



**2024-2026 QDP Issuer Model Contract Refresh Workgroup  
Disparities Reduction**

April 7, 2022

# AGENDA

Time	Topic	Presenter
10am-10:10	Welcome and Introductions	Tara Di Ponti
10:10-10:25	Covered California Health Equity & Quality Transformation Refresh <ul style="list-style-type: none"><li>Proposed 2024-2026 QDP framework, principles, and priorities</li><li>Overview of 2024-2026 QDP refresh workgroup process</li></ul>	Taylor Priestley & Elena Wise
10:25-10:40	Presentation from California Pan-Ethnic Health Network	Carolina Valle
10:40-10:55	Presentation from LIBERTY Dental Plan	Dr. Cherag D. Sarkari & Danielle Cannarozzi
10:55-11:15	Covered California Contractual Provisions	Rebecca Alcantar
11:15-11:45	Open Discussion and Feedback	Discussion
11:45-11:50am	Next Steps and Adjourn	Tara Di Ponti

# INTRODUCTIONS

- Welcome to the QDP Model Contract Refresh Workgroup. This workgroup is comprised of monthly sessions to discuss dental quality and equity strategic focus areas which will help inform QDP contract provisions for the 2024-2026 Refresh.
- The Plan Management Division and Health Equity & Quality Transformation Division look forward to working closely with dental carriers, consumer advocates, experts in the field, regulators, DHCS, and participating stakeholders as we bring focus and attention to affordable and high-quality dental care.

# Covered California Health Equity & Quality Transformation Refresh

Taylor Priestley and Elena Wise

# Covered California's Framework for Holding Dental Plans Accountable for Quality, Equity and Delivery System Transformation

Domains for Equitable, High-Quality Care	Care Delivery Strategies	Goals
<ul style="list-style-type: none"> <li>• Health promotion and prevention</li> <li>• Acute care</li> <li>• Chronic care</li> <li>• Complex care</li> </ul>	<ul style="list-style-type: none"> <li>• Effective primary care</li> <li>• Appropriate, accessible specialty care</li> <li>• Leveraging technology</li> <li>• Cultural and linguistic competence</li> </ul>	<ul style="list-style-type: none"> <li>• Improvement in health status</li> <li>• Elimination of disparities</li> <li>• Evidence-based care</li> <li>• Patient-centered care</li> <li>• Affordability for consumers and society</li> </ul>

## Key Levers

Covered California recognizes that promoting change in the delivery system requires **aligning** with other purchasers and working with all relevant players in a way that improves value for consumers and society while minimizing administrative burden on plans and providers.

- Benefit design
- Measurement for improvement and accountability
- Data sharing and analytics
- Payment reform
- Consumer empowerment
- Quality improvement collaboratives
- Technical assistance
- Certification and accreditation

**Community Drivers:** Social influences on Health, Economic and Racial Justice

# Principles and Dental Strategic Focus Areas

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Quality is central

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Equity is quality

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Measures that matter

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Make quality count

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Amplify through alignment

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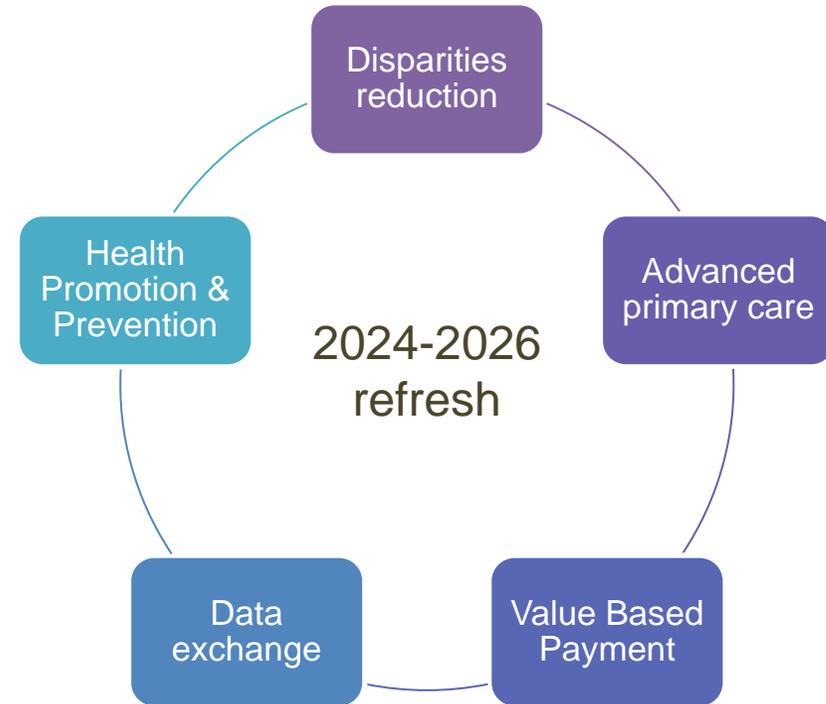
Promote public good

