



**Advancing Equity, Quality and Value
2026-2028 QHP Issuer Model Contract Update
Attachment 1 Articles 1, 3 and 6 Proposals for feedback**

May 22, 2024

ARTICLE 1 EQUITY AND DISPARITY REDUCTION

2023-25 ATTACHMENT REQUIREMENTS

Article 1: Equity and Disparities Reduction

Demographic Data Collection

- Issuer must collect self-identified race and ethnicity data for at least eighty percent (80%) of Covered California Enrollees. Issuer must demonstrate compliance by including a valid self-identified race or ethnicity attribute for at least (80%) of its Enrollees in its Healthcare Evidence Initiative (HEI) data submissions
- Issuer must collect preferred spoken and written languages data for at least eighty percent (80%) of Covered California Enrollees in its (HEI) data submissions to ensure effective communication with providers and timely access to healthcare services

ATTACHMENT 1 ARTICLE 1

2023-25 Attachment 1

SUMMARY OF PROPOSED CHANGES

1.01 Demographic Data Collection

- Contractor must demonstrate via Health Evidence Initiative data submission collection of race and ethnicity self-identification for at least 80% of members
- Contractor must demonstrate via Health Evidence Initiative data submission collection of preferred spoken and written language for at least 80% of members

- No proposed changes to race, ethnicity and preferred language requirements
- Proposed requirement to collect member-level Sexual Orientation and Gender Identify (SOGI) data to establish baseline performance; no performance standard proposed for 2026-2028 contract period

2023-25 ATTACHMENT REQUIREMENTS

Article 1: Equity and Disparities Reduction

Identifying Disparities in Care

- Contractor must submit Healthcare Effectiveness Data and Information Set (HEDIS) measure patient level data (PLD) files for its Covered California Enrollees.
- Contractor agrees to engage and work with Covered California to review its performance on addressing disparities measures using Health Evidence Initiative data (HEI)

Disparities Reduction

- Contractor must meet a multi-year disparities reduction target
- Contractor must participate in collaboratives, learning activities, and meetings, as specified by Covered California

ATTACHMENT 1 ARTICLE 1

2023-25 Attachment 1

1.02 Identifying Disparities in Care

- Contractor must submit HEDIS data measure patient level data files for its Covered California Enrollees.
- Contractor agrees to work with and engage with Covered California around disparities reduction measures using HEI data

1.03 Disparities Reduction

- Contractor must meet a multi-year disparities reduction target
- Contractor must participate in collaboratives, learning activities, and meetings, as specified by Covered California

SUMMARY OF PROPOSED CHANGES

- Update PLD File measure set per measure changes throughout contract
- Update HEI measure set per measure changes throughout contract
- Remove disparities reduction intervention requirements
- Add language enumerating disparities reduction and health equity requirements throughout Attachment 1 and Attachment 4 Quality Transformation Initiative (QTI)

2023-25 ATTACHMENT REQUIREMENTS

Article 1: Equity and Disparities Reduction

Health Equity Capacity Building

- ❑ Issuer must achieve or maintain NCQA Health Equity Accreditation (HEA). If Contractor has previously attained NCQA Multicultural Care Distinction (MHCD), Contractor must provide its transition plan to attain NCQA Health Equity Accreditation at the expiration of their MHCD. Contractor must demonstrate compliance according to a schedule set by Covered California.

ATTACHMENT 1 ARTICLE 1

2023-25 Attachment 1

SUMMARY OF PROPOSED CHANGES

1.04 Health Equity Capacity Building

- ❑ Contractor must achieve and maintain NCQA Health Equity Accreditation (HEA). If Contractor has previously attained NCQA Multicultural Health Care Distinction (MHCD), Contractor must provide its transition plan to attain NCQA Health Equity Accreditation at the expiration of their MHCD.

