

DELIVERY SYSTEM & PAYMENT STRATEGIES TO DRIVE QUALITY

PLAN PERFORMANCE ON CONTRACT REQUIREMENTS

Performance Metrics

CONTRACT REQUIREMENTS (A1)

PERFORMANCE MEASURE	PAGE
Participation in ACOs or IDSs	3
Participation in Organizations and Collaboratives	14
Patient-Centered Medical Home Enrollment	16
Primary Care Alternative Payment Strategies	17
Primary Care Provider Assignment	32
Hospital Safety	33
Maternity Hospital Honor Roll	48

Participation in ACOs or IDSs



ANTHEM HMO

Plan Year	Covered California Members		
	Numerator	Denominator	Covered CA %
MY2019*	0	0	0%
MY2020	13,580	13,580	100%
MY2021	62,652	62,652	100%

ANTHEM EPO

Plan Year	Covered California Members		
	Numerator	Denominator	Covered CA %
MY2019	11,010	68,678	16%
MY2020	15,998	106,360	15%
MY2021	45,408	107,852	42%

- Accountable Care Organizations (ACOs) and Integrated Delivery Systems (IDSs) are integrated, coordinated, and accountable systems of care including multi-discipline physician practices, hospitals, and ancillary Providers with combined risk sharing arrangements and incentives between Contractor and Providers
- All Covered California health plans are required to promote the development and use of care models that promote access, care coordination, and early identification of at-risk enrollees and consideration of total costs of care
- This measure shows the percent of each health plan members that are enrolled in an ACO or IDS model of care



Participation in ACOs or IDSs



BLUE SHIELD HMO

Covered California Members			
Plan Year	Numerator	Denominator	Covered CA %
MY2019	87,442	87,442	100%
MY2020	114,731	114,731	100%
MY2021	128,695	128,695	100%

BLUE SHIELD PPO

Covered California Members			
Plan Year	Numerator	Denominator	Covered CA %
MY2019	41,315	308,753	13%
MY2020	33,153	312,289	11%
MY2021	46,679	356,454	13%

- Accountable Care Organizations (ACOs) and Integrated Delivery Systems (IDSs) are integrated, coordinated, and accountable systems of care including multi-discipline physician practices, hospitals, and ancillary Providers with combined risk sharing arrangements and incentives between Contractor and Providers
- All Covered California health plans are required to promote the development and use of care models that promote access, care coordination, and early identification of at-risk enrollees and consideration of total costs of care
- This measure shows the percent of each health plan members that are enrolled in an ACO or IDS model of care

Participation in ACOs or IDSs



Chinese Community HMO

Plan Year	Covered California Members		
	Numerator	Denominator	Covered CA %
MY2019	Not Reported	Not Reported	Not Reported
MY2020	Not Reported	Not Reported	Not Reported
MY2021	Not Reported	Not Reported	Not Reported

- Accountable Care Organizations (ACOs) and Integrated Delivery Systems (IDSs) are integrated, coordinated, and accountable systems of care including multi-discipline physician practices, hospitals, and ancillary Providers with combined risk sharing arrangements and incentives between Contractor and Providers
- All Covered California health plans are required to promote the development and use of care models that promote access, care coordination, and early identification of at-risk enrollees and consideration of total costs of care
- This measure shows the percent of each health plan members that are enrolled in an ACO or IDS model of care
- CCHP reports not currently having a formal integrated health model (IHM) in the performance period but meeting the majority of the IHM definition. CCHP reports exploring the possibility of formalizing this process with specific goals including but not limited to cost and quality thresholds

Participation in ACOs or IDSs



HEALTH NET HMO

Plan Year	Covered California Members		
	Numerator	Denominator	Covered CA %
MY2019	117,930	149,135	79%
MY2020	138,111	173,989	79%
MY2021	85,239	118,445	72%

HEALTH NET PPO

Plan Year	Covered California Members		
	Numerator	Denominator	Covered CA %
MY2019	3,544	45,631	8%
MY2020	3,998	48,524	8%
MY2021	3,070	42,230	7%

- Accountable Care Organizations (ACOs) and Integrated Delivery Systems (IDSs) are integrated, coordinated, and accountable systems of care including multi-discipline physician practices, hospitals, and ancillary Providers with combined risk sharing arrangements and incentives between Contractor and Providers
- All Covered California health plans are required to promote the development and use of care models that promote access, care coordination, and early identification of at-risk enrollees and consideration of total costs of care
- This measure shows the percent of each health plan members that are enrolled in an ACO or IDS model of care

Participation in ACOs or IDSs



KAISER PERMANENTE HMO

Plan Year	Covered California Members		
	Numerator	Denominator	Covered CA %
MY2019	Not Reported	Not Reported	Not Reported
MY2020	Not Reported	Not Reported	Not Reported
MY2021	Not Reported	Not Reported	Not Reported

- Accountable Care Organizations (ACOs) and Integrated Delivery Systems (IDSs) are integrated, coordinated, and accountable systems of care including multi-discipline physician practices, hospitals, and ancillary Providers with combined risk sharing arrangements and incentives between Contractor and Providers
- All Covered California health plans are required to promote the development and use of care models that promote access, care coordination, and early identification of at-risk enrollees and consideration of total costs of care
- This measure shows the percent of each health plan members that are enrolled in an ACO or IDS model of care
- Kaiser Foundation Health Plan (KFHP) contracts exclusively with The Permanente Medical Group (TPMG) in Northern California and Southern California Permanente Medical Group (SCPMG) to provide comprehensive medical services to CC members. Most of the compensation is negotiated annually per member per month amount (capitation rate). Covered California considers Kaiser Permanente an IDS

Participation in ACOs or IDSs



LA CARE HMO

Plan Year	Covered California Members		
	Numerator	Denominator	Covered CA %
MY2019	17,537	85,355	21%
MY2020	25,423	98,470	26%
MY2021	8,565	118,898	7%

- Accountable Care Organizations (ACOs) and Integrated Delivery Systems (IDSs) are integrated, coordinated, and accountable systems of care including multi-discipline physician practices, hospitals, and ancillary Providers with combined risk sharing arrangements and incentives between Contractor and Providers
- All Covered California health plans are required to promote the development and use of care models that promote access, care coordination, and early identification of at-risk enrollees and consideration of total costs of care
- This measure shows the percent of each health plan members that are enrolled in an ACO or IDS model of care

Participation in ACOs or IDSs



MOLINA HEALTHCARE HMO

Plan Year	Covered California Members		
	Numerator	Denominator	Covered CA %
MY2019	19,217	68,819	28%
MY2020	19,882	61,618	32%
MY2021	14,913	57,140	26%

- Accountable Care Organizations (ACOs) and Integrated Delivery Systems (IDSs) are integrated, coordinated, and accountable systems of care including multi-discipline physician practices, hospitals, and ancillary Providers with combined risk sharing arrangements and incentives between Contractor and Providers
- All Covered California health plans are required to promote the development and use of care models that promote access, care coordination, and early identification of at-risk enrollees and consideration of total costs of care
- This measure shows the percent of each health plan members that are enrolled in an ACO or IDS model of care

Participation in ACOs or IDSs



OSCAR EPO

Plan Year	Covered California Members		
	Numerator	Denominator	Covered CA %
MY2019	7,312	71,189	10%
MY2020	7,504	97,572	8%
MY2021	6,864	67,556	10%

- Accountable Care Organizations (ACOs) and Integrated Delivery Systems (IDSs) are integrated, coordinated, and accountable systems of care including multi-discipline physician practices, hospitals, and ancillary Providers with combined risk sharing arrangements and incentives between Contractor and Providers
- All Covered California health plans are required to promote the development and use of care models that promote access, care coordination, and early identification of at-risk enrollees and consideration of total costs of care
- This measure shows the percent of each health plan members that are enrolled in an ACO or IDS model of care

Participation in ACOs or IDSs



SHARP HEALTH PLAN HMO

Plan Year	Covered California Members		
	Numerator	Denominator	Covered CA %
MY2019	22,950	22,950	100%
MY2020	25,711	25,711	100%
MY2021	35,397	35,397	100%

- Accountable Care Organizations (ACOs) and Integrated Delivery Systems (IDSs) are integrated, coordinated, and accountable systems of care including multi-discipline physician practices, hospitals, and ancillary Providers with combined risk sharing arrangements and incentives between Contractor and Providers
- All Covered California health plans are required to promote the development and use of care models that promote access, care coordination, and early identification of at-risk enrollees and consideration of total costs of care
- This measure shows the percent of each health plan members that are enrolled in an ACO or IDS model of care

Participation in ACOs or IDSs



VALLEY HEALTH PLAN HMO

Plan Year	Covered California Members		
	Numerator	Denominator	Covered CA %
MY2019	5,275	15,950	33%
MY2020	6,947	21,437	32%
MY2021	6,543	21,339	31%

- Accountable Care Organizations (ACOs) and Integrated Delivery Systems (IDSs) are integrated, coordinated, and accountable systems of care including multi-discipline physician practices, hospitals, and ancillary Providers with combined risk sharing arrangements and incentives between Contractor and Providers
- All Covered California health plans are required to promote the development and use of care models that promote access, care coordination, and early identification of at-risk enrollees and consideration of total costs of care
- This measure shows the percent of each health plan members that are enrolled in an ACO or IDS model of care

Participation in ACOs or IDSs



WESTERN HEALTH ADVANTAGE HMO

Plan Year	Covered California Members		
	Numerator	Denominator	Covered CA %
MY2019	9,243	9,243	100%
MY2020	8,148	8,148	100%
MY2021	9,909	9,909	100%

- Accountable Care Organizations (ACOs) and Integrated Delivery Systems (IDSs) are integrated, coordinated, and accountable systems of care including multi-discipline physician practices, hospitals, and ancillary Providers with combined risk sharing arrangements and incentives between Contractor and Providers
- All Covered California health plans are required to promote the development and use of care models that promote access, care coordination, and early identification of at-risk enrollees and consideration of total costs of care
- This measure shows the percent of each health plan members that are enrolled in an ACO or IDS model of care

2020-2021 Participation in Organizations and Collaboratives



	Anthem EPO	Anthem HMO	Blue Shield HMO	Blue Shield PPO	Chinese Community HMO	Health Net HMO	Health Net PPO	Kaiser HMO	LA Care HMO	Molina HMO	Oscar EPO	Sharp HMO	VHP HMO	WHA HMO
Required Participation														
IHA Align Measure Perform for ACOs and HMO physician groups and IHA Cost and Quality Atlas	✓	✓	✓	✓	✗	✓	✓	✓	✓	✓	✓	✓	✗	✓
IHA Symphony	✓	✓	✓	✓	✗	✓	✓	✓	✓	✓	✓	✓	✗	✓
Cal Hospital Compare	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Encourage Participation														
California Quality Collaborative	✓	✓	✓	✓	✗	✓	✓	✓	✓	✓	✓	✗	✓	✗
California Maternity Quality Care Collaborative	✓	✓	✓	✓	✗	✓	✓	✓	✗	✓	✓	✓	✓	✓
Others														
Health Information Exchange*	✓	✓	✓	✓	✗	✓	✓	✓	✓	✗	✗	✓	✗	✓
California Improvement Network			✓	✓					✓			✓		
Health Care Payments Data System	✓	✓	✓	✓						✓				✓
Leapfrog						✓	✓	✓				✓		✓
California Right Meds Collaborative			✓	✓					✓					
California Medication Technologies											✓			
American Joint Replacement Registry (AJRR) for California												✓		

2020-2021 Participation in Health Information Exchanges (HIEs)



	Los Angeles Network for Enhanced Services	Manifest MedEx	Orange County Partnership Regional HIO (OCPRHIO)	SacValley MedShare	San Diego Health Connect	Santa Cruz HIO	California Medication Technologies	CommonWell	Carequality Framework	eHealth Exchange	North Coast Health Information Network	San Diego Community Information Exchange
Anthem		✓										
Blue Shield		✓										
Chinese Community												
Health Net	✓	✓	✓		✓	✓						
Kaiser Permanente	✓	✓	✓		✓	✓			✓	✓		
LA Care	✓						✓					
Molina Healthcare												
Oscar Health Plan							✓					
Sharp Health Plan					✓							✓
Valley Health Plan												
Western Health Advantage				✓				✓	✓	✓	✓	

HIE is a CTEN participant
HIE is not a CTEN participant
QHP issuer does not participate in an HIE



*Required participation by 2023.