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Care about cost

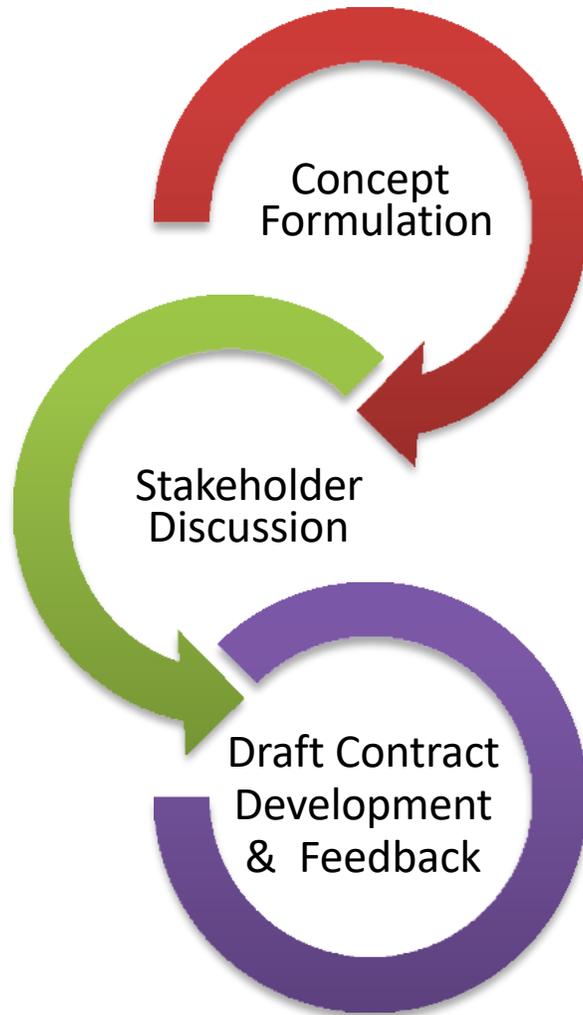
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## STRATEGIC FOCUS AREAS



Alignment with the Department of Healthcare Services (DHCS)  
Data analytics / Healthcare Evidence Initiative

