



Plan Management Advisory Workgroup Meeting

February 10, 2022

AGENDA

| Time | Topic | Presenter |
|---------------|--|---------------|
| 10:00 – 10:05 | Welcome and Agenda Review | Rob Spector |
| 10:05 – 10:35 | Quality Transformation Initiative Update | Alice Chen |
| 10:35 – 11:05 | 2023 Standard Benefit Design Update | Jan Falzarano |
| 11:05 – 12:00 | Open Forum & Announcements | All |

QUALITY TRANSFORMATION INITIATIVE UPDATE

Alice Chen, Chief Medical Officer
EQT Division

OVERARCHING QUALITY TRANSFORMATION INITIATIVE STRATEGY

- ❑ The Quality Transformation Initiative (QTI) is one component of Covered California's multipronged measurement strategy which includes annual tracking, monitoring and reporting of about 40 HEDIS and CAHPS measures that are part of the national Quality Rating System (QRS) as well as ongoing assessment of care through Healthcare Evidence Initiative (HEI) measures as outlined in Attachment 1 and 2 of the proposed 2023-2025 contract.
- ❑ The first year of the contract would have 0.8% of premium as the total potential quality payment, moving up to 3% as of PY 2025, with intention to increase to 4% maximum in PY 2026 based on either contract amendment or new contract. The first quality payment would be calculated based on 2023 performance and due in early 2025.
- ❑ Disparities reduction measures and quality payments are integral to the Quality Transformation Initiative. The methodology for such payments will be developed with input from DHCS and CalPERS.
- ❑ "Reporting only" measures related to behavioral health are measures for which there are not currently established national benchmarks and are included to signal intent to incorporate into QTI during the next contract cycle.
- ❑ Metrics and targets will be regularly reassessed. Those that are topped out may be dropped, with new measures and targets added only as part of formal contract amendment process or during the next contract cycle.
- ❑ Funds from quality payments would be used to establish an internal, separately tracked, Quality Transformation Fund.
- ❑ Issuers would be required to submit a quality improvement plan detailing the actions they plan to take to improve quality and equity for any measure for which they score below the 25th percentile. Covered California would monitor and work with issuers to ensure improvement efforts do not have negative impacts on consumers.
- ❑ Covered California will continue to analyze the impact of demographic and socio-economic factors that affect quality scores for potential adjustments to quality improvement fund payments. If issuers can demonstrate or provide evidence of the negative impact on quality scores, Covered California will evaluate such evidence and consider adjustments to payments.

QUALITY TRANSFORMATION INITIATIVE – INTENT, ESTABLISHING FUND, AND USE OF FUNDS

- ❑ **Intent:** The goal of the Quality Transformation Initiative (QTI) is to provide substantial economic incentives for issuers to invest in quality, while aiming for “global premium net neutrality.”
- ❑ **QTI Structure:** As part of an issuer’s contractual agreement with Covered California for the 2023 – 2025 plan years, issuers have a contractual obligation to make quality payments into the Quality Transformation Fund based on their QHPs’ performance on key quality, and in future years, equity indicators.
- ❑ **Establishment of Quality Transformation Fund:** Covered California shall establish an internal, separately tracked, Quality Transformation Fund. As part of its annual budgeting and public reporting, Covered California shall report on payments made into the Fund and how all such funds are spent.
- ❑ **Quality Transformation Fund Use:** Covered California shall spend the Quality Transformation Fund for quality related operations and activities. These activities would have been previously reviewed and approved as part of the regular annual budget adopted by the board of directors. Covered California will detail the timing and implications of both payment into the Quality Transformation Fund and the impact on Participation Fees related to Quality Transformation Fund expenditures reducing the need for issuer assessments.

QUALITY TRANSFORMATION INITIATIVE – POTENTIAL IMPACTS ON PREMIUM

- ❑ **Potential Impact on Premiums of Quality Transformation Fund Payment by Issuers:** The extent to which payments into the Quality Transformation Fund would impact premiums would depend on the affected issuer's market decisions. Issuers could potentially raise premiums; however, given that raising prices would lead to lower enrollment, issuers may instead choose to reduce profits or other administrative expenses. Covered California would review an issuer's actions as part of the annual negotiations between the issuer and Covered California.
- ❑ **Impact of Quality Transformation Fund Spend on Participation Fee and Potentially on Premiums:** Since Quality Transformation Funds would be spent on Covered California's budgeted quality related activities, the spending on such activities would reduce the need to have such expenses covered by the annual Participation Fee and would result in the Fee being reduced across all QHPs by the amount of the Quality Transformation Fund spend. To the extent the Participation Fee would be reduced, it is Covered California's expectation that QHP premiums would also be reduced by the same amount.

