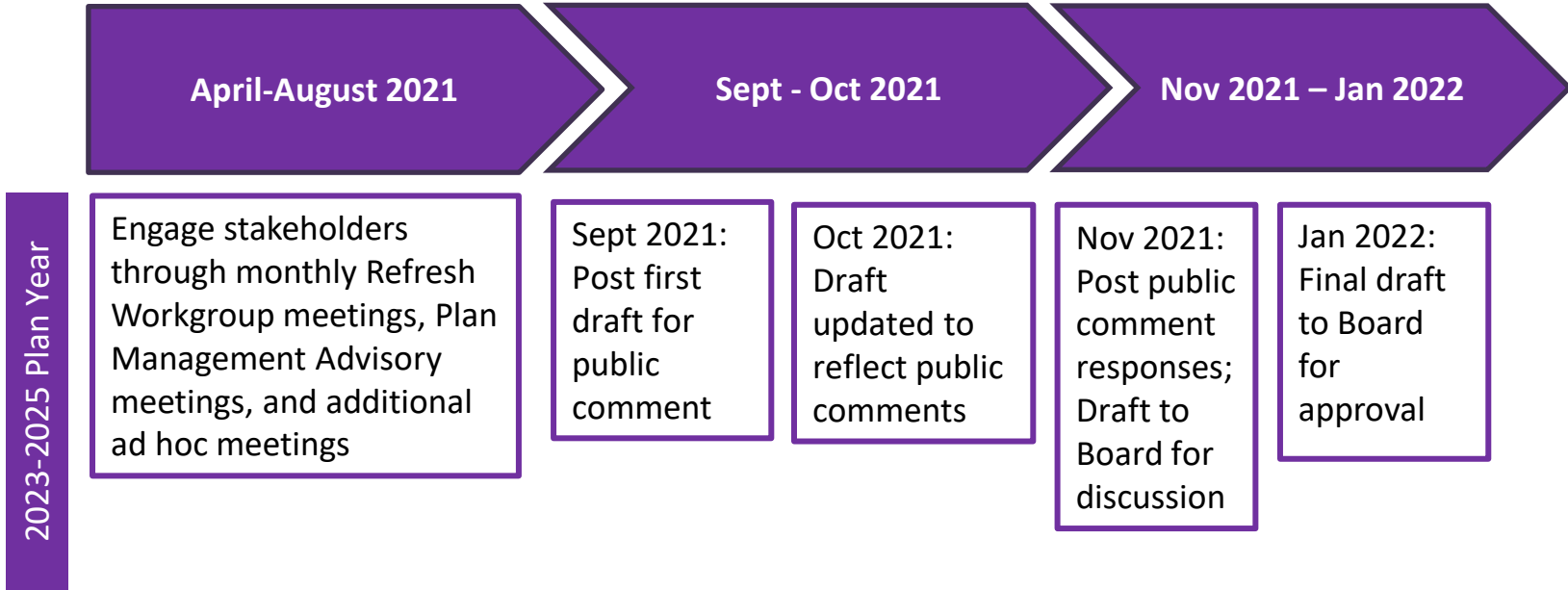
## NEXT STEPS

- ❑ Continue engagement with QHP issuers to vet these issues and pursue solutions that balance contract requirements with Covered California support to advance use of EHR/HIE data exchange

# Open discussion and next steps

Thai Lee, Senior Quality Improvement Specialist

# PROPOSED 2023-2025 ATTACHMENT 7 DEVELOPMENT TIMELINE



# NEXT STEPS AND DISCUSSION

- ❑ Feedback on proposed workgroup and contract development process
- ❑ Upcoming proposed 2023-2025 Attachment 7 refresh workgroup meetings:
  - August 5
    - Affordability and Cost
    - Quality Transformation Initiative
    - Disparities Reduction
  - September 2 (tentative)
    - Preview of first draft of 2023-25 Attachment 7
- ❑ Submit questions and comments to Thai at [thai.lee@covered.ca.gov](mailto:thai.lee@covered.ca.gov)