



COVERED CALIFORNIA POLICY AND ACTION ITEMS

November 21, 2024 Board Meeting

PROPOSED EMERGENCY ELIGIBILITY AND ENROLLMENT REGULATIONS

Bahara Hosseini
Office of Legal Affairs

BACKGROUND

- ❑ Covered California was granted emergency rulemaking authority by the Legislature through January 1, 2030.
- ❑ Covered California proposes utilizing the emergency rulemaking process to amend its eligibility and enrollment regulations for the individual exchange to align with new federal requirements and implement new consumer-friendly policies.
- ❑ These regulations are the result of ongoing collaboration and consultation with the California Departments of Social Services, Health Care Services, Managed Health Care, and Insurance, as well as consumer advocates, qualified health plan (QHP) issuers, and other stakeholders.

ELIGIBILITY PROCESSES

- ❑ Add “CCSB” to the abbreviations section and “Tax Household” to the definitions section for clarity purposes.
- ❑ **Lawfully Present eligibility:** Revise the definition of “Lawfully Present” to refer to the updated federal law allowing Deferred Action for Childhood Arrivals (DACA) recipients to be eligible for enrollment and financial assistance beginning November 1, 2024.
- ❑ **Advanced premium tax credits (APTC) eligibility and failure-to-reconcile process:** Incorporate new federal rules requiring Exchanges to inform enrollees receiving APTC when they did not file taxes and educate them on the process, as well as consequences if they do not file again for a second consecutive year.

ELIGIBILITY PROCESSES, CONT.

- ❑ **Income verification process:** Adopt the existing income inconsistency threshold – the allowed difference between an individual’s attested income and what Covered California has obtained from its verification data sources, beyond which the individual may need to provide additional proof of income – of 50 percent or \$12,000, whichever is greater, permanently without any contingencies.
- ❑ **Incarceration status verification:** Clarify that Covered California will accept an applicant's attestation that they are not currently incarcerated without further verification to align with the revised federal process.
- ❑ **Auto-enrollment for mid-year eligibility redeterminations:** Add a new process to automatically enroll consumers in a plan if, during the benefit year, they move to a new area or out of their current plan’s coverage area, and they do not cancel their prior plan or choose a new plan. This process will be implemented no later than October 1, 2025.

SPECIAL ENROLLMENT PERIOD

- ❑ Make changes to align with federal requirements for special enrollment period (SEP), specifically:
 - Establish a low-income SEP for individuals with household income at or below 150 percent of the Federal Poverty Level (FPL) permanently without any contingencies.
 - Clarify that all tax household members will be eligible for a SEP if one household member experiences a triggering event.

APPEALS PROCESS

- ❑ Revise the general eligibility appeals requirements to include the right to appeal an eligibility determination or redetermination for state financial assistance, including the amount of the state advance premium assistance subsidy or the level of the state enhanced cost-sharing reduction.

NEXT STEPS

- ❑ Government Code section 100504(a)(6) requires the Board to discuss proposed regulations at a properly noticed meeting before adopting them.
 - The board discussed the proposed regulations at the August 15, 2024 Board meeting.

- ❑ The Office of Legal Affairs now requests the Board to formally adopt this regulation package so it can be filed with the Office of Administrative Law (OAL).
 - Covered California will issue an advanced notice 5 working days before filing the regulation package with the OAL.
 - Following the submission to OAL, a public comment period will commence for the first 5 days after submission. This period allows the public to submit comments on the proposed regulations directly to OAL.

PUBLIC COMMENT

CALL: (877) 336-4440

PARTICIPANT CODE: 6981308

- ❑ 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.

PROPOSED PERMANENT IDENTITY VERIFICATION REGULATIONS

Crystal Hirst
Office of Legal Affairs

BACKGROUND

- ❑ Staff seeks approval on proposed regulations related to identity verification.
- ❑ As discussed at the August 15, 2024 Board meeting, these regulations set forth the process for verifying applicants' identities when they apply for coverage and financial assistance through the Exchange in alignment with federal requirements.
- ❑ Staff initiated a 45-day public comment period from September 6, 2024, to October 21, 2024, during which no public comments were received.

PROPOSED CHANGES

- ❑ Revised the definitions to add “County Eligibility Workers” and “Certified Medi-Cal Managed Care Plan Enroller” to the list of individuals who may assist applicants with identity verification and updated a cross-reference citation.
- ❑ Revised the remote identity verification process to include other U.S. Department of Health and Human Services (HHS)-approved data sources which may be used to verify identity without requiring them to be physically present.
- ❑ Changed “he or she,” “his or her,” and “himself or herself” to “they,” “their,” and “themselves” respectively throughout the regulations.

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QUALITY RATING SYSTEM: RATINGS FOR PLAN YEAR 2025 AND RESULTS OF ACCOUNTABILITY PROGRAMS

S. Monica Soni, MD
Chief Medical Officer
Chief Deputy Executive Director,
Health Equity & Quality Transformation Division

QUALITY RATING SYSTEM OVERVIEW

The Quality Rating System (QRS) is comprised of the following elements:

- ❑ Four ratings are reported for the Ratings Year 2024: a global quality rating and three summary indicator ratings.
- ❑ The global quality rating is a roll-up of three summary indicators per the following differential weighting:

Summary Indicators	Weights
Getting the Right Care (HEDIS)	66.7%
Members' Care Experience (CAHPS)	16.7%
Plan Services for Members (HEDIS and CAHPS)	16.7%

- ❑ One to five-star performance classification for each rating based on the static cut points method.
- ❑ The Plan Year 2025 ratings (Measurement Year 2023) are displayed on CoveredCA.com starting in October 2024.

QUALITY RATING SYSTEM OVERVIEW

Global Ratings:

- Sharp and Kaiser have consistently maintained their Global Ratings at 4 and 5 stars, respectively, for three years in a row.
- A few QHPs improved their score by one star, while eight QHPs have held steady with ratings at 3 stars.
- A QHP formerly rated at 3 stars was reassigned to a "No Quality Rating" due to insufficient data.

Getting the Right Care:

- Sharp and Kaiser consistently upheld their ratings at 4 and 5 stars, respectively, for this indicator since 2017.
- Majority of QHPs did not have a change in rating for this summary indicator.
- Some QHPs have stayed at lower ratings for another consecutive year.
- One QHP previously rated at 3 stars was reassigned to "No Quality Rating" due to insufficient data.

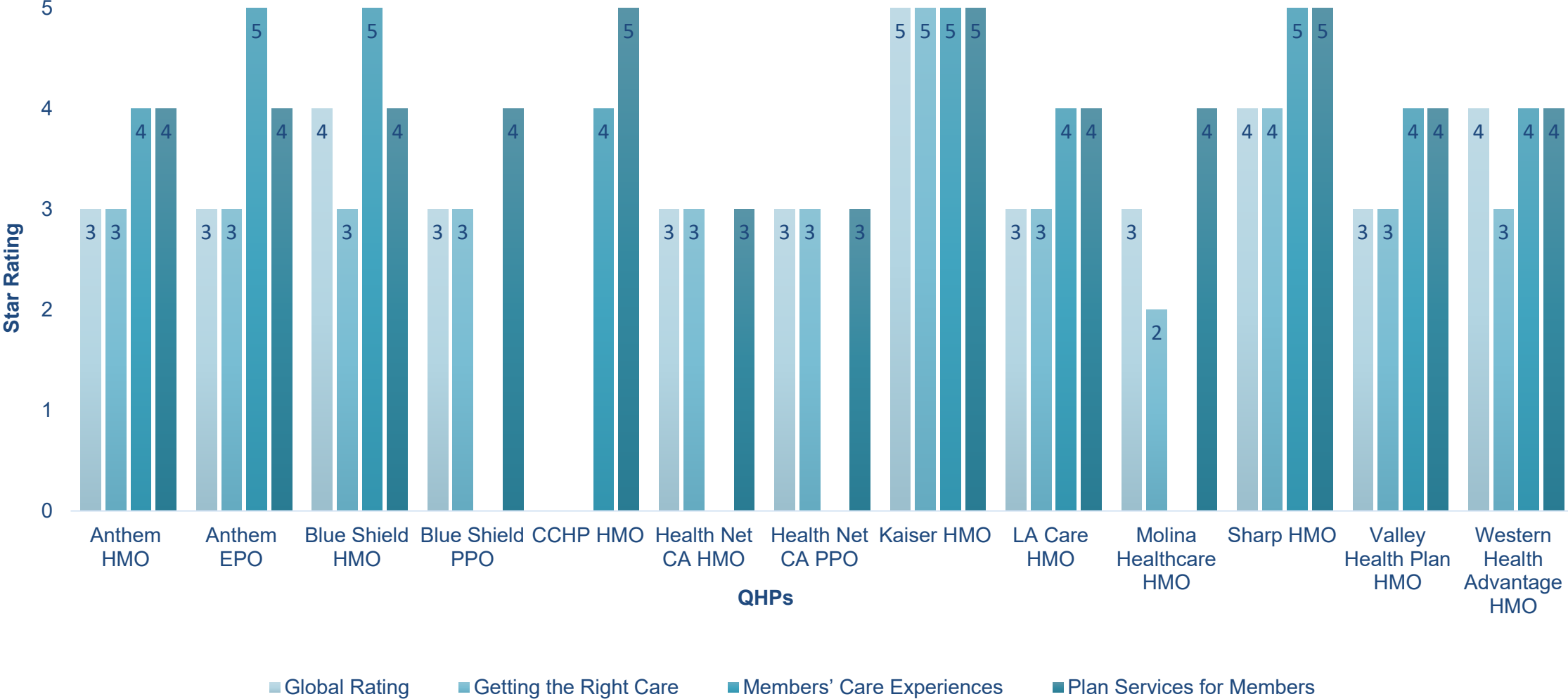
Members' Care Experience:

- One QHP's rating decreased from 5 to 4 stars, whereas three previously unrated QHPs secured 4 or 5 stars.
- Five QHPs sustained their 4- or 5-star ratings, and four QHPs received no rating for PY2025 due to insufficient data, among these, two had previously achieved 4-star ratings.

