



COVERED
CALIFORNIA

PLAN MANAGEMENT AND DELIVERY SYSTEM REFORM ADVISORY COMMITTEE

September 12, 2014

AGENDA

- I. **Welcome and Agenda Review (Valerie Woolsey)** **12:00-12:10 (10 min.)**

- II. **Quality and Network Management Update (Jeff Rideout)** **12:10-1:15 (65 min.)**
 - A. **Update on 2015 QRS**
 - B. **Provider Directory Search**
 - C. **Overall network update, including regulator audits, network status for 2015**
 - D. **ECP status and medically underserved community assessment**

- III. **2016 Benefit Redesign Process (Anne Price)** **1:15-1:30 (15 min.)**

- IV. **Renewal Update** **1:30-1:45 (15 min.)**

- V. **Operations Update** **1:45-2:15 (30 min.)**

- VI. **Wrap-Up and Next Steps (Casey Morrigan)** **2:15-2:30 (15 min.)**

Send public comments to qhp@hbex.ca.gov

QUALITY AND NETWORK MANAGEMENT

JEFF RIDEOUT, SENIOR MEDICAL ADVISOR, QUALITY AND NETWORK MANAGEMENT

QUALITY RATING SYSTEM (QRS) FOR 2015-MINIMAL CHANGE*

- Same common CAHPS across all QHPs
 - 10 measures, 3 Domains; no HEDIS scores used
 - Updated with data from RY2013 (most current available)
 - Based on historic CAHPS performance; no exchange enrollee experience yet available
 - No scores available for Valley Health Plan or Chinese Community
- Same process for creating a single statewide index score
- Same regional PPO benchmark-CMS Region IX/Western

What Did Change

- Single blended statewide rate for QHPs offering both HMO and PPO products (Anthem and Health Net) based on weighted Exchange membership
- EPO Exchange products have no historical commercial equivalent score available
 - Anthem EPO assigned blended HMO/PPO score
 - Blue Shield EPO assigned PPO score

QRS FOR 2015- SCORE SUMMARY

	1 Star	2 Star	3 Star	4 Star
2014 Health Plan Star Ratings	0	2	3	4
2013 Health Plan Star Ratings	0	2	3	4

QRS SCHEDULE AHEAD

- Week of September 8- Shared scores with QHPs, blinded to competitors
- September 12- Today's Advisory Committee update
- September 18- Board presentation- no QHPs identified
- October 1 (approximately)- load scores into enrollment system
- October 6- Scores publicly available

QRS HIGHLIGHTS FOR 2016 (OE 2015)*

- Exchange CAHPS beta test
 - similar set of survey topics to the existing instrument; includes a number of new test items
 - results at the QHP product type level (PPO, HMO, EPO)
 - results at the all-QHP metal tier levels (likely too few to report)
- 2H 2014 enrollee experience measured in 1H 2015-
 - survey administered by plan's certified CAHPS vendor
 - CMS to release certified vendors list, other rules, within “several weeks”
 - vendor selection required by November 2014
- HHS will permit the use of beta test results for public reporting in the Fall 2015 as Covered California requested
- Covered California will score the beta test results for Fall 2015 public reporting
- May include on & off exchange enrollees in individual products
- Use of national benchmarks is a key change



Guiding Principles

- **Guiding Principles of Network Adequacy**

QHP Provider Networks –
“Network Adequacy”

- Promote affordability
- Improve health care quality
- Offer choice among Qualified Health Plans
- All products must meet licensure, regulatory and product filing requirements of the appropriate regulatory body (Department of Managed Health Care or California Department of Insurance).

- **Guiding Principles of Essential Community Provider (ECP) Network Adequacy**

QHP ECP Networks
340B, 1204a, HiTech

- Ensure access for low-income, medically underserved individuals
- Ensure access to a mix of provider types (hospitals and out-patient services), specifically to include providers classified as 340B
- Assess and support inclusion of specific provider types, including Tribal/Urban Indian clinics, Federally Qualified Health Centers (FQHCs), and county hospitals.
- Include non-340B medical providers who have demonstrated service to low-income individuals (HI-TECH)



Network Policy and Analysis

continued

- **Guiding Principles for Access to Care for Medically Underserved Communities***

QHP Networks to serve low-income communities

- New option to assess access to care for low-income Californians.
- Measure physician availability in low-income communities (overall supply) and assess network participation of available physicians for each QHP

*Available HRSA Definition for Medically Underserved Area/Population (MUA/MUP)

Federally defined, census tract based

MUAs determined on the basis of 4 variables:

- 1.) ratio of primary care physicians per 1,000
- 2.) population percentage of the population below the federal poverty level
- 3.) percentage of the population age 65 or older, and
- 4.) infant mortality rate.