- ❑ No proposed change to requirement to achieve and maintain NCQA HEA
- ❑ Update language to remove references to Multicultural Health Care Distinction since replaced with HEA
- ❑ Update reporting activities schedule

ARTICLE 3 POPULATION HEALTH

2023-25 ATTACHMENT REQUIREMENTS

Article 3: Population Health

Population Health Management

- Issuer must ensure the use of health promotion and prevention services, increase utilization of high value services, risk stratify Enrollees, and develop targeted interventions based on risk
- Issuer must identify opportunities, conduct outreach, and engage all Covered California Enrollees, not just Covered California Enrollees who obtain services from providers, in population health activities
- Issuer must submit specific elements of their NCQA Population Health Management plan or provide alternative reporting as outlined in 3.01.1

Health Promotion and Prevention

- Issuer must identify Enrollees who are eligible for certain high value preventive and wellness benefits, notify Enrollees about the availability of these services, ensure those eligible receive appropriate services and care coordination, and monitor the health status of these Enrollees
- Issuer must develop and maintain programming focused on Tobacco Cessation and report outcomes and results for Enrollees
- Issuer must provide a CDC-recognized Diabetes Prevention Program available in different modalities to its eligible Covered California Enrollees

ATTACHMENT 1 ARTICLE 3

2023-25 Attachment 1

SUMMARY OF PROPOSED CHANGES

3.02.1 Tobacco Cessation Program

- Contractor is required to conduct an analysis of outcomes and trends over time to assess the effectiveness of strategies aimed at reducing smoking prevalence among Enrollees
- Contractor must implement interventions and participate in quality collaboratives to improve Medical Assistance with Smoking and Tobacco Use Cessation (NQF #0027) measure results

- Move Tobacco Cessation Program requirement to Article 2: Behavioral Health
- Remove requirements to analyze outcomes over time to measure the effectiveness of Enrollee smoking reduction strategies and engage in interventions and quality collaboratives
- Add requirement to remove prior authorizations to access Tobacco Cessation medications

ATTACHMENT 1 ARTICLE 3

2023-25 Attachment 1

SUMMARY OF PROPOSED CHANGES

3.02.2 Diabetes Prevention Programs

- Contractor must provide a Centers for Disease Control and Prevention (CDC)-recognized Diabetes Prevention Lifestyle Change Program to eligible Covered California Enrollees
 - Contractor must report analysis of utilization rates of eligible Covered California Enrollees in the DPP in relation to expected rates trended over time
 - Contractor must report strategies to close the gap between the DPP utilization rates and a multi-year improvement plan
- No changes proposed to requirement to provide CDC-recognized diabetes prevention program to eligible Enrollees
 - Remove requirement to report analysis of utilization rates of eligible Covered California Enrollees in the DPP in relation to expected rates trended over time
 - Remove requirement to report strategies to close the gap between the DPP utilization rates and a multi-year improvement plan

2023-25 ATTACHMENT REQUIREMENTS

Article 3: Population Health

Supporting At-Risk Enrollees Requiring Transition

- Issuer must submit an evaluation and formal transition plan for any service area reduction or any modification to its existing service area
- Issuer must provide efficient outreach to all Covered California Enrollees alerting them of the service reduction, and options to continue care with other QHP Issuers
- Issuer must conduct outreach to At-Risk Enrollees and get authorization to send health information to receiving QHP Issuers to minimize disruption of continuity of care
- Issuer receiving At-Risk Enrollees must establish processes to identify At- Enrollees, ensure care transitions account for Enrollees' current health status and provide other vital information that aids in continuity of care

ATTACHMENT 1 ARTICLE 3

2023-25 Attachment 1

SUMMARY OF PROPOSED CHANGES

3.03.1 Submission of Transition Plan

- Contractor must submit an evaluation and formal transition strategy for any reduction or change to their service area
- Contractor must conduct effective outreach to all Enrollees to notify them of service changes and offer alternatives for continued care with other QHPs
- Contractor must proactively engage with At-Risk Enrollees, obtain consent to share health information with receiving QHP Contractors, and establish procedures for identifying and transitioning these Enrollees while ensuring continuity of care