Plan Services for Members:

- Five QHP's ratings remained unchanged, while Eight QHPs achieved a 1-star increase.

PY2025 QRS GLOBAL & SUMMARY INDICATOR RATINGS



POLICY FOR REMOVAL FROM THE EXCHANGE (“25/2/2”)

MAKING QUALITY COUNT: CONTRACT PROVISIONS ON QUALITY



For existing carriers: “25/2/2” allows for selective contracting and removal from marketplace for consistent poor performance on quality measures.

Quality Transformation Initiative: assesses quality improvement payments up to 66th percentile national performance.

2023-2025 REMOVAL FROM THE EXCHANGE “25/2/2” POLICY AND METHODOLOGY

Assessment Structure	<p>Composite measure score on QRS Clinical Quality Management Summary Indicator measures compared to MY 2018 25th percentile individualized composite benchmark for each product.</p> <ul style="list-style-type: none">• Monitoring Period: If an issuer has one or more products that falls below the 25th percentile individualized composite benchmark for its product-reportable subset of the QRS Clinical Quality Management Summary Indicator measures for two consecutive years.• Remediation Period: The product is required to meet or exceed the 25th percentile individualized composite benchmark within the following two years, or it will not be certified for the Plan Year following the performance assessment of the last year of the remediation period.• Removal from Exchange: If the product does not perform above the 25th percentile individualized composite benchmark for four consecutive years.
25th Percentile Benchmark	<p>Covered California uses the 25th percentile score for each of the QRS Clinical Quality Management Summary Indicator measures from the QRS national percentile data. An unweighted average of these scores is computed to establish the 25th percentile composite benchmark excluding Non-Reportable (NR) scores and measures without a 2018 benchmark.</p>
Annual Assessment	<p>If the issuer product meets the CMS eligibility criteria to report QRS measures scores, it will be assessed for this 25/2/2 program as early as Measurement Year 2021. Product performance will be assessed annually.</p>

MY 2023 INDIVIDUAL MEASURE & COMPOSITE RESULTS

MY 2023 25-2-2 Assessment

Identifier	Measure Acronym	QRS Clinical Quality Management Summary Indicator Measures	MY 2018 25th Percentile	Anthem HMO	Anthem EPO	Blue Shield HMO	Blue Shield PPO	Chinese Community HMO	Health Net HMO	Health Net PPO	Kaiser HMO	L.A. Care HMO	Molina HMO	Sharp HMO	Valley HMO	Western HMO
MY 2018 Individualized Composite Benchmark			0.534	0.537	0.534	0.537	0.537	0.561	0.537	0.537	0.537	0.534	0.537	0.537	0.550	0.528
MY 2023 Composite Score				0.582	0.562	0.619	0.612	0.559	0.621	0.561	0.754	0.604	0.547	0.666	0.598	0.616
S1M2	AMM	Antidepressant Medication Management	0.588	0.555	0.604	0.580	0.580	NR	0.588	0.594	0.735	0.615	0.603	0.714	0.571	0.659
S1M17	CCS	Cervical Cancer Screening	0.481	0.477	0.543	0.563	0.694	0.584	0.637	0.506	0.760	0.559	0.472	0.694	0.499	0.620
S1M18	COL	Colorectal Cancer Screening	0.467	0.501	0.504	0.612	0.576	0.547	0.598	0.448	0.703	0.477	0.341	0.605	0.392	0.617
S1M6	CBP	Controlling Blood Pressure	0.538	0.672	0.620	0.689	0.642	0.524	0.625	0.611	0.777	0.678	0.669	0.764	0.550	0.648
S1M7	PDC	Proportion of Days Covered (RAS Antagonists)	0.729	0.667	0.656	0.685	0.716	0.675	0.733	0.694	0.809	0.743	0.687	0.826	0.777	0.765
S1M8	PDC	Proportion of Days Covered (Statins)	0.681	0.609	0.649	0.640	0.671	0.589	0.668	0.651	0.855	0.690	0.639	0.798	0.748	0.737
S1M13	PDC	Proportion of Days Covered (Diabetes All Class)	0.678	0.693	0.690	0.699	0.669	0.724	0.762	0.699	0.781	0.738	0.721	0.816	0.792	0.736
S1M9	EED	Comprehensive Diabetes Care: Eye Exam (Retinal) Performed	0.406	0.455	0.389	0.550	0.421	0.384	0.470	0.324	0.732	0.513	0.433	0.687	0.416	0.479
S1M19	PPC	Prenatal and Postpartum Care: Postpartum Care	0.658	0.796	0.808	0.796	0.805	NR	0.834	0.867	0.913	0.842	0.796	0.804	0.725	0.806
S1M20	PPC	Prenatal and Postpartum Care: Timeliness of Prenatal Care	0.774	0.810	0.822	0.810	0.843	NR	0.924	0.884	0.947	0.908	0.713	0.867	0.784	0.806
S1M23	CHL	Chlamydia Screening in Women	0.402	0.517	0.472	0.523	0.489	NR	0.473	0.416	0.642	0.641	0.556	0.608	0.533	0.497
S1M25	MSC	Medical Assistance With Smoking and Tobacco Use Cessation	0.483	NR	0.399	NR	NR	0.457	NR	NR	NR	0.385	NR	NR	0.471	NR
S1M47	IMA	Immunizations for Adolescents Combination 2	0.174	0.316	0.200	0.351	0.251	NR	0.311	0.217	0.581	0.402	0.311	0.331	NR	0.190
S1M30	WCC	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	0.586	0.709	0.672	0.668	0.620	0.547	0.734	0.661	0.898	0.734	0.719	0.757	0.686	0.685
S1M31a	W30	Well-Child Visits in the First 30 Months of Life (First 15 Months)	0.661	0.562	0.528	0.672	0.774	NR	0.451	0.367	0.776	0.304	0.324	0.530	NR	NR
S1M15	PCR	Plan All-cause Readmissions (reverse scored)	0.234	0.397	0.434	0.445	0.426	NR	0.503	0.483	0.403	0.440	0.226	0.186	0.425	0.373

- ❑ Red shaded cells indicate a measure score result below the measure year 2018 25th percentile baseline.
- ❑ “NR” indicates this measure was not reportable to QRS for measure year 2023 or the denominator did not meet the minimum threshold for reporting.
- ❑ NR results are omitted from composite scoring results.
- ❑ Products with composite score results below the 25th percentile benchmark target may currently be operating within the removal timeline (appendix).

TRENDED MEASURES BELOW THE 25TH PERCENTILE

12 of 13 QHPs remain in **good standing** based on composite performance

- ❑ 6 QHP issuer products have less measures below the 25th percentile baseline.
 - ❑ Several Clinical Quality Measures remain below the 25th percentile for some QHP issuer products despite the total number of measures decreasing.
 - ❑ There has been meaningful improvement from MY 2021 to MY 2023, although not across all issuer products.
 - ❑ Chinese Community Health Plan has entered the monitoring period for Plan Year 2024 based on their 2023 composite performance results.
- Numerator represents the **total number of Clinical Quality Measures currently below the 25th percentile** for the QHP Issuer Product.
 - Denominator represents the **total number of reportable scores** for the QHP issuer product.

