RELEASE YEAR 2024 (RY2024)
PLAN-REPORTED DATA AND CONTRACT COMPLIANCE

PLAN PERFORMANCE REPORT

Using this Report

- This Plan Performance Report (PPR) showcases several measures based on the information and data that Covered California collects from the Contract Compliance templates and Certification Application submissions.
- In the Release Year 2024 Plan Self-Reported Data and Contract Compliance PPR, data ranges from Measurement Year 2020 to Measurement Year 2023 depending on the measure. Some measures are even stratified by health plan, or even by health plan product type.
- All measures resulting from Plan Self-Reported Data and Contract Compliance have been organized into 3 sections (listed below):
  - Equity & Disparities Reduction
  - Data Sharing & Health Information Exchange (HIE) Participation
  - Delivery System & Payment Strategies to Drive Quality
- All measures included in this report are listed below:
  - NCQA Health Equity Accreditation
  - Participation in Health Information Exchanges (HIEs)
  - Primary Care Alternative Payment Strategies
  - Hospital Safety
  - Maternity Hospital Honor Roll (Appropriate Use of C-Sections)

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PLAN-REPORTED DATA AND CONTRACT COMPLIANCE

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EQUITY & DISPARITIES REDUCTION

Performance Metrics

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EQUITY & DISPARITIES REDUCTION

NCQA Health Equity Accreditation

	2020	2021	2022	2023
Anthem	✗	✗	✓	✓
Blue Shield	✗	✗	✓	✓
Chinese Community	✗	✗	✗	✗
Health Net	✓	✓	✓	✓
Kaiser Permanente – North	✗	✗	✗	✓
Kaiser Permanente – South	✓	✓	✓	✓
LA Care	✓	✓	✓	✓
Molina Healthcare	✓	✓	✓	✓
Oscar Health Plan	✗	✗	✓	✓
Sharp Health Plan	✗	✗	✗	✓
Valley Health Plan	✗	✗	✗	✓
Western Health Advantage	✗	✗	✓	✓

- NCQA transitioned the Multicultural Health Care Distinction to Health Equity Accreditation as of 2022
- This accreditation recognizes efforts around demographic data collection, culturally competent care and reducing health disparities
- This accreditation was not contractually required until 2023
- “Not Offered” indicates that the carrier did not offer that plan product to consumers during the plan year

No penalties were assessed for QHP Issuers for MY 2023

PLAN-REPORTED DATA AND CONTRACT COMPLIANCE

DATA SHARING & HEALTH INFORMATION EXCHANGE PARTICIPATION

Performance Metrics

CONTRACT REQUIREMENT (A1)	
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DATA SHARING & EXCHANGE

Participation in Health Information Exchanges (HIEs)

Health plans are required to actively participate in Health Information Exchanges (HIEs) within the California Trusted Exchange Network (CTEN), engage in bi-directional data exchanges with these HIEs, report on specific data exchange activities, collaborate on statewide data exchange strategies, and support hospitals in meeting CMS interoperability requirements.

Key reasons why it is important for health plans to adhere to these data exchange requirements include:

- **Improving Patient Care and Health Outcomes**: Efficient and effective data exchange enables better population health management, clinical care coordination, and personalized patient care, leading to improved health outcomes. Sharing data among all stakeholders in healthcare ensures that providers have access to the full picture of a patient's health, allowing for more informed decision-making and proactive management of health conditions.

- **Enhancing Healthcare Efficiency and Reducing Costs**: By streamlining the data sharing process and reducing reliance on paper-based systems, healthcare costs can be significantly lowered. This includes not only the direct costs associated with healthcare delivery but also the indirect costs such as those related to administrative overhead and time spent coordinating care across different providers. Efficient data exchange can reduce duplicate tests and procedures, saving both time and resources.

- **Promoting Equity and Access in Healthcare**: The contract highlights the importance of data exchange initiatives that specifically aim to enhance health equity and access. By capturing enhanced demographic and social risk factor data, health plans can better identify and address disparities in healthcare access and outcomes. This focus on equity ensures that all populations, particularly those historically underserved or at risk, receive the care and resources necessary to achieve optimal health.

A1

DATA SHARING & EXCHANGE

Participation in Health Information Exchanges (HIEs)

	Aetna	Anthem	Blue Shield	CCHP	Health Net	Kaiser	LA Care	Molina	Sharp	Valley	WHA
Percent and Number of Network Hospitals Sending ADT Alerts	95% Hospitals	38% Hospitals	75% Hospitals	93% Hospitals	82% Hospitals	100% Hospitals	71% Hospitals	39% Hospitals	100% Hospitals	25% Hospitals	100% Hospitals
	Not Provided	97 Hospitals	285 Hospitals	13 Hospitals	147 Hospitals	37 Hospitals	52 Hospitals	47 Hospital	7 Hospitals	3 Hospitals	15 Hospitals
Issuer Participation in HIEs	*^Manifest MedEx	*^Manifest MedEx *^SacValley MedShare	*^Manifest MedEx	^Cozeva	*^Manifest MedEx *^Los Angeles Network for Enhanced Services *^San Diego Health Connect *^SacValley MedShare ^Cozeva Point Click Care	*^Manifest MedEx *^Orange County Partnership *^San Diego Health Connect *Santa Cruz Providence HIE	*^Los Angeles Network for Enhanced Services eConnect Point Click Care	*^Los Angeles Network for Enhanced Services *^San Diego Health Connect Point Click Care Riverside University Health System Loma Linda University Medical Center	*^San Diego Health Connect California Immunization Registry	None	None

COVERED CALIFORNIA

** indicates CTEN HIE*
^ indicates QHIO status

PLAN-REPORTED DATA AND CONTRACT COMPLIANCE
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DELIVERY SYSTEMS & PAYMENT STRATEGIES TO DRIVE QUALITY

Performance Metrics

CONTRACT REQUIREMENT (A1)	
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DELIVERY SYSTEM & PAYMENT STRATEGIES TO DRIVE QUALITY

Primary Care Alternative Payment Strategies

Background

- 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 , i.e. Pay for Performance (P4P)
  - **Category 3**: Alternative payment models built on a fee for service structure, i.e. Shared Savings
  - **Category 4**: Population-based payment , i.e. Capitation
- 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

Key Findings

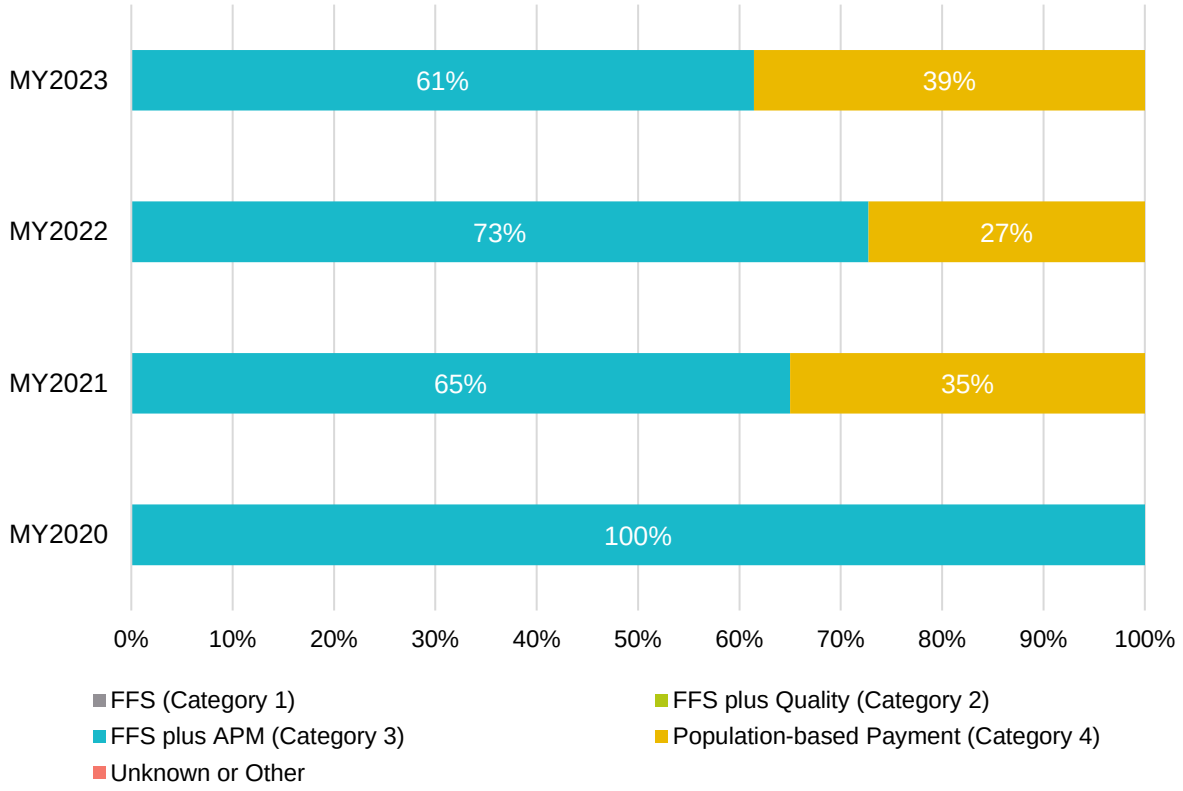
- Alternative Payment Models built on FFS structure (Category 3) and Population-based payments (Category 4) are seeing increasing adoption across multiple plans.
    - Three QHP issuer products show a clear transition from Category 1 and 2 into Categories 3 and 4, indicating meaningful progress toward the goal of embracing value-based care models.
- Some QHP issuers are making significant strides in reducing reliance on FFS models, but there remains variability in the speed and scale of this shift across plans.
    - Some QHP issuer products show little movement in reducing reliance on volume-based payments, with continued high shares in Category 1 or 2. Three plans remain firmly embedded in Category 1 with over 95% of payment models still volume-based.
- Several QHP Issuers have demonstrated a growing focus on Category 3 (APMs build on FFS).
- Category 4 adoption is strong for many issuers. Several plans maintain 100% of payments under this model, particularly for HMO plans.

DELIVERY SYSTEM & PAYMENT STRATEGIES TO DRIVE QUALITY

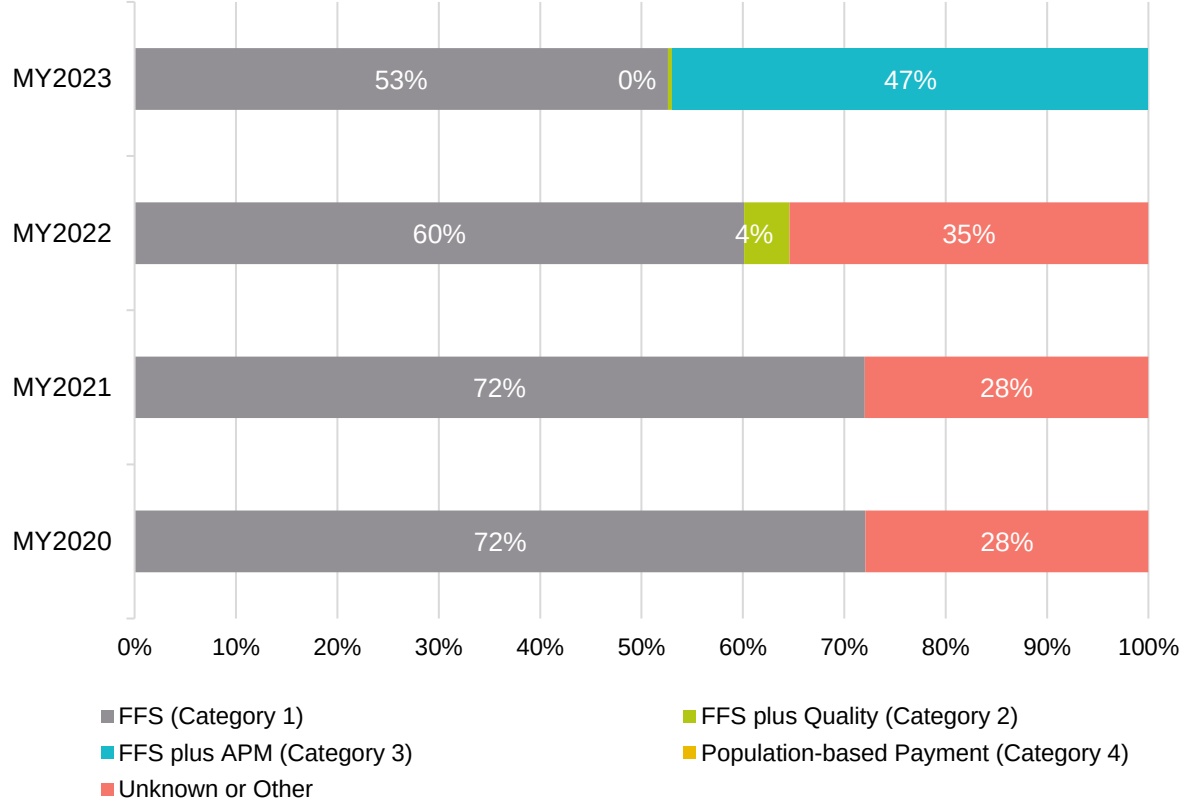
Primary Care Alternative Payment Strategies

PERCENT OF PCPS PAID USING HCP LAN CATEGORIES 1-4*

Anthem HMO



Anthem EPO

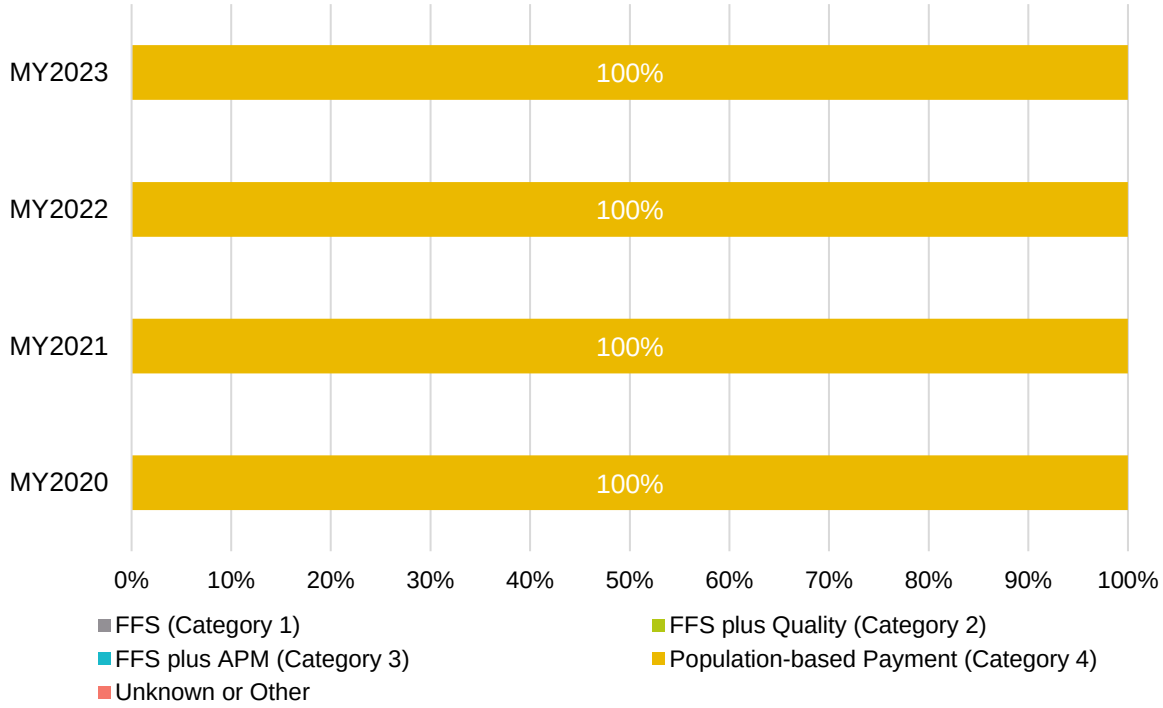


DELIVERY SYSTEM & PAYMENT STRATEGIES TO DRIVE QUALITY

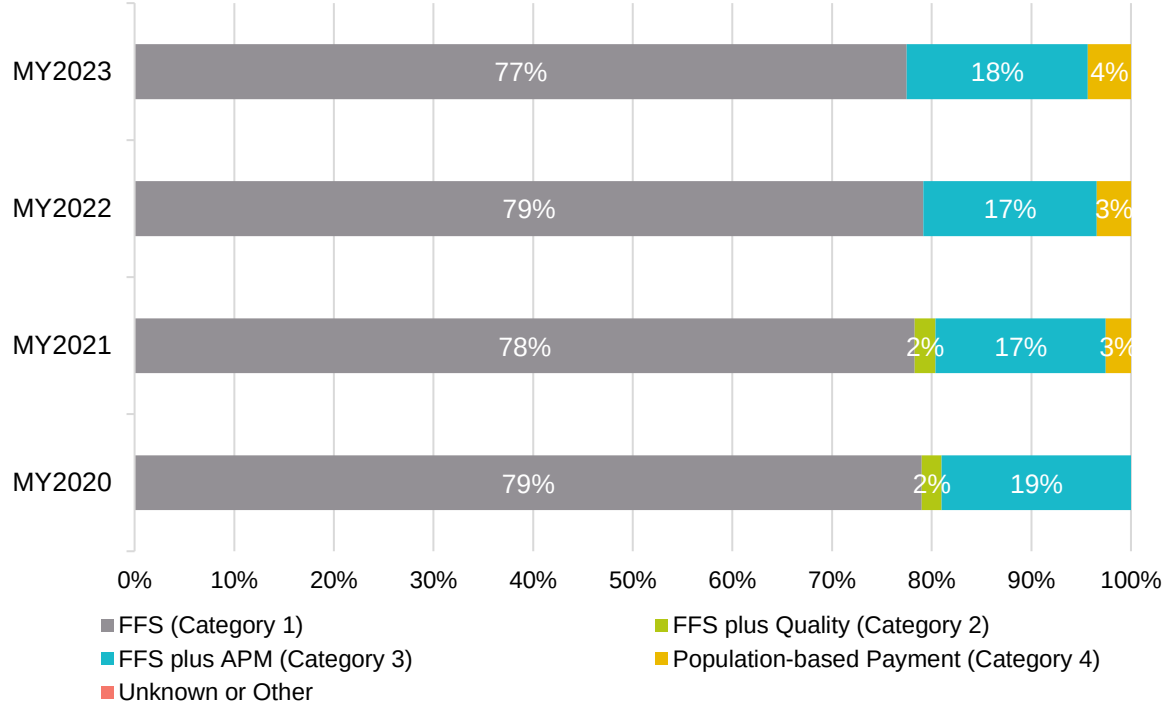
Primary Care Alternative Payment Strategies

PERCENT OF PCPS PAID USING HCP LAN CATEGORIES 1-4*

Blue Shield HMO



Blue Shield PPO



DELIVERY SYSTEM & PAYMENT STRATEGIES TO DRIVE QUALITY

Primary Care Alternative Payment Strategies

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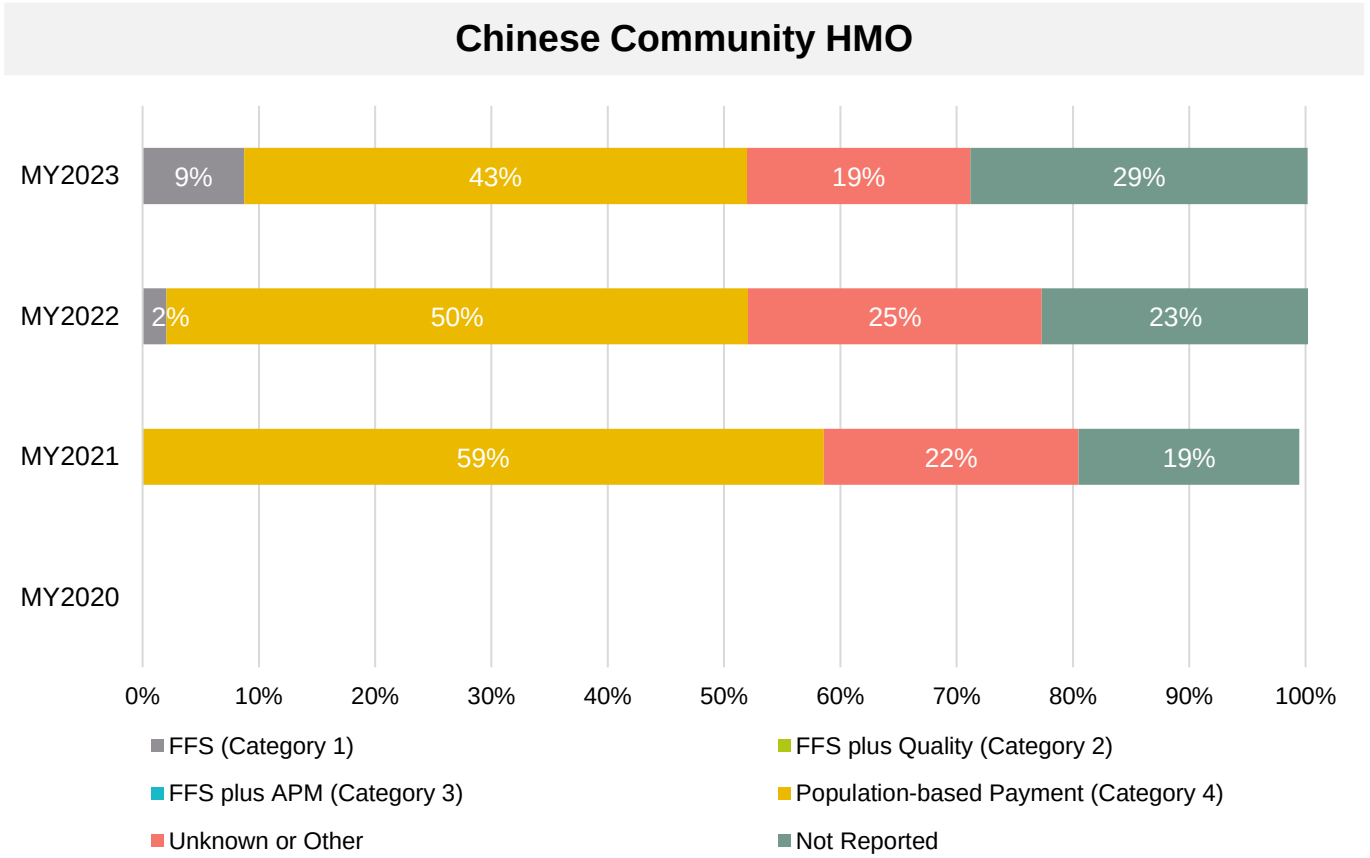
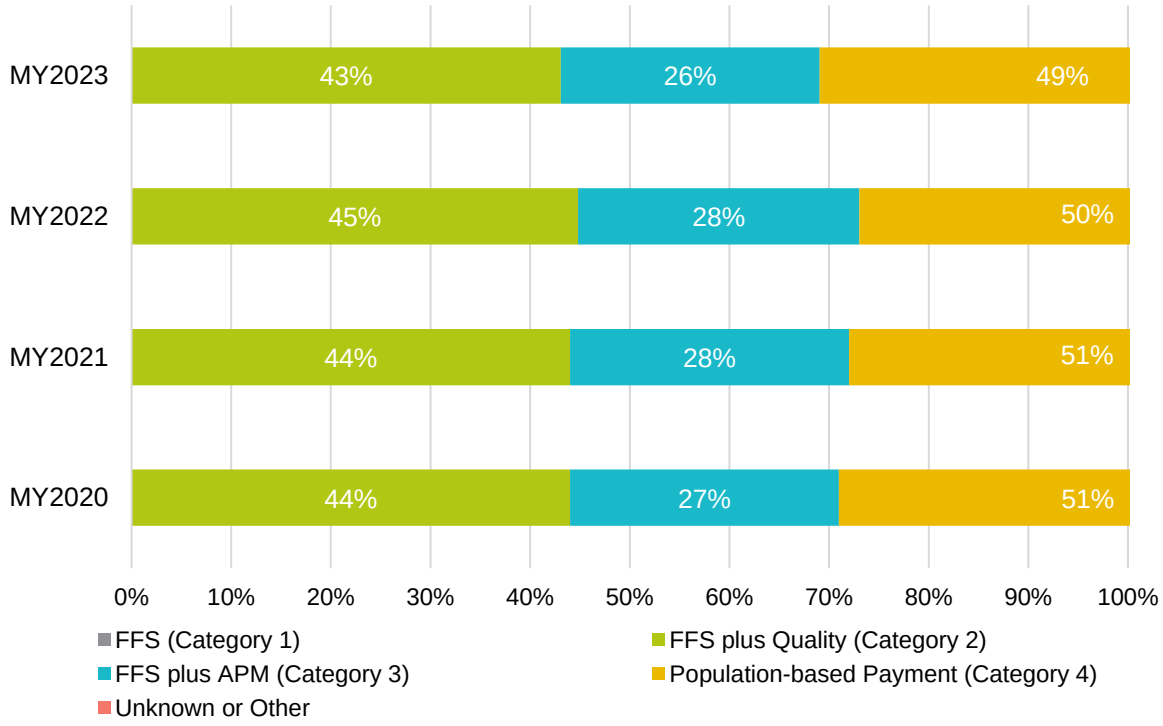


DELIVERY SYSTEM & PAYMENT STRATEGIES TO DRIVE QUALITY

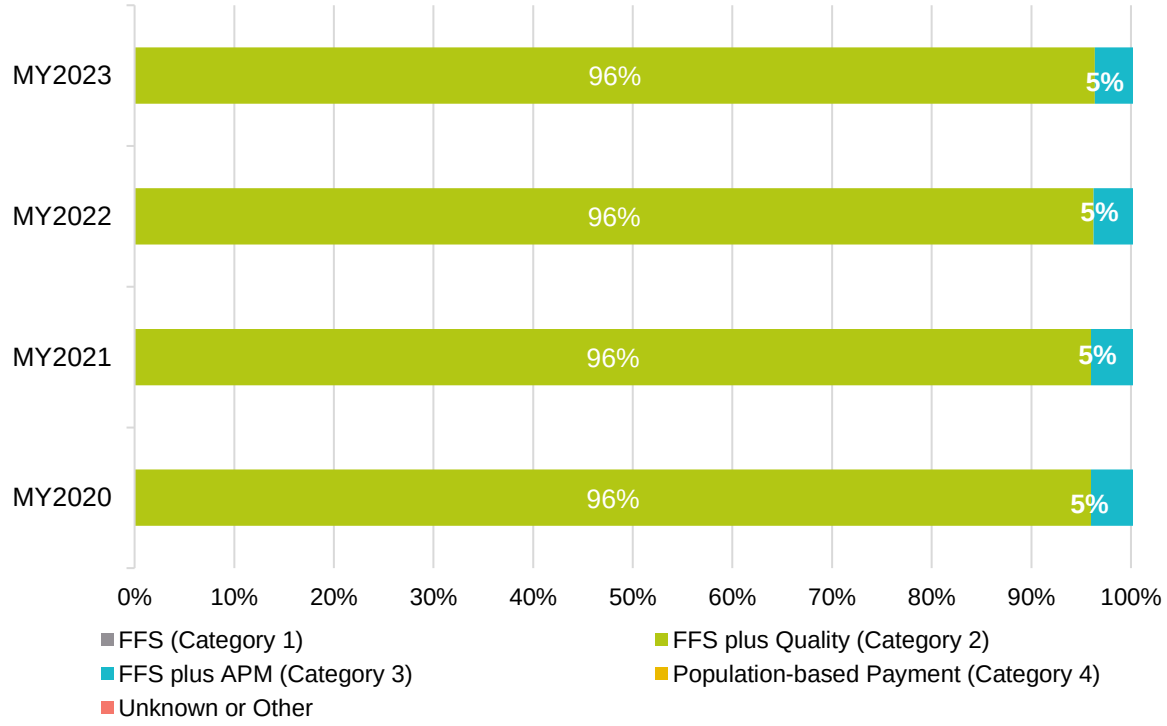
Primary Care Alternative Payment Strategies

PERCENT OF PCPS PAID USING HCP LAN CATEGORIES 1-4*

Health Net HMO



Health Net PPO



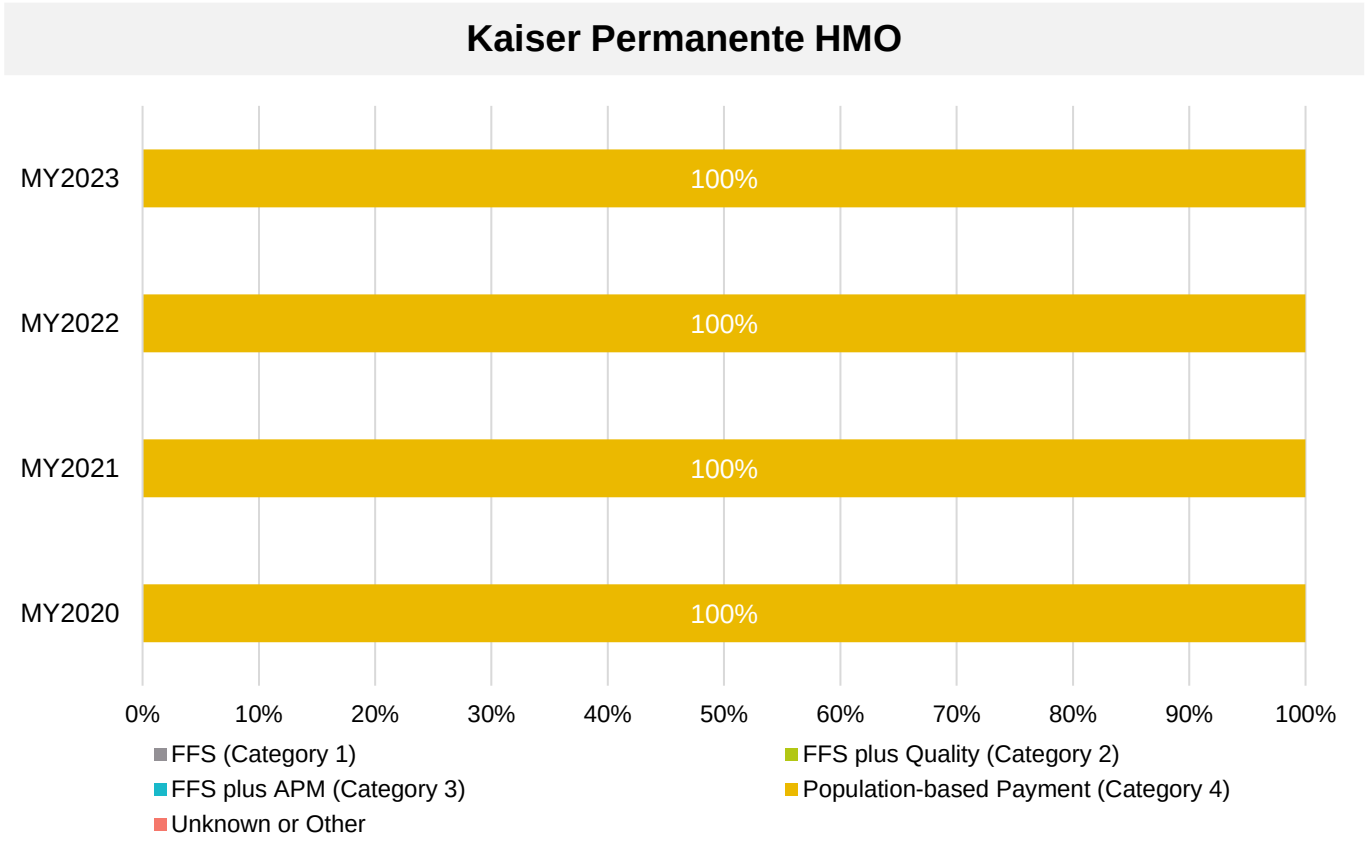
* Due to overlapping payment models, some totals may exceed 100%.

COVERED CALIFORNIA

DELIVERY SYSTEM & PAYMENT STRATEGIES TO DRIVE QUALITY

Primary Care Alternative Payment Strategies

PERCENT OF PCPS PAID USING HCP LAN CATEGORIES 1-4*



DELIVERY SYSTEM & PAYMENT STRATEGIES TO DRIVE QUALITY

Primary Care Alternative Payment Strategies

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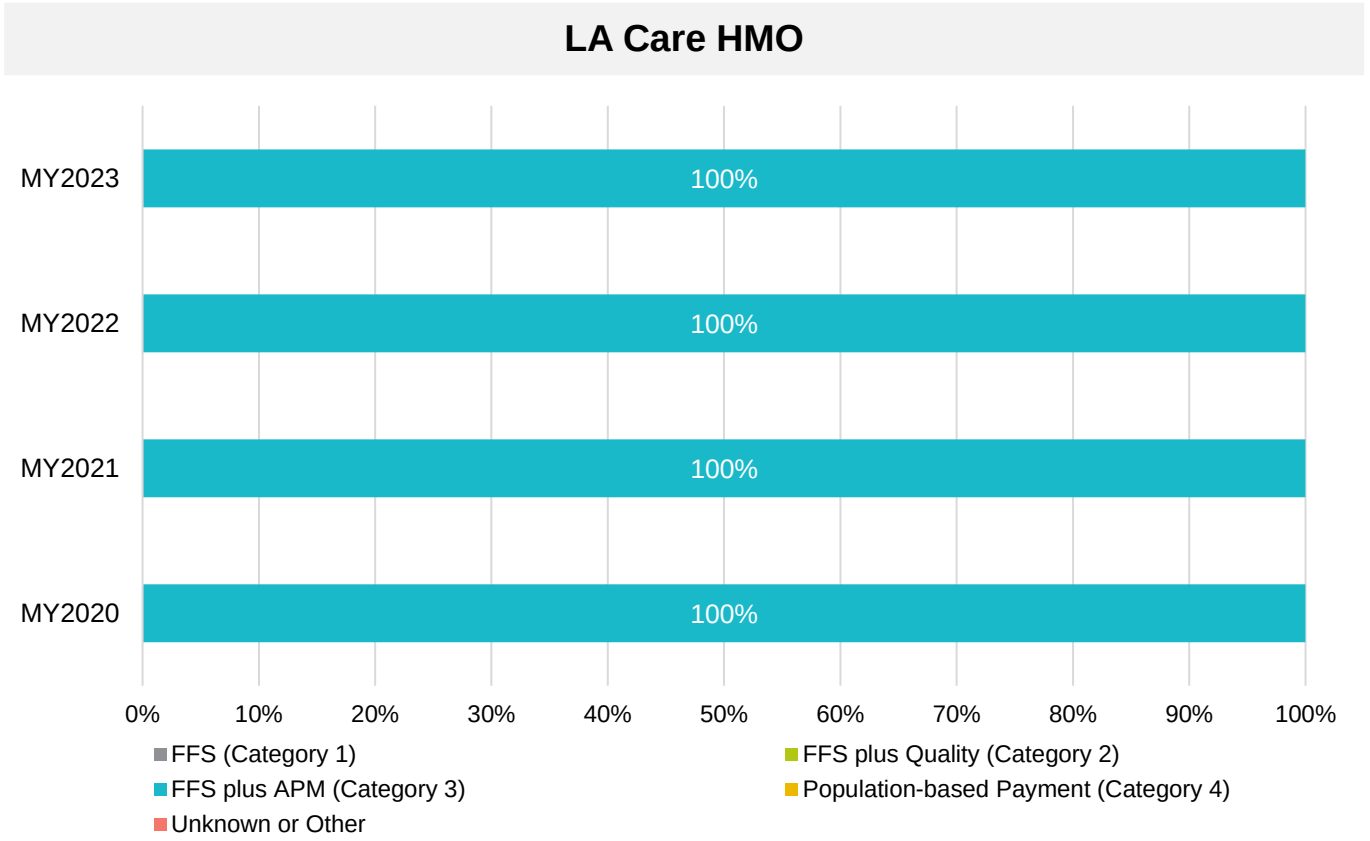
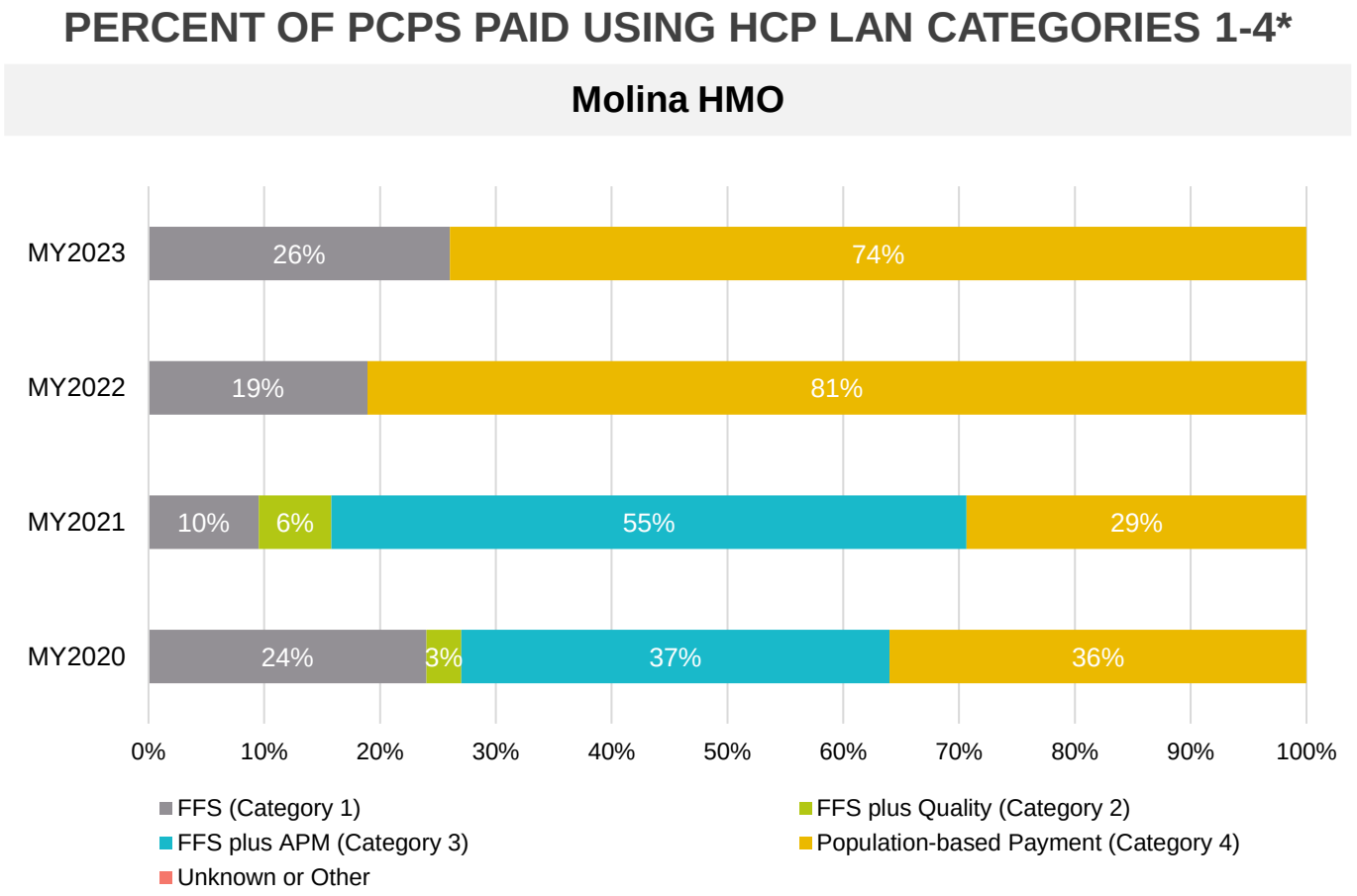


DELIVERY SYSTEM & PAYMENT STRATEGIES TO DRIVE QUALITY

Primary Care Alternative Payment Strategies



DELIVERY SYSTEM & PAYMENT STRATEGIES TO DRIVE QUALITY

Primary Care Alternative Payment Strategies

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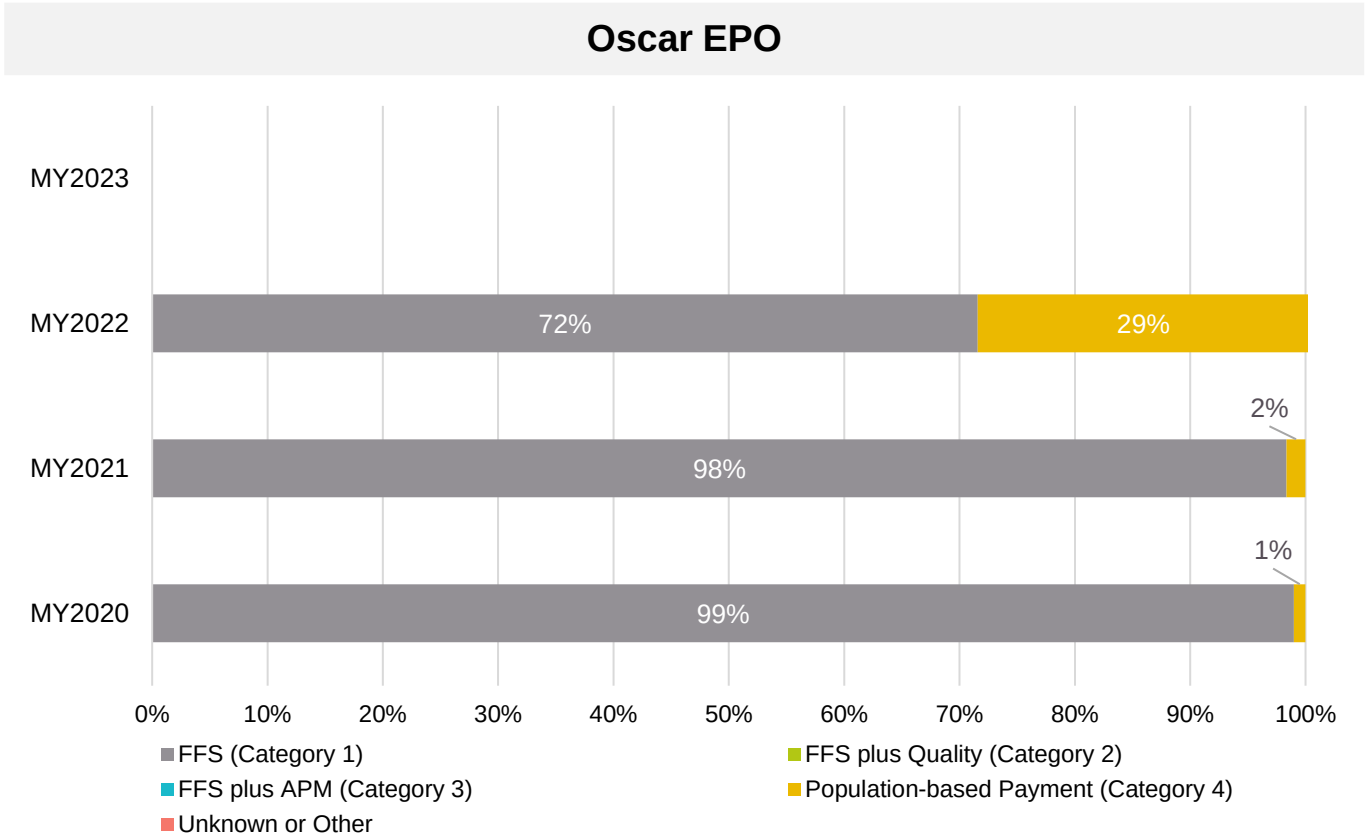

* Oscar Health exited the Covered California exchange at the end of 2023 and won't offer plans in 2024. They plan to reapply in the future. Their 2023 data wasn't required for this slide.

DELIVERY SYSTEM & PAYMENT STRATEGIES TO DRIVE QUALITY

Primary Care Alternative Payment Strategies

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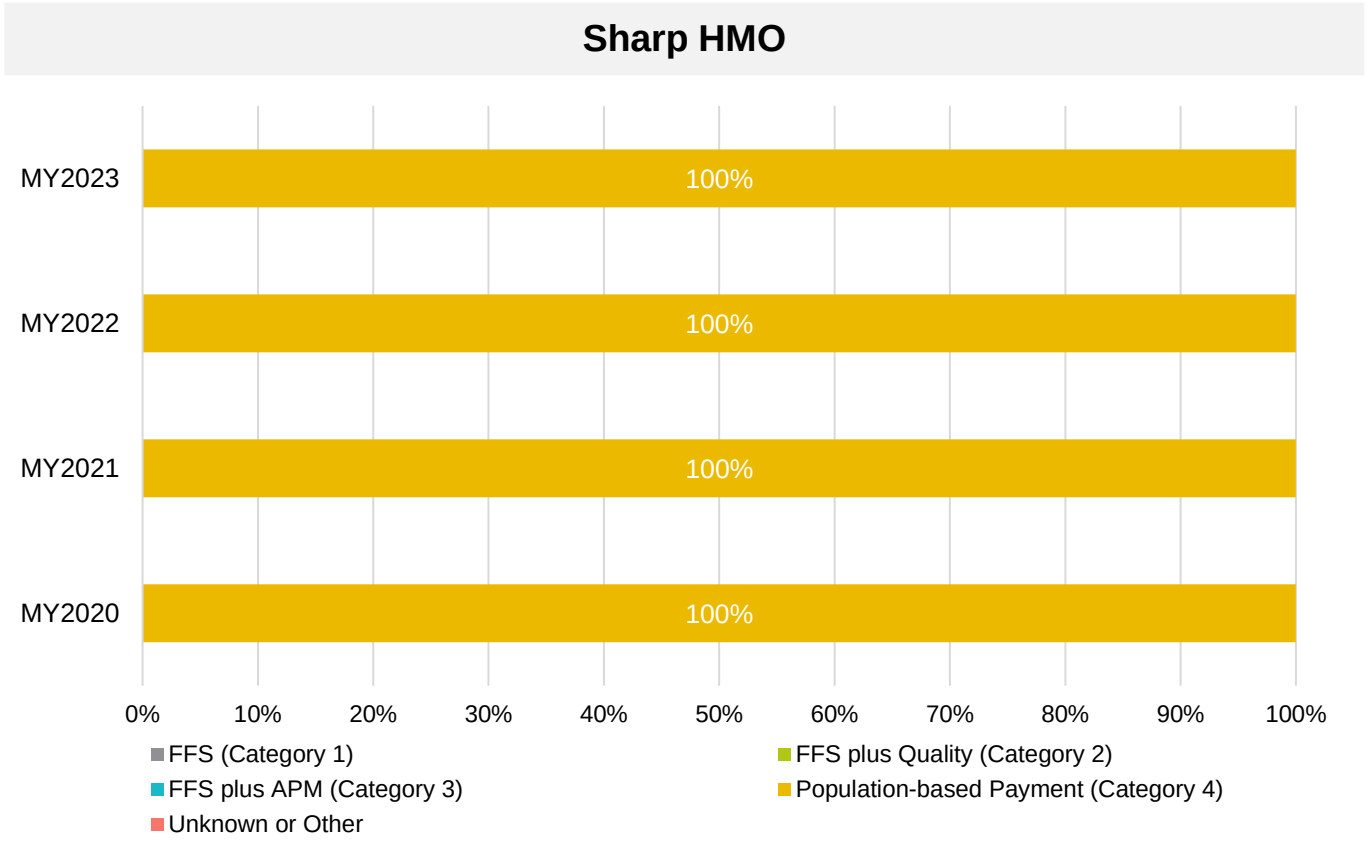

DELIVERY SYSTEM & PAYMENT STRATEGIES TO DRIVE QUALITY

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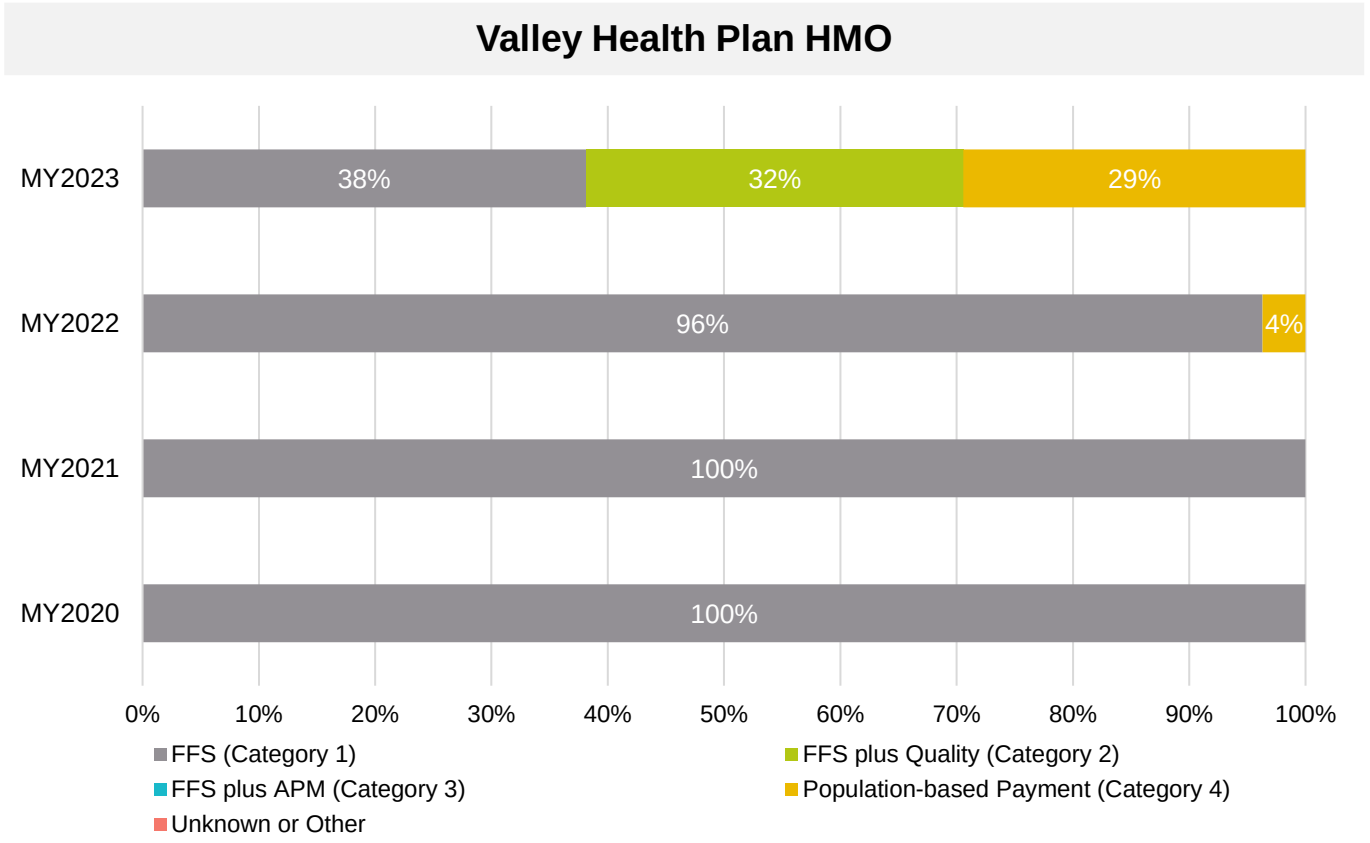

DELIVERY SYSTEM & PAYMENT STRATEGIES TO DRIVE QUALITY

Primary Care Alternative Payment Strategies

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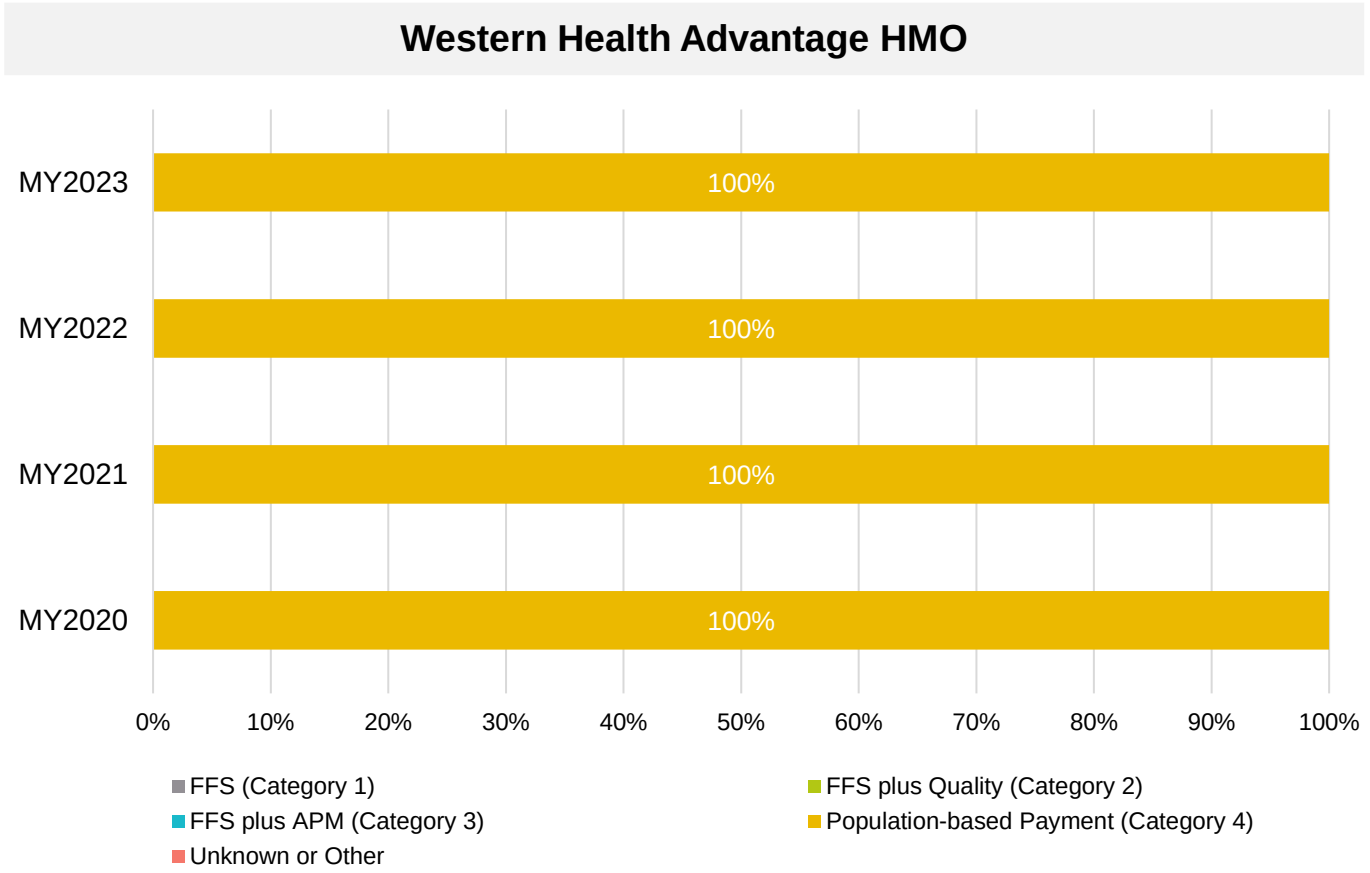

DELIVERY SYSTEM & PAYMENT STRATEGIES TO DRIVE QUALITY

Hospital Safety

- Covered California plans are required to report every year on strategies 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. 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

DELIVERY SYSTEM & PAYMENT STRATEGIES TO DRIVE QUALITY

Hospital Safety

	Percent of Hospital Reimbursement Dollars tied to Quality			Percent of Hospitals with Payment Strategies tied to Quality		
	MY2021	MY2022	MY2023	MY2021	MY2022	MY2023
Anthem HMO	0.82%	0.82%	1.45%	41%	51%	51%
Anthem EPO	0.82%	0.82%	1.45%	41%	51%	51%
Blue Shield HMO	2%	2%	3%	100%	100%	100%
Blue Shield PPO	0%	0%	0.05%	0%	0%	6%
CCHP HMO	Exempt	0%	0%	Exempt	33%	33%
Health Net HMO	0.83%	1%	1.1%	42%	43%	42%
Health Net PPO	2%	1.8%	1.6%	95%	88%	79%
Kaiser HMO	Exempt	Exempt	Exempt	Exempt	Exempt	Exempt
LA Care HMO	0%	0%	0%	0%	0%	0%
Molina HMO	6%	Not Reported	6%	6%	6%	6%
Sharp HMO	Exempt	Exempt	Exempt	Exempt	Exempt	Exempt
VHP HMO	2%	Not Reported	Not Reported	100%	43%	Not Reported
WHA HMO	Exempt	Exempt	Exempt	Exempt	Exempt	Exempt

Current Status: Although plans report annually on strategies to enhance hospital safety and improve quality through specific Hospital-Acquired Infection (HAI) rates, no notable trends in hospital performance improvements have been observed in relation to these quality metrics.

A1 Maternity Hospital Honor Roll (Appropriate Use of C-Sections)

In collaboration with the California Maternal Quality Care Collaborative (CMQCC) and CalHospitalCompare.org (CHC), HCAI's 2023 Maternity Care Honor Roll data visualization gives an overview of the 211 hospitals that offer maternity services in California with stars indicating the 107 hospitals named to the 2023 Maternity Care Honor Roll.

- Improving Maternal Health Outcomes: Reducing unnecessary C-sections aligns with Covered California's mission to enhance healthcare quality and safety for members, leading to better outcomes for mothers and babies by reducing risks associated with surgical deliveries.
- Cost Savings and Efficiency: By recognizing hospitals that meet C-section reduction goals, Covered California supports more cost-effective care, reducing the financial burden on both families and the healthcare system by avoiding costly complications.
- Advancing Equity in Maternity Care: The substantial variation in C-section rates across hospitals indicates the potential for further improvements. Covered California is dedicated to reducing disparities by encouraging hospitals to adopt best practices for safe, low-risk births.
- Alignment with Statewide Health Goals: This initiative supports Healthy People 2030 goals, reflecting Covered California's commitment to aligning with broader public health objectives to reduce unnecessary medical interventions

Maternity Hospital Honor Roll (Appropriate Use of C-Sections)

Plan Product	MY2020	MY2021	MY2022
Anthem HMO	31%	42%	50%
Anthem EPO	49%	48%	52%
Blue Shield HMO	47%	51%	49%
Blue Shield PPO	49%	52%	49%
CCHP HMO	33%	33%	50%
Health Net HMO	54%	49%	49%
Health Net PPO	42%	49%	49%
Kaiser HMO	59%	63%	49%
LA Care HMO	32%	38%	49%
Molina HMO	45%	45%	49%
Sharp HMO	57%	57%	49%
VHP HMO	67%	67%	49%
WHA HMO	33%	50%	49%

- 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
- For 2022, the threshold c-section rate was revised by the Office of Disease Prevention and Health Promotion (OASH) to be 23.6%
- These measure results are produced in partnership with the California Maternal Quality Care Collaborative (CMQCC) and CalHospitalCompare.org (CHC) data

https://calhospitalcompare.org/wp-content/uploads/2023/07/Fact-Sheet-w-List-of-Honor-Roll-Hospitals_Maternity-Honor-Roll_CHC_2023.pdf