



COVERED
CALIFORNIA

PLAN MANAGEMENT ADVISORY GROUP

October 2, 2017

WELCOME AND AGENDA REVIEW

JAMES DEBENEDETTI, DIRECTOR
PLAN MANAGEMENT DIVISION

AGENDA

AGENDA
Plan Management and Delivery System Reform Advisory Group
Meeting and Webinar
Thursday, August 10 , 2017, 10:00 a.m. to 12:00 p.m.

Webinar link <https://register.gotowebinar.com/register/6800984473600411650>

October Agenda Items	Suggested Time
I. Welcome and Agenda Review	10:00 - 10:05 (5 min.)
II. Cost Sharing Reduction Contingency Update	10:05 – 10:30 (25 min.)
III. 2018 Renewal Planning	10:30 – 11:00 (30 min.)
IV. Quality Rating System for 2018 Open Enrollment	11:00 – 11:15 (15 min.)
V. 2019 Benefit Design	11:15 – 11:35 (20 min.)
VI. Open Forum	11:35 – 11:50 (15 min.)
VII. Next Steps	11:50 – 12:00 (10 min.)

COST SHARING REDUCTION CONTINGENCY UPDATE

JAMES DEBENEDETTI, DIRECTOR
PLAN MANAGEMENT DIVISION

2018 RENEWAL PLANNING

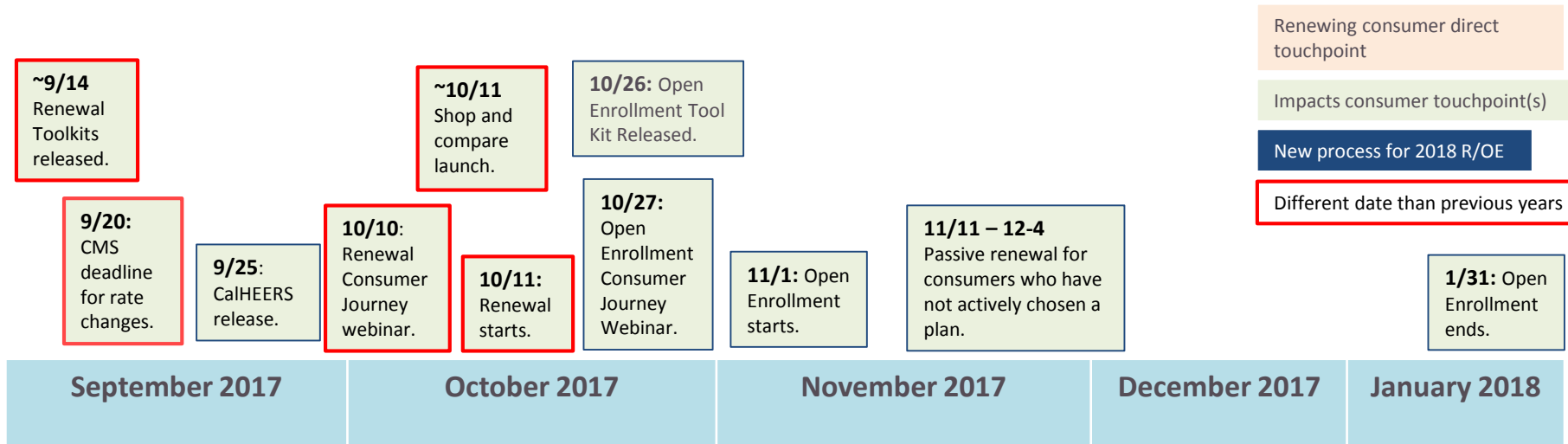
KATIE RAVEL, DIRECTOR
POLICY, EVALUATION AND RESEARCH

LINDSAY PETERSEN, QUALITY SPECIALIST
PLAN MANAGEMENT DIVISION

2018 RENEWAL PLANNING UPDATE

2018 Renewal and Open Enrollment is unique for two reasons. Due to CSR contingency planning and Anthem and Health Net member transitions of coverage, Covered California is making operational, timing, and consumer messaging adjustments to normal process.

RENEWING CONSUMER JOURNEY (9/30 RATE DECISION DATE)



8/22: Consumer receives notice of consent to electronically verify APTC (aka NOD11).