QHP Products	MY 2021	MY 2022	MY 2023
ANTHEM BLUE CROSS HMO	4/18	5/19 ↑	5/15 =
ANTHEM BLUE CROSS EPO	8/20	8/20 =	5/16 ↓
BLUE SHIELD CALIFORNIA HMO	4/20	5/19 ↑	3/15 ↓
BLUE SHIELD CALIFORNIA PPO	4/19	3/19 ↓	4/16 ↑
CHINESE COMMUNITY HEALTH PLAN HMO	5/14	6/13 ↑	6/09 =
HEALTH NET HMO	2/19	1/19 ↓	2/15 ↑
HEALTH NET PPO	5/19	7/19 ↑	5/15 ↓
KAISER HMO	0/18	0/18 =	0/15 =
L.A. CARE HMO	3/20	3/20 =	2/16 ↓
MOLINA HEALTHCARE HMO	10/19	10/18 =	7/15 ↓
SHARP HEALTHCARE HMO	2/19	2/19 =	2/16 =
VALLEY HEALTH PLAN HMO	2/17	2/17 =	3/14 ↑
WESTERN HEALTH ADVANTAGE HMO	3/19	2/19 ↓	0/14 ↓

QUALITY TRANSFORMATION INITIATIVE

Measurement Year 2023 | Year 1 Results

THE PROBLEM



Proliferation of
quality measures



Clinician
administrative
burden



Stagnant or
worsening quality
outcomes



Persistent health
disparities

QUALITY TRANSFORMATION INITIATIVE

Make
Quality
Count

0.8% to 4%
premium
at risk for

Measures
that
Matter

a small set
of clinically
important
measures

Equity
is
Quality

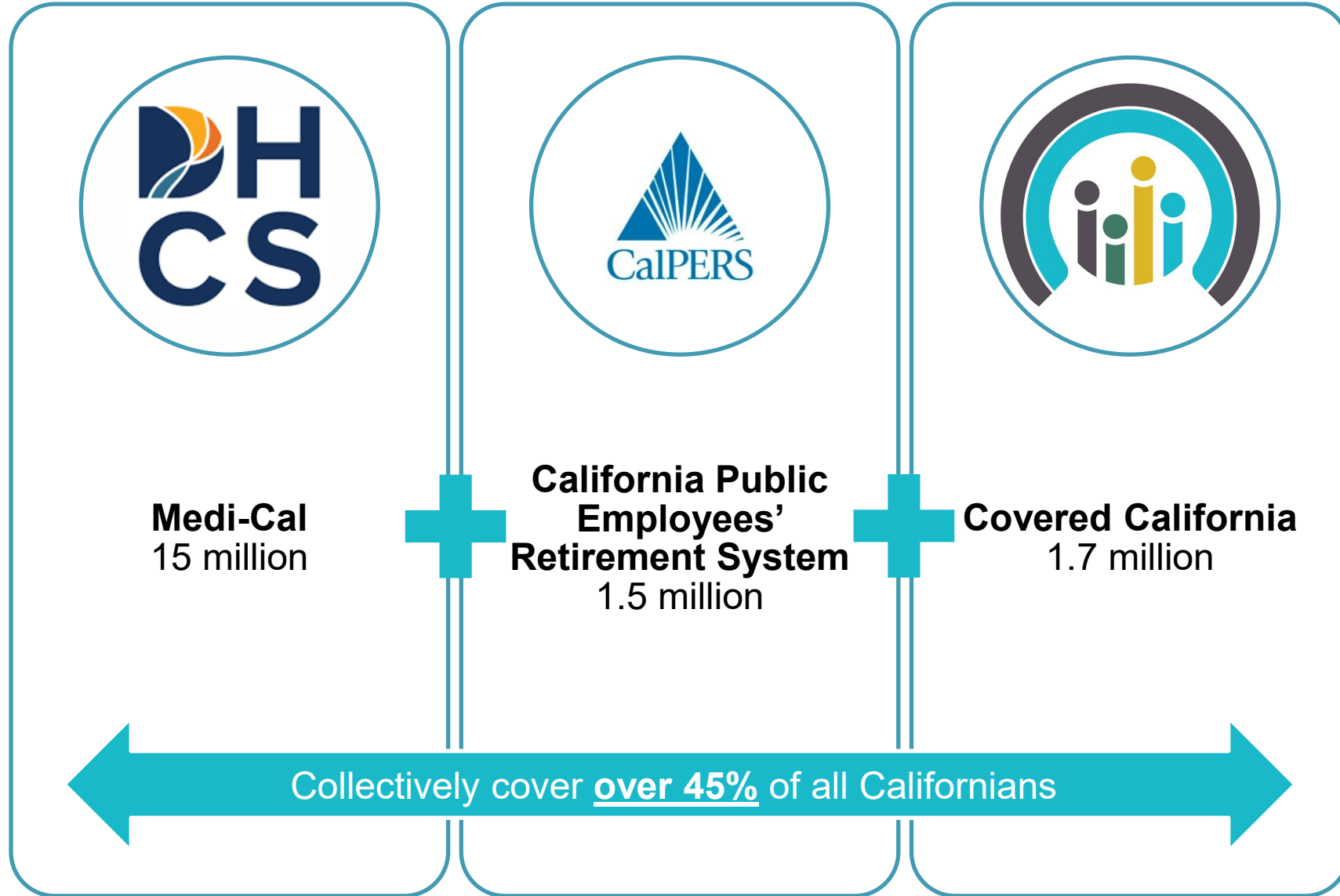
stratified by
race/ethnicity

Amplify
through
Alignment

selected in
concert with
other public
purchasers*

*Public purchasers includes CalPERS and DHCS/Medi-Cal

AN ALIGNED STATE-WIDE APPROACH



EQUITY-CENTERED OUTCOMES MEASURES

Core Measures	Clinical Context
Blood Pressure	Key risk factor for cardiovascular disease (heart attacks and strokes) & the leading cause of death in the United States. BP control rates are ~10% lower for Asian, Black and Hispanic people than White counterparts. Black Americans have 4-5 times greater hypertension-related mortality than White counterparts
Diabetes (A1c control)	~50% Californians have prediabetes or diabetes, which is a leading cause of blindness and amputation and key risk factor for cardiovascular disease. It is 2x more prevalent among Black, AI/AN, and Hispanic people than Whites. Diabetes death was 3x higher among Black and NH/PI than White counterparts
Colorectal Cancer Screening	Cancer is the second leading cause of death after heart disease, and colorectal cancer is the second leading cause of cancer death after lung cancer. Black Americans are 20% more likely to get colorectal cancer and 40% more likely to die from it than others. Screening reduces the risk of developing and dying from CRC cancer by 60-70%
Childhood Immunizations	Childhood immunizations prevent 10.5m diseases annually. Black, Hispanic, AI/AN children have lower vaccine coverage than White children. For every \$1 spent on immunizations, there is as much as \$29 in savings

YEAR 1 (MY2023) QTI OVERVIEW

Contract Period:

- ❑ 2023-2025 Covered California QHP IND Issuer Contract

Measures Assessed:

- ❑ Controlling High Blood Pressure (NQF #0018)
- ❑ Comprehensive Diabetes Care: Hemoglobin A1c Control (<8.0%) NQF #0575)
- ❑ Colorectal Cancer Screening (NQF #0038)
- ❑ Childhood Immunization Status (Combo 10) (NQF #0038)

Issuers Assessed:

- ❑ 13 issuer products from 10 issuers

Percent Premium at Risk:

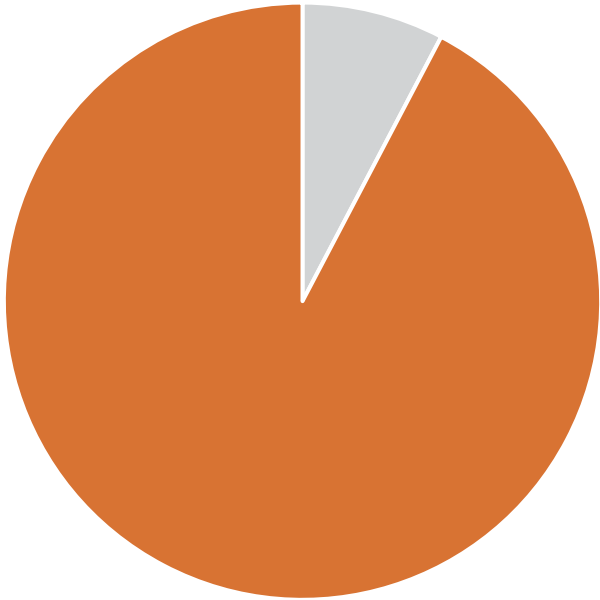
- ❑ 0.8% of total Gross Premium per product per measure

QHP Issuers Participating in QTI

PY2023	PY2024	PY2025	PY2026
Anthem	Anthem	Aetna	Aetna
Blue Shield	Blue Shield	Anthem	Anthem
CCHP	CCHP	Blue Shield	Blue Shield
Health Net	Health Net	CCHP	CCHP
Kaiser	Kaiser	Health Net	Health Net
LA Care	LA Care	Kaiser	IEHP
Molina	Molina	LA Care	Kaiser
Sharp	Sharp	Molina	LA Care
VHP	VHP	Sharp	Molina
WHA	WHA	VHP	Sharp
		WHA	VHP
			WHA

