



## **2026-2028 Attachment 1 Contract Refresh**

March 7, 2024

# AGENDA

Time	Topic	Presenter
1:00-1:05	Welcome and Introductions	Marisol Meza-Badran
1:05-1:35	Overview of Guiding Principles & Areas of Focus	Taylor Priestley
1:35-2:00	Data Exchange	Barbara Rubino
2:00-2:25	Member Experience	Monica Soni
2:25-2:30	Wrap Up & Next Steps	Taylor Priestley

# Guiding Principles and Strategic Focus Areas

Taylor Priestley  
Director EQT & Health Equity Officer

# EQT Approach to 2026-2028 Contract Update

Our approach will be guided by:

- Building on strong foundation of 2023-2025 contract development work
- Prioritizing alignment
- Emphasizing outcomes
- Pursuing administrative simplification

# 2026-2028 Advancing Equity, Quality & Value Contract Update Workstreams

## Model Contract *with PMD*

- Essential Community Providers (ECPs)
- Article 5

## Attachment 1

- Articles 1-6

## Attachment 2 *with PMD*

- Performance standards

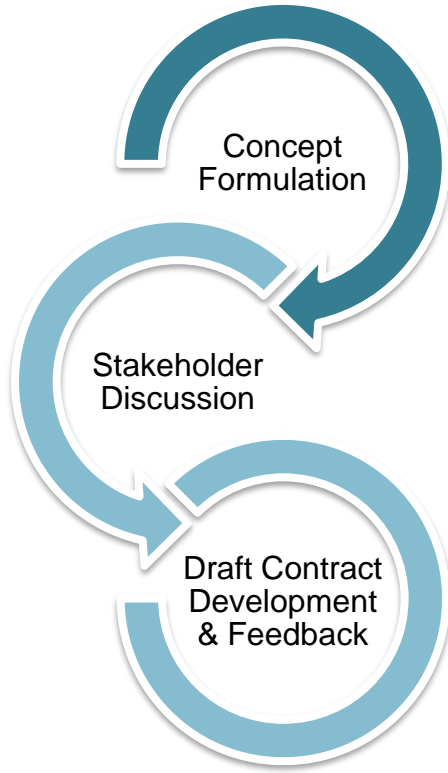
## Attachment 4

- Quality Transformation Initiative

## Workgroups

- Contract Update Workgroup

# Proposed Approach for Contract Update Workgroup



- Covered California leadership and staff engage in strategic planning sessions to develop concept proposal for the refresh framework, principles, and priority areas for focus
- Contract Update workgroup
  - Scheduled monthly meetings
  - Forum for large group discussion on proposed changes to Attachments 1, 2 and 4
  - Learning space to share ideas and best practices among stakeholders
  - Participants will review and give feedback on contract proposals and draft contract language
  - Additional focus group meetings on specific priority areas can be scheduled as necessary to help facilitate contract development

# 2026 QHP ISSUER MODEL CONTRACT UPDATE TIMELINE

**February 2024** Plan Management Advisory meeting – preview timeline

**March 2024** – kick off external contract update workgroup

**Late summer 2024** – first public comment period

**Sept/October 2024** – second public comment period

**January 2025** – Board discussion of proposed model contract

**March 2025** – anticipated Board approval of proposed model contract

# 2026 Contract Development Guiding Principles

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Equity is quality

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Center the member

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Make it easy to do right

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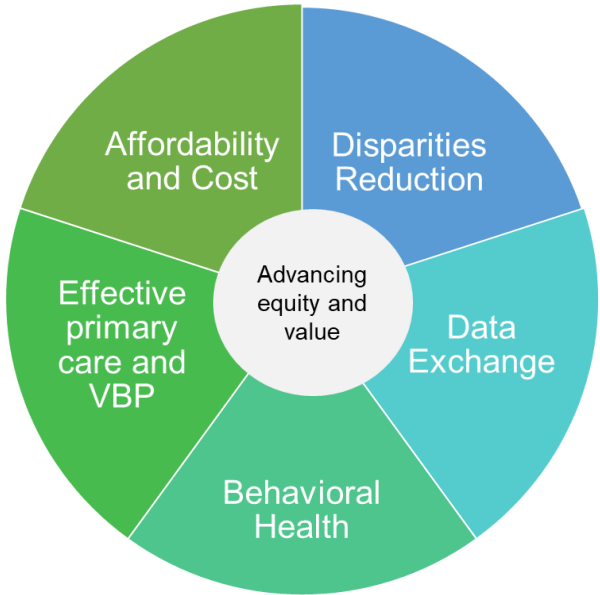
Amplify through alignment

