



COVERED CALIFORNIA POLICY AND ACTION ITEMS

September 17, 2020 Board Meeting

ENVISIONING THE FUTURE OF HEALTH AND HEALTHCARE

**2030 Vision Statements to Inform Covered California's
Model Contract and Attachment 7 Refresh 2023-2025**

James DeBenedetti, Director, Plan Management Division

COVERED CALIFORNIA'S OVERARCHING GOALS IN HEALTH PLAN CONTRACTING AND 2030 VISION STATEMENTS

Overarching Goals in Health Plan Contracting

1. Ensure that each Covered California enrollee receives the best possible care at the lowest possible cost.
2. Achieve the best possible health and healthcare for all California residents.
3. Establish a process that will ensure continual improvement of California's health system through well-aligned near-term incremental changes and longer-term transformational reforms.
4. Provide a model that can spread broadly and insights and tools that others can adopt to help scale and spread the lessons learned.

2030 Vision Statements

To help achieve these goals, Covered California drafted 2030 Vision Statements because it is important to know what we are trying to achieve. Covered California drafted 2030 Vision Statements for five levels of the health care system:

- Consumers and patients
- Clinicians and hospitals
- Health plans
- Purchasers
- Communities

DEVELOPING AND REVISING 2030 VISION STATEMENTS

- Covered California first introduced draft 2030 Vision Statements to the Plan Management Advisory Group and the Board in March 2020 and requested feedback on these draft Vision Statements.
- We received written feedback from the following organizations:
 - Health Access
 - California Pan Ethnic Health Network
 - Western Center on Law and Poverty
 - Chronic Care Coalition
 - California Medical Association
 - California Hospital Association
- Based on this written feedback and feedback from the Plan Management Advisory Group and Board discussions, Covered California developed an updated draft of the 2030 Vision Statements which was presented to the Advisory Group in August 2020. The updated vision statements are located here: [2030 Vision Statements – August 2020](#).
- Covered California will be developing metrics to track progress towards this vision along with the 2023-25 contract refresh.

2020 REVISED GUIDING PRINCIPLES FOR DEVELOPING EXPECTATIONS OF HEALTH PLANS

James DeBenedetti, Director, Plan Management Division

GUIDING PRINCIPLES FOR DEVELOPING EXPECTATIONS OF HEALTH PLANS – 2020 REVISION

1. Contract expectations are driven by the desire to improve the health of the population, improve care delivered, reduce the cost of care and reduce health disparities by assuring three complementary and overlapping objectives are met by health plans:
 - **Assuring Quality Care:** Ensuring our enrollees receive the right care, at the right time, in the right setting, at the right price.
 - **Fostering Improvements in Care Delivery:** Promoting value-enhancing strategies that have the potential to reform the delivery system in the near and long term.
 - **Promoting Health Equity:** Acknowledging the role of social determinants and systemic racism, Covered California expects its issuers and partners to address the impact of social needs and health disparities experienced by Covered California enrollees.
2. Success will be assessed by outcomes, measured at the most appropriate level, in preference to adoption of specific strategies.
3. Prioritizing requirements that meet multiple objectives and leveraging existing initiatives and mechanisms will reduce administrative burden.
4. Promoting alignment with other purchasers will maximize impact, elevate shared priority objectives and increase efficiency.
5. Enrollees will have access to networks offered through the issuers that are based on high quality and efficient providers.
6. Enrollees will have the tools needed to be active consumers, including tools for provider selection and shared clinical decision making.
7. Payment will increasingly be aligned with value and proven delivery models.
8. Actively monitoring and reducing variations in quality and cost of care will ensure better outcomes across the network for all Covered California Enrollees.