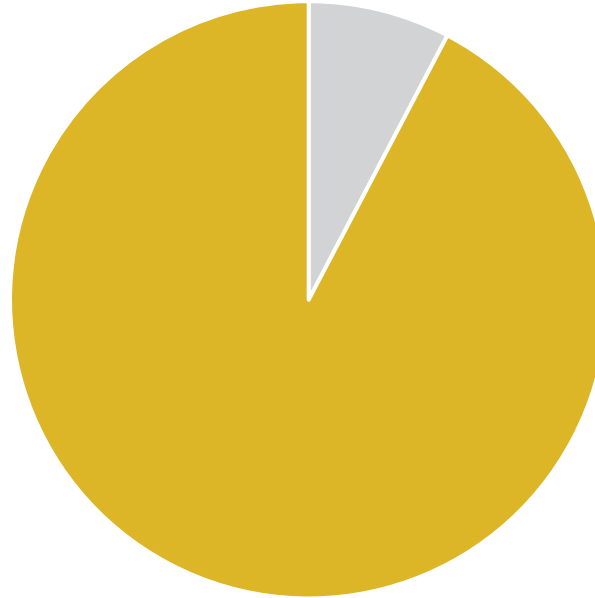
QTI LEADS TO IMPROVEMENTS IN CHRONIC DISEASE CONTROL AND CANCER SCREENING RATES

CBP



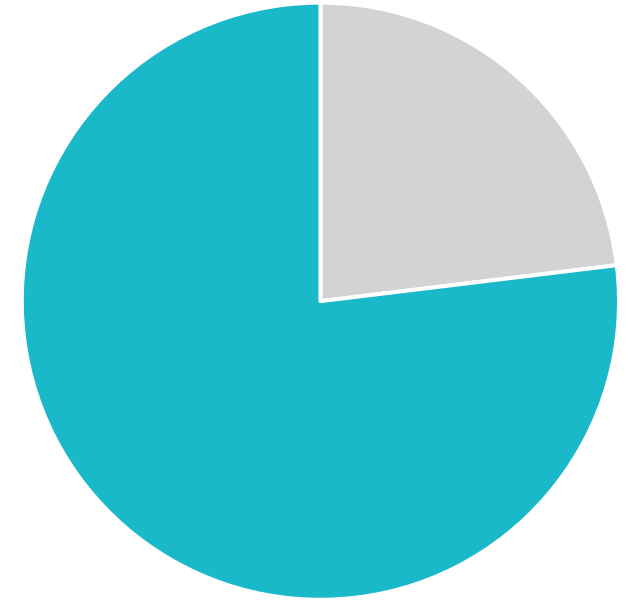
12 of 13 Issuer products had an **increase** in score for **controlling blood pressure**

HbA1c <8%



12 of 13 Issuer products had an **increase** in score for **diabetes management**

COL



10 of 13 Issuer products had an **increase** in score for **colorectal cancer screening**

THE INAUGURAL YEAR OF QTI A SUCCESS, WITH HEADWINDS FROM VACCINE HESITANCY

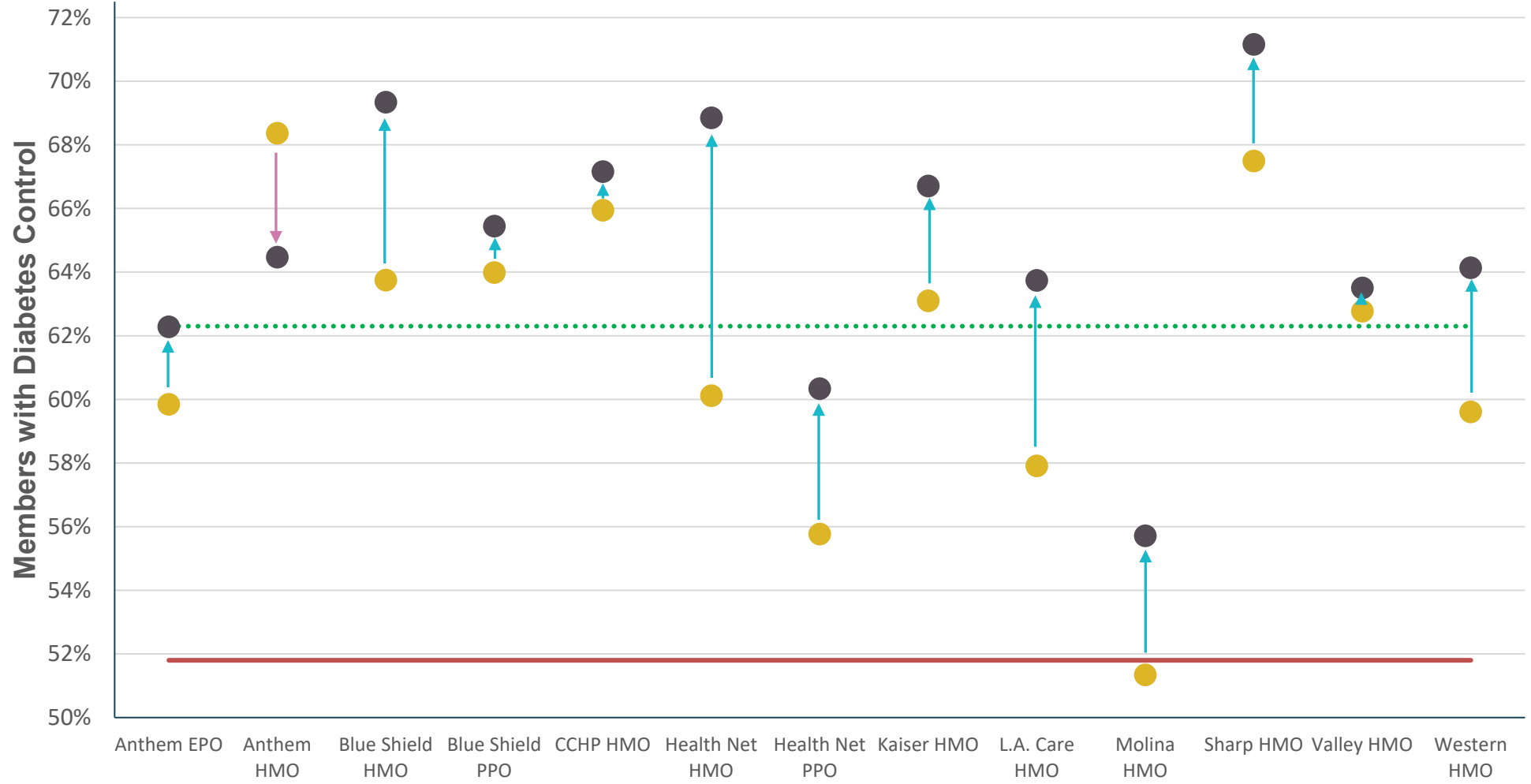
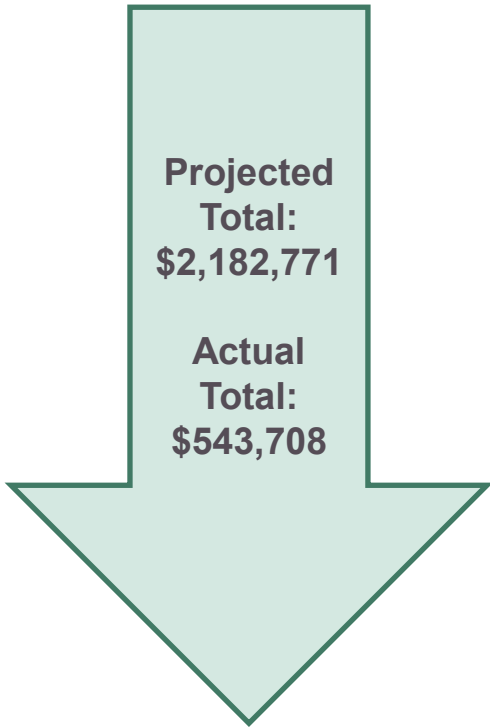
	% of issuer products with improvement	Performance Improved from MY22 to MY23	Overall CCA % Improvement MY22 to MY23
A1c <8%	92%	12/13	+6%
Colorectal Cancer Screening	77%	10/13	+5%
Controlling Blood Pressure	92%	12/13	+12%
CIS-10	30%*	3/10	-4%