QTI MEASURES: RECOMMENDED INITIAL CORE SET OF 4 METRICS

QTI measure set:

- Controlling High Blood Pressure (NQF #0018)
- Hemoglobin A1c (HbA1c) Control (<8.0%) (NQF #0575)
- Colorectal Cancer Screening (NQF #0034)
- Childhood Immunization Status (Combo 10) (NQF #0038)

Reporting only measures:

- Depression Screening and Follow-Up for Adolescents and Adults (DSF)
- Pharmacotherapy for Opioid Use Disorder (POD)

All measures will be stratified by race/ethnicity for reporting only in initial years. Quality payments tied to reducing health disparities for the QTI measure set will begin in 2025 or 2026.

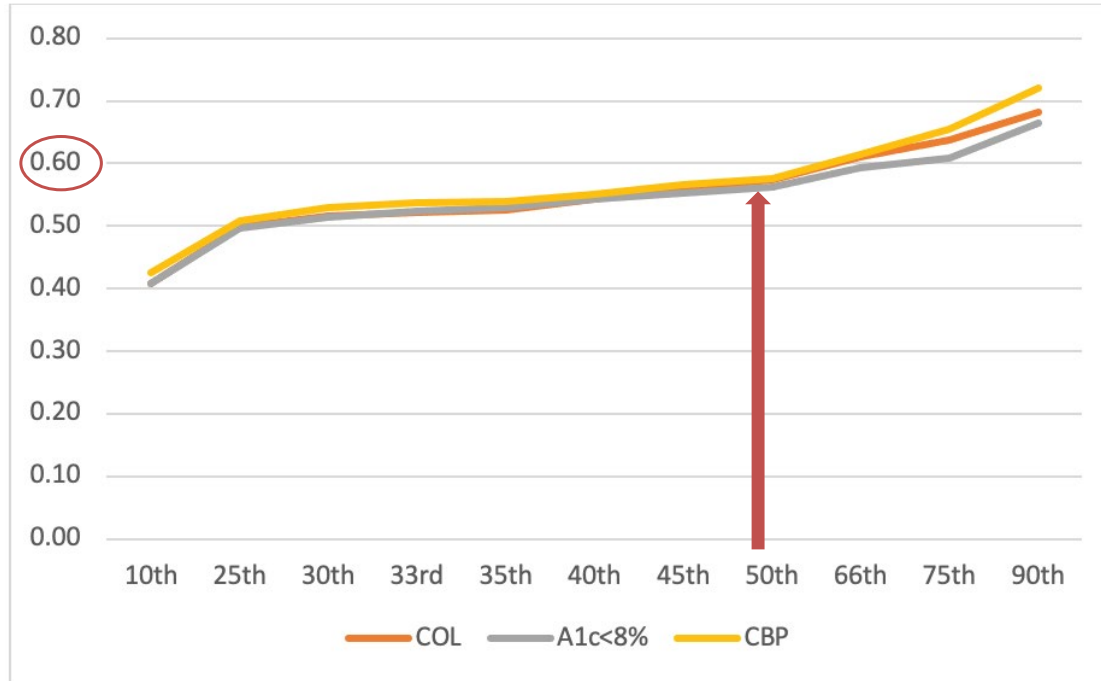
QTI MEASURES: CORE SET MY 2019 PERFORMANCE

- ❑ Kaiser's HMO is the only plan product that has no measure below 50th percentile national performance.
- ❑ 2 plan products (Anthem EPO and Oscar EPO) have all four measures below 50th percentile national performance.
- ❑ 3 plan products (Blue Shield PPO, HealthNet PPO, Molina HMO) have three measures below 50th percentile national performance.