Patient-Centered Medical Home Enrollment



	Plan Product	MY2019	MY2020
Anthem	HMO	13%	7%
	EPO	13%	14%
Blue Shield	HMO	7%	14%
	PPO	13%	23%
Chinese Community	HMO	0%	0%
Health Net	HMO	3%	2%
	PPO	2%	1%
	EPO	2%	4%
Kaiser Permanente	HMO	100%	100%
LA Care	HMO	14%	10%
Molina Healthcare	HMO	14%	20%
Oscar Health Plan	EPO	1%	2%
Sharp Health Plan	HMO	66%	63%
Valley Health Plan	HMO	43%	42%
Western Health Advantage	HMO	26%	39%
All Plans		42%	46%
All Non-Kaiser Permanente		11%	15%

- While virtually all primary care provided in Kaiser Permanente is delivered by patient-centered medical home-recognized practices, outside of this system, enrollment served by PCMHs increased from 3 percent to 15 percent between 2016 and 2019
- However, Sharp and Valley accounted for much of the improvement
- PCMHs have been shown to drive process improvements but improvement in outcomes is more varied
- Covered California has transitioned away from PCMH requirements to outcomes-based measures that drive primary care quality

Primary Care Alternative Payment Strategies



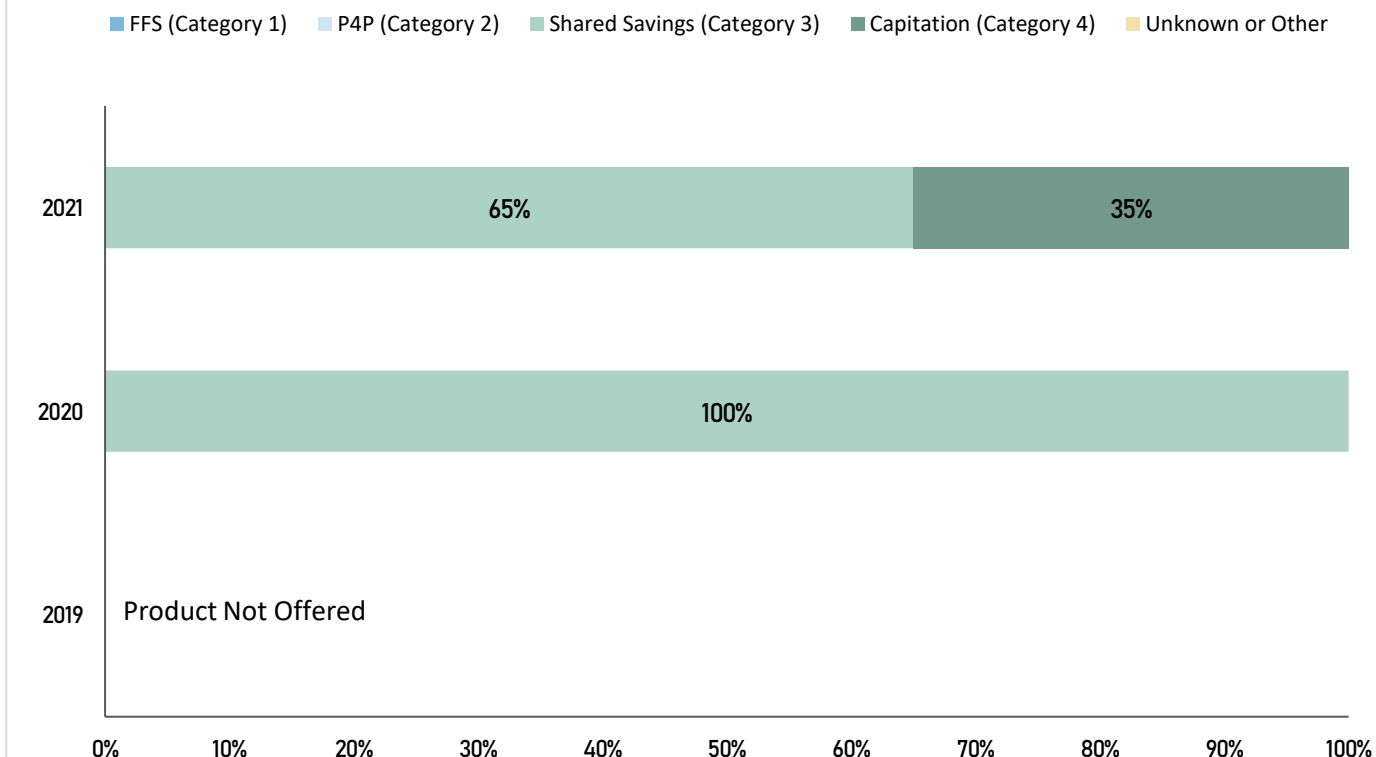
Introduction to this Measure

- Covered California uses the Health Care Payment Learning and Action Network Alternative Payment Model (HCP LAN APM) categories to track health plan payment models for primary care providers (PCPs). The categories are:
 - **Category 1:** fee for service with no link to quality and value
 - **Category 2:** fee for service with a link to quality and value
 - **Category 3:** alternative payment models built on a fee for service structure such as shared savings
 - **Category 4:** population-based payment
- Shifting payments from fee for service or volume-based payments to value-based primary care payments creates accountability for providing high-quality, equitable care, and managing the total cost of care
- Expanding value-based primary care payments also helps provide the necessary revenue to fund accessible, data-driven, team-based primary care
- Covered California requires all plans to transition from volume-based payment strategies (Categories 1 and 2) to value-based primary care payments (Categories 3 and 4)
- To meet this requirement, many plans have made progress over the last several years to transition towards more value-based primary care payment

Primary Care Alternative Payment Strategies



Anthem HMO | Percent of PCPs paid using HCP LAN Categories 1-4*

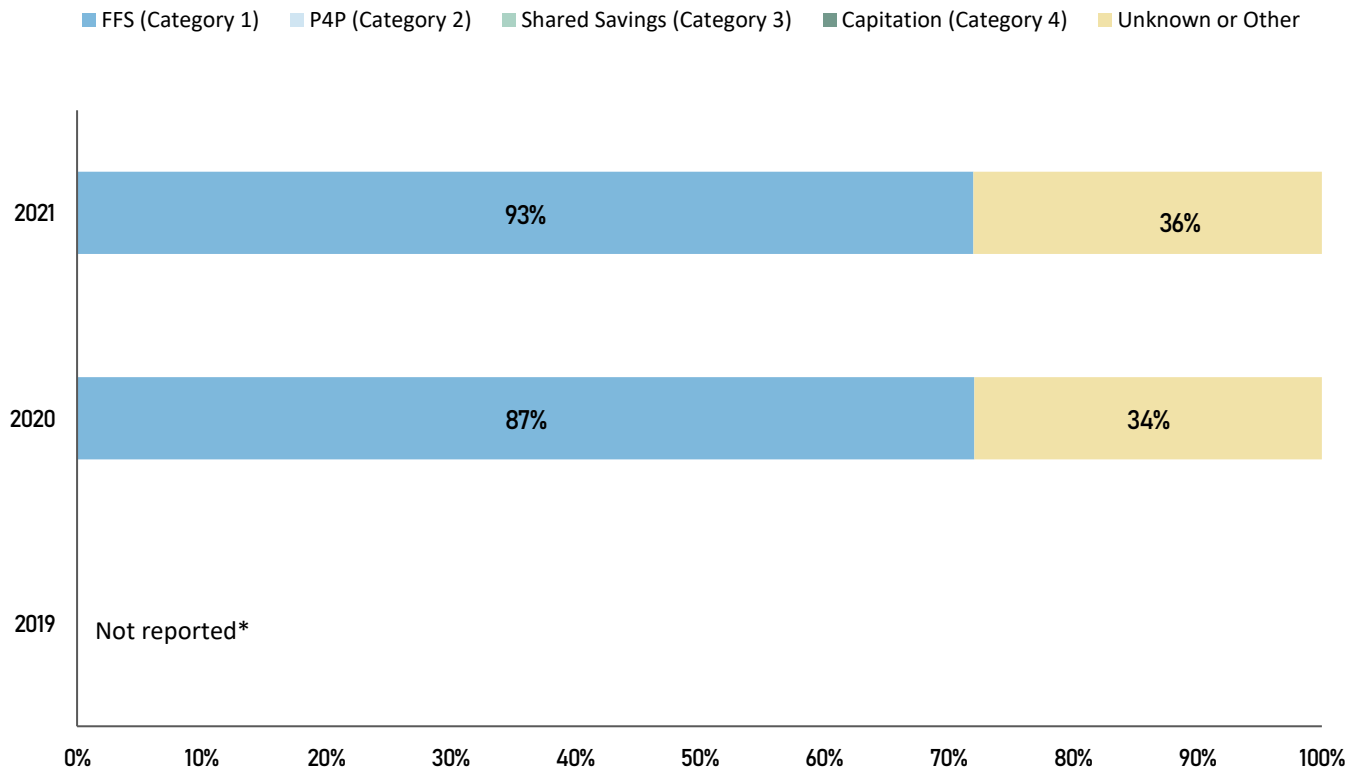


- Covered California uses the Health Care Payment Learning and Action Network Alternative Payment Model (HCP LAN APM) categories to track health plan payment models for primary care providers (PCPs). The categories are:
 - **Category 1:** fee for service with no link to quality and value
 - **Category 2:** fee for service with a link to quality and value
 - **Category 3:** alternative payment models built on a fee for service structure such as shared savings
 - **Category 4:** population-based payment
- Covered California requires all plans to transition from volume-based payment strategies (blue, Categories 1 and 2) to value-based primary care payments (green, Categories 3 and 4)