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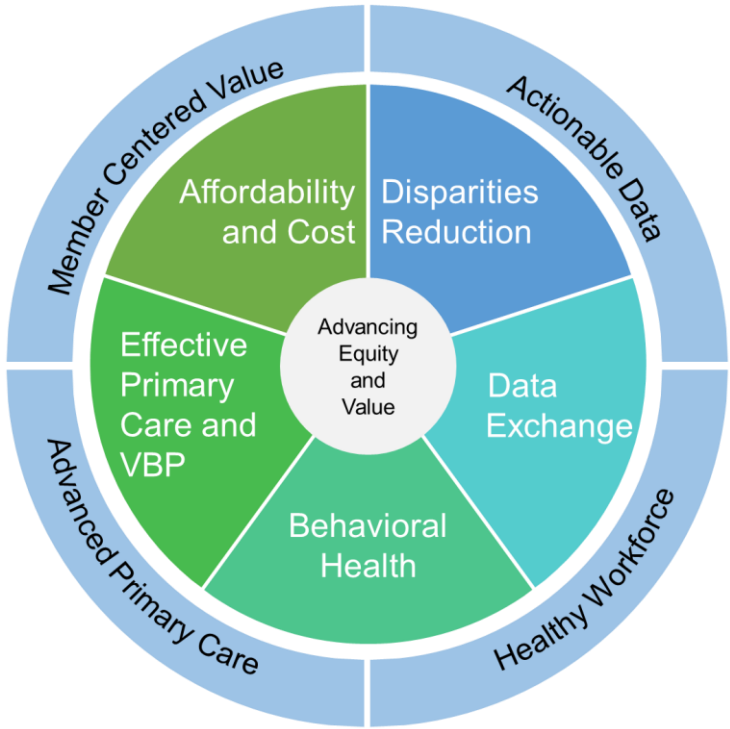
Focused scope for high impact