| Measure Title | Year | Benchmark: | | | | | | | | | | | | | | | | |
|---|------|------------|------------|------------|---------|---------|----------|----------------|----------------|----------------|------------|-------------|------------|-----------|-----------|---------|---------|--|
| | | Anthem HMO | Anthem PPO | Anthem EPO | BSC HMO | BSC PPO | CCHP HMO | Health Net HMO | Health Net EPO | Health Net PPO | Kaiser HMO | LA Care HMO | Molina HMO | Oscar EPO | Sharp HMO | VHP HMO | WHA HMO | |
| Colorectal Cancer Screening | 2019 | | | 45 | 59 | 51 | 60 | 62 | 53 | 40 | 76 | 54 | 31 | 36 | 66 | 54 | 52 | |
| | 2020 | | | | | | | | | | | | | | | | | |
| Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%) | 2019 | | | 57 | 64 | 64 | 57 | 61 | 63 | 61 | 70 | 62 | 58 | 50 | 76 | 69 | 53 | |
| | 2020 | | | | | | | | | | | | | | | | | |
| Controlling High Blood Pressure | 2019 | | | 45 | 66 | 56 | 68 | 63 | 59 | 55 | 81 | 68 | 65 | 46 | 79 | 64 | 65 | |
| | 2020 | | | | | | | | | | | | | | | | | |
| Childhood Immunization Status (Combination 3) | 2019 | | | 51 | 64 | 63 | | 69 | | 55 | 84 | 82 | 74 | 34 | 77 | | | |
| | 2020 | | | | | | | | | | | | | | | | | |

QTI MEASURES: MY2019 NATIONAL DISTRIBUTION

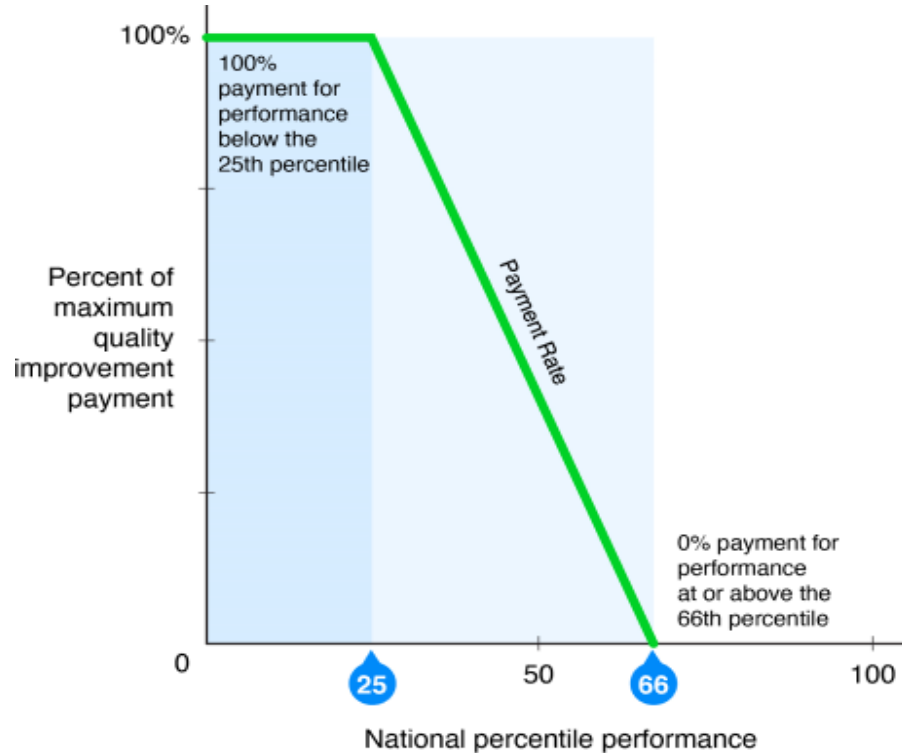
At the 50th percentile of national performance for blood pressure control, diabetes control and colorectal cancer screening measures means that fewer than 60% of enrollees receive recommended care.