**Only 10 issuers with reportable results for the measure*

MY2023: DIABETES CONTROL IMPROVES ACROSS 12 ISSUER PRODUCTS

QRS: HbA1c < 8%

Assessment Total for Measure

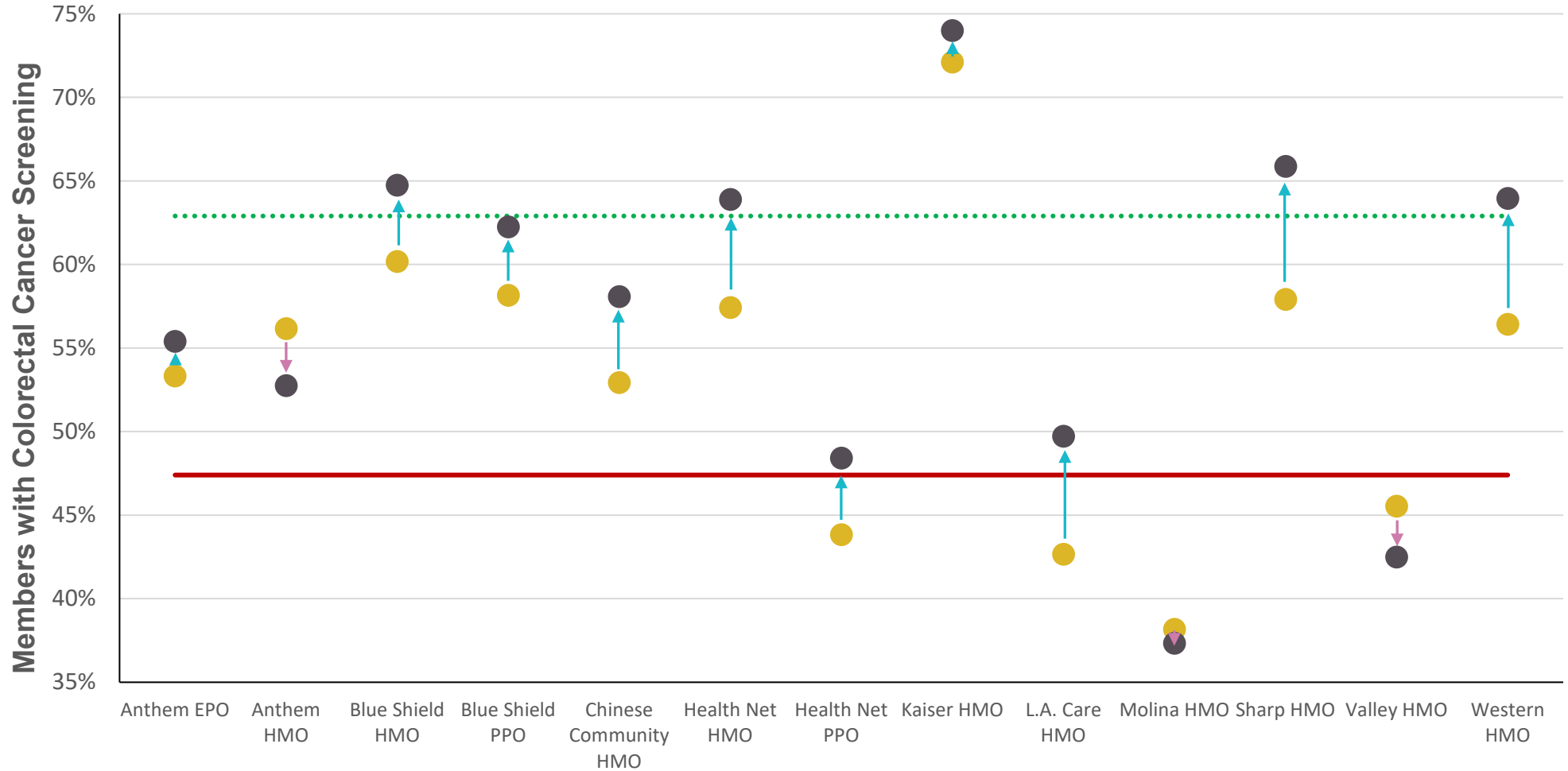
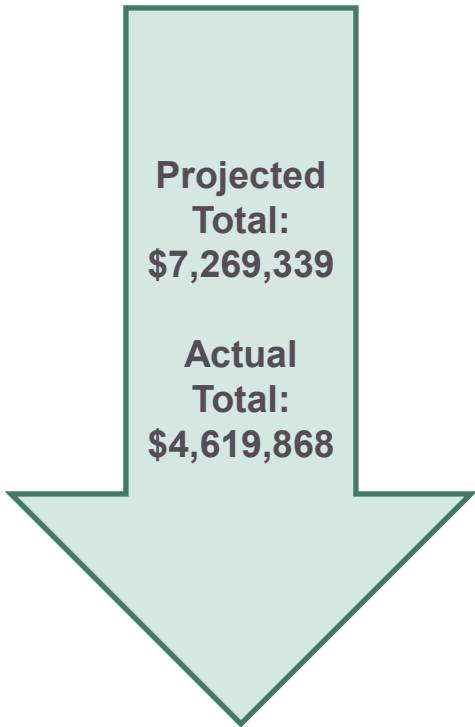


..... 66th percentile — 25th percentile ● MY2022 ● MY2023

MY2023: COLON CANCER SCREENING IMPROVES ACROSS 10 ISSUER PRODUCTS

QRS: COL

Assessment Total for Measure



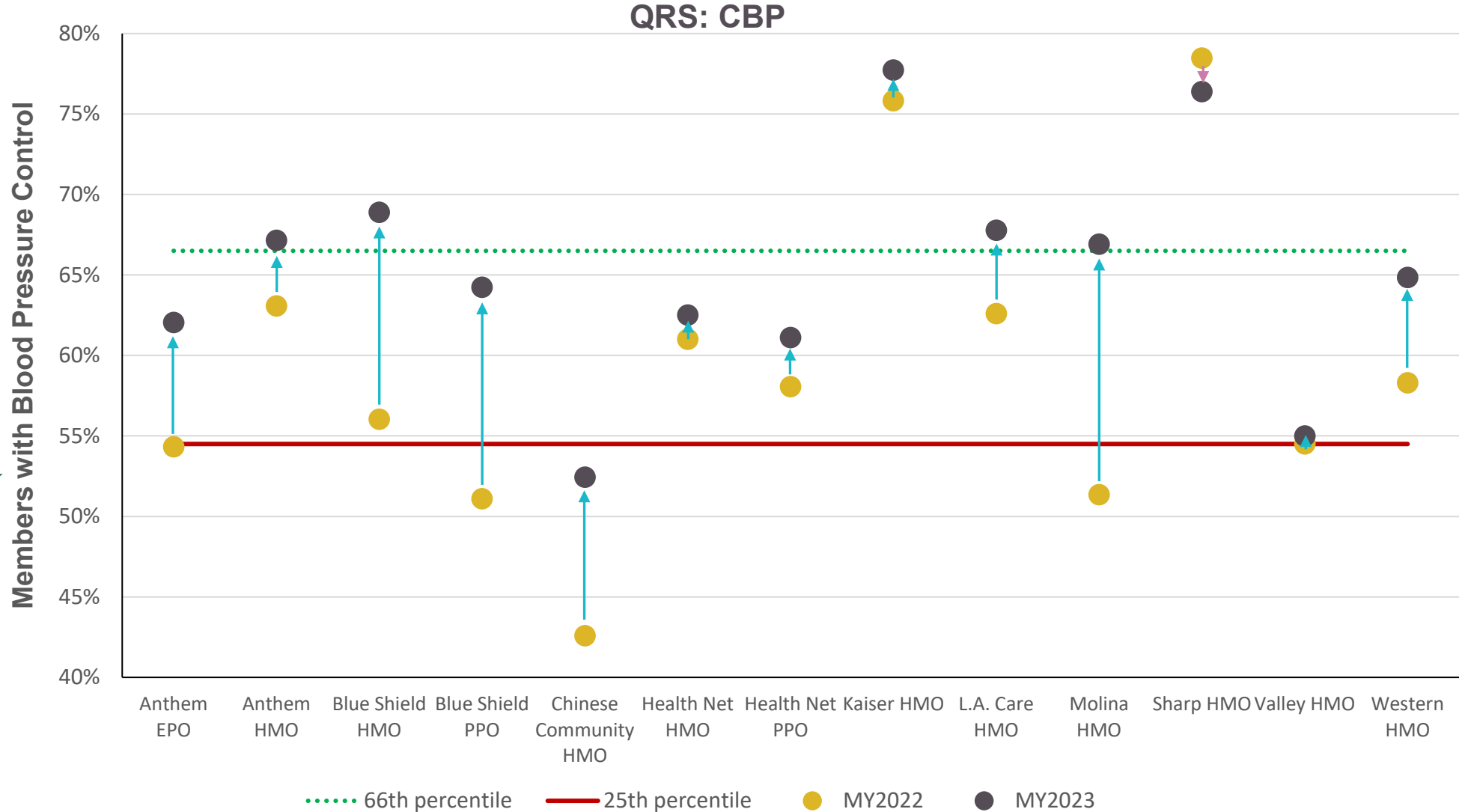
..... 66th percentile — 25th percentile ● MY2022 ● MY2023