- Add language that specifies 60-day timeframe for “Departing Contactor” to conduct outreach activities to members
- Add language that specifies 60-day timeframe for “Receiving Contractor” to identify, conduct outreach and establish care transition activities
- Add clarifying language about processes to complete file transmissions for Enrollees

2023-25 ATTACHMENT REQUIREMENTS

Article 3: Population Health

Social Health

- Issuer must include their process for screening Enrollees for social needs related to unmet food, housing and transportation need(s)
- Issuer must provide screening efforts by provider networks, including Carrier coordination efforts with providers on screening and linkage to services to connect Covered California Enrollees
- Issuer must provide details of social needs screening including touch points, who performed the screening, and which methods/instruments were used to conduct screening
- Issuer must collect data for Social Needs Screening & Intervention (SNS-E) Measure

ATTACHMENT 1 ARTICLE 3

2023-25 Attachment 1

SUMMARY OF PROPOSED CHANGES

3.04.1 Screening for and Addressing Social Needs

- Contractor must report process for screening Enrollees for social needs related to unmet food, housing, and transportation needs
- Contractor must ensure provider networks conduct screenings, with coordinated efforts to connect Covered California Enrollees to necessary services
- Report performance on the Social Needs Screening & Intervention (SNS-E) measure via PLD file

- Specify required reporting of screening processes and efforts to connect Enrollees to resources to be reported annually
- Specify all components of the SNS-E measure must be reported, including currently optional intervention rate; retain requirement to also report positive screen rate

ARTICLE 6 CERTIFICATION, ACCREDITATION, AND REGULATION

2023-25 ATTACHMENT REQUIREMENTS

Article 6: Certification, Accreditation, and Regulation

QHP Accreditation

- ❑ Issuer must achieve and maintain current National Committee for Quality Assurance (NCQA) health plan accreditation by year-end 2024. If Issuer is not currently accredited by NCQA, issuer must be accredited by Utilization Review Accreditation Commission (URAC) or Accreditation Association for Ambulatory Healthcare (AAAHC); and submit plan to obtain NCQA health plan accreditation.
- ❑ Issuer must notify Covered California of scheduled NCQA health plan accreditation review and its results. Issuer must submit a copy of the assessment report within 30 days of its receipt from NCQA
- ❑ Issuer must notify Covered California within ten (10) business days of receiving a rating of less than accredited in any category, the loss of accreditation, or failure to maintain current and up to date accreditation. Issuer must submit a corrective action plan (CAP) within 30 days of notification from NCQA of its change in rating or loss of accreditation, and a quarterly status or progress report. Issuer must request a follow up review no less than twelve (12) months of its loss of accreditation, and submit a copy of the follow-up assessment report to Covered California within 30 days of receiving it from NCQA

ATTACHMENT 1 ARTICLE 6

2023-25 Attachment 1

SUMMARY OF PROPOSED CHANGES

6.01.3 Changes in Accreditation Status

- Contractor must notify Covered California within ten (10) business days of such rating(s) change. Contractor must implement strategies to raise Contractor's rating to a level of at least accredited or to reinstate accreditation.
- Contractor must submit a written corrective action plan (CAP) to Covered California within thirty (30) Days of receiving its initial notification of the change in rating or loss of accreditation.

- Clarify requirement to submit to Covered California any CAP required by NCQA regardless of accreditation status

REQUEST FOR FEEDBACK

- Feedback on changes to the Diabetes Prevention Program requirements
- Feedback on changes to Transition Plan requirements
- We kindly request your feedback by 6/14/2024

Wrap-up and Next Steps

Please submit feedback on today's topics, questions, and suggestions for future meetings to EQT@covered.ca.gov

Thank you!

Appendix