PROPOSED QTI PERFORMANCE THRESHOLDS

- ❑ The exact amount of financial contribution will be determined by both performance and payment rate at each level of performance.
- ❑ Percentiles will be based on national percentiles for Measurement Year 2021 (or Measurement Year 2022 for Childhood Immunization Status Combo 10) performance to allow for improvement over time against static frame of reference.
- ❑ Covered California is currently proposing the following payment model:
 - ❑ Issuer contributes quality payments to the Quality Transformation Fund based on the following quality levels for each measure:
 - Full per measure amount if the measure score is below the 25th percentile.
 - Per measure amount at a declining constant linear rate, as determined by Covered California, for each measure score between the 25th and 65.9th percentile.
 - No payment for each measure score at or above the 66th percentile.

PROPOSED QUALITY TRANSFORMATION FUND PAYMENT STRUCTURE



POTENTIAL TIMELINE FOR IMPLEMENTATION OF THE QTI MEASURE SET ASSESSMENT AND QUALITY TRANSFORMATION FUND PAYMENT

| Measurement Year | QHPs Submit Data to CMS QRS and Covered CA | Payment Calculated by Covered CA | Review by QHP Issuers | Public Announcement of Payment | QHPs Submit Funds to Covered CA | Fiscal Year | Potential Impact on Participation Fee |
|------------------|--|----------------------------------|-----------------------|--------------------------------|---------------------------------|-------------|---------------------------------------|
| 2023 | June 15, 2024 | July 2024 | August 2024 | September 2024 | January 2025 | 2025-26 | Plan Year 2026 |
| 2024 | June 15, 2025 | July 2025 | August 2025 | September 2025 | January 2026 | 2026-27 | Plan Year 2027 |
| 2025 | June 15, 2026 | July 2026 | August 2026 | September 2026 | January 2027 | 2027-28 | Plan Year 2028 |