**The 2019 Guiding Principles and rationale for the 2020 revisions are included in the Background Items for reference.*

2022 ATTACHMENT 7 AMENDMENT PROGRESS UPDATE

James DeBenedetti, Director, Plan Management Division

COVERED CALIFORNIA'S FRAMEWORK FOR HOLDING PLANS ACCOUNTABLE FOR QUALITY CARE AND DELIVERY REFORM

Assuring Quality Care

INDIVIDUALIZED, EQUITABLE CARE

- Population Health Management: Assessment and Segmentation
- Health Promotion and Prevention
- Mental Health and Substance Use Disorder Treatment
- Acute, Chronic and Other Conditions
- Complex Care

Effective Care Delivery Strategies

ORGANIZING STRATEGIES

- Effective Primary Care
- Promotion of Integrated Delivery Systems and ACOs
- Networks Based on Value

Sites and Expanded Approaches to Care Delivery

Appropriate Interventions

Key Drivers of Quality Care and Effective Delivery

Covered California recognizes that promoting change in the delivery system requires aligning with other purchasers and working with all relevant payers to reform health care delivery in a way that reduces burdens on providers.

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|---|-----------------------------------|--|
| • Benefit Design | • Patient-Centered Social Needs | • Quality Improvement and Technical Assistance |
| • Measurement for Improvement Choice and Accountability | • Patient and Consumer Engagement | • Certification, Accreditation and Regulation |
| • Payment | • Data Sharing and Analytics | |
| | • Administrative Simplification | |

Community Drivers: Community-Wide Social Determinants, Population and Public Health, and Workforce

January 2020

APPROACH TO 2022 AMENDMENT

- 2022 is a transitional year to focus on a narrowed set of QHP issuer requirements to lay the foundation for more transformational requirements in 2023
- 2022 Attachment 7 Amendment will be developed using the criteria of reducing burden, focusing on priorities, considering feasibility, and implementing foundational elements in preparation for 2023 and beyond
 - These criteria will guide adding requirements, enhancing current requirements and removing other requirements
- Covered CA staff will continue to engage issuers and stakeholders in the development of the 2022 Attachment 7 amendment through the Plan Management Advisory group

PROPOSED 2022 REQUIREMENTS FOR ASSURING QUALITY CARE DOMAINS

The following are highlights of the proposed requirements for the 2022 Attachment 7 amendment:

Individualized Equitable Care

- Requirement remains for 80% capture of on-Exchange members race/ethnicity self-identification data; propose updating the demographic data collection reporting from issuer self-report to Healthcare Evidence Initiative (HEI) data submission
- For the disparities reduction requirements, Covered California is currently researching and assessing options to address existing measure set limitations with disparities measurement and reporting
- Achieve, or be in the process of achieving, NCQA Multicultural Health Care Distinction

Population Health Management

- Submit copy of NCQA Population Health Management Plan to demonstrate population assessment and segmentation approach

Health Promotion and Prevention

- Report strategies to improve rates of *Medical Assistance with Smoking and Tobacco Use Cessation* and *Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adults* measures

Behavioral Health

- Offer telehealth for behavioral health services and provide Enrollee education about how to access telehealth services
- Track and report on new measures for behavioral health including *Depression Screening and Follow Up* and *Use of Pharmacotherapy for Opioid Use Disorder*

Complex Care

- Describe methods to ensure, support, and monitor contracted hospitals' compliance with Medicare Condition of Participation rules to have electronic information exchange to notify primary care providers of Admission Discharge Transfer (ADT) events

PROPOSED 2022 REQUIREMENTS FOR EFFECTIVE CARE DELIVERY STRATEGIES

The following are highlights of the proposed requirements for the 2022 Attachment 7 amendment:

Effective Primary Care

- Report the quality improvement and technical assistance being provided to physician groups to implement or support advanced primary care models
- Pilot a quality measure set for advanced primary care to assess the prevalence of high-quality, advanced primary care practices within the issuer's network in collaboration with the California Quality Collaborative (CQC) and the Integrated Healthcare Association (IHA)

Promotion of Integrated Delivery Systems (IDS) and Accountable Care Organizations (ACOs)

- Participate in the IHA and submit data for the IHA Commercial HMO and ACO measure sets (as applicable) and report the characteristics of HMO, IDS, and ACO systems

Networks Based on Value

- Continue to require issuers to include quality and cost in all provider and facility selection criteria, notify outlier poor performing hospitals and engage these hospitals in improvement efforts
- Work collaboratively with Covered California and other issuers to define poor performing physician groups, notify poor performers and engage these providers in improvement efforts

Sites & Expanded Approaches to Care Delivery

- Continue to require issuers to track and report on telehealth utilization and payment