# PROPOSED APPROACH FOR REFRESH WORKGROUP

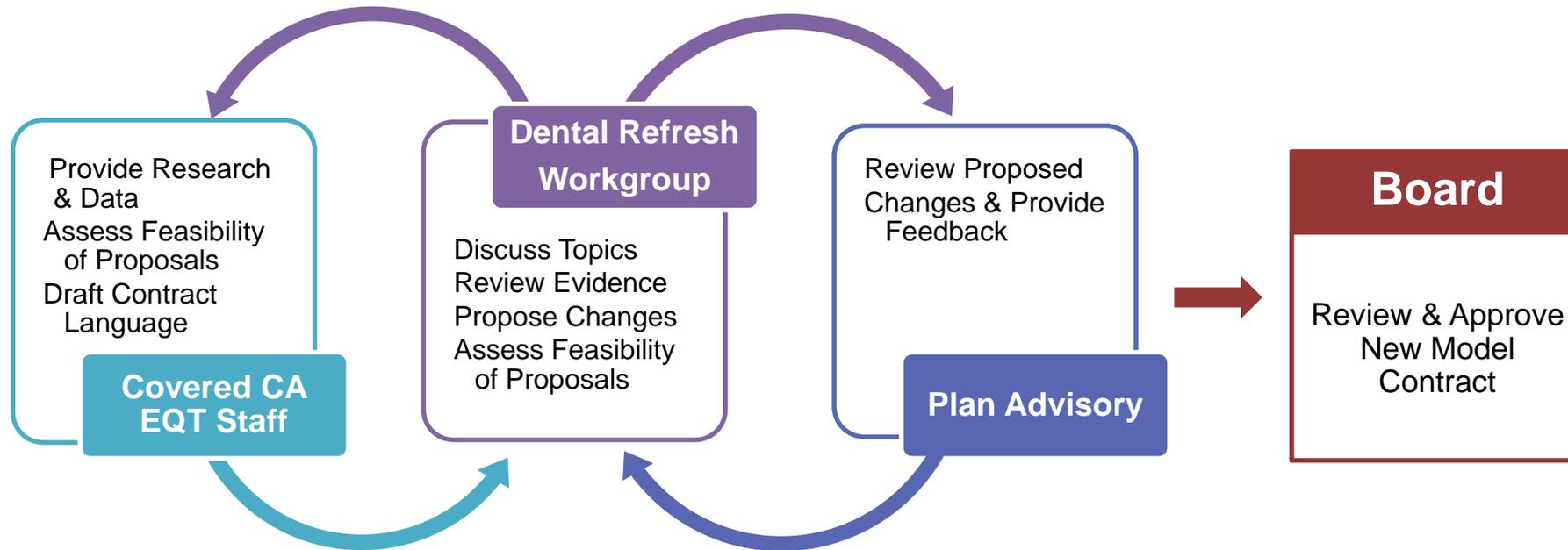


- Covered California leadership and staff engage in strategic planning sessions to develop concept proposal for the refresh framework, principles, and priority areas for focus
- Dental Refresh workgroup
  - Scheduled monthly meetings (anticipated for April to July)
  - Forum for large group discussion on proposed changes to Attachment 1, Attachment 2 & 3
  - 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 will be scheduled as necessary to help facilitate contract development

# WORKGROUP PARTICIPANT ROLE & RESPONSIBILITIES

- Workgroup participants are subject matter experts in diverse fields
- Participants identify
  - Key sources of relevant information and expertise; may be publications, data sources or other subject matter experts
  - Gaps or operational concerns in the current Attachments 1 and 2
  - Opportunities for alignment, innovation, and administrative simplification moving forward
- Participants discuss topics, review evidence, propose alternate concepts, and assess the feasibility of the proposed concepts, changes, metrics, and benchmarks

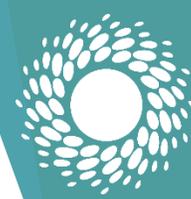
# PROCESS FOR UPDATING ATTACHMENT 1



- Covered California Health Equity and Quality Transformation Division (EQT) staff will convene a workgroup of stakeholders to discuss specific priority areas of Attachment 1 for 2024-2026.
- The Workgroup will discuss subject areas and propose changes to Attachment 1, 2, 3.
- Covered California staff will formulate proposed contract changes based on the Workgroup suggestions, receive internal input, and draft proposed contract language.
- Proposed contract changes will be presented to the Plan Management Advisory Workgroup for review and feedback.
- Final proposed 2024-2026 QDP Issuer Model Contract will be presented to the Board in November 2022 for review.
- Board approval of the proposed 2024-2026 QDP Issuer Model Contract anticipated in January 2023.

# Presentation from California Pan-Ethnic Health Network

Carolina Valle



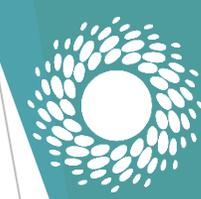
California Pan-Ethnic  
HEALTH NETWORK

# CA Oral Health Disparities

Carolina Valle

Policy Director

California Pan-Ethnic Health Network



# CPEHN's Theory of Change

- ▶ CPEHN ensures health justice and equity are on the agendas of policymakers and that communities are leading policy efforts

**We build people power** to educate and influence policymakers through lived experience and community expertise for better health equity



**We pass, change, and implement policies** that reflect community needs for better health



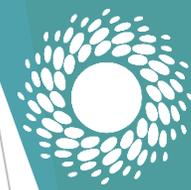
**We invest in communities of color** to build leadership, sustainability, and advocacy

**We connect data, stories, partners, and regions** to build knowledge, relationships, and understanding across cultures



**To create equitable conditions** that promote health equity and allow communities of color and all residents to thrive and prosper



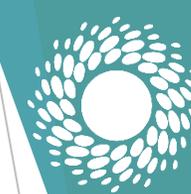


We **connect and convene** to build knowledge and networks

We **amplify voices and stories** to build leadership and advocacy strength

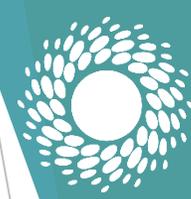
We **build people power** to influence policy with community expertise

We **advance equity-centered policies** to reflect the needs of communities of color



# CPEHN's history of championing oral health equity for communities of color, limited English proficient, and immigrant communities...





# California has taken substantial strides towards oral health equity...

- ▶ Established the California State Dental Director and the Office of Oral Health
- ▶ Provided \$30 million annually to local public health departments to conduct oral health literacy and prevention work
- ▶ Included children's dental coverage as an essential benefit as part of health plan costs (Covered CA)
- ▶ Made Annual Dental Visits a measure to be reported by health plans for health promotion and prevention (Covered CA)
- ▶ Added the Quality Improvement and Disparities Reduction Programs section in dental plan contracts (Covered CA)



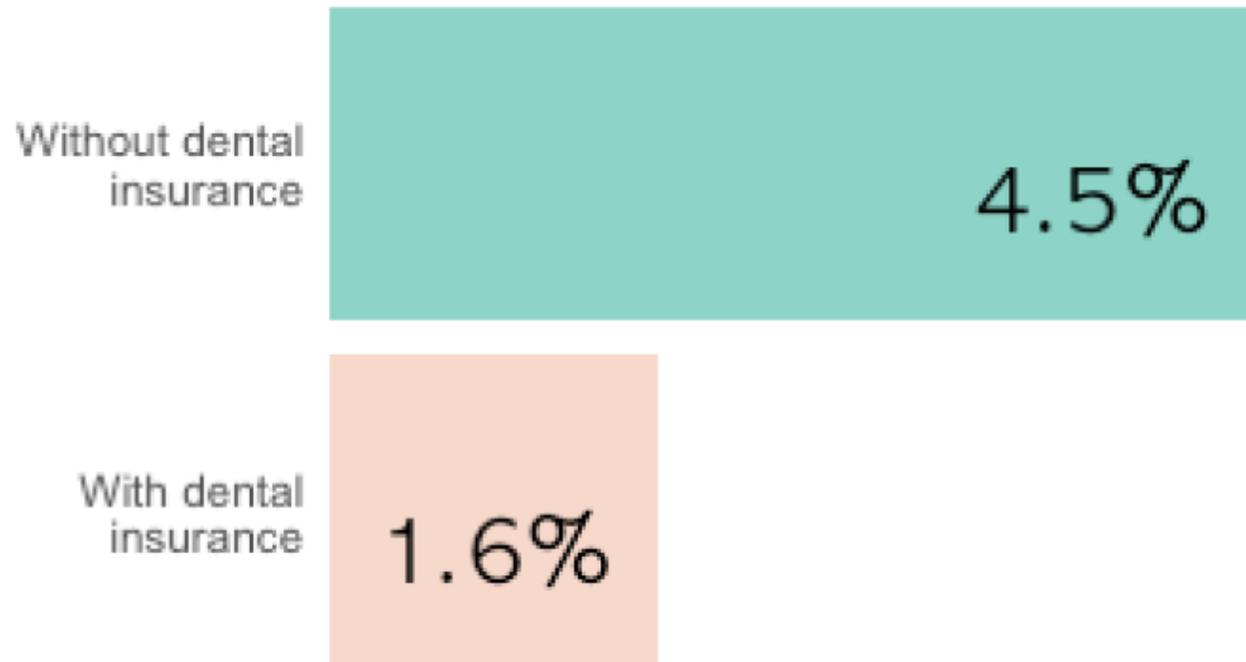
## But disparities in oral health remain

- ▶ In CA, African American and Latino children are less likely to have seen a dental provider and often wait longer between visits.
- ▶ Latino children have disproportionately lower oral health rankings and less access to dental care than any other ethnic group in the state.
- ▶ Nationally, American Indian and Alaska Native children are four times more likely to have untreated tooth decay than White children, and two times more likely than Hispanic and Black children.

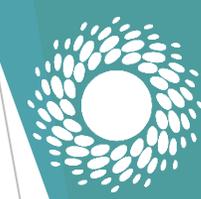


# Coverage disparities

## Adults who have no natural teeth by dental insurance status



The inability to access dental health care services results in high proportions of disparities among children and adults within low-income and communities of color

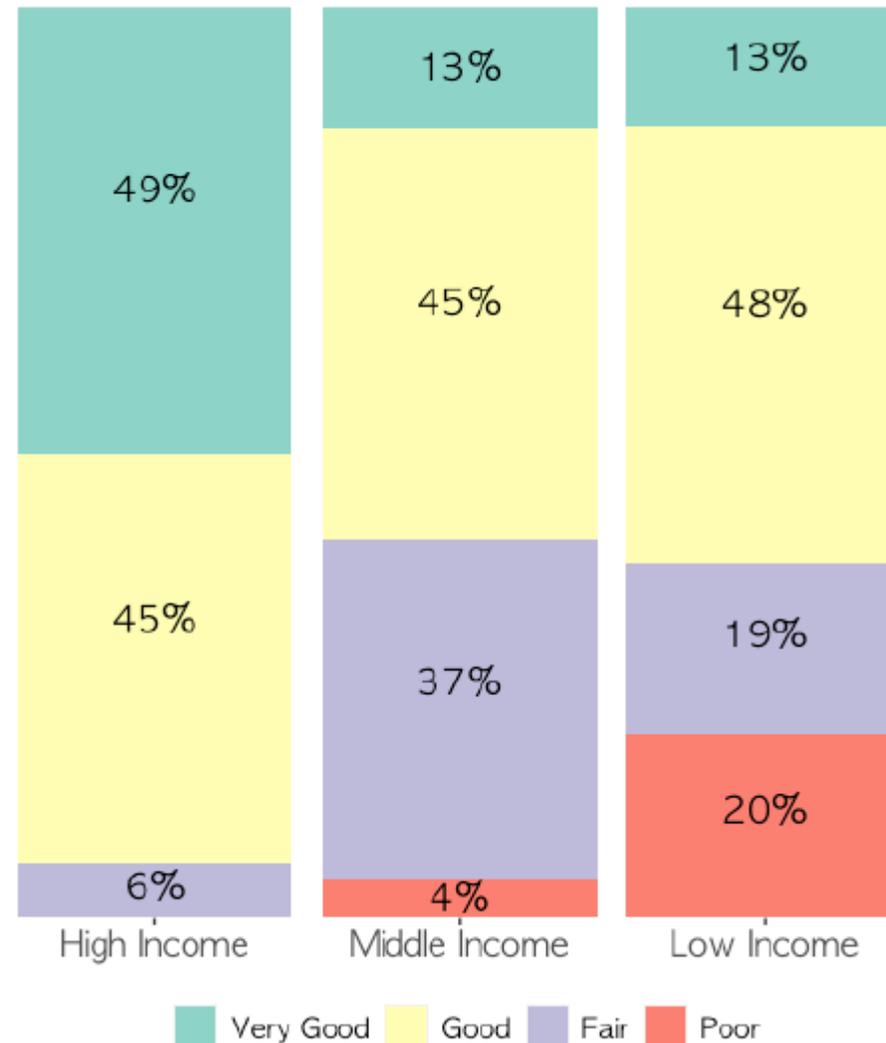


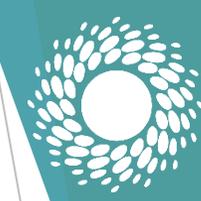
# Income disparities

“The problem is, their families would have to abstain from buying groceries for the week in order to pay for the services needed.”

– Hanging by a Thread, CPEHN

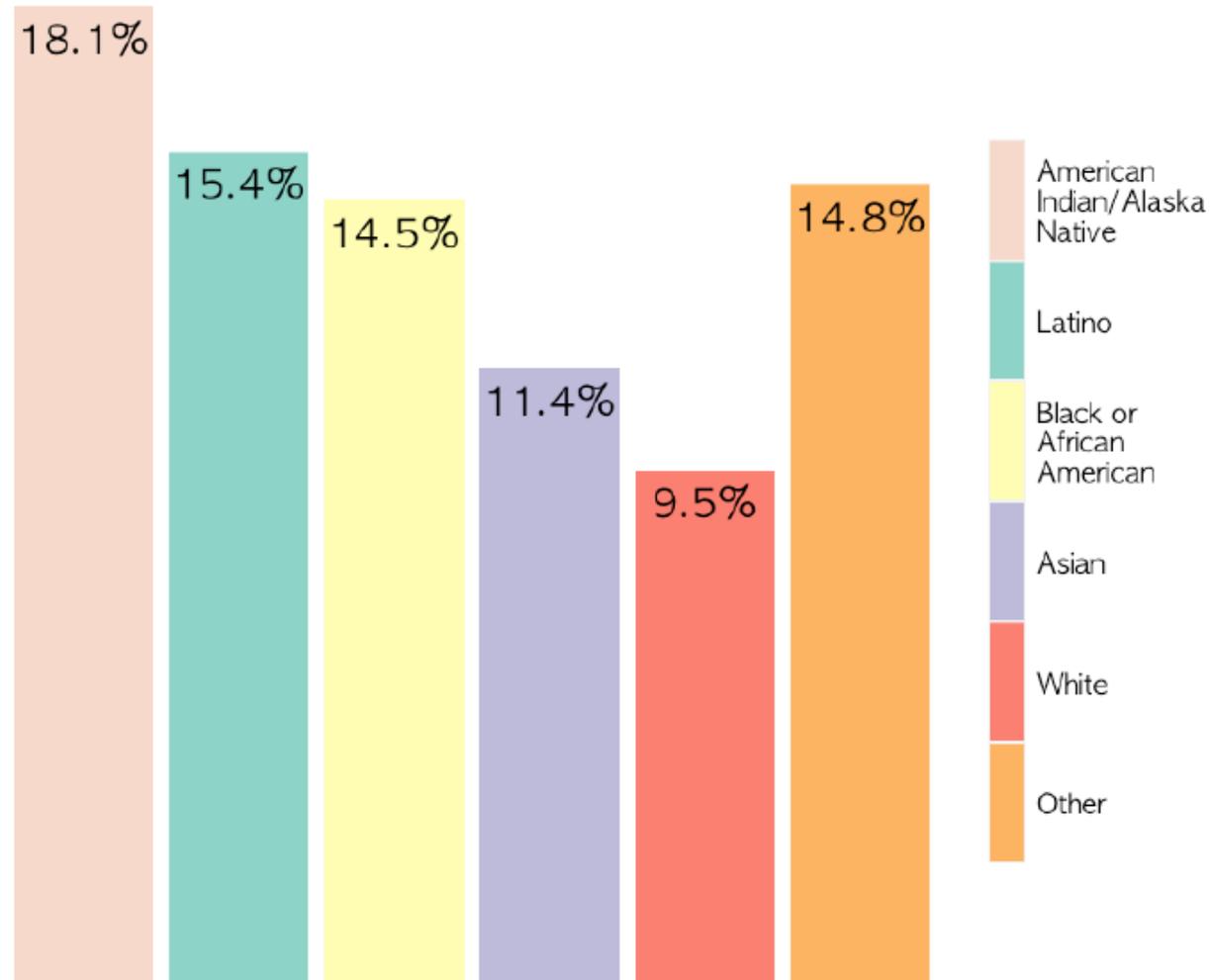
Overall condition of mouth and teeth  
across income levels



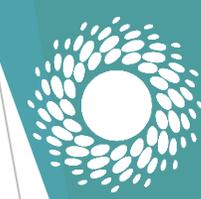


# Racial/ethnic disparities

More than 1 year up to 2 years since last dentist visit  
by race/ethnicity

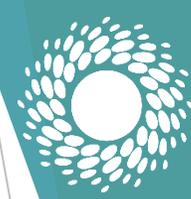


“Despite the stigma and fear associated with oral care, everyone in the group was genuinely concerned with their oral health and willing to seek any available resources.”  
– Hanging by a Thread, CPEHN



# Oral health = overall health

- ▶ When conditions related to oral health go untreated, people are at a higher risk for heart disease, diabetes, and oral cavity & pharynx cancer among other chronic health conditions
- ▶ American Indians/Alaskan Natives, African Americans, Latinos, and Asian Americans have higher rates of diabetes compared to non-Hispanic Whites
  - ▶ These communities also experience environmental challenges, food insecurity, and less access to dental providers at higher proportions.
  - ▶ The combined impact of these