# 2026-2028 Strategy Builds Upon 2023-2025 Focus Areas



2023-2025



2026-2028

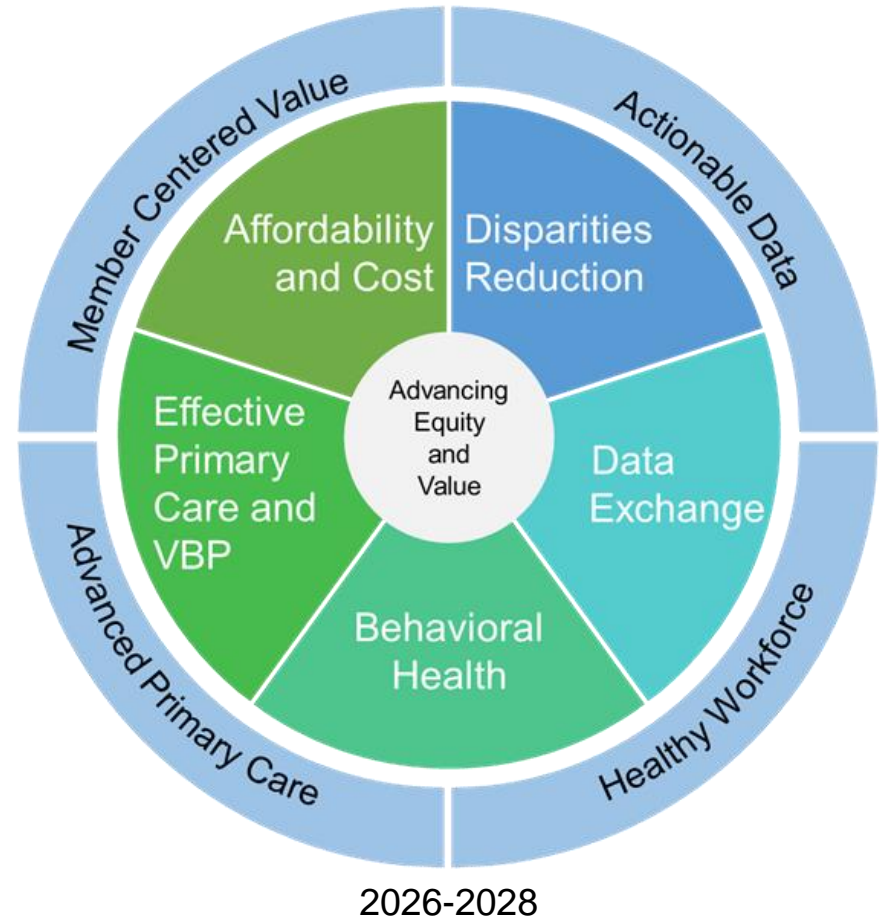
# With Bold New Additions

**Actionable Data**

**Healthy Workforce**

**Advanced Primary Care**

**Member-Centered Value**



# Actionable Data: Aligning Data Exchange Efforts to Increase Impact

Barbara Rubino  
Associate Chief Medical Officer & Manager, Health Informatics  
EQT

# DATA SHARING & EXCHANGE

<b>Summary of 2023-2025 Contract, 2025 Amendment Attachment 1</b>	<ul style="list-style-type: none"><li>• Submission of data to the Healthcare Evidence Initiative (HEI)</li><li>• Implementation and maintenance of Patient Access API</li><li>• Participate in data exchange initiatives with providers and California Trusted Exchange Network (CTEN) HIEs</li><li>• Support the aggregation of claims and clinical data across health plans and explore opportunities to reduce burden and support statewide initiatives</li></ul>
<b>Current development, research, and analysis</b>	<ul style="list-style-type: none"><li>• Understand barriers to implementation of statewide Data Exchange Framework (DxF)</li><li>• Expert consultation with Qualified Health Information Organizations (QHIOs) and Oregon Community Health Information Network (OCHIN)</li><li>• Inventory current participation QHP Issuers' participation in QHIOs</li><li>• Research ways to measure and inventory impact of data exchange on health outcomes</li><li>• Understand what other public purchasers are requiring around data exchange (i.e. DHCS)</li><li>• Align requirements in 5.02.3 to support expansion of statewide DxF and participation in QHIOs</li><li>• Simplify provisions of 5.02.3 to focus on highest yield use cases of data exchange</li></ul>
<b>Future development, research, and analysis</b>	<ul style="list-style-type: none"><li>• Ensure support of statewide DxF</li><li>• Understand how organizations and requirements may align with Trusted Exchange Framework and Common Agreement (<a href="#">TEFCA</a>)</li><li>• Continue to utilize HEI data to gain actionable insights</li></ul>

# RESEARCH & ANALYSIS: QHIO <=> CTEN OVERLAP

HIE	QHIO	CTEN
<b>LANES</b>	✓	✓
<b>Manifest MedEx</b>	✓	✓
<b>Orange County Partners in Health HIE</b>	✓	✓
<b>Sac Valley MedShare</b>	✓	✓
<b>San Diego Health Connect</b>	✓	✓
Cozeva	✓	
Health Gorilla	✓	
Long Health, Inc	✓	
Serving Communities HIO	✓	
Alameda County Care Connect		✓
Santa Cruz HIO		✓
San Mateo County Connected Care		✓
OCPRHIO		✓
NCHIN		✓