Primary Care Alternative Payment Strategies



Anthem EPO | Percent of PCPs paid using HCP LAN Categories 1-4*

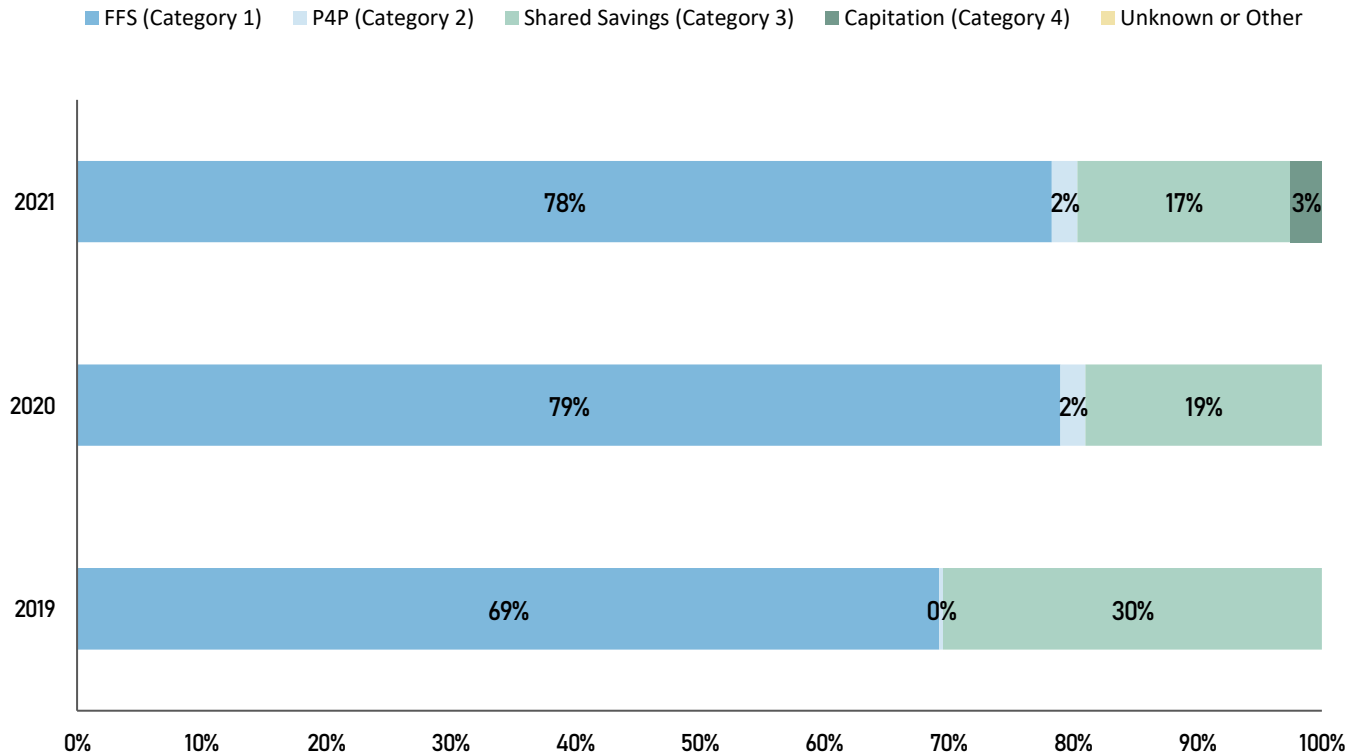


- Covered California uses the Health Care Payment Learning and Action Network Alternative Payment Model (HCP LAN APM) categories to track health plan payment models for primary care providers (PCPs). The categories are:
 - **Category 1:** fee for service with no link to quality and value
 - **Category 2:** fee for service with a link to quality and value
 - **Category 3:** alternative payment models built on a fee for service structure such as shared savings
 - **Category 4:** population-based payment
- Covered California requires all plans to transition from volume-based payment strategies (blue, Categories 1 and 2) to value-based primary care payments (green, Categories 3 and 4)

Primary Care Alternative Payment Strategies



Blue Shield PPO | Percent of PCPs paid using HCP LAN Categories 1-4*

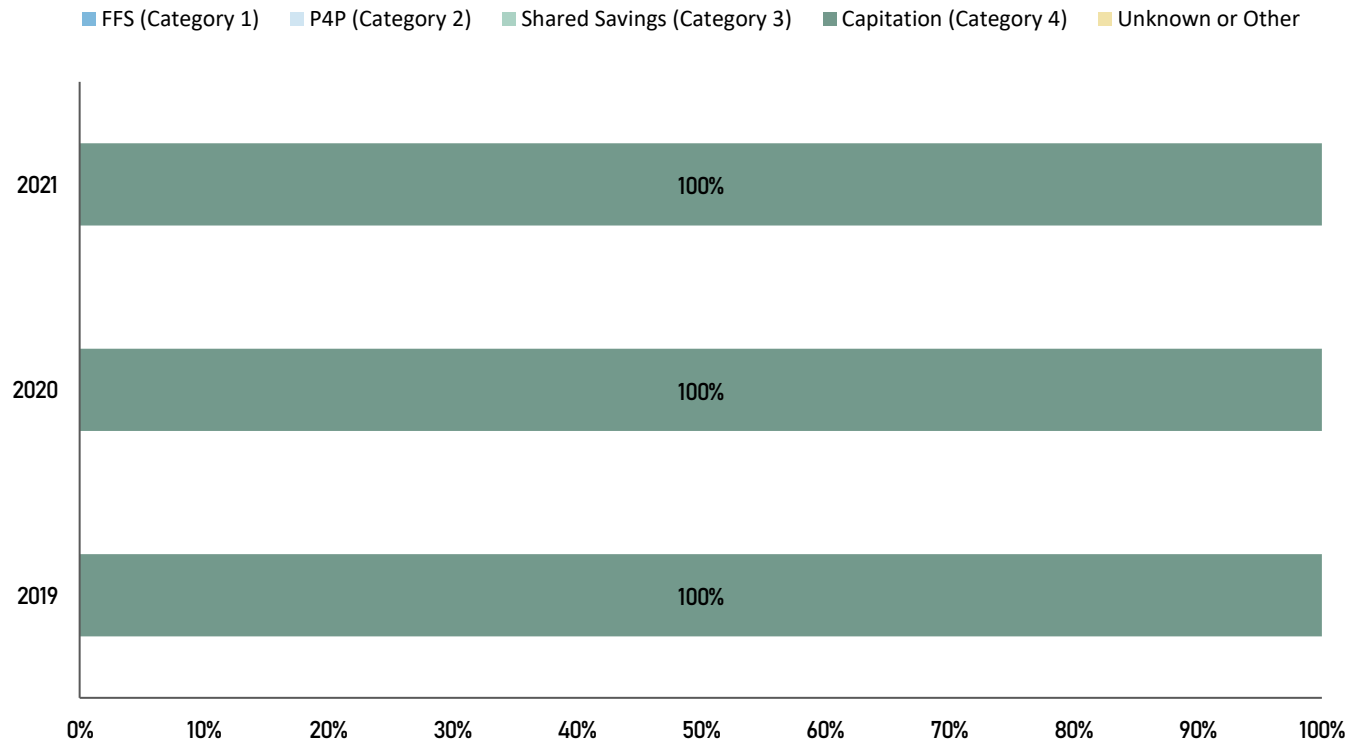


- Covered California uses the Health Care Payment Learning and Action Network Alternative Payment Model (HCP LAN APM) categories to track health plan payment models for primary care providers (PCPs). The categories are:
 - **Category 1:** fee for service with no link to quality and value
 - **Category 2:** fee for service with a link to quality and value
 - **Category 3:** alternative payment models built on a fee for service structure such as shared savings
 - **Category 4:** population-based payment
- Covered California requires all plans to transition from volume-based payment strategies (blue, Categories 1 and 2) to value-based primary care payments (green, Categories 3 and 4)

Primary Care Alternative Payment Strategies



Blue Shield HMO | Percent of PCPs paid using HCP LAN Categories 1-4*



- Covered California uses the Health Care Payment Learning and Action Network Alternative Payment Model (HCP LAN APM) categories to track health plan payment models for primary care providers (PCPs). The categories are:
 - **Category 1:** fee for service with no link to quality and value
 - **Category 2:** fee for service with a link to quality and value
 - **Category 3:** alternative payment models built on a fee for service structure such as shared savings
 - **Category 4:** population-based payment
- Covered California requires all plans to transition from volume-based payment strategies (blue, Categories 1 and 2) to value-based primary care payments (green, Categories 3 and 4)

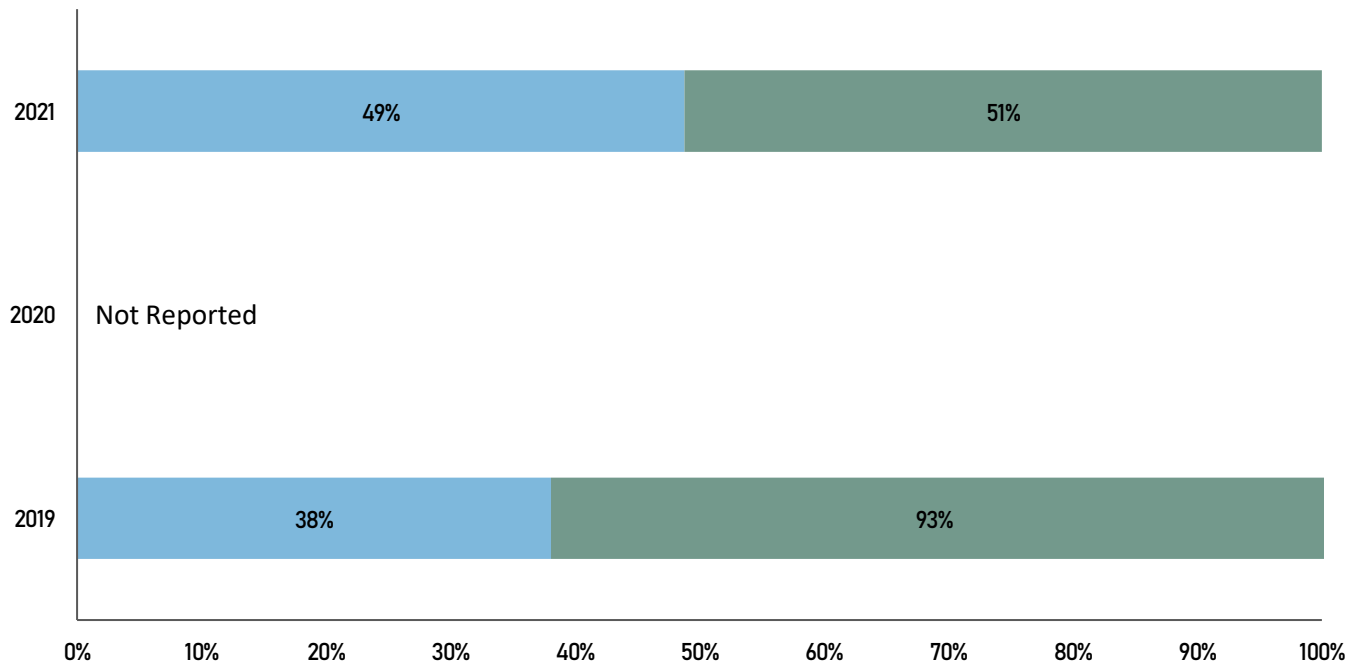
Primary Care Alternative Payment Strategies



Chinese Community HMO | Percent of PCPs paid using HCP LAN

Categories 1-4*

■ FFS (Category 1) ■ P4P (Category 2) ■ Shared Savings (Category 3) ■ Capitation (Category 4) ■ Unknown or Other