MY2023: BLOOD PRESSURE CONTROL IMPROVES ACROSS 12 ISSUER PRODUCTS

Assessment Total for Measure

Projected Total:
\$12,212,236

Actual Total:
\$2,681,774



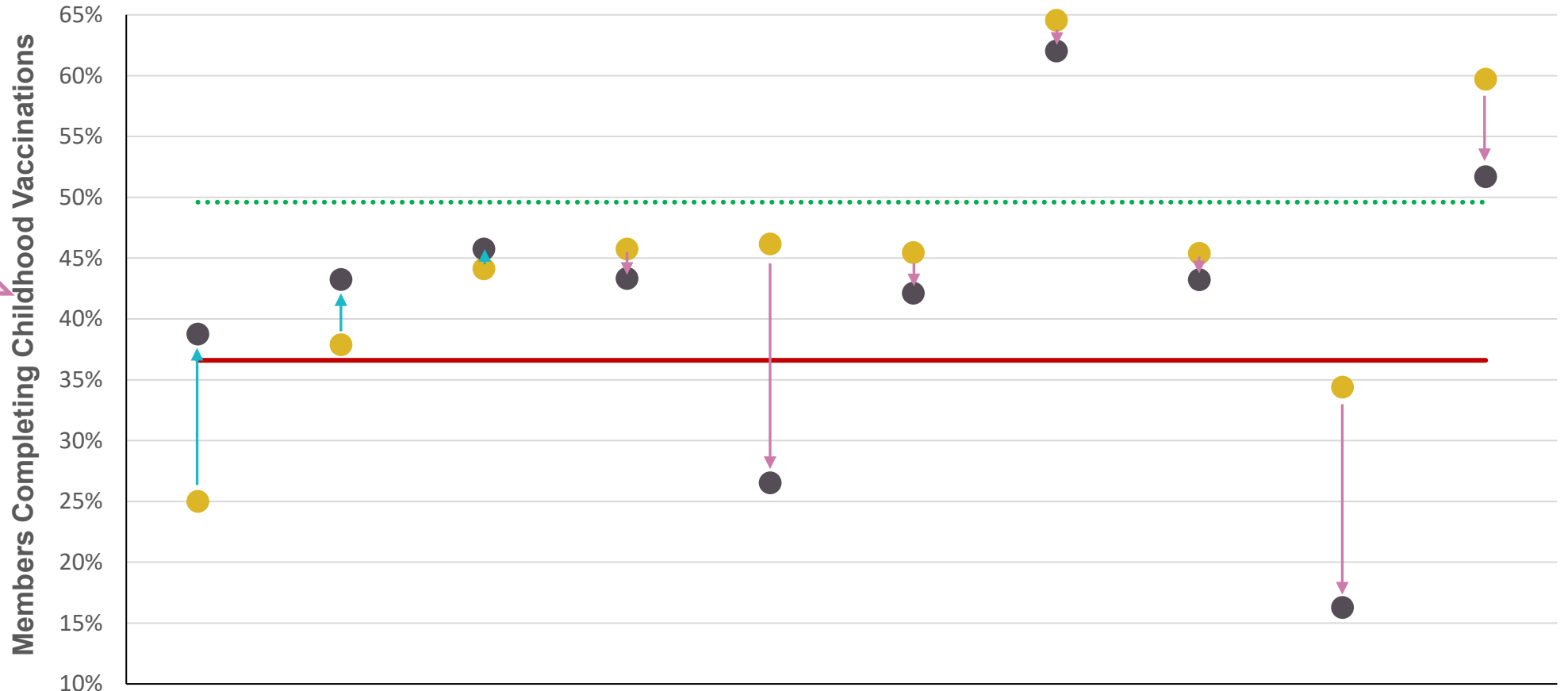
MY2023: CHILDHOOD VACCINATION RATES A CHALLENGE, CONSISTENT WITH NATIONAL TRENDS

QRS: CIS-10

Assessment Total for Measure

Projected Total:
\$6,989,631

Actual Total:
\$8,882,252

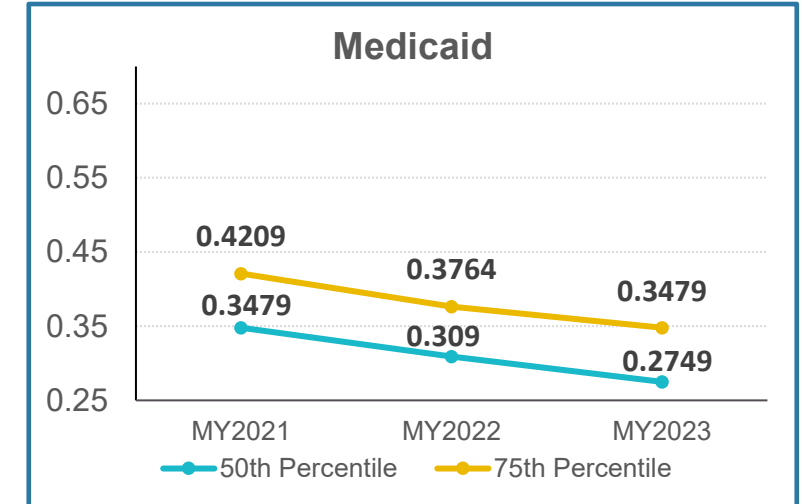
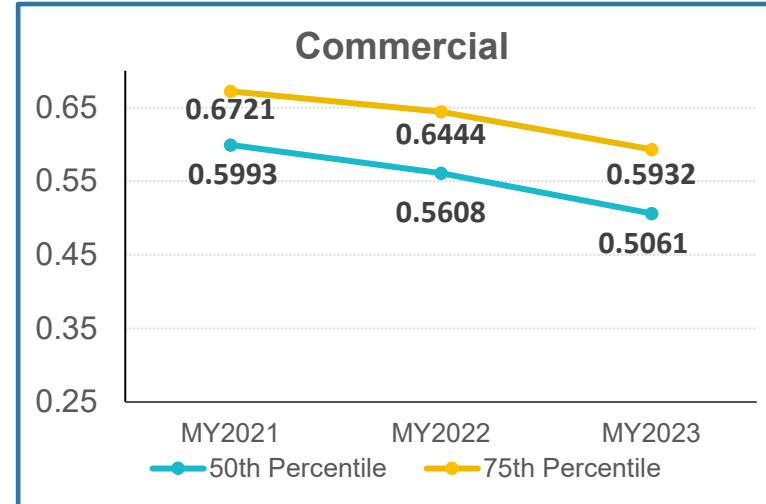
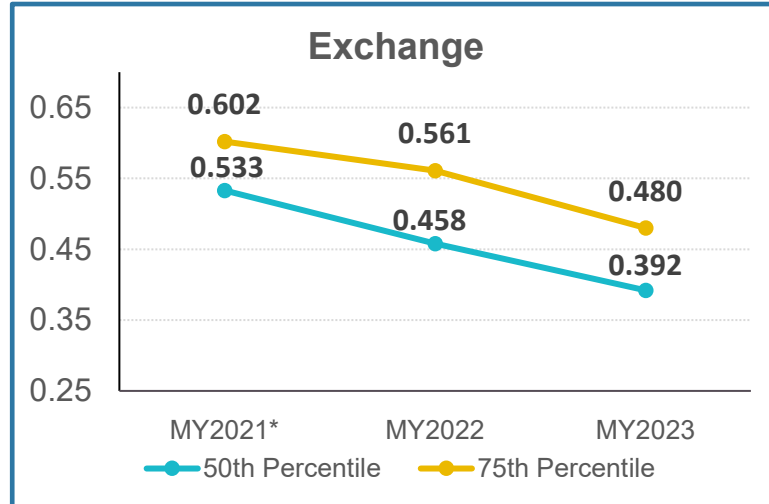


Anthem EPO Anthem HMO Blue Shield HMO Blue Shield PPO Health Net HMO Health Net PPO Kaiser HMO L.A. Care HMO Molina HMO Sharp HMO

..... 66th percentile — 25th percentile ● MY2022 ● MY2023

NATIONAL TRENDS IN CHILDHOOD VACCINATION

National CIS-10 Trends



Decline in Routine Vaccination Rates

- ❑ Share of kindergarten children up to date on their vaccinations has declined during the COVID-19 pandemic and has not returned to pre-pandemic levels
- ❑ As of 2022-2023 school year, 93% of kindergarteners were vaccinated with all state-required vaccines, including MMR, DTaP, polio, and varicella, which is lower than pre-pandemic levels of 95%

Increase in Vaccine Exemptions

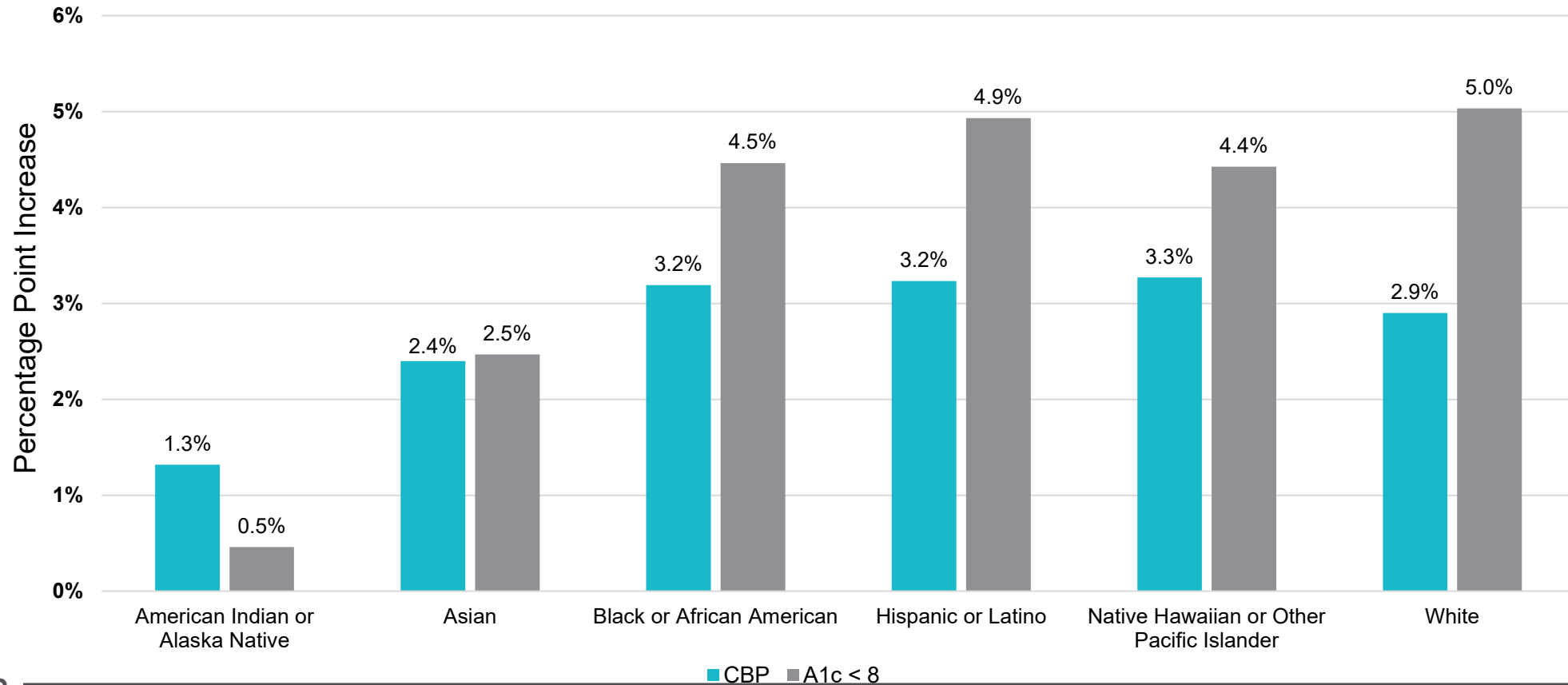
- ❑ From 2019-2020 school year to 2022-2023 school year, the national exemption rate rose from 2.5% to 3.0%, the highest to date
- ❑ Non-medical exemptions increased from 2.2% in 2020-2021 to 2.8% in 2022-2023