~10/11 – 10/31: Consumer receives Covered CA renewal notices (aka NOD12, includes income on file, current year APTC).

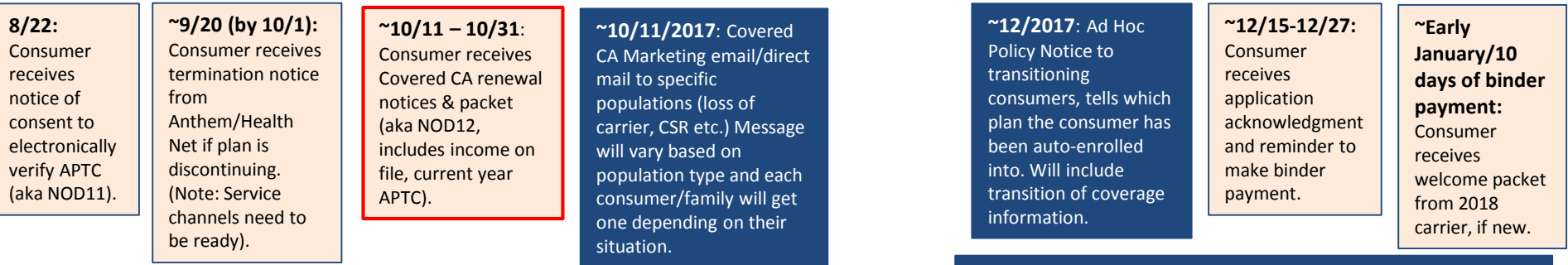
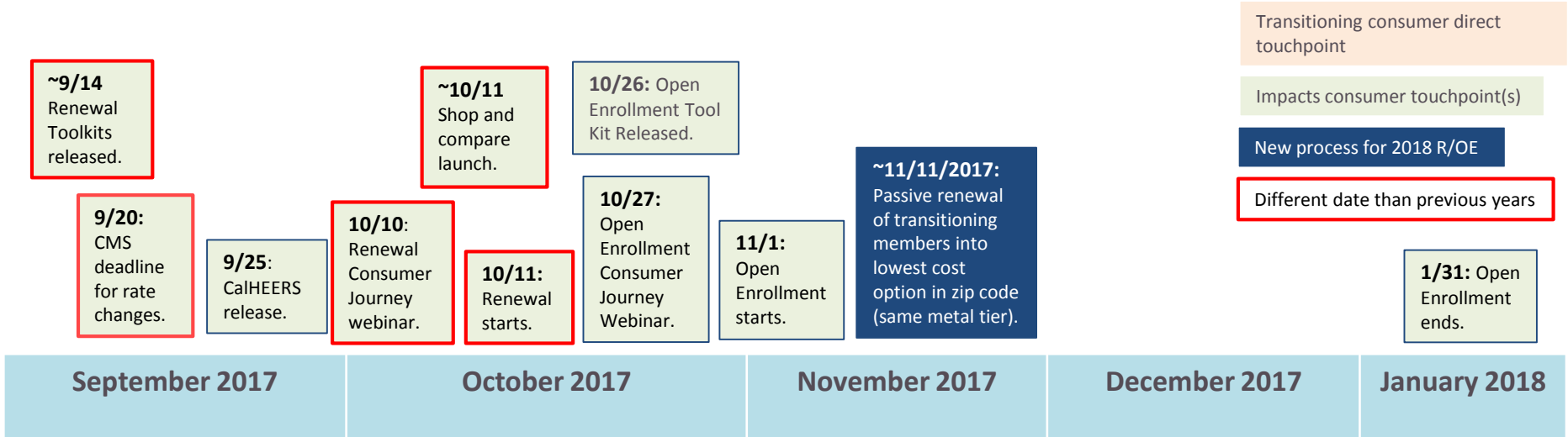
~10/11/2017: Covered CA Marketing email/direct mail to specific populations (loss of carrier, CSR etc.) Message will vary based on population type and each consumer/family will get one depending on their situation.

~11/15: Consumer receives carrier renewal notice & packet (w/ 2017 Premium/APTC, 2018 Premium, and link 2018 APTC).

~12/15-12/27: Consumer receives bill for January 2018 payment.