2023 STANDARD BENEFIT DESIGN UPDATE

Jan Falzarano, Deputy Director
Plan Management Division

2023 Proposed Plan Designs Side-by-Side View for IFP

| Benefit | Individual-only Platinum Coinsurance | | Individual-only Platinum Copay | | Individual-only Gold Coinsurance | | Individual-only Gold Copay | | Individual-only Silver | | Silver 73 | | Silver 87 | | Silver 94 | | Bronze | | Bronze HDHP | | | | |
|--|--------------------------------------|---------|--------------------------------|---------|----------------------------------|---------|----------------------------|---------|------------------------|---------|-----------|---------|-----------|---------|-----------|--------|---------|---------|-------------|----------|---------|--|---------|
| | Ded | Amount | Ded | Amount | Ded | Amount | Ded | Amount | Ded | Amount | Ded | Amount | Ded | Amount | Ded | Amount | Ded | Amount | Ded | Amount | | | |
| Deductible | | | | | | | | | | | | | | | | | | | | | | | |
| Medical Deductible | | | | | | | | | | \$4,750 | | \$4,750 | | \$800 | | \$75 | | \$8,300 | | \$7,000 | | | |
| Drug Deductible | | | | | | | | | | \$85 | | \$85 | | \$25 | | \$0 | | \$500 | | | | | |
| Coinurance (Member) | | 10% | | 10% | | 20% | | 20% | | 20% | | 20% | | 15% | | 10% | | 40% | | 0% | | | |
| MOOP | | \$4,500 | | \$4,500 | | \$8,550 | | \$8,550 | | \$8,750 | | \$7,250 | | \$3,000 | | \$900 | | \$8,200 | | \$7,000 | | | |
| ED Facility Fee | | \$150 | | \$150 | | \$350 | | \$350 | | \$400 | | \$400 | | \$150 | | \$50 | X | 40% | X | 0% | | | |
| Inpatient Facility Fee | | 10% | | \$250 | | 30% | | \$350 | X | 30% | X | 30% | X | 25% | X | 10% | X | 40% | X | 0% | | | |
| Inpatient Physician Fee | | 10% | | --- | | 30% | | --- | | 30% | | 30% | | 25% | | 10% | X | 40% | X | 0% | | | |
| Primary Care Visit | | \$15 | | \$15 | | \$35 | | \$35 | | \$45 | | \$45 | | \$15 | | \$5 | X | \$65 | X | 0% | | | |
| Specialist Visit | | \$30 | | \$30 | | \$65 | | \$65 | | \$85 | | \$85 | | \$25 | | \$8 | X | \$95 | X | 0% | | | |
| MH/SU Outpatient Services | | \$15 | | \$15 | | \$35 | | \$35 | | \$45 | | \$45 | | \$15 | | \$5 | X | \$65 | X | 0% | | | |
| Imaging (CT/PET Scans, MRIs) | | 10% | | \$75 | | 25% | | \$75 | | \$325 | | \$325 | | \$100 | | \$50 | X | 40% | X | 0% | | | |
| Speech Therapy | | \$15 | | \$15 | | \$35 | | \$35 | | \$45 | | \$45 | | \$15 | | \$5 | | \$65 | X | 0% | | | |
| Occupational and Physical Therapy | | \$15 | | \$15 | | \$35 | | \$35 | | \$45 | | \$45 | | \$15 | | \$5 | | \$65 | X | 0% | | | |
| Laboratory Services | | \$15 | | \$15 | | \$40 | | \$40 | | \$50 | | \$50 | | \$20 | | \$8 | | \$40 | X | 0% | | | |
| X-rays and Diagnostic Imaging | | \$30 | | \$30 | | \$75 | | \$75 | | \$95 | | \$90 | | \$40 | | \$8 | X | 40% | X | 0% | | | |
| Skilled Nursing Facility | | 10% | | \$150 | | 30% | | \$150 | X | 30% | X | 30% | X | 25% | X | 10% | X | 40% | X | 0% | | | |
| Outpatient Facility Fee | | 10% | | \$100 | | 20% | | \$150 | | 20% | | 20% | | 15% | | 10% | X | 40% | X | 0% | | | |
| Outpatient Physician Fee | | 10% | | \$25 | | 20% | | \$40 | | 20% | | 20% | | 15% | | 10% | X | 40% | X | 0% | | | |
| Tier 1 (Generics) | | \$5 | | \$5 | | \$15 | | \$15 | X | \$16 | X | \$16 | X | \$5 | | \$3 | X | \$18 | X | 0% | | | |
| Tier 2 (Preferred Brand) | | \$15 | | \$15 | | \$60 | | \$60 | X | \$60 | X | \$55 | X | \$25 | | \$10 | X | 40% | X | 0% | | | |
| Tier 3 (Nonpreferred Brand) | | \$25 | | \$25 | | \$85 | | \$85 | X | \$90 | X | \$85 | X | \$45 | | \$15 | X | 40% | X | 0% | | | |
| Tier 4 (Specialty) | | 20% | | 10% | | 20% | | 20% | X | 20% | X | 20% | X | 15% | | 10% | X | 40% | X | 0% | | | |
| Tier 4 Maximum Coinsurance | | \$250 | | \$250 | | \$250 | | \$250 | | \$250 | | \$250 | | \$150 | | \$150 | | \$500* | | | | | |
| Maximum Days for charging IP copay | | | | 5 | | | | 5 | | | | | | | | | | | | | | | |
| Begin PCP deductible after # of copays | | | | | | | | | | | | | | | | | | | | 3 visits | | | |
| Actuarial Value | | | | | | | | | | | | | | | | | | | | | | | |
| 2023 AV (Draft 2023 AVC) | | 91.76 | | 89.75 | | 81.92 | | 80.11 | | 71.57† | | 73.53† | | 87.86† | | 94.88 | | 64.54† | | 64.17 | | | |
| 2022 AV (Final 2022 AVC) | | 91.59 | | 89.25 | | 81.90 | | 78.01 | | 71.07† | | 73.42† | | 87.75† | | 94.66 | | 64.78† | | 64.60 | | | |
| Enrollment as of June 2021 | | | | 61,090 | | | | 151,430 | | | | | 227,540 | | 124,900 | | 328,850 | | 205,510 | | 352,860 | | 108,220 |
| Percent of Total enrollment | | | | 4% | | | | 10% | | 15% | | | 8% | | 21% | | 13% | | 23% | | 7% | | 7% |
| Enrollment as of June 2021 | | 17,373 | | 43,717 | | 84,815 | | 66,615 | | | | | | | | | | | | | | | |
| Percent of Total enrollment | | 28% | | 72% | | 56% | | 44% | | | | | | | | | | | | | | | |

| | | |
|------|------------------------------|--|
| KEY: | X | Subject to deductible |
| | * | Drug cap applies to all drug tiers |
| | † | Additional adjustment (included in AV) |
| | | Increased member cost from 2022 |
| | | Decreased member cost from 2022 |
| | | Does not meet AV |
| | Within 5 of upper de minimis | |
| | Securely within AV | |