PROPOSED 2022 REQUIREMENTS FOR KEY DRIVERS OF QUALITY CARE & EFFECTIVE DELIVERY

The following are highlights of the proposed requirements for the 2022 Attachment 7 amendment:

Accreditation

- Achieve, or be in the process of achieving, NCQA Accreditation

Data Sharing and Analytics

- Implement and maintain a secure, standards-based Patient Access Application Programming Interfaces (API) consistent with the FFM rule
- Continue requirements to support data exchange with providers and data aggregation across plans

Patient-Centered Social Needs

- Screen all enrollees receiving plan-based services (such as complex care management or case management) for at least housing instability and food insecurity; report aggregated counts of members screened and positive screens for housing instability and food insecurity
- Maintain community resources listing by region served to support linkage to appropriate social services, submit documented process for referrals for each housing instability and food insecurity

Measurement for Improvement, Choice and Accountability

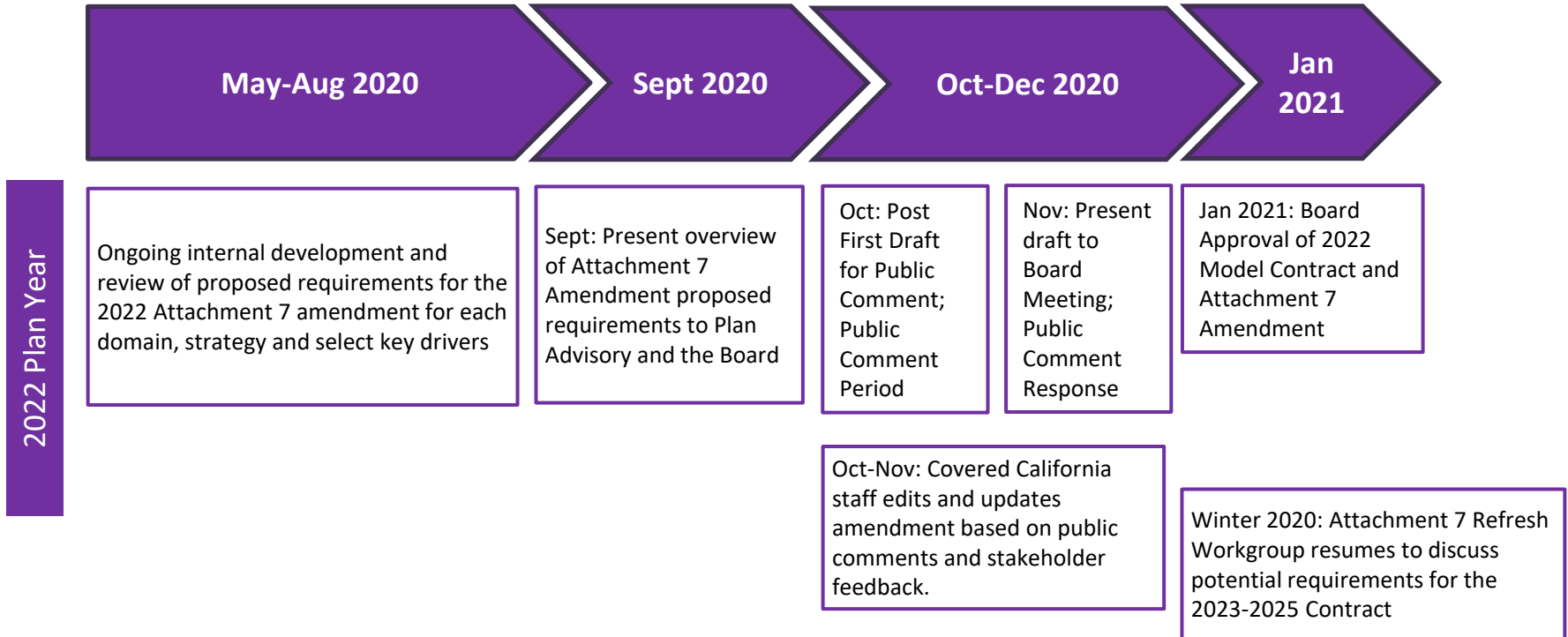
- Development of a priority set of quality performance outcome measures, in alignment with key purchasers, to incentivize delivery of high-quality care