TRANSITIONING CONSUMER JOURNEY (9/30 RATE DECISION DATE)



TBD 12/2017: QHP outreach to transitioning members



2018 RENEWAL PLANNING UPDATE - MESSAGING

With CSR contingency planning and Anthem and Health Net member transitions of coverage, it's crucial that 2018 R/OE messaging from various Covered California channels, and from other organizations, is as aligned as possible.

Covered California departments have been meeting internally for the past two months to address strategy, issue framing, timing, language and clarity.

A subcommittee of the Plan Management Advisory group has been meeting to advise on strategy and review materials for these two populations. This group has helped review/develop:

- Consumer Fact Sheets as common resource for Covered CA service channels and other messaging departments (Communications, Marketing, Sales, etc.)
 - Anthem and Health Net Transitions of Coverage Fact Sheet
 - Cost Sharing Reduction (CSR) Contingency Fact Sheet
- Service channel talking points for Anthem members in remaining regions (1, 7, 10) receiving term notice due to legal requirement
- Consumer journey timelines (addressed potential gaps in consumer clarity)
- Co-branded renewal notice language

2018 RENEWAL PLANNING UPDATE - MESSAGING

- The communications below are part of normal renewal but have been adjusted to accommodate 2018:
 - NOD12 - Covered CA Renewal Notice:
 - Adjusted wording to address to consumers what will happen if their plan no longer available.)
 - Carrier co-branded Renewal Notice
 - Revisions accounting for potential CSR impact
 - Surveyed issuers for notice mailing dates, uploading all renewal & discontinuation notices for service center representatives to access.
 - Ad Hoc Member Communications from Marketing
 - Will address special populations including Anthem and Health Net members in regions where carrier is leaving and staying and Silver subsidized and unsubsidized members. (Each version contains multiple messages, but stresses the one most relevant to their population. Each household will only get one mailing.)
- In addition:
 - Worked with Anthem and Health Net to develop clear, consumer friendly termination notice language that tells consumers they will be placed into another plan, but that they also have the option to shop. The notices give timing of each piece and contact information for all other Covered CA health plans.
 - .com messaging is in progress to alert 2017 SEP members enrolling in Anthem or Health Net coverage in certain regions that their coverage will be ending Dec 31, 2017.
 - In mid November, Covered CA is sending a new notice telling transitioning consumers which health plan they have been placed into, how to pay, and how to shop.

2018 TRANSITIONS OF COVERAGE

- Covered CA is encouraging transitioning members to contact new health plans if they are in the middle of treatment and may be eligible for Continuity of Care. (In fact sheet used by all service channels.)
 - Tracking SB 133, which extends Continuity of Care to individual market and is awaiting Governor's signature.
- Health plans are messaging new members to let them know about any current treatment to ensure a smooth transition.
- Covered California and plans are exploring feasibility of transferring health data from old plan to new plan to help smooth the transition. Timing, process and legal issues are still being assessed.

QUALITY RATING SYSTEM FALL 2017

DR. LANCE LANG, CHIEF MEDICAL OFFICER
PLAN MANAGEMENT DIVISION

QUALITY RATINGS: CALCULATION AND DISPLAY FALL 2017

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

1. Report four ratings: a summary quality rating and three summary component ratings
2. Summary quality rating is a roll-up of three summary components per following weighting:

Summary Components	Weights
Getting Right Care (HEDIS)	66%
Members' Care Experience (CAHPS)	17%
Plan Services* (HEDIS and CAHPS)	17%

3. Summary ratings constructed by aggregating CMS produced standardized scores
4. CMS standardized scores based on national, all-product type benchmarks
5. CMS case-mix adjustment for CAHPS measures
6. 1-5-star performance classification
7. Scores are displayed in CalHEERS and will be available on CoveredCA.com starting in November 2017 (Individuals and Families Page)

ADJUSTED QRS RATING FORMULA

- Covered California diverges from CMS in computing the overall summary rating by applying differential weights to the three CMS computed summary indicator scores.
- Two-thirds of QRS weight is assigned to clinical care; the remaining one-third weight is equally allocated to the member-reported care experiences (17%) and to the plan services, efficient care results (17%).
 - The California Marketplace adopted these differential weights a year ago for Open Enrollment 2017 – the same method is used for 2018
 - CMS has adopted this same differential weighting formula starting with Open Enrollment 2019
 - The differential weighting formula follows the approaches taken by all of the major U.S. healthcare performance rating programs.
- Covered California, paralleling the CMS approach, provides consumers with 3 topics that accompany the summary quality rating to convey 3 major aspects of health plan performance that matter to consumers:
 - Clinical care
 - Member experience with their doctors and care
 - Health plan services to members and efficient care