Source: <https://www.kff.org/coronavirus-covid-19/issue-brief/headed-back-to-school-in-2024-an-update-on-childrens-routine-vaccination-trends/>

*MY2021 Only reported, not scored

PERFORMANCE INCREASED ACROSS ALL SUBPOPULATIONS FOR BOTH DIABETES AND BLOOD PRESSURE CONTROL

Increase in Performance for CBP and A1c from MY2022 to MY2023



YEAR 1: COVERED CALIFORNIA-WIDE IMPACT OF QTI

Diabetes Control (A1c <8)

10/13 Issuer Products performed at or above the MY2021 66th percentile, accounting for **86% of members** in the measured population

Colorectal Cancer Screening (COL)

5/13 Issuer Products performed at or above the MY2021 66th percentile, accounting for **51% of members** in the measured population

Controlling Blood Pressure (CBP)

6/13 Issuer Products performed at or above the MY2021 66th percentile, accounting for **63% of members** in the measured population

FORWARD PROGRESS ON OUR MISSION

	HbA1c Control MY2022	HbA1c Control MY2023	HbA1c Delta	COL MY2022	COL MY2023	COL Delta	CBP MY2022	CBP MY2023	CBP Delta
Number of issuer products at goal*	7/14	10/13	+3	1/14	5/13	+4	2/14	6/13	+4
Percentage of members in the measured population at goal	44%	86%	+42%	36%	51%	+15%	38%	63%	+25%

*QTI uses MY2021 national exchange 66th percentile as goal

PUBLIC COMMENT

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HEALTH PLAN PRESENTATIONS ON THE QUALITY TRANSFORMATION INITIATIVE

QUALITY HEALTH PLAN ISSUER PRESENTATIONS



PUBLIC COMMENT

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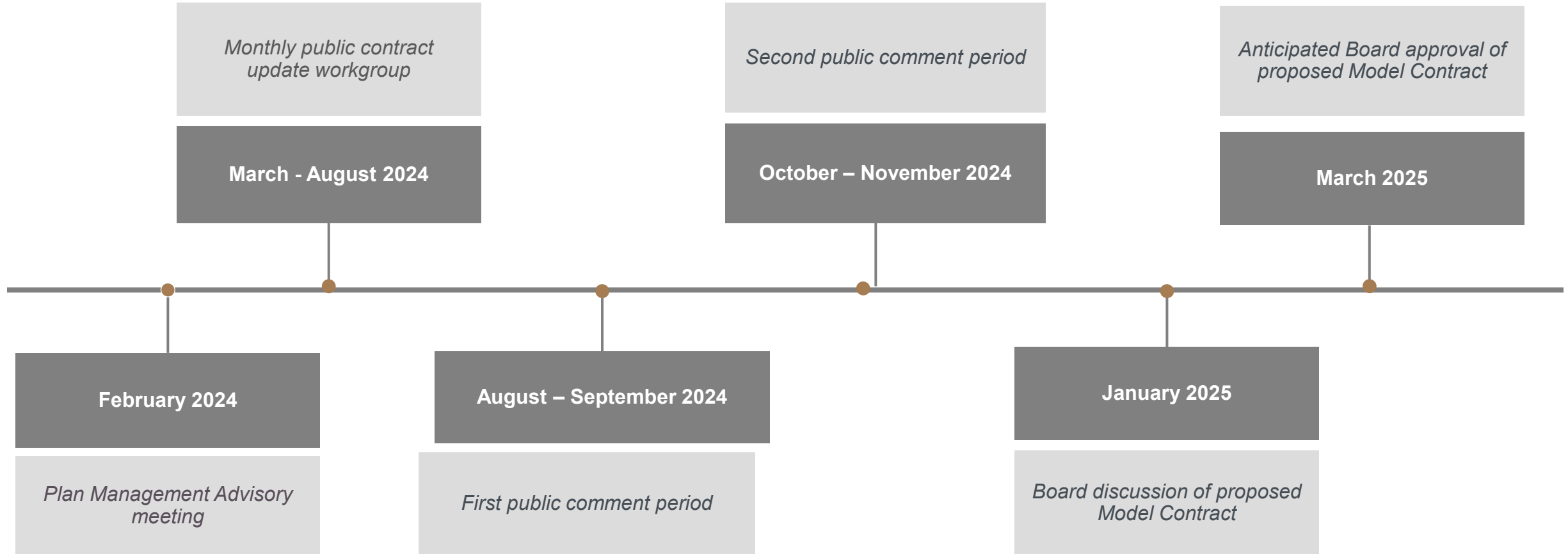
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2026 – 2028 QUALITY HEALTH PLAN ISSUER MODEL CONTRACT PREVIEW

S. Monica Soni, MD
Chief Medical Officer
Chief Deputy Executive Director,
Health Equity & Quality Transformation Division

2026 QHP ISSUER CONTRACT UPDATE TIMELINE



2026-2028 CONTRACT DEVELOPMENT GUIDING PRINCIPLES

Principles

Equity is quality

Center the member

Make it easy to do right

Amplify through alignment

Focused scope for high impact

Framework

Build on the strong foundation of 2023-2025 contract

Prioritize alignment with DHCS, CalPERS, & OHCA

Emphasize outcomes

Pursue administrative simplification

Model Contract *with PMD*

- Essential Community Providers (ECPs)
- Article 5

Attachment 1

- Articles 1-6

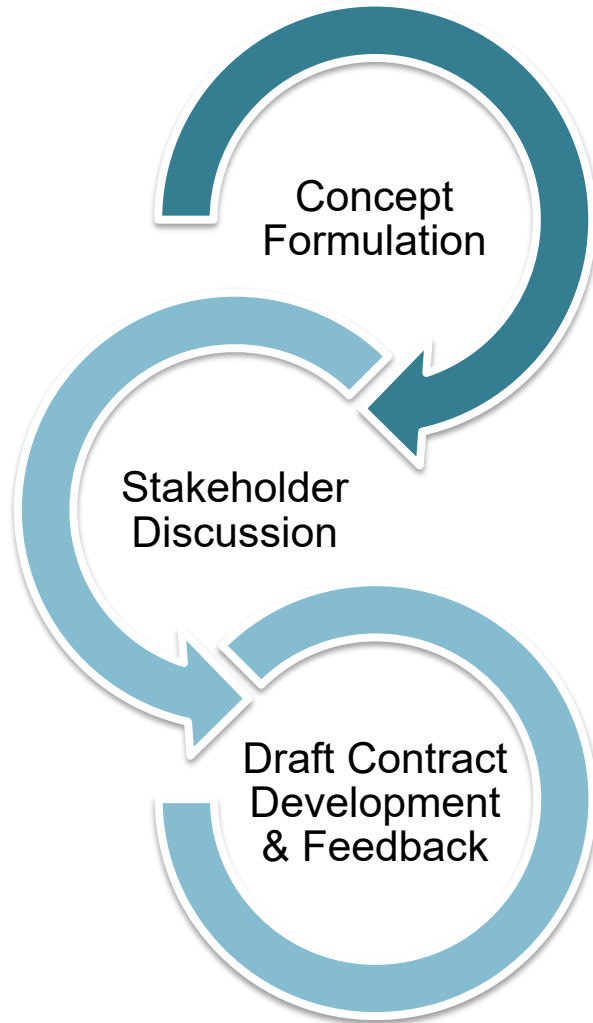
Attachment 2 *with PMD*

- Performance standards

Attachment 4

- Quality Transformation Initiative

CONTRACT UPDATE WORKGROUP



- ❑ Monthly meetings from March – August 2024
- ❑ Large group discussion on proposed changes to Attachments 1, 2 and 4
- ❑ Learning space to share ideas and best practices among stakeholders
- ❑ Participants reviewed and provided feedback on contract proposals and draft contract language

STAKEHOLDER FEEDBACK (WORKGROUP FEEDBACK)

- ✓ 9 public meetings held from March – August
- ✓ 14 weeks total for public comment throughout the Workgroup process
- ✓ 18 unique organizations commented
- ✓ 341 total comments
- ✓ Comments deidentified and posted publicly