2022 ATTACHMENT 14 PERFORMANCE STANDARDS HIGH-LEVEL PROPOSAL

- The current Attachment 14 includes the following groups of performance standards:
 - Group 1 – Customer Service
 - Group 2 – Operational
 - Group 3 – Quality, Network Management and Delivery System Reform
 - Group 4 – Covered CA Customer Service

- Covered CA is considering a transition from the current focus on customer service and operational performance within the Attachment 14 performance standards to an increased focus on quality performance in 2022
 - Covered CA is proposing to transition Groups 1, 2 and 4 to reporting only, with the exception of the Healthcare Evidence Initiative (HEI) performance standard
 - Covered CA is proposing to focus the funds at risk within Attachment 14 on Group 3 and the HEI performance standards
 - Within the Group 3, Covered CA is proposing to place the greatest emphasis on the Quality Rating System (QRS) performance standards

PROPOSED 2022 ATTACHMENT 7 AMENDMENT TIMELINE



PUBLIC COMMENT

CALL: (844) 767-5679

PARTICIPANT CODE: 5697199

- ❑ To request to make a comment, press 10; you will hear a tone indicating you are in the queue for comment. Please wait until the operator has introduced you before you make your comments.
- ❑ If watching via the live webcast, please mute your computer to eliminate audio feedback while calling in. Note, there is a delay in the webcast.
- ❑ The call-in instructions can also be found on page two of the Agenda.

EACH CALLER WILL BE LIMITED TO TWO MINUTES PER AGENDA ITEM

NOTE: Written comments may be submitted to BoardComments@covered.ca.gov.

BACKGROUND ITEMS

2020 Revised Guiding Principles for Developing Expectations of Health Plans

GUIDING PRINCIPLES FOR DEVELOPING EXPECTATIONS OF HEALTH PLANS – 2019 ORIGINAL

1. Driven by the desire to meet two complementary and overlapping objectives:
 - **Assuring Quality Care:** Ensure our enrollees receive the right care, at the right time, in the right setting, at the right price.
 - **Effective Care Delivery:** Promoting value-enhancing strategies that have the potential to reform the delivery system in the near and long term.
2. Seek to improve the health of the population, improve the experience of care, reduce the cost of care, reduce administrative burden, and reduce health care disparities.
3. Success will be assessed by outcomes, measured at the most appropriate level, in preference to adoption of specific strategies.
4. We will promote alignment with other purchasers as much as possible.
5. Enrollees will have access to networks offered through the issuers that are based on high quality and efficient providers.
6. Enrollees have the tools needed to be active consumers, including both provider selection and shared clinical decision making.
7. Payment will increasingly be aligned with value and proven delivery models.
8. Variation in the delivery of quality care will be minimized by assuring that each provider meets minimum standards.

GUIDING PRINCIPLES FOR DEVELOPING EXPECTATIONS OF HEALTH PLANS – 2020 REVISION

1. Contract expectations are driven by the desire to improve the health of the population, improve care delivered, reduce the cost of care and reduce health disparities by assuring three complementary and overlapping objectives are met by health plans:
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 - **Fostering Improvements in Care Delivery:** Promoting value-enhancing strategies that have the potential to reform the delivery system in the near and long term.
 - **Promoting Health Equity:** Acknowledging the role of social determinants and systemic racism, Covered California expects its issuers and partners to address the impact of social needs and health disparities experienced by Covered California enrollees.
2. Success will be assessed by outcomes, measured at the most appropriate level, in preference to adoption of specific strategies.
3. Prioritizing requirements that meet multiple objectives and leveraging existing initiatives and mechanisms will reduce administrative burden.
4. Promoting alignment with other purchasers will maximize impact, elevate shared priority objectives and increase efficiency.
5. Enrollees will have access to networks offered through the issuers that are based on high quality and efficient providers.
6. Enrollees will have the tools needed to be active consumers, including tools for provider selection and shared clinical decision making.
7. Payment will increasingly be aligned with value and proven delivery models.
8. Actively monitoring and reducing variations in quality and cost of care will ensure better outcomes across the network for all Covered California Enrollees.