FALL 2017 QRS RATING DETAIL

Issuer	Product	2016 ratings	2017 Summary Rating	Getting the Right Care	Members' Care Experiences	Plan Services for Members
Anthem *	EPO	★★	Quality Rating in Future	Quality Rating in Future	Quality Rating in Future	Quality Rating in Future
Blue Shield**	HMO	Quality Rating in Future	Quality Rating in Future	Quality Rating in Future	Quality Rating in Future	Quality Rating in Future
Blue Shield	PPO	★★	★★	★★	★★	★★★
CCHP	HMO	★★★	★★★	★★★	★	★★★★★
Health Net	HMO	★★	★★★	★★★	★	★★★
Health Net	EPO	Quality Rating in Future	★★	★★	★★★	★★
Health Net Enhanced Care PPO †	PPO	N/A	Quality Rating in Future	Quality Rating in Future	Quality Rating in Future	Quality Rating in Future
Kaiser	HMO	★★★★★	★★★★	★★★★	★★★	★★★★★
LA Care	HMO	★★	★★★	★★★	★★	★★★★
Molina	HMO	★★	★★★	★★★	★	★★★
Oscar	EPO	Quality Rating in Future	Quality Rating in Future	Quality Rating in Future	Quality Rating in Future	Quality Rating in Future
Sharp	HMO	★★★★	★★★★★	★★★★	★★★★★	★★★★★
Valley	HMO	★★	★★★	★★★	★	★★
WHA	HMO	★★★	★★★	★★★	★★★★	★★★★★
CCSB Products						
Blue Shield**	HMO/SHOP	One quality rating available	Quality Rating in Future	Quality Rating in Future	Quality Rating in Future	Quality Rating in Future
Health Net†	PPO/SHOP	★	★★	★★	-----	★★★

*Anthem EPO does not have a score due to substantial differences between products offered in 2017 and 2018
 **Blue Shield's Trio HMO in both the individual and CCSB markets will have a score starting in Fall 2019
 †Health Net's Enhanced Care PPO in both the individual and CCSB markets will have a score starting in Fall 2020

FALL 2017 QRS RATING DETAIL (cont.)

Distribution of Summary Quality Ratings by Reportable Products for Individual & SHOP Markets

	# Products No Summary Rating	1 Star	2 Star	3 Star	4 Star	5 Star
2017 QRS	4*	0	3	6	1	1
2016 QRS	5*	1	7	2	1	1

*No summary rating if a newer product and not eligible for reporting or insufficient sample sizes to report results for at least 2 of the 3 summary indicator categories

- Several plans improved their performance, moving from 2 to 3 stars in the summary quality rating, and no plans received a 1-star rating in 2017.
- Covered California continues to monitor performance, with particular focus on member care experience.
- Regional variation is not reflected in the scores and may not represent the patient experience or quality of care in a particular area.

2019 BENEFIT DESIGN

ALLIE MANGIARACINO, SENIOR QUALITY ANALYST
PLAN MANAGEMENT DIVISION

BENEFIT DESIGN WORKGROUP UPDATE

- Plan Management will reconvene the benefit design workgroup this fall to discuss the benefit structure for 2019.
- CCIO has not yet released the Draft 2019 Actuarial Value (AV) Calculator and proposed payment parameters.
- Preliminary list of benefit design topics for 2019:
 - \$350 MOOP “buffer” for standalone pediatric dental
 - Copay for unlimited number of primary care visits in Bronze
 - Reduce primary care visits for all metal tiers
 - Physical therapy package of 3-5 visits for one copay
 - Changing imaging cost shares from copays to coinsurance
 - Endnote on non-emergency transportation
 - Value-based insurance design, in alignment with CalPERS (exploratory discussion for 2020 benefits)
- Please send additional topics for discussion and names/contact information for individuals interested in joining the workgroup (no more than two per organization) to allie.mangiaracino@covered.ca.gov

OPEN FORUM AND NEXT STEPS

JAMES DEBENEDETTI, DIRECTOR
PLAN MANAGEMENT DIVISION