PUBLIC COMMENT CYCLE 1 FEEDBACK

- ✓ Comment Cycle 1 held between 8/16/2024 - 9/16/2024
- ✓ 14 unique organizations commented
- ✓ 236 total EQT comments
- ✓ Comments and responses posted publicly
- ✓ Comment Cycle 2 held between 10/18/2024 - 11/18/2024

BUILDING ON 2023-2025 WITH BOLD NEW ADDITIONS

Actionable Data

- ❑ Selective Contracting for Quality
- ❑ Expansion of Demographic Data Collection
- ❑ Data Exchange
- ❑ Behavioral Health Disparities Reduction
- ❑ Quality Transformation Initiative (QTI)

Healthy Workforce

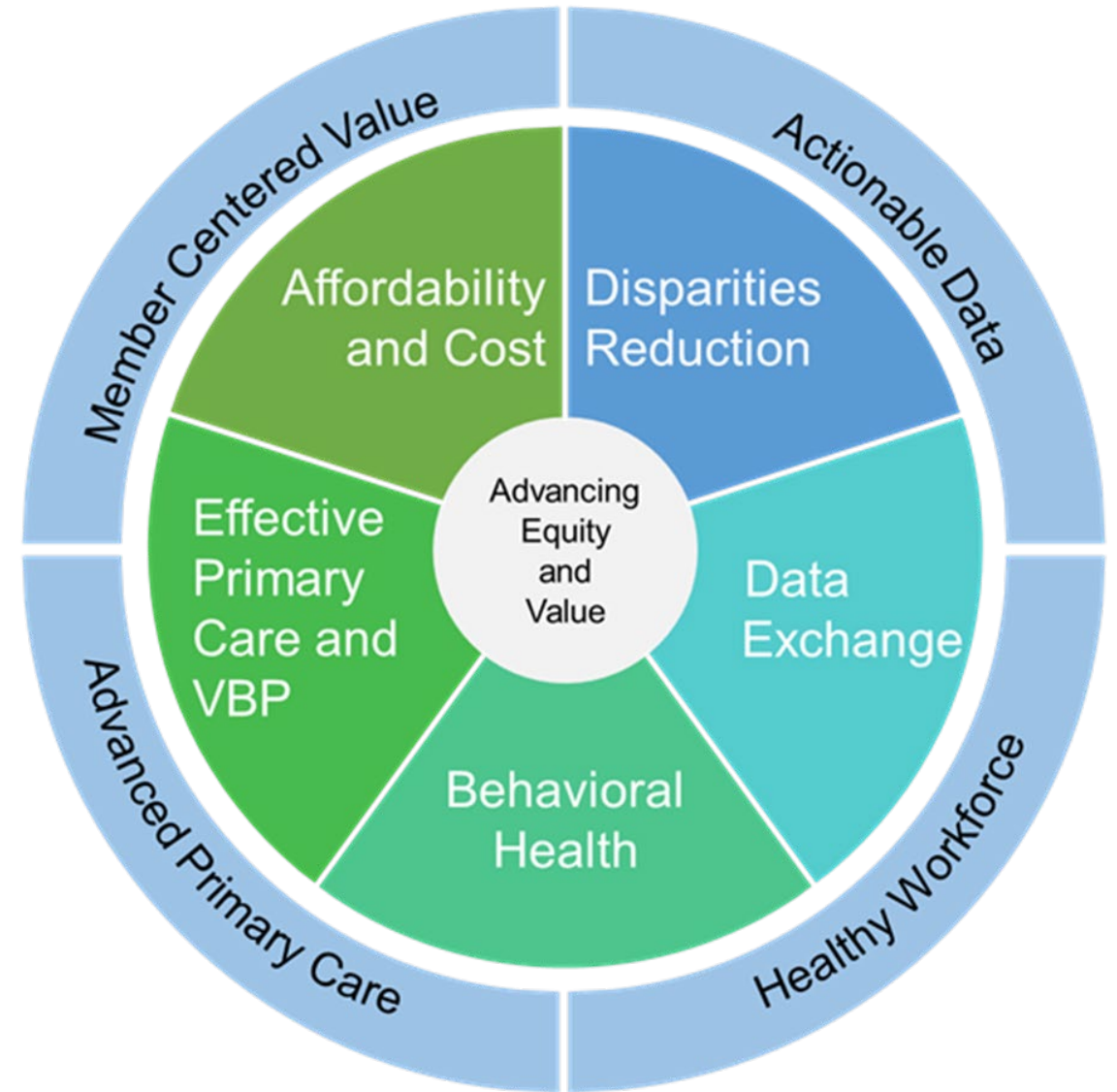
- ❑ Essential Community Providers
- ❑ Generative Artificial Intelligence
- ❑ Primary and Behavioral Health Care Spend Tracking
- ❑ Engagement in Collaboratives and with Community

Advanced Primary Care

- ❑ Continuity of Care
- ❑ Use and Quality of Digital Care
- ❑ Behavioral Health Promotion
- ❑ SUD
- ❑ Behavioral Health Vendor Oversight

Member-Centered Value

- ❑ Access to Care
- ❑ Comprehensive Maternal Healthcare
- ❑ Population Health Investments
- ❑ Targeted Engagement and Outreach



Removal from the Exchange (“25/2/2”)

- Benchmark updated and ability to include added QRS clinical measures
- Minimum Performance Level Action Plan for individual underperformance of clinical QRS measure scores may be required

Equity and Disparities Reduction

- Moved accountability for disparities reduction to QTI
- New requirement to collect sexual orientation and gender identity

Data Exchange

- Tracking of participation in DxP and participation with QHIO
- Align with Medi-Cal on ensuring Hospital Compliance with ADT and enhancing primary care through information sharing

Behavioral Health Disparities Reduction

- Require disparities reduction strategies based on stratified utilization data and informed by engagement with impacted member populations

Quality Transformation Initiative

- Updated core measures to ECDS and added DSF-E, % premium at risk (up to 2.8% for MY26, up to 3.8% for MY27 and MY28; new entrants start at 1%), decreased weighting of CIS-10; Health Equity Methodology added

Essential Community Providers

- Expanding ECP categories to include Pediatric Oral Service Providers, Critical Access Hospitals, Rural Health clinics, and more
- Distinguished provider sufficiency from geographic distribution sufficiency

★ Use of Generative Artificial Intelligence in QHP Issuer Operations

- Implement processes to address and mitigate bias
- Transparency where GenAI impacts a decision to authorize, modify, or deny health care services
- Participate in collaborative discussions and shared learnings across Issuers

★ Engagement in Collaboratives and With Community

- Contractor must participate in learning sessions, working groups, roundtables, performance meetings, and carrier calls to facilitate collaboration across QHP Issuers as well as with community and members

★ Primary Care and Behavioral Health Spend

- Tracking and monitoring Primary Care Spend and Behavioral Health Spend in alignment with OHCA

Utilization

- Tracking Covered California members with continuous coverage during Plan Year and no utilization (medication, visit, etc.)

Use and Quality of Virtual Care

- Contractor to report all virtual care solutions and vendors in use
- Require transparency about outcomes and quality measures tracked

★ Continuity of Care

- Contractor will collaborate with CCA in measuring Continuity of Care by evaluating percentage of visits with the same primary care provider

★ Behavioral Health Promotion

- Required to detail and promote access to behavioral health services, including virtual care, and targeting interventions for underutilizing groups
- Annually provide proof of compliance and distribute educational materials

Behavioral Health Vendor Oversight

- Contractor is responsible for compliance of delegated or downstream entities
- Contractor will engage with CCA to monitor quality of services



Access to Care

- ❑ New contract language aligning with DHCS and CalPERS to increase access monitoring, including enrollee experience, provider availability, and service utilization and quality

Comprehensive Maternal Healthcare

- ❑ New language to promote access to in-network Doula and Midwifery
- ❑ Promote collaboration and support targeted interventions to reduce disparities.

Transitions of Care

- ❑ Expanded 'At-Risk Enrollees' definition to include members receiving medication-assisted treatment for substance use disorders

PROPOSED 2026-2028 ATTACHMENT 2 REQUIREMENTS

Performance Area	Performance Standards with Penalties	Percent of At-Risk Amount 2026-2028
Health Disparities 20%	1. Reducing Health Disparities: Demographic Data Collection – Enrollee Race and Ethnicity Self-Identification	10%
	2. Reducing Health Disparities: Demographic Data Collection – Enrollee Spoken and Written Language	10%
Engagement in Collaboratives 10%	3. Engagement in Collaboratives and with Community	10%
Data 40%	4. Healthcare Evidence Initiative (HEI) Data Submission	40%
Oral Health 10%	5. Dental Quality Alliance (DQA) Pediatric Measure Set – Pediatric Oral Evaluation, Dental Services (NQF #2517)	5%
	6. Dental Quality Alliance (DQA) Pediatric Measure Set – Pediatric Topical Fluoride for Children, Dental Services (NQF #2528)	5%
Utilization & Primary Care 20%	7. Utilization & Primary Care: Overall Engagement with Members	10%
	8. Utilization & Primary Care: Monitoring Continuity of Care	10%

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