GUIDING PRINCIPLES FOR DEVELOPING EXPECTATIONS OF HEALTH PLANS – 2020 REVISION AND RATIONALE (1 OF 2)

Original	Revision	Rationale
<p>1. Driven by the desire to meet two complementary and overlapping objectives:</p> <ul style="list-style-type: none"> □ Assuring Quality Care: Ensure our enrollees receive the right care, at the right time, in the right setting, at the right price. □ Effective Care Delivery: Promoting value-enhancing strategies that have the potential to reform the delivery system in the near and long term. <p>2. Seek to improve the health of the population, improve the experience of care, reduce the cost of care, reduce administrative burden, and reduce health care disparities.</p>	<p><u>Merged principles 1 and 2</u></p> <p>Contract expectations are driven by the desire to improve the health of the population, improve care delivered, reduce the cost of care and reduce health disparities by assuring three complementary and overlapping objectives are met by health plans:</p> <ul style="list-style-type: none"> ▫ Assuring Quality Care: Ensuring our enrollees receive the right care, at the right time, in the right setting, at the right price. ▫ Fostering Improvements in Care Delivery: Promoting value-enhancing strategies that have the potential to reform the delivery system in the near and long term. ▫ Promoting Health Equity: Acknowledging the role of social determinants and systemic racism, Covered California expects its issuers and partners to address the impact of social needs and health disparities experienced by Covered California enrollees. 	<p>Elevates and anchors our work in our commitment to the Triple Aim and health equity with an increased emphasis on the latter. Explicitly states our commitment to acknowledge systemic racism and the role of social determinants of health.</p> <p>Covered California acknowledges the challenges of addressing upstream social determinants of health and systemic racism. These guiding principles serve as an evolving document to help guide Covered California and its partners to find complementary and collaborative solutions.</p>
<p>Seek to improve the health of the population, improve the experience of care, reduce the cost of care, reduce administrative burden, and reduce health care disparities.</p>	<p>Prioritizing requirements that meet multiple objectives and leveraging existing initiatives and mechanisms will reduce administrative burden.</p>	<p>Creates a dedicated principle for burden reduction and prioritization.</p>

GUIDING PRINCIPLES FOR DEVELOPING EXPECTATIONS OF HEALTH PLANS – 2020 REVISION AND RATIONALE (2 OF 2)

Original	Revision	Rationale
We will promote alignment with other purchasers as much as possible.	Promoting alignment with other purchasers will maximize impact, elevate shared priority objectives and increase efficiency	Revises our commitment to alignment to better reflect our objectives and to remove the appearance that we may settle for the lowest common denominator in the interest of alignment; we will remain committed to our vision and core objectives.
Variation in the delivery of quality care will be minimized by ensuring that each provider meets minimum standards.	Actively monitoring and reducing variations in quality and cost of care will ensure better outcomes across the network for all Covered California enrollees	Revised to emphasize Covered California’s commitment to understanding and addressing variation in quality and cost across providers (facilities, physician groups, etc.). Covered California will track provider quality, determine baselines, and establish minimum standards for quality.

BACKGROUND ITEMS

2022 Attachment 7 Amendment Progress Update

2022 ASSURING QUALITY CARE (1 OF 3)

The following are proposed requirements for the 2022 Attachment 7 amendment:

Individualized Equitable Care

- Requirement remains for 80% capture of on-Exchange members race/ethnicity self-identification data; propose updating the demographic data collection reporting from issuer self-report to Healthcare Evidence Initiative (HEI) data submission
- For the disparities reduction requirements, Covered CA is currently researching and assessing options to address existing measure set limitations with disparities measurement and reporting
 - Potential options include: development of disparities measurement using HEI data, supplemental data submission by QHP Issuers
- Proposing a new requirement for issuers to participate in a collaborative effort to identify and align statewide disparity work
 - Identifying a statewide focus and aligning disparities reduction efforts across organizations will increase the impact of Covered CA and issuer's efforts to improve health equity in California
- Previously optional, proposed required achievement or maintenance of NCQA Multicultural Health Care Distinction by year-end 2022

Population Health Management

- Submit copy of NCQA Population Health Management Plan: Standard 1 (Population Health Management Strategy) and Standard 2 (Population Stratification and Resource Integration) to demonstrate population assessment and segmentation approach