MUPs are created by adjusting the first MUA variable to ratio of primary care physicians per 1000 low-income population (200% poverty)



Thinking About Networks

**QHP Provider Networks –
“Network Adequacy”**

**QHP ECP Networks
340B, 1204a, HiTech**

**QHP Networks to serve
low-income communities**



Thinking About Networks

QHP Provider Networks – “Network Adequacy”

QHP ECP Networks
340B, 1204a, HiTech

QHP Networks to serve
low-income communities

- Primary responsibility of Regulators to assess and license products/networks
- Covered California to certify QHP in accordance with guiding principles
- Covered California as active purchaser to monitor and engage carriers for network improvement



Thinking About Networks

QHP Provider Networks –
“Network Adequacy”

QHP ECP Networks
340B, 1204a, HiTech

QHP Networks to serve
low-income communities

- Covered California responsibility to assess and certify ECP networks of QHPs
- Covered California to certify networks in accordance with guiding Federal principles



Thinking About Networks

QHP Provider Networks –
“Network Adequacy”

QHP ECP Networks
340B, 1204a, HiTech

**QHP Networks to serve
low-income communities**

- Not a mandated role for Covered California
- Being considered to identify areas of high concentration of low-income populations and assess access to medical care.



Key Activities Based on Guiding Principles

QHP Provider Networks – “Network Adequacy”

QHP ECP Networks
340B, 1204a, HiTech

QHP Networks to serve
low-income communities

- Engage with QHPs on specific network issues
- Joint CMA coordination with large plans
- Standardized on DMHC timely access template
- Additional data elements for directory-now part of DMHC template
- Regular coordination with DMHC on standards



Key Activities Based on Guiding Principles

QHP Provider Networks –
“Network Adequacy”

QHP ECP Networks
340B, 1204a, HiTech

QHP Networks to serve
low-income communities

- Ongoing 2014 assessment
- Single ECP list created
- Coordinate with proposed CDI standards



Key Activities Based on Guiding Principles

QHP Provider Networks –
“Network Adequacy”

QHP ECP Networks
340B, 1204a, HiTech

QHP Networks to serve
low-income communities

- Preliminary assessment underway using low income zip codes- not the same as MUP/A
- Proposed coordination with African American and Latino Physician community analysis through LACMA using MUA/MUP areas



Provider Directory Search

STATUS

- QHP contract requires quarterly provider data submission in a format specified by Covered California
- Q2 data submitted; most current available and used in negotiations
- QE data due October 15, 2014 (earliest available) — to include regulator approved networks for 2015
- Known threshold requirements for Provider Search
 - Accuracy
 - CalHEERs prioritization
 - PCP selection functionality for HMO products
 - User friendly navigation
- Currently individual QHP directories are the best source of information

A Snapshot of Tampa, FL- A Federal Exchange Market

- 4.3 million residents- 79% Caucasian
- Median household income- \$41,500 (about 200% FPL)
- 33 Silver Plan options- 25 of them are from Florida BCBS
- EPO and HMO options on the lower premium end (most Blue); PPOs all at higher end
- Premium ranges from \$640-1000/month unsubsidized
- \$440-860/month post subsidy
- Family deductible ranges from \$0 (\$1000 premium) to \$11,500(\$840 premium)!
- Directory links no better than Covered CA
- 8 of the 10 lowest priced plans are part of the “Blue Select” product; BayCare, the leading provider system and the area’s largest employer, not included

2016 BENEFIT REDESIGN PROCESS

PAMELA POWER, MANAGER, FOR
ANNE PRICE, DIRECTOR, PLAN MANAGEMENT

Covered California Benefit Redesign Principles

Covered California should promote stability and consumer understanding as we look to analyze and propose benefit design changes in 2016 and on an ongoing basis. The major principles Covered California will apply to efforts to improve benefit designs are:

- ✓ Covered California should maintain its philosophy of having standardized benefit designs to enable informed consumer choice between products, metal tiers and carriers
- ✓ Changes in benefits should be considered annually based on consumers' experience related to access and cost
- ✓ Data availability and analysis is critical to support any benefit change so results can be validated and informative for future year changes
- ✓ Any changes to benefit designs should promote improvement for consumers' understanding of their benefits and their obtaining care at the “right place, right cost and right time”

Covered California Individual Market Benefit Redesign Landscape

2014

year 1: coverage begins

2015

year 2: consistency and stability

2016

year 3: redesign improvements considered for access and cost

2017

year 4: progression of improvements considered for access and cost

Statutory

Actuarial Value (AV) baseline

No change

AV updated

?

Essential Health Benefits (EHB) baseline

No change

No change

Possible slight changes

Reinsurance and Risk Corridor protection to plans

Reinsurance and Risk Corridor protection to plans (*reduction in available dollars*)

Reinsurance and Risk Corridor protection to plans (*reduction in available dollars*)

Reinsurance and Risk Corridors expire

Optional

Baseline: standard benefit design

No change

Incremental benefit changes

Incremental benefit changes

Baseline products/plans established

No change¹

Possible product/plan changes

Likely product/plan changes

Standalone pediatric dental

Embedded pediatric dental benefit

No change

No change

No adult dental coverage

optional family dental

No change

No change

1. Health Net changed PPO product to EPO product due to regulatory requirement

Covered California Benefit Redesign Approach

- ✓ Covered California will convene an ad hoc Benefit Redesign advisory group in fall 2014 to
 - review standardized benefit design scenarios and associated impacts and
 - provide feedback on design priorities
- ✓ Impacts to be analyzed using best available information
- ✓ Board initial review of designs: December, 2014

Covered California Benefit Redesign

Ad Hoc Meetings

- ✓ Every other week, 2-3 hour work sessions
- ✓ Reconvene with Advisory Committee on Thursday, December 4 (no October/November Advisory meetings)
- ✓ 5-7 ad hoc members convened by Covered CA staff
- ✓ Advisory Committee members; experts in child and consumer health, health policy, risk adjustment. List posted after members accept invitation to convene.

COVERED CALIFORNIA 2016 BENEFIT REDESIGN TIMELINE

ACTIVITY	DATE
Policy and Assessment Strategy for 2016 Benefit Design Options Presented to Board	September 2014 – October 2014
Review and analyze potential benefit design changes – gain stakeholder feedback	October 2014 – November 2014
Recommendation to Board of 2016 Benefit Design Changes – Board discussion	December 2014
Recommendation to Board of 2016 Benefit Design Changes – Board decision	January 2014
2016 Standard Benefit Designs Included in Recertification Notification to Health Plans	February 2014

RENEWAL UPDATE

CASEY MORRIGAN, CONSULTANT, PLAN MANAGEMENT

2015 Renewal Key Dates

Key Dates:	Key Activities:
Starting July 28	E-mail and direct mail to consumers with messaging (e.g., PIN, consent fed hub, etc.)
July 23 – Aug 15	NOD17: Notification to consumers who have not set up CalHEERS accounts
July 30	Shop and Compare Tool with new 2015 rates made available
Aug 28 – Sept 15	NOD11: Notification to consumers with no consent to verify against federal hub
Starting in Sept	Covered California TV and radio ads begin
Sept 30	Individual market rates approved by regulators
Oct 6 – Oct 30	NOD12: Notification to consumers to actively renew
Oct 7 – Nov 15	Covered California sends targeted outreach notices to consumers
By Nov 1	Plans send renewal notices including 2014 APTC \$ and 2014 and 2015 premium \$s
Nov 15	Open Enrollment begins
Oct 10 - Dec 15	NOD01: Notification of final eligibility determination notice including 2015 APTC
Nov 14 – Dec 16	NOD60: Notification of plan selection with 2015 APTC and 2015 premium (auto-renewed in current plan if no action taken)
Dec 15	Last day for renewal plan selection for January 1, 2015 coverage

OPERATIONS UPDATE

RACHEL YOUNG, ANALYST, PLAN MANAGEMENT

WRAP-UP AND NEXT STEPS