Proposed 2023 AV Model – Gold Coinsurance

| Benefit | Gold Coins | | Gold Coins D | | Gold Coins E | |
|--|------------|---------|--------------|---------|--------------|---------|
| | Ded | Amount | Ded | Amount | Ded | Amount |
| Deductible | | | | | | |
| Medical Deductible | | | | | | |
| Drug Deductible | | | | | | |
| Coinsurance (Member) | | 20% | | 20% | | 20% |
| MOOP | | \$8,200 | | \$8,550 | | \$8,550 |
| ED Facility Fee | | \$350 | | \$350 | | \$350 |
| Inpatient Facility Fee | | 20% | | 30% | | 30% |
| Inpatient Physician Fee | | 20% | | 30% | | 30% |
| Primary Care Visit | | \$35 | | \$35 | | \$35 |
| Specialist Visit | | \$65 | | \$65 | | \$65 |
| MH/SU Outpatient Services | | \$35 | | \$35 | | \$35 |
| Imaging (CT/PET Scans, MRIs) | | 20% | | 25% | | 30% |
| Speech Therapy | | \$35 | | \$35 | | \$35 |
| Occupational and Physical Therapy | | \$35 | | \$35 | | \$35 |
| Laboratory Services | | \$40 | | \$40 | | \$40 |
| X-rays and Diagnostic Imaging | | \$75 | | \$75 | | \$75 |
| Skilled Nursing Facility | | 20% | | 30% | | 30% |
| Outpatient Facility Fee | | 20% | | 20% | | 20% |
| Outpatient Physician Fee | | 20% | | 20% | | 20% |
| Tier 1 (Generics) | | \$15 | | \$15 | | \$16 |
| Tier 2 (Preferred Brand) | | \$55 | | \$60 | | \$55 |
| Tier 3 (Nonpreferred Brand) | | \$80 | | \$85 | | \$80 |
| Tier 4 (Specialty) | | 20% | | 20% | | 20% |
| Tier 4 Maximum Coinsurance | | \$250 | | \$250 | | \$250 |
| Maximum Days for charging IP copay | | | | | | |
| Begin PCP deductible after # of copays | | | | | | |
| Actuarial Value | | | | | | |
| 2023 AV (Draft 2023 AVC) | | 82.64 | | 81.92 | | 81.83 |
| 2022 AV (Final 2021 AVC) | | 81.90 | | - | | - |