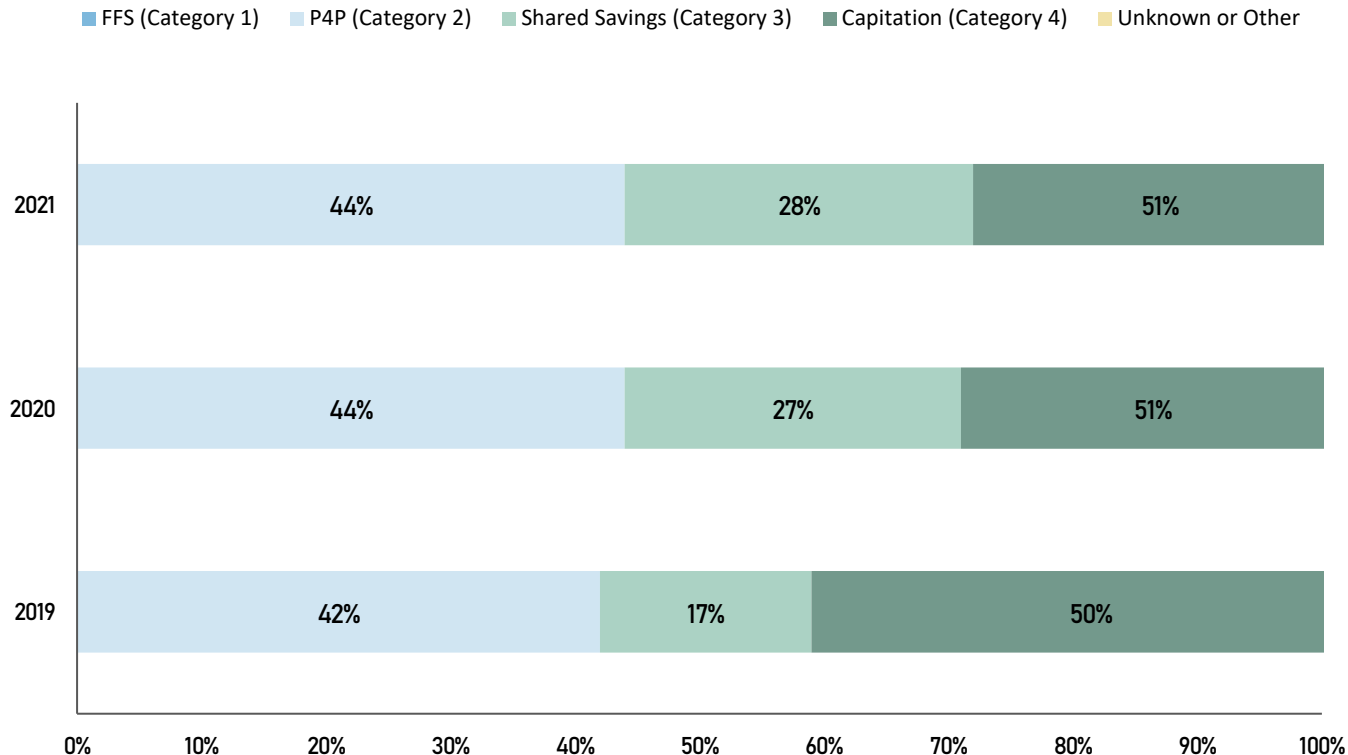


- Covered California uses the Health Care Payment Learning and Action Network Alternative Payment Model (HCP LAN APM) categories to track health plan payment models for primary care providers (PCPs). The categories are:
 - **Category 1:** fee for service with no link to quality and value
 - **Category 2:** fee for service with a link to quality and value
 - **Category 3:** alternative payment models built on a fee for service structure such as shared savings
 - **Category 4:** population-based payment
- Covered California requires all plans to transition from volume-based payment strategies (blue, Categories 1 and 2) to value-based primary care payments (green, Categories 3 and 4)
- CCHP reports overlapping payment models based on how PCPs contract with CCHP and provider organizations like medical groups

Primary Care Alternative Payment Strategies



Health Net HMO | Percent of PCPs paid using HCP LAN Categories 1-4*

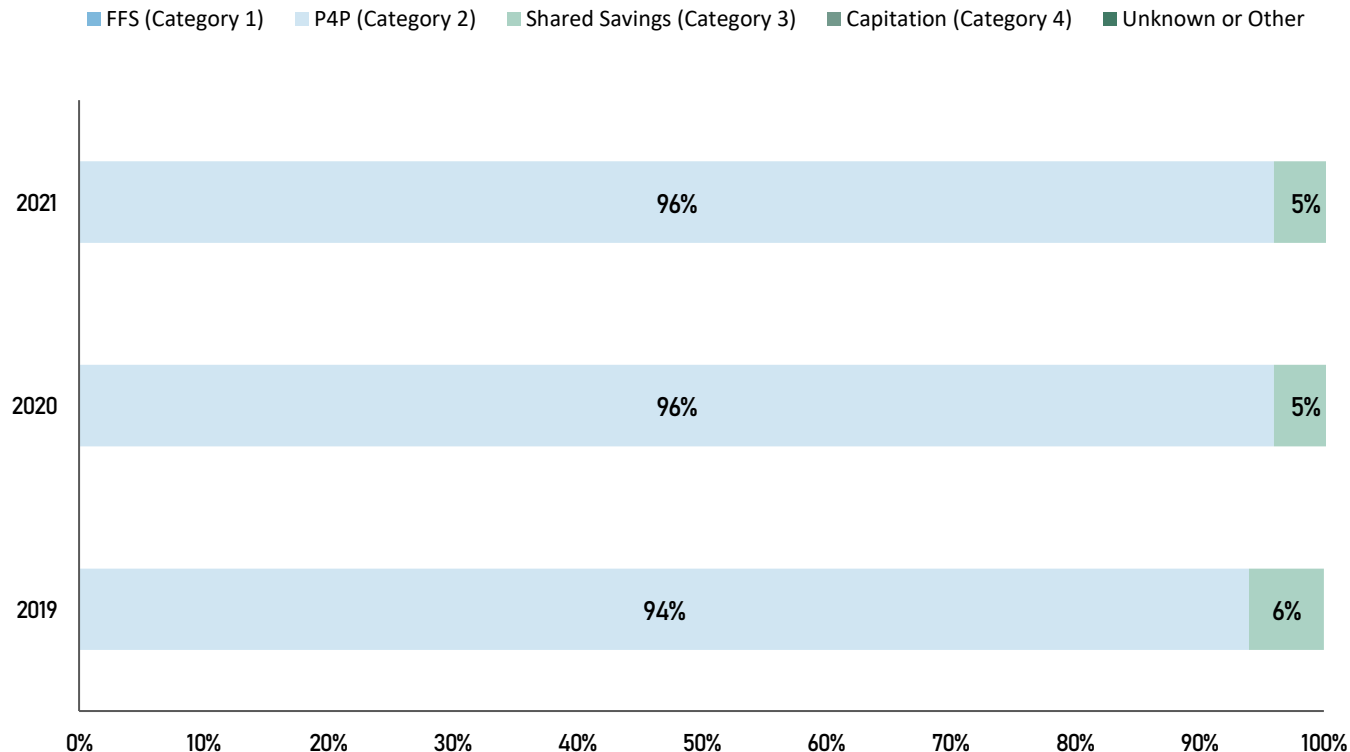


- Covered California uses the Health Care Payment Learning and Action Network Alternative Payment Model (HCP LAN APM) categories to track health plan payment models for primary care providers (PCPs). The categories are:
 - **Category 1:** fee for service with no link to quality and value
 - **Category 2:** fee for service with a link to quality and value
 - **Category 3:** alternative payment models built on a fee for service structure such as shared savings
 - **Category 4:** population-based payment
- Covered California requires all plans to transition from volume-based payment strategies (blue, Categories 1 and 2) to value-based primary care payments (green, Categories 3 and 4)
- Health Net reports overlapping payment models based on how PCPs contract with Health Net and provider organizations like medical groups

Primary Care Alternative Payment Strategies



Health Net PPO | Percent of PCPs paid using HCP LAN Categories 1-4*

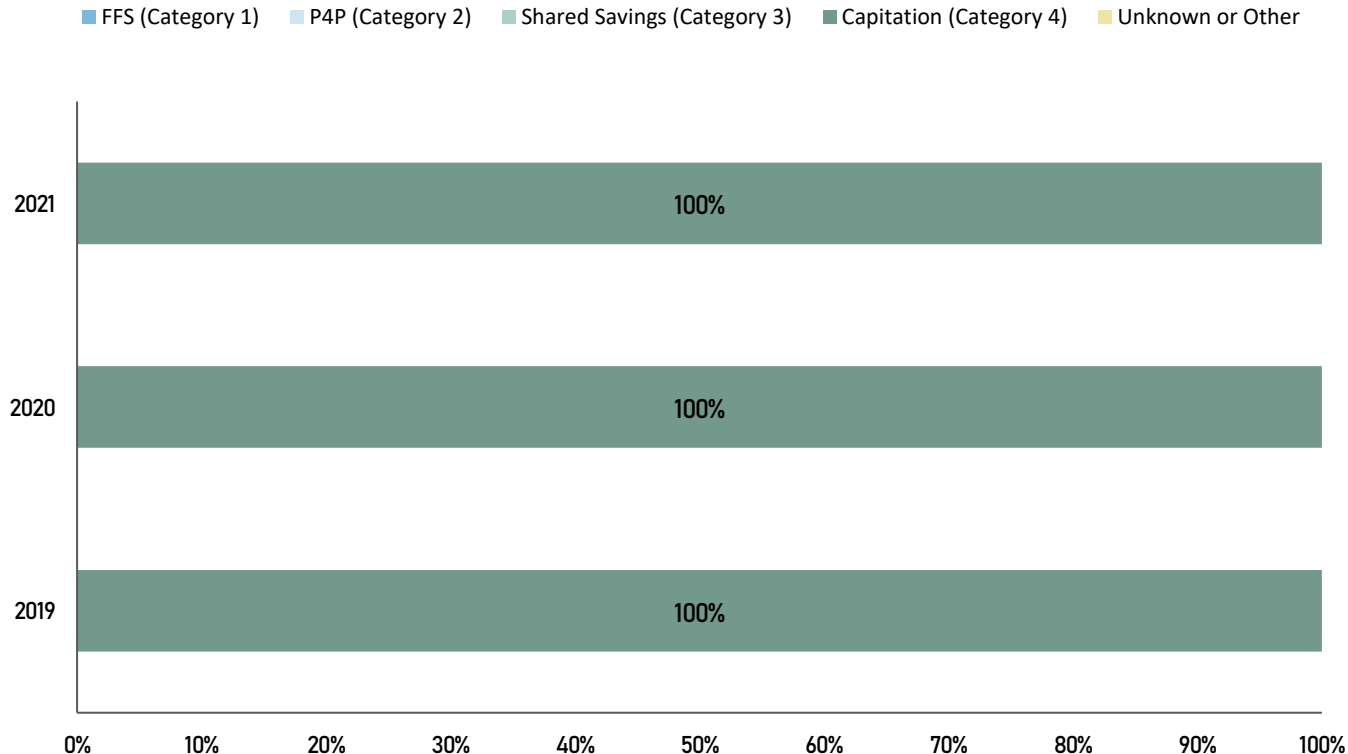


- Covered California uses the Health Care Payment Learning and Action Network Alternative Payment Model (HCP LAN APM) categories to track health plan payment models for primary care providers (PCPs). The categories are:
 - **Category 1:** fee for service with no link to quality and value
 - **Category 2:** fee for service with a link to quality and value
 - **Category 3:** alternative payment models built on a fee for service structure such as shared savings
 - **Category 4:** population-based payment
- Covered California requires all plans to transition from volume-based payment strategies (blue, Categories 1 and 2) to value-based primary care payments (green, Categories 3 and 4)

Primary Care Alternative Payment Strategies



Kaiser Permanente HMO | Percent of PCPs paid using HCP LAN Categories 1-4*

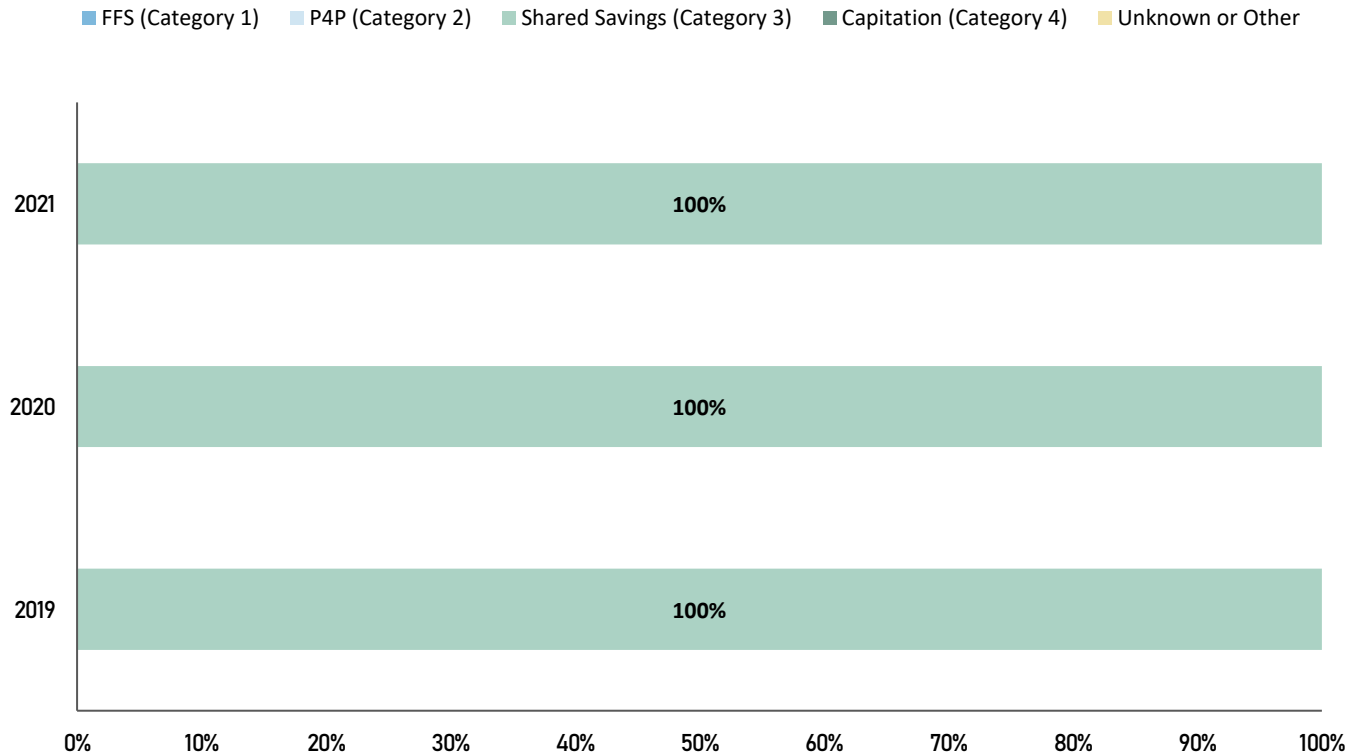


- Covered California uses the Health Care Payment Learning and Action Network Alternative Payment Model (HCP LAN APM) categories to track health plan payment models for primary care providers (PCPs). The categories are:
 - **Category 1:** fee for service with no link to quality and value
 - **Category 2:** fee for service with a link to quality and value
 - **Category 3:** alternative payment models built on a fee for service structure such as shared savings
 - **Category 4:** population-based payment
- Covered California requires all plans to transition from volume-based payment strategies (blue, Categories 1 and 2) to value-based primary care payments (green, Categories 3 and 4)

Primary Care Alternative Payment Strategies



LA Care HMO | Percent of PCPs paid using HCP LAN Categories 1-4*

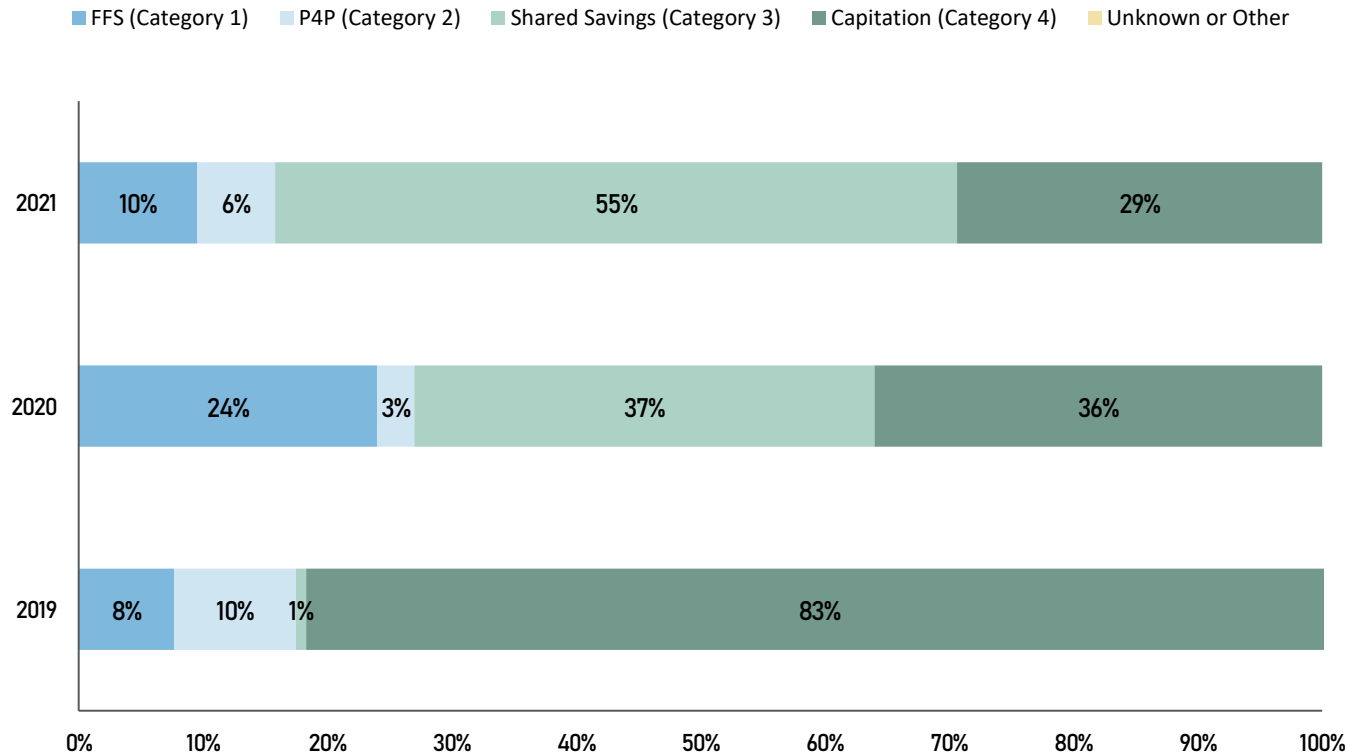


- Covered California uses the Health Care Payment Learning and Action Network Alternative Payment Model (HCP LAN APM) categories to track health plan payment models for primary care providers (PCPs). The categories are:
 - **Category 1:** fee for service with no link to quality and value
 - **Category 2:** fee for service with a link to quality and value
 - **Category 3:** alternative payment models built on a fee for service structure such as shared savings
 - **Category 4:** population-based payment
- Covered California requires all plans to transition from volume-based payment strategies (blue, Categories 1 and 2) to value-based primary care payments (green, Categories 3 and 4)

Primary Care Alternative Payment Strategies



Molina HMO | Percent of PCPs paid using HCP LAN Categories 1-4*

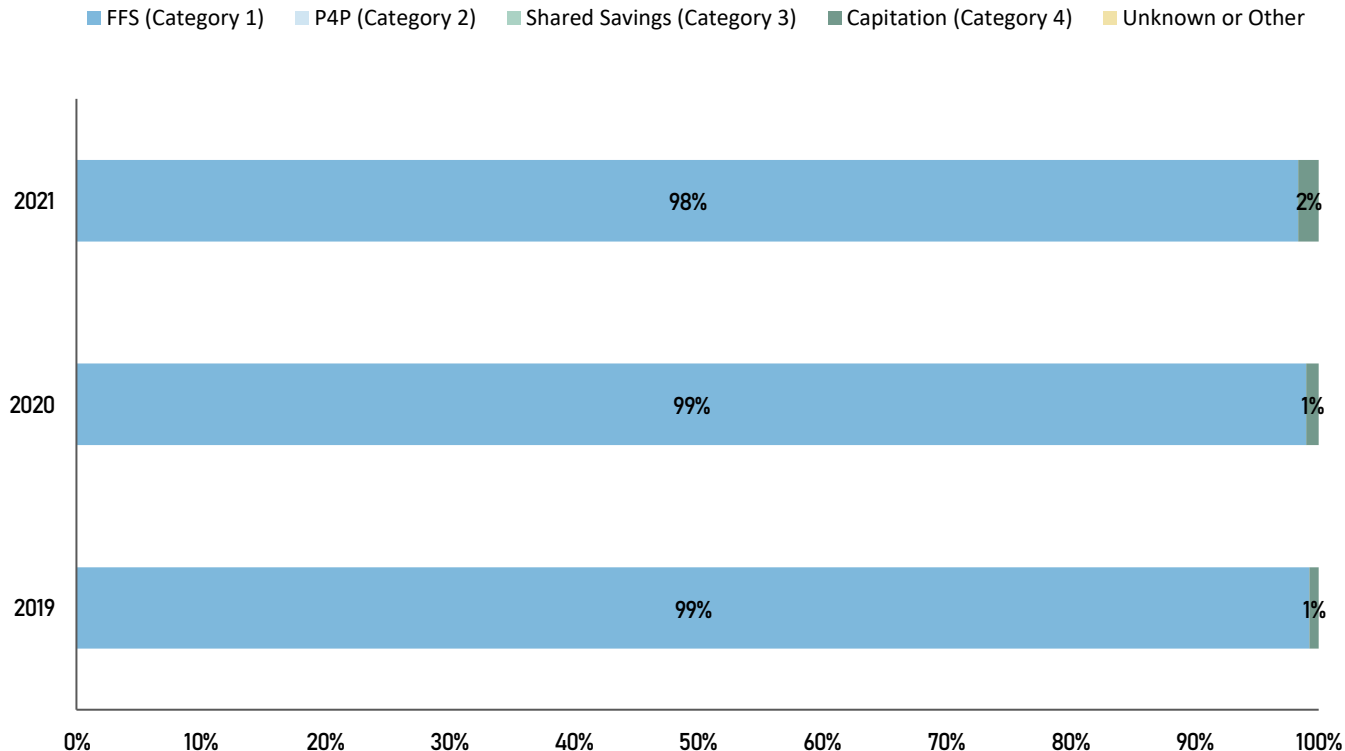


- Covered California uses the Health Care Payment Learning and Action Network Alternative Payment Model (HCP LAN APM) categories to track health plan payment models for primary care providers (PCPs). The categories are:
 - **Category 1:** fee for service with no link to quality and value
 - **Category 2:** fee for service with a link to quality and value
 - **Category 3:** alternative payment models built on a fee for service structure such as shared savings
 - **Category 4:** population-based payment
- Covered California requires all plans to transition from volume-based payment strategies (blue, Categories 1 and 2) to value-based primary care payments (green, Categories 3 and 4)

Primary Care Alternative Payment Strategies



Oscar EPO | Percent of PCPs paid using HCP LAN Categories 1-4*

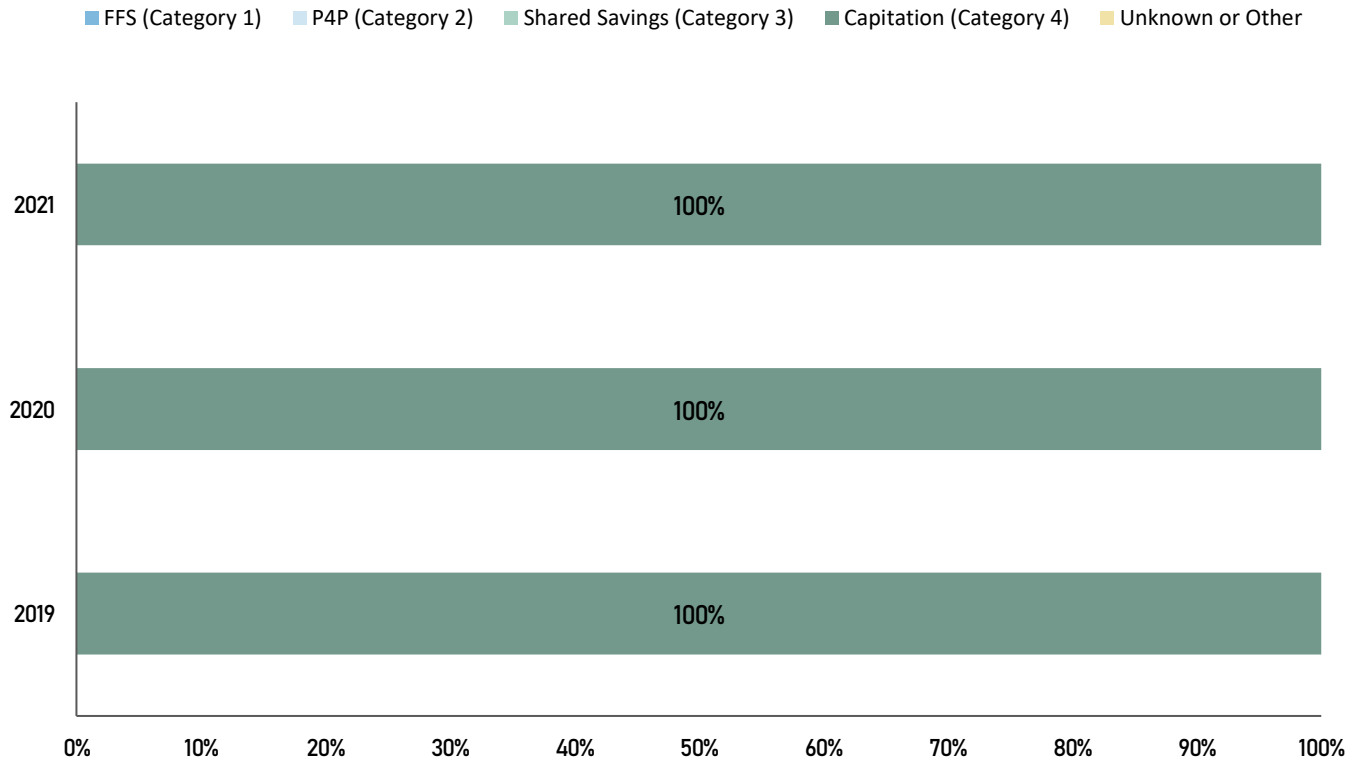


- Covered California uses the Health Care Payment Learning and Action Network Alternative Payment Model (HCP LAN APM) categories to track health plan payment models for primary care providers (PCPs). The categories are:
 - **Category 1:** fee for service with no link to quality and value
 - **Category 2:** fee for service with a link to quality and value
 - **Category 3:** alternative payment models built on a fee for service structure such as shared savings
 - **Category 4:** population-based payment
- Covered California requires all plans to transition from volume-based payment strategies (blue, Categories 1 and 2) to value-based primary care payments (green, Categories 3 and 4)

Primary Care Alternative Payment Strategies



Sharp HMO | Percent of PCPs paid using HCP LAN Categories 1-4*

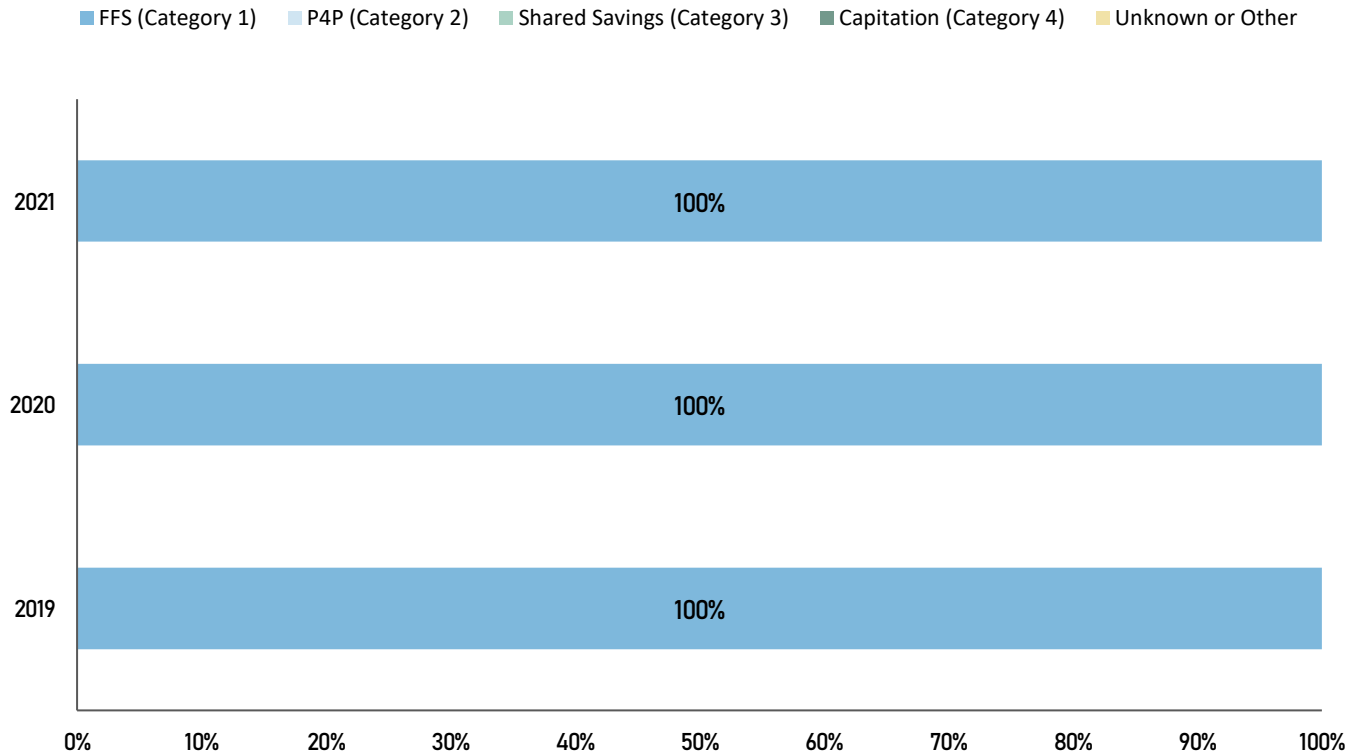


- Covered California uses the Health Care Payment Learning and Action Network Alternative Payment Model (HCP LAN APM) categories to track health plan payment models for primary care providers (PCPs). The categories are:
 - **Category 1:** fee for service with no link to quality and value
 - **Category 2:** fee for service with a link to quality and value
 - **Category 3:** alternative payment models built on a fee for service structure such as shared savings
 - **Category 4:** population-based payment
- Covered California requires all plans to transition from volume-based payment strategies (blue, Categories 1 and 2) to value-based primary care payments (green, Categories 3 and 4)

Primary Care Alternative Payment Strategies



Valley HMO | Percent of PCPs paid using HCP LAN Categories 1-4*

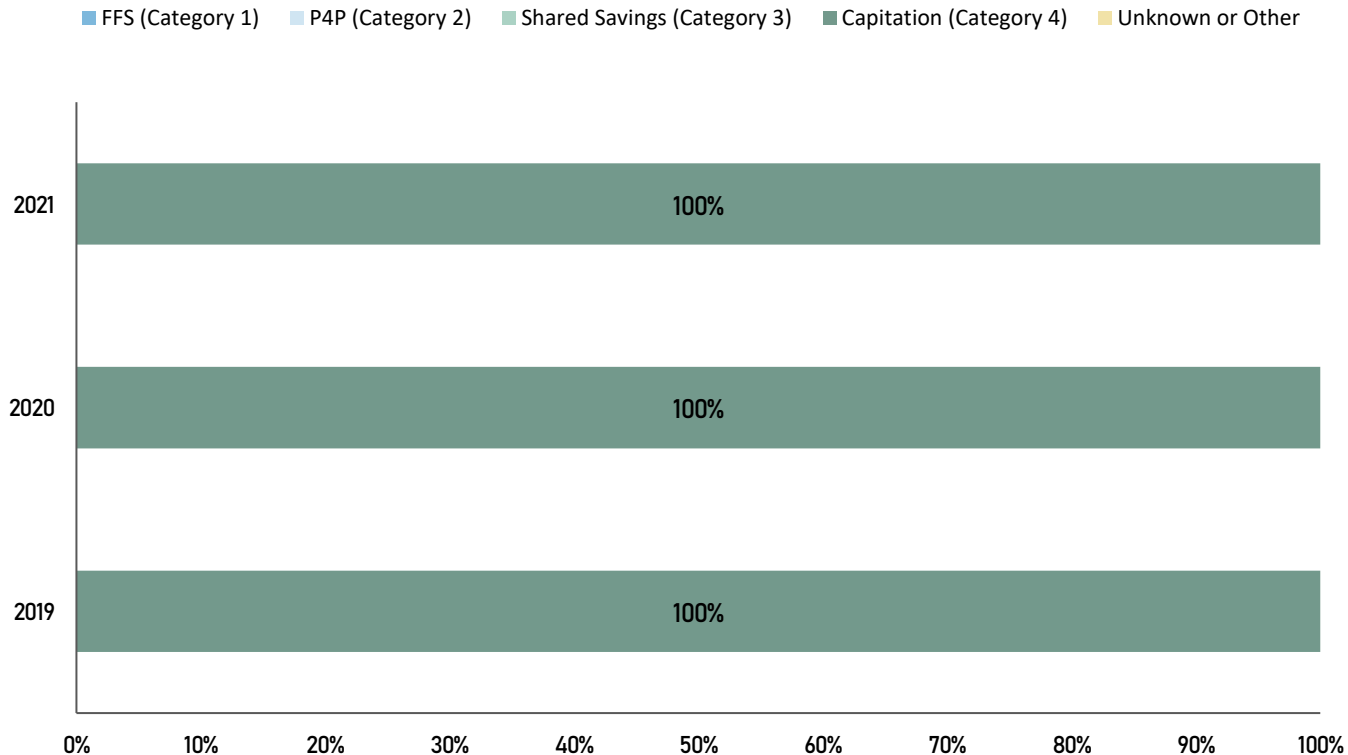


- Covered California uses the Health Care Payment Learning and Action Network Alternative Payment Model (HCP LAN APM) categories to track health plan payment models for primary care providers (PCPs). The categories are:
 - **Category 1:** fee for service with no link to quality and value
 - **Category 2:** fee for service with a link to quality and value
 - **Category 3:** alternative payment models built on a fee for service structure such as shared savings
 - **Category 4:** population-based payment
- Covered California requires all plans to transition from volume-based payment strategies (blue, Categories 1 and 2) to value-based primary care payments (green, Categories 3 and 4)

Primary Care Alternative Payment Strategies



WHA HMO | Percent of PCPs paid using HCP LAN Categories 1-4*



- Covered California uses the Health Care Payment Learning and Action Network Alternative Payment Model (HCP LAN APM) categories to track health plan payment models for primary care providers (PCPs). The categories are:
 - **Category 1:** fee for service with no link to quality and value
 - **Category 2:** fee for service with a link to quality and value
 - **Category 3:** alternative payment models built on a fee for service structure such as shared savings
 - **Category 4:** population-based payment
- Covered California requires all plans to transition from volume-based payment strategies (blue, Categories 1 and 2) to value-based primary care payments (green, Categories 3 and 4)

Primary Care Provider Assignment



	Plan Product	MY2019	MY2020	MY2021
Anthem	HMO	82%	98%	93%
	PPO	Not Offered	Not Offered	Not Offered
	EPO	100%	100%	99%
Blue Shield	HMO	99%	100%	100%
	PPO	100%	99%	100%
Chinese Community	HMO	100%	100%	100%
Health Net	HMO	100%	100%	100%
	PPO	100%	100%	100%
	EPO	100%	100%	Not Offered
Kaiser Permanente	HMO	100%	100%	100%
LA Care	HMO	100%	100%	100%
Molina Healthcare	HMO	100%	97%	100%
Oscar Health Plan	EPO	94%	100%	100%
Sharp Health Plan	HMO	100%	100%	100%
Valley Health Plan	HMO	100%	100%	100%
Western Health Advantage	HMO	100%	100%	100%

EFFECTIVE 2017: Requirement to meet a target of $\geq 95\%$

- Covered California's contract with all health plans requires enrollees to be matched with a primary care provider upon enrollment
- The purpose of this requirement is to make it as easy as possible for consumers to access primary care and navigate to specialty care as necessary with the support of primary care providers
- Enrollees in PPO and EPO plans can still access any provider inside the network and do not need a referral to access specialists
- Starting in 2017, virtually all Covered California enrollees either selected or matched with a primary care provider

Hospital Safety



Introduction to this Measure

- Covered California plans are required to report every year on its strategy to improve safety in network hospitals, informed by review of specified Hospital-Acquired Infection (HAI) rates in all network hospitals.
- Plans are also required to adopt a payment strategy that places hospital payments in Covered California networks either at risk or subject to a bonus payment for quality performance. By the end of plan year 2021, Covered California expects at least 2% of payments to hospitals in Covered California networks to be at risk for quality performance.
- This measure shows each plan's progress toward the 2% at-risk goal as well as the percent of each plan's in-network's hospitals with payments tied to the following indicators:
 - CAUTI (HAI): Catheter Associated Urinary Tract Infection
 - SSI Colon (HAI): Surgical Site Infection with focus on Colon
 - CDI (HAI): Clostridioides difficile or C. diff infection
 - CLABSI (HAI): Central Line Associated Blood Stream Infection
 - MRSA (HAI): Methicillin-resistant Staphylococcus aureus infection
 - NTSV C-Sections: Nulliparous, Term, Singleton, Vertex C-Section Rate
 - Sepsis Management

Hospital Safety



ANTHEM HMO

PERCENT OF HOSPITAL PAYMENT AT RISK FOR QUALITY PERFORMANCE		
Date	Value	Goal
MY2019	1.01%	2%
MY2020	0.95%	2%
MY2021	0.82%	2%
HOSPITALS WITH PAYMENT TIED TO QUALITY		41%

- Covered California plans are required to report every year on its strategy to improve safety in network hospitals, informed by review of specified Hospital-Acquired Infection (HAI) rates in all network hospitals
- Plans are also required to adopt a payment strategy that places hospital payments in Covered California networks either at risk or subject to a bonus payment for quality performance. By the end of plan year 2021, Covered California expects at least 2% of payments to hospitals in Covered California networks to be at risk for quality performance
- This measure shows each plan's progress toward the 2% at-risk goal as well as the percent of each plan's in-network's hospitals with payments tied to the following indicators:
 - CAUTI (HAI): Catheter Associated Urinary Tract Infection
 - SSI Colon (HAI): Surgical Site Infection with focus on Colon
 - CDI (HAI): Clostridioides difficile or C. diff infection
 - CLABSI (HAI): Central Line Associated Blood Stream Infection
 - MRSA (HAI): Methicillin-resistant Staphylococcus aureus infection
 - NTSV C-Sections: Nulliparous, Term, Singleton, Vertex C-Section Rate
 - Sepsis Management

Hospital Safety



ANTHEM EPO

PERCENT OF HOSPITAL PAYMENT AT RISK FOR QUALITY PERFORMANCE		
Date	Value	Goal
MY2019	1.01%	2%
MY2020	0.95%	2%
MY2021	0.82%	2%
HOSPITALS WITH PAYMENT TIED TO QUALITY		41%

- Covered California plans are required to report every year on its strategy to improve safety in network hospitals, informed by review of specified Hospital-Acquired Infection (HAI) rates in all network hospitals
- Plans are also required to adopt a payment strategy that places hospital payments in Covered California networks either at risk or subject to a bonus payment for quality performance. By the end of plan year 2021, Covered California expects at least 2% of payments to hospitals in Covered California networks to be at risk for quality performance
- This measure shows each plan's progress toward the 2% at-risk goal as well as the percent of each plan's in-network's hospitals with payments tied to the following indicators:
 - CAUTI (HAI): Catheter Associated Urinary Tract Infection
 - SSI Colon (HAI): Surgical Site Infection with focus on Colon
 - CDI (HAI): Clostridioides difficile or C. diff infection
 - CLABSI (HAI): Central Line Associated Blood Stream Infection
 - MRSA (HAI): Methicillin-resistant Staphylococcus aureus infection
 - NTSV C-Sections: Nulliparous, Term, Singleton, Vertex C-Section Rate
 - Sepsis Management

Hospital Safety



BLUE SHIELD HMO

PERCENT OF HOSPITAL PAYMENT AT RISK FOR QUALITY PERFORMANCE		
Date	Value	Goal
MY2019	2%	2%
MY2020	2%	2%
MY2021	2%	2%
HOSPITALS WITH PAYMENT TIED TO QUALITY		100%

- Covered California plans are required to report every year on its strategy to improve safety in network hospitals, informed by review of specified Hospital-Acquired Infection (HAI) rates in all network hospitals
- Plans are also required to adopt a payment strategy that places hospital payments in Covered California networks either at risk or subject to a bonus payment for quality performance. By the end of plan year 2021, Covered California expects at least 2% of payments to hospitals in Covered California networks to be at risk for quality performance
- This measure shows each plan's progress toward the 2% at-risk goal as well as the percent of each plan's in-network's hospitals with payments tied to the following indicators:
 - CAUTI (HAI): Catheter Associated Urinary Tract Infection
 - SSI Colon (HAI): Surgical Site Infection with focus on Colon
 - CDI (HAI): Clostridioides difficile or C. diff infection
 - CLABSI (HAI): Central Line Associated Blood Stream Infection
 - MRSA (HAI): Methicillin-resistant Staphylococcus aureus infection
 - NTSV C-Sections: Nulliparous, Term, Singleton, Vertex C-Section Rate
 - Sepsis Management

Hospital Safety



BLUE SHIELD PPO

PERCENT OF HOSPITAL PAYMENT AT RISK FOR QUALITY PERFORMANCE		
Date	Value	Goal
MY2019	0%	2%
MY2020	0%	2%
MY2021	0%	2%
HOSPITALS WITH PAYMENT TIED TO QUALITY		0%

- Covered California plans are required to report every year on its strategy to improve safety in network hospitals, informed by review of specified Hospital-Acquired Infection (HAI) rates in all network hospitals
- Plans are also required to adopt a payment strategy that places hospital payments in Covered California networks either at risk or subject to a bonus payment for quality performance. By the end of plan year 2021, Covered California expects at least 2% of payments to hospitals in Covered California networks to be at risk for quality performance
- This measure shows each plan's progress toward the 2% at-risk goal as well as the percent of each plan's in-network's hospitals with payments tied to the following indicators:
 - CAUTI (HAI): Catheter Associated Urinary Tract Infection
 - SSI Colon (HAI): Surgical Site Infection with focus on Colon
 - CDI (HAI): Clostridioides difficile or C. diff infection
 - CLABSI (HAI): Central Line Associated Blood Stream Infection
 - MRSA (HAI): Methicillin-resistant Staphylococcus aureus infection
 - NTSV C-Sections: Nulliparous, Term, Singleton, Vertex C-Section Rate
 - Sepsis Management
- Blue Shield reported PPO ACO facilities that are part of the Exclusive PPO Network do not have any financial risk for the quality component of their ACO contract. PPO ACO Partner Facilities performance is assessed year over year but there is no financial incentives tied to this performance

Hospital Safety



Chinese Community HMO

PERCENT OF HOSPITAL PAYMENT AT RISK FOR QUALITY PERFORMANCE		
Date	Value	Goal
MY2019	Exempt	2%
MY2020	Exempt	2%
MY2021	Exempt	2%
HOSPITALS WITH PAYMENT TIED TO QUALITY		Exempt

- Covered California plans are required to report every year on its strategy to improve safety in network hospitals, informed by review of specified Hospital-Acquired Infection (HAI) rates in all network hospitals
- Plans are also required to adopt a payment strategy that places hospital payments in Covered California networks either at risk or subject to a bonus payment for quality performance. By the end of plan year 2021, Covered California expects at least 2% of payments to hospitals in Covered California networks to be at risk for quality performance
- This measure shows each plan's progress toward the 2% at-risk goal as well as the percent of each plan's in-network's hospitals with payments tied to the following indicators:
 - CAUTI (HAI): Catheter Associated Urinary Tract Infection
 - SSI Colon (HAI): Surgical Site Infection with focus on Colon
 - CDI (HAI): Clostridioides difficile or C. diff infection
 - CLABSI (HAI): Central Line Associated Blood Stream Infection
 - MRSA (HAI): Methicillin-resistant Staphylococcus aureus infection
 - NTSV C-Sections: Nulliparous, Term, Singleton, Vertex C-Section Rate
 - Sepsis Management
- CCHP has an exemption from this performance standard due to a full hospital capitation model

Hospital Safety



HEALTH NET HMO

PERCENT OF HOSPITAL PAYMENT AT RISK FOR QUALITY PERFORMANCE		
Date	Value	Goal
MY2019	0.04%	2%
MY2020	0.34%	2%
MY2021	0.83%	2%
HOSPITALS WITH PAYMENT TIED TO QUALITY		42%

- Covered California plans are required to report every year on its strategy to improve safety in network hospitals, informed by review of specified Hospital-Acquired Infection (HAI) rates in all network hospitals
- Plans are also required to adopt a payment strategy that places hospital payments in Covered California networks either at risk or subject to a bonus payment for quality performance. By the end of plan year 2021, Covered California expects at least 2% of payments to hospitals in Covered California networks to be at risk for quality performance
- This measure shows each plan's progress toward the 2% at-risk goal as well as the percent of each plan's in-network's hospitals with payments tied to the following indicators:
 - CAUTI (HAI): Catheter Associated Urinary Tract Infection
 - SSI Colon (HAI): Surgical Site Infection with focus on Colon
 - CDI (HAI): Clostridioides difficile or C. diff infection
 - CLABSI (HAI): Central Line Associated Blood Stream Infection
 - MRSA (HAI): Methicillin-resistant Staphylococcus aureus infection
 - NTSV C-Sections: Nulliparous, Term, Singleton, Vertex C-Section Rate
 - Sepsis Management

Hospital Safety



HEALTH NET PPO

PERCENT OF HOSPITAL PAYMENT AT RISK FOR QUALITY PERFORMANCE		
Date	Value	Goal
MY2019	2%	2%
MY2020	2%	2%
MY2021	2%	2%
HOSPITALS WITH PAYMENT TIED TO QUALITY		95%

- Covered California plans are required to report every year on its strategy to improve safety in network hospitals, informed by review of specified Hospital-Acquired Infection (HAI) rates in all network hospitals
- Plans are also required to adopt a payment strategy that places hospital payments in Covered California networks either at risk or subject to a bonus payment for quality performance. By the end of plan year 2021, Covered California expects at least 2% of payments to hospitals in Covered California networks to be at risk for quality performance
- This measure shows each plan's progress toward the 2% at-risk goal as well as the percent of each plan's in-network's hospitals with payments tied to the following indicators:
 - CAUTI (HAI): Catheter Associated Urinary Tract Infection
 - SSI Colon (HAI): Surgical Site Infection with focus on Colon
 - CDI (HAI): Clostridioides difficile or C. diff infection
 - CLABSI (HAI): Central Line Associated Blood Stream Infection
 - MRSA (HAI): Methicillin-resistant Staphylococcus aureus infection
 - NTSV C-Sections: Nulliparous, Term, Singleton, Vertex C-Section Rate
 - Sepsis Management

Hospital Safety



KAISER PERMANENTE HMO

PERCENT OF HOSPITAL PAYMENT AT RISK FOR QUALITY PERFORMANCE		
Date	Value	Goal
MY2019	Exempt	2%
MY2020	Exempt	2%
MY2021	Exempt	2%
HOSPITALS WITH PAYMENT TIED TO QUALITY		Exempt

- Covered California plans are required to report every year on its strategy to improve safety in network hospitals, informed by review of specified Hospital-Acquired Infection (HAI) rates in all network hospitals
- Plans are also required to adopt a payment strategy that places hospital payments in Covered California networks either at risk or subject to a bonus payment for quality performance. By the end of plan year 2021, Covered California expects at least 2% of payments to hospitals in Covered California networks to be at risk for quality performance
- This measure shows each plan's progress toward the 2% at-risk goal as well as the percent of each plan's in-network's hospitals with payments tied to the following indicators:
 - CAUTI (HAI): Catheter Associated Urinary Tract Infection
 - SSI Colon (HAI): Surgical Site Infection with focus on Colon
 - CDI (HAI): Clostridioides difficile or C. diff infection
 - CLABSI (HAI): Central Line Associated Blood Stream Infection
 - MRSA (HAI): Methicillin-resistant Staphylococcus aureus infection
 - NTSV C-Sections: Nulliparous, Term, Singleton, Vertex C-Section Rate
 - Sepsis Management
- Kaiser Permanente has an exemption from this performance standard due to a full capitation model

Hospital Safety



LA CARE HMO

PERCENT OF HOSPITAL PAYMENT AT RISK FOR QUALITY PERFORMANCE		
Date	Value	Goal
MY2019	0%	2%
MY2020	0%	2%
MY2021	0%	2%
HOSPITALS WITH PAYMENT TIED TO QUALITY		0%

- Covered California plans are required to report every year on its strategy to improve safety in network hospitals, informed by review of specified Hospital-Acquired Infection (HAI) rates in all network hospitals
- Plans are also required to adopt a payment strategy that places hospital payments in Covered California networks either at risk or subject to a bonus payment for quality performance. By the end of plan year 2021, Covered California expects at least 2% of payments to hospitals in Covered California networks to be at risk for quality performance
- This measure shows each plan's progress toward the 2% at-risk goal as well as the percent of each plan's in-network's hospitals with payments tied to the following indicators:
 - CAUTI (HAI): Catheter Associated Urinary Tract Infection
 - SSI Colon (HAI): Surgical Site Infection with focus on Colon
 - CDI (HAI): Clostridioides difficile or C. diff infection
 - CLABSI (HAI): Central Line Associated Blood Stream Infection
 - MRSA (HAI): Methicillin-resistant Staphylococcus aureus infection
 - NTSV C-Sections: Nulliparous, Term, Singleton, Vertex C-Section Rate
 - Sepsis Management

Hospital Safety



MOLINA HMO

PERCENT OF HOSPITAL PAYMENT AT RISK FOR QUALITY PERFORMANCE		
Date	Value	Goal
MY2019	0%	2%
MY2020	6%	2%
MY2021	6%	2%
HOSPITALS WITH PAYMENT TIED TO QUALITY		6%

- Covered California plans are required to report every year on its strategy to improve safety in network hospitals, informed by review of specified Hospital-Acquired Infection (HAI) rates in all network hospitals
- Plans are also required to adopt a payment strategy that places hospital payments in Covered California networks either at risk or subject to a bonus payment for quality performance. By the end of plan year 2021, Covered California expects at least 2% of payments to hospitals in Covered California networks to be at risk for quality performance
- This measure shows each plan's progress toward the 2% at-risk goal as well as the percent of each plan's in-network's hospitals with payments tied to the following indicators:
 - CAUTI (HAI): Catheter Associated Urinary Tract Infection
 - SSI Colon (HAI): Surgical Site Infection with focus on Colon
 - CDI (HAI): Clostridioides difficile or C. diff infection
 - CLABSI (HAI): Central Line Associated Blood Stream Infection
 - MRSA (HAI): Methicillin-resistant Staphylococcus aureus infection
 - NTSV C-Sections: Nulliparous, Term, Singleton, Vertex C-Section Rate
 - Sepsis Management

Hospital Safety



OSCAR EPO

PERCENT OF HOSPITAL PAYMENT AT RISK FOR QUALITY PERFORMANCE		
Date	Value	Goal
MY2019	Exempt	2%
MY2020	Exempt	2%
MY2021	Exempt	2%
HOSPITALS WITH PAYMENT TIED TO QUALITY		Exempt

- Covered California plans are required to report every year on its strategy to improve safety in network hospitals, informed by review of specified Hospital-Acquired Infection (HAI) rates in all network hospitals
- Plans are also required to adopt a payment strategy that places hospital payments in Covered California networks either at risk or subject to a bonus payment for quality performance. By the end of plan year 2021, Covered California expects at least 2% of payments to hospitals in Covered California networks to be at risk for quality performance
- This measure shows each plan's progress toward the 2% at-risk goal as well as the percent of each plan's in-network's hospitals with payments tied to the following indicators:
 - CAUTI (HAI): Catheter Associated Urinary Tract Infection
 - SSI Colon (HAI): Surgical Site Infection with focus on Colon
 - CDI (HAI): Clostridioides difficile or C. diff infection
 - CLABSI (HAI): Central Line Associated Blood Stream Infection
 - MRSA (HAI): Methicillin-resistant Staphylococcus aureus infection
 - NTSV C-Sections: Nulliparous, Term, Singleton, Vertex C-Section Rate
 - Sepsis Management
 - Oscar has an exemption from this performance standard

Hospital Safety



SHARP HMO

PERCENT OF HOSPITAL PAYMENT AT RISK FOR QUALITY PERFORMANCE		
Date	Value	Goal
MY2019	Exempt	2%
MY2020	Exempt	2%
MY2021	Exempt	2%
HOSPITALS WITH PAYMENT TIED TO QUALITY		Exempt

- Covered California plans are required to report every year on its strategy to improve safety in network hospitals, informed by review of specified Hospital-Acquired Infection (HAI) rates in all network hospitals
- Plans are also required to adopt a payment strategy that places hospital payments in Covered California networks either at risk or subject to a bonus payment for quality performance. By the end of plan year 2021, Covered California expects at least 2% of payments to hospitals in Covered California networks to be at risk for quality performance
- This measure shows each plan's progress toward the 2% at-risk goal as well as the percent of each plan's in-network's hospitals with payments tied to the following indicators:
 - CAUTI (HAI): Catheter Associated Urinary Tract Infection
 - SSI Colon (HAI): Surgical Site Infection with focus on Colon
 - CDI (HAI): Clostridioides difficile or C. diff infection
 - CLABSI (HAI): Central Line Associated Blood Stream Infection
 - MRSA (HAI): Methicillin-resistant Staphylococcus aureus infection
 - NTSV C-Sections: Nulliparous, Term, Singleton, Vertex C-Section Rate
 - Sepsis Management
- Sharp HMO has an exemption from this performance standard due to a full capitation model

Hospital Safety



VHP HMO

PERCENT OF HOSPITAL PAYMENT AT RISK FOR QUALITY PERFORMANCE		
Date	Value	Goal
MY2019	0%	2%
MY2020	0%	2%
MY2021	0%	2%
HOSPITALS WITH PAYMENT TIED TO QUALITY		0%

- Covered California plans are required to report every year on its strategy to improve safety in network hospitals, informed by review of specified Hospital-Acquired Infection (HAI) rates in all network hospitals
- Plans are also required to adopt a payment strategy that places hospital payments in Covered California networks either at risk or subject to a bonus payment for quality performance. By the end of plan year 2021, Covered California expects at least 2% of payments to hospitals in Covered California networks to be at risk for quality performance
- This measure shows each plan's progress toward the 2% at-risk goal as well as the percent of each plan's in-network's hospitals with payments tied to the following indicators:
 - CAUTI (HAI): Catheter Associated Urinary Tract Infection
 - SSI Colon (HAI): Surgical Site Infection with focus on Colon
 - CDI (HAI): Clostridioides difficile or C. diff infection
 - CLABSI (HAI): Central Line Associated Blood Stream Infection
 - MRSA (HAI): Methicillin-resistant Staphylococcus aureus infection
 - NTSV C-Sections: Nulliparous, Term, Singleton, Vertex C-Section Rate
 - Sepsis Management

Hospital Safety



WHA HMO

PERCENT OF HOSPITAL PAYMENT AT RISK FOR QUALITY PERFORMANCE		
Date	Value	Goal
MY2019	Exempt	2%
MY2020	Exempt	2%
MY2021	Exempt	2%
HOSPITALS WITH PAYMENT TIED TO QUALITY		Exempt

- Covered California plans are required to report every year on its strategy to improve safety in network hospitals, informed by review of specified Hospital-Acquired Infection (HAI) rates in all network hospitals
- Plans are also required to adopt a payment strategy that places hospital payments in Covered California networks either at risk or subject to a bonus payment for quality performance. By the end of plan year 2021, Covered California expects at least 2% of payments to hospitals in Covered California networks to be at risk for quality performance
- This measure shows each plan's progress toward the 2% at-risk goal as well as the percent of each plan's in-network's hospitals with payments tied to the following indicators:
 - CAUTI (HAI): Catheter Associated Urinary Tract Infection
 - SSI Colon (HAI): Surgical Site Infection with focus on Colon
 - CDI (HAI): Clostridioides difficile or C. diff infection
 - CLABSI (HAI): Central Line Associated Blood Stream Infection
 - MRSA (HAI): Methicillin-resistant Staphylococcus aureus infection
 - NTSV C-Sections: Nulliparous, Term, Singleton, Vertex C-Section Rate
 - Sepsis Management
- Western Health Advantage has an exemption from this performance standard due to a dual capitation model for medical groups and hospitals; hospital payment is not tied to quality in this model

Maternity Hospital Honor Roll



	Plan Product	MY2020	MY2021
Anthem	HMO	31%	42%
	EPO	49%	48%
Blue Shield	HMO	47%	51%
	PPO	49%	52%
Chinese Community	HMO	33%	33%
Health Net	HMO	54%	49%
	PPO	42%	49%
	EPO	46%	50%
Kaiser Permanente	HMO	59%	63%
LA Care	HMO	32%	38%
Molina Healthcare	HMO	45%	45%
Oscar Health Plan	EPO	47%	56%
Sharp Health Plan	HMO	57%	57%
Valley Health Plan	HMO	67%	67%
Western Health Advantage	HMO	33%	50%

- The Maternity Hospital Honor Roll recognizes hospitals that meet the statewide target of c-sections for low-risk births. This measure indicates the percentage of each carrier's in-network maternity hospitals that met this target
- For 2021, the threshold c-section rate is 23.9% of all Nulliparous, Term, Singleton, Vertex (NTSV) Cesarean Birth Rate
- This measure result is produced in partnership with the California Maternal Quality Care Collaborative (CMQCC) and CalHospitalCompare.org (CHC) data