

#### **COVERED CALIFORNIA POLICY AND ACTION ITEMS**

November 8, 2018 Board Meeting

### QUALIFIED HEALTH PLAN CERTIFICATION AND CONTRACTING STRATEGY FOR PLAN YEAR 2020 AND BEYOND

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#### **MODEL CONTRACT 2017-2019**

- Covered California is currently in second year of three-year contract period
- Typical certification cycle: For 2019 Certification process, applications would apply to next three-year contract period (2020-2022)
- Request extending current contract period for one year as Covered California plans to significantly refresh its requirements related to Quality, Network Management, and Delivery System Standards
  - Application during 2019 for 2020 plan year will be a continuation of the current contract
- □ Plan Year 2020 Certification Applications will be open to:
  - All licensed health and dental issuers
    - New entrants are eligible for one year contract term only 2020
  - Covered California continues to encourage Medi-Cal Managed Care Plans to apply as new entrants
  - Covered California encourages existing issuers to expand to areas with less coverage
- Certification process in 2020 will apply to a new contract period 2021-2023



#### RATIONALE FOR EXTENSION

Evaluation of Attachment 7 articles identified the need for more time to analyze data and collect external data; and may result in significant revisions for the new contract period. This will not delay quality improvement strategy (QIS) work by issuers in the current cycle.

#### Extension would allow:

- Better engagement and alignment with other large purchasers
- Gathering additional data and analyses and conducting benchmarks (where applicable)
- Essential time to summarize and share results (as appropriate) with external stakeholders, solicit input, and incorporate feedback in new model contracts and attachments



## BETTER ENGAGEMENT AND ALIGNMENT WITH OTHER LARGE PURCHASERS

- Increase engagement and alignment with other large purchasers in California: CalPERS, Medi-Cal/DHCS.
- Review efforts by large national purchasers: e.g., Federal Employees
  Health Benefits Program, CMS, and large employers.
- What metrics and areas of service are other larger purchasers focused on and how to increase alignment?



# EXTENSION ALLOWS TIME TO REVIEW RELEVANT ANALYSES AND INCREASE STAKEHOLDER ENGAGEMENT

- March 2019 Share outcomes (as appropriate) with external stakeholders
- March/April Obtain feedback
- May July Staff time dedicated to annual rate negotiation
- Aug/Sept Integrate stakeholder feedback with development of new model contact and engage with stakeholders for review and feedback
- October Final draft of New Model Contract
- November Board presentation of 2021 New Model Contract
- □ January 2020 Board approval of 2021 Model Contract



#### **2021 MODEL CONTRACT TIMELINE**