2023 Proposed Plan Designs Side-by-Side View for CCSB

| Benefit | CCSB-only Platinum Coinsurance | | CCSB-only Platinum Copay | | CCSB-only Gold Coinsurance | | CCSB-only Gold Copay | | CCSB-only Silver Coinsurance | | CCSB-only Silver Copay | | CCSB-only Silver HDHP | |
|--|--------------------------------|---------|--------------------------|---------|----------------------------|---------|----------------------|---------|------------------------------|---------|------------------------|---------|-----------------------|---------|
| | Ded | Amount | Ded | Amount | Ded | Amount | Ded | Amount | Ded | Amount | Ded | Amount | Ded | Amount |
| Deductible | | | | | | | | | | | | | | \$2,700 |
| Medical Deductible | | | | | | \$350 | | \$250 | | \$2,600 | | \$2,600 | | |
| Drug Deductible | | | | | | \$0 | | \$0 | | \$300 | | \$300 | | |
| Coinsurance (Member) | | 10% | | 10% | | 20% | | 20% | | 30% | | 30% | | 25% |
| MOOP | | \$4,500 | | \$4,500 | | \$7,800 | | \$7,800 | | \$8,600 | | \$8,750 | | \$7,200 |
| ED Facility Fee | | \$200 | | \$150 | X | 20% | X | \$250 | X | 35% | X | 30% | X | 25% |
| Inpatient Facility Fee | | 10% | | \$250 | X | 20% | X | \$600 | X | 35% | X | 40% | X | 25% |
| Inpatient Physician Fee | | 10% | | --- | X | 20% | | | X | 35% | | 40% | X | 25% |
| Primary Care Visit | | \$15 | | \$20 | | \$25 | | \$35 | | \$55 | | \$55 | X | 25% |
| Specialist Visit | | \$30 | | \$30 | | \$50 | | \$55 | | \$90 | | \$90 | X | 25% |
| MH/SU Outpatient Services | | \$15 | | \$20 | | \$25 | | \$35 | | \$55 | | \$55 | X | 25% |
| Imaging (CT/PET Scans, MRIs) | | 10% | | \$100 | | 20% | X | \$250 | X | 35% | X | \$300 | X | 25% |
| Speech Therapy | | \$15 | | \$20 | | \$25 | | \$35 | | \$55 | | \$55 | X | 25% |
| Occupational and Physical Therapy | | \$15 | | \$20 | | \$25 | | \$35 | | \$55 | | \$55 | X | 25% |
| Laboratory Services | | \$15 | | \$20 | | \$25 | | \$35 | | \$55 | | \$55 | X | 25% |
| X-rays and Diagnostic Imaging | | \$30 | | \$30 | | \$65 | | \$55 | | \$90 | | \$90 | X | 25% |
| Skilled Nursing Facility | | 10% | | \$150 | X | 20% | X | \$300 | X | 35% | X | 40% | X | 25% |
| Outpatient Facility Fee | | 10% | | \$100 | | 20% | X | \$300 | X | 35% | X | 35% | X | 25% |
| Outpatient Physician Fee | | 10% | | \$25 | | 20% | | \$35 | | 35% | | 30% | X | 25% |
| Tier 1 (Generics) | | \$10 | | \$5 | | \$15 | | \$15 | | \$20 | | \$19 | X | 25% |
| Tier 2 (Preferred Brand) | | \$25 | | \$20 | | \$50 | | \$40 | X | \$75 | X | \$85 | X | 25% |
| Tier 3 (Nonpreferred Brand) | | \$40 | | \$30 | | \$80 | | \$70 | X | \$105 | X | \$110 | X | 25% |
| Tier 4 (Specialty) | | 10% | | 10% | | 20% | | 20% | X | 30% | X | 30% | X | 25% |
| Tier 4 Maximum Coinsurance | | \$250 | | \$250 | | \$250 | | \$250 | | \$250 | | \$250 | | \$250* |
| Maximum Days for charging IP copay | | | | 5 | | | | 5 | | | | | | |
| Begin PCP deductible after # of copays | | | | | | | | | | | | | | |
| Actuarial Value | | | | | | | | | | | | | | |
| 2023 AV (Draft 2023 AVC) | | 90.71 | | 88.80 | | 78.91 | | 80.49 | | 71.77** | | 71.54† | | 71.71 |
| 2022 AV (Final 2022 AVC) | | 90.47 | | 88.29 | | 78.02† | | 79.43 | | 71.43† | | 70.84† | | 71.75 |
| Enrollment as of January 2021 | | | | 15,864 | | | | 29,679 | | | | 20,825 | | 1,724 |
| Percent of Total enrollment | | | | 23% | | | | 44% | | | | 31% | | 3% |

** CCSB Silver Coin - pending 2023 Additive Adjustment

| | | |
|------|---|--------------------------------------|
| KEY: | X | Subject to deductible |
| | * | Drug cap applies to all drug tiers |
| | † | Additive adjustment (included in AV) |
| | ↑ | Increased member cost from 2022 |
| | ↓ | Decreased member cost from 2022 |
| | — | Does not meet AV |
| | | Within .5 of upper-de minimis |
| | | Securely within AV |