Health Promotion and Prevention

- Require issuers to continue reporting on tobacco use cessation program and weight management program utilization
- Report strategies to improve rates of *Medical Assistance with Smoking and Tobacco Use Cessation and Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents* measures

2022 ASSURING QUALITY CARE (2 OF 3)

The following are proposed requirements for the 2022 Attachment 7 amendment:

Behavioral Health

- Submit NCQA Health Plan Accreditation Network Management reports for the elements related to the issuer's behavioral health provider network
- Offer telehealth for behavioral health services and provide Enrollee education about how to access telehealth services; Covered CA will monitor utilization of telehealth services through HEI
- Annually report *Depression Screening and Follow Up (NQF #0418)* measure results for Covered CA enrollees (audited by the issuer's HEDIS auditor); Covered CA will engage with issuers to review their performance
- Covered CA will monitor the following measures through HEI and engage with issuers to review their performance:
 - *Antidepressant Medication Management (NQF #0105)*
 - *Follow-Up After Hospitalization for Mental Illness (7-Day Follow-Up) (NQF #0576)*
 - *Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (NQF #0004)*
 - *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 Use of Opioids and Naloxone*
- Measure and report the number of active X waiver licensed prescribers in network and the number of total X waiver licensed prescribers in their network
- Report how issuers are promoting 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

2022 ASSURING QUALITY CARE (3 OF 3)

The following are proposed requirements for the 2022 Attachment 7 amendment:

Acute, Chronic and Other Conditions

- No new requirements

Complex Care

- Describe methods to ensure, support, and monitor contracted hospitals' compliance with Medicare Condition of Participation rules to have electronic information exchange to notify primary care providers of ADT events
- Continue requirements for at-risk enrollee engagement and Centers of Excellence

2022 EFFECTIVE CARE DELIVERY (1 OF 2)

The following are proposed requirements for the 2022 Attachment 7 amendment:

Effective Primary Care

- Continue to match enrollees with PCPs and report the number of enrollees who select a PCP vs. those who are assigned a PCP
- Report the quality improvement and technical assistance being provided to physician groups to implement or support advanced primary care models
- Continue to require primary care payment reporting and increase the number of PCPs paid through shared savings and population-based payment models
- Pilot a quality measure set for advanced primary care to assess the prevalence of high-quality, advanced primary care practices within the issuer's network in collaboration with the California Quality Collaborative (CQC) and the Integrated Healthcare Association (IHA)

Promotion of Integrated Delivery Systems (IDS) and Accountable Care Organizations (ACOs)

- Participate in the Integrated Healthcare Association (IHA) and submit data for the IHA Commercial HMO and ACO measure sets (as applicable)
- Report the characteristics of the issuer's HMO, IDS, and ACO systems such as payment model, leadership structure, quality incentive programs, data exchange processes, etc.
- Continue to require reporting the number of enrollees in IDS and ACO systems and increase the number of enrollees cared for under IDS and ACO systems

2022 EFFECTIVE CARE DELIVERY (2 OF 2)

The following are proposed requirements for the 2022 Attachment 7 amendment:

Networks Based on Value

- ❑ Continue to require issuers to include quality and cost in all provider and facility selection criteria
- ❑ Continue to require issuers to notify poor performing hospitals and engage these hospitals in improvement efforts to reduce variation in performance across contracted hospitals
- ❑ Participate in the IHA Align Measure Perform (AMP) program and report contracted physician group performance results to Covered CA
- ❑ Work collaboratively with Covered CA and other issuers to define poor performing physician groups, notify poor performers, and engage these physician groups in improvement efforts to reduce variation in performance across contracted physician groups

Sites & Expanded Approaches to Care Delivery

- ❑ Continue requirements for tracking and reducing hospital associated infections (HAI) and NTSV C-sections to improve hospital quality and safety
- ❑ Continue to require issuers to track and report on telehealth utilization and payment

Appropriate Interventions

- ❑ Continue requirements for participation in collaborative quality initiatives such as Smart Care California
- ❑ Continue requirements for issuers to ensure Enrollee have access to cost and quality information as well as shared decision making tools