# RESEARCH & ANALYSIS: DHCS' APPROACH

- Revised [All Plan Letter](#) from Sept 5, 2023, requires Managed Care Plans (MCPs) and hospitals, physician organizations, IPAs, etc. to sign DxF
  - Requires MCPs to track progress of subcontractor and network provider compliance
- ADT feed requirements in place for contracted hospitals effective 1/1/24
  - Described in detail in [CalAIM Population Health Management \(PHM\) Policy Guide](#)
  - All MCPs must enter agreements with all contracted acute care facilities to send, receive, and use ADT notifications across hospitals, SNFs

## CURRENT STATE: DATA EXCHANGE 5.02.3

### 2023-2025 Data Exchange - Current Challenges

- State has now moved to DxF and QHIO requirement and contract cites CTEN
  - There is an overlap of CTEN + QHIOs, but they are not fully aligned
- Requires bidirectional exchange of information with HIEs, yet is difficult to measure / assess volume of these activities and they're not explicitly tied to quality and outcomes
  - We have heard how burdensome it is for provider orgs and hospitals to participate, despite the requirement
  - If no explicit link to care or quality, makes incentivizing even more difficult
- Requires Admission, Discharge, Transfer (ADT) feed use and monitoring

# OPTIONS FOR PATH FORWARD

1. Leave current contract language as-is
2. Revise language to align to DxF expectations & Medi-Cal program expectations
3. Align with DxF and Medi-Cal + added provisions to measure the impact of data exchange on quality program performance



# PROPOSED CHANGES: DATA EXCHANGE 5.02.3

Current Challenge	Impact if we don't address	Possible Solution(s)
Contract requires CTEN participation, while DxF uses QHIOs	Disparate requirements from DxF, scattered and lower levels of hospital and provider org participation continue	<ul style="list-style-type: none"> <li>Require DSA signature with QHIO to support DxF</li> <li>Encourage CTEN if valuable to plans</li> </ul>
Bidirectional data exchange required but not tied to outcomes	Data exchange may occur, but not be tied to quality and health equity use cases	Encourage & measure use cases related to quality and contract provisions (QTI, QRS programs, etc.)
ADT feed requirements not aligned with DHCS	Continue to receive plan self-reports of ADT feed use, and "support" its hospitals in using ADT feeds	<ul style="list-style-type: none"> <li>Specify monitoring / metrics</li> <li>Align with DHCS language around expectations to "require" all plans and acute care facilities to engage</li> </ul>

# Member-Centered Value: Measuring Enrollee Experience

S. Monica Soni, Chief Medical Officer

# MEASUREMENT OF ENROLLEE EXPERIENCE

## Summary of 2023-2025 Contract Attachment 2

Contractor must meet a minimum performance threshold of three stars or above on the QRS QHP Enrollee Experience Summary Indicator rating. QHP Issuers are required by CMS annually to collect and submit third-party validated Quality Rating System (QRS) measure data that will be used by CMS to calculate QHP QRS scores and ratings. QRS scores are based on surveys of both individual market and Covered California for Small Business Enrollees for those products offered in both marketplaces.

- 1 Star: 20% performance penalty.
- 2 Stars: 10% performance penalty.
- 3-5 Stars: no penalty.

## Current development, research, and analysis

- Review of PY 2017-2024 Enrollee Experience Survey Results including response rates
- Review of CMS issued 2024 QHP Enrollee Survey Materials and technical specifications

## Future development, research, and analysis

- Continued participation on CMS QRS Technical Expert Panel
- Exploration of other effective survey tools and methods such as Patient Assessment Survey

# CURRENT STATE: MEASURING ENROLLEE EXPERIENCE

## 2023-2025 Measurement Challenges

- CMS outgo sample maximum of 1,690 members means ~ 230 completes per QHP product and there have been falling response rates (e.g., ~ 12%-15% for some plans).
- The declining response rate trend signals that more plans won't have reportable results for certain survey composites in the upcoming years -- with a 100 minimum responses rule, topics like experience with care coordination increasingly won't be reportable.
- For PY2024, only 8/13 (62%) issuer products had reportable scores.
- Additionally, the health plan CAHPs survey focus may not be optimal as it focuses less on consumer's care experiences than their administrative experiences.