Proposed 2023 AV Model – CCSB Silver Coinsurance

| Benefit | CCSB Silver Coin | | Silver Coin L | | Silver Coin P | |
|--|------------------|---------|---------------|---------|---------------|---------|
| | Ded | Amount | Ded | Amount | Ded | Amount |
| Deductible | | | | | | |
| Medical Deductible | | \$2,250 | | \$2,550 | | \$2,500 |
| Drug Deductible | | \$300 | | \$300 | | \$300 |
| Coinsurance (Member) | | 30% | | 30% | | 35% |
| MOOP | | \$8,200 | | \$8,700 | | \$8,600 |
| ED Facility Fee | X | 30% | X | 30% | X | 35% |
| Inpatient Facility Fee | X | 30% | X | 35% | X | 35% |
| Inpatient Physician Fee | X | 30% | X | 35% | X | 35% |
| Primary Care Visit | | \$50 | | \$55 | | \$55 |
| Specialist Visit | | \$85 | | \$90 | | \$90 |
| MH/SU Outpatient Services | | \$50 | | \$55 | | \$55 |
| Imaging (CT/PET Scans, MRIs) | X | 30% | X | 30% | X | 35% |
| Speech Therapy | | \$50 | | \$55 | | \$55 |
| Occupational and Physical Therapy | | \$50 | | \$55 | | \$55 |
| Laboratory Services | | \$50 | | \$55 | | \$55 |
| X-rays and Diagnostic Imaging | | \$85 | | \$90 | | \$90 |
| Skilled Nursing Facility | X | 30% | X | 35% | X | 35% |
| Outpatient Facility Fee | X | 30% | X | 30% | X | 35% |
| Outpatient Physician Fee | | 30% | | 30% | | 35% |
| Tier 1 (Generics) | | \$17 | | \$20 | | \$20 |
| Tier 2 (Preferred Brand) | X | \$70 | X | \$75 | X | \$75 |
| Tier 3 (Nonpreferred Brand) | X | \$100 | X | \$105 | X | \$105 |
| Tier 4 (Specialty) | X | 30% | X | 30% | X | 30% |
| Tier 4 Maximum Coinsurance | | \$250 | | \$250 | | \$250 |
| Maximum Days for charging IP copay | | | | | | |
| Begin PCP deductible after # of copays | | | | | | |
| Actuarial Value | | | | | | |
| 2023 AV (Draft 2023 AVC) | | 73.3† | | 71.95† | | 71.77** |
| 2022 AV (Final 2022 AVC) | | 71.43† | | | | |

** Pending 2023 Additive Adjustment

Proposed 2023 AV Model – CCSB Silver Copay

| Benefit | CCSB Silver Copay | | Silver Copay G | |
|--|-------------------|---------------|----------------|---------------|
| | Ded | Amount | | |
| Deductible | | | | |
| Medical Deductible | | \$2,250 | | \$2,500 |
| Drug Deductible | | \$300 | | \$300 |
| Coinsurance (Member) | | 30% | | 30% |
| MOOP | | \$8,200 | | \$8,750 |
| ED Facility Fee | X | 30% | X | 30% |
| Inpatient Facility Fee | X | 30% | X | 40% |
| Inpatient Physician Fee | | 30% | | 40% |
| Primary Care Visit | | \$55 | | \$55 |
| Specialist Visit | | \$90 | | \$90 |
| MH/SU Outpatient Services | | \$55 | | \$55 |
| Imaging (CT/PET Scans, MRIs) | X | \$300 | X | \$300 |
| Speech Therapy | | \$55 | | \$55 |
| Occupational and Physical Therapy | | \$55 | | \$55 |
| Laboratory Services | | \$55 | | \$55 |
| X-rays and Diagnostic Imaging | | \$90 | | \$90 |
| Skilled Nursing Facility | X | 30% | X | 40% |
| Outpatient Facility Fee | X | 30% | X | 35% |
| Outpatient Physician Fee | | 30% | | 30% |
| Tier 1 (Generics) | | \$17 | | \$19 |
| Tier 2 (Preferred Brand) | X | \$80 | X | \$85 |
| Tier 3 (Nonpreferred Brand) | X | \$110 | X | \$110 |
| Tier 4 (Specialty) | X | 30% | X | 30% |
| Tier 4 Maximum Coinsurance | | \$250 | | \$250 |
| Maximum Days for charging IP copay | | | | |
| Begin PCP deductible after # of copays | | | | |
| Actuarial Value | | | | |
| 2023 AV (Draft 2023 AVC) | | 72.53 | | 71.54† |
| 2022 AV (Final 2022 AVC) | | 70.84† | | |

TIMELINE AND NEXT STEPS

- ❑ February 17, 2022 Board Meeting: submit Proposed 2023 Benefit Plan Designs to Board for discussion
- ❑ March 17, 2022 Board Meeting: final review and Board action item
- ❑ Please submit comments and questions to Wandy Mah at Wandy.Mah@covered.ca.gov

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