# PLAN YEAR 2017-2024 MEMBERS' CARE EXPERIENCES RATINGS

Reporting Year (based on prior Measurement Year)	RY 2017	RY 2018	RY 2019	RY 2020	RY 2021	RY 2022	RY 2023	RY 2024
Aetna HMO	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Quality Rating in Future	Quality Rating in Future
Anthem HMO	No Quality Rating	Not Offered	Not Offered	Quality Rating in Future	Quality Rating in Future	Quality Rating in Future	No Quality Rating	No Quality Rating
Anthem EPO	★	Quality Rating in Future	★★	★★	★★	★★	★	No Quality Rating
Anthem PPO	★	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered
Blue Shield HMO	Not Offered	Quality Rating in Future	Quality Rating in Future	★★★	★★★★	★★★	★★	No Quality Rating
Blue Shield PPO	★★	★★	★★★★	★★★	★★★	★★★	★★	★★★★
Bright HealthCare HMO	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Quality Rating in Future	Quality Rating in Future	Not Offered
CCHP HMO	★	★	★★	★★	★★	★	★★	★★★★
Health Net HMO	★	★	★	★	★★	★★	No Quality Rating	No Quality Rating
Health Net EPO	Quality Rating in Future	★★★	No Quality Rating	No Quality Rating	No Quality Rating	No Quality Rating	Not Offered	Not Offered
Health Net PPO	Not Offered	Quality Rating in Future	Quality Rating in Future	Quality Rating in Future	★	★	No Quality Rating	No Quality Rating
IEHP HMO	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Quality Rating in Future
Kaiser Permanente HMO	★★★★	★★★	★★★★	★★★	★★★	★★★	★★	★★★★★
LA Care HMO	★★	★★	★	★★	★★	★	★	★★★★
Molina Healthcare HMO	★	★	★	★★	★★	★	No Quality Rating	★★★★
Oscar EPO	No Quality Rating	Quality Rating in Future	★★	★★★	★★★	★★	No Quality Rating	Not Offered
Sharp Health Plan HMO	★★★	★★★★★	★★★	★★★	★★★	★★★★★	★★★★★	★★★★★
Valley Health Plan (VHP) HMO	★	★	★★	★	★	★	★	★★★★
Western Health Advantage (WHA) HMO	★★★	★★★★	★★★	★★★	★★★	★★★	★★★	★★★★★

# PROPOSED CHANGES: MEASURING ENROLLEE EXPERIENCE

Current Challenge	Impact if we don't address	Possible Solution(s)
Insufficient survey response rates to assess all issuer products	Variable assessment of enrollee experience and subsequent penalty for only some issuer products	Retain reporting but remove performance standard
Current QHP Enrollee Survey is 67 questions long diminishing response rate	Variable assessment of enrollee experience and subsequent penalty for only some issuer products based on technicality	Pilot alternate survey with simpler tool and fewer questions (e.g., max of 10) to improve response rate
Current survey insufficiently captures enrollee experience with care	Poor visibility into enrollee experience across issuers	Pilot alternate survey

# OPTIONS FOR PATH FORWARD

1. Leave Attachment 2 Performance Standard 8 and penalty as is
2. Remove Attachment 2 Performance Standard 8 and penalty and do not replace, but retain public reporting on CMS QRS Enrollee Experience Survey results
3. Remove Attachment 2 Performance Standard 8 and penalty and explore replacement to be collected via a survey administered outside of CMS Quality Rating System

# POSSIBLE DOMAINS TO QUERY

## **Access to care**

- Get appt for routine care
- Get appt to see specialist
- Easy to get tests or treatment

## **Care Coordination and Health Home**

- Ease in finding a personal doctor or other provider
- Your personal doctor knew the important information about your medical history

## **Medical Care Interpersonal**

- Doctor spend enough time with you
- Rate medical care overall on 0-10 scale

## **Health Plan Service**

- Customer service gave you the information you needed
- Rate health plan overall on 0-10 scale



# Wrap-up and Next Steps

Please submit feedback on today's topics, questions, and suggestions for future meetings to

[EQT@covered.ca.gov](mailto:EQT@covered.ca.gov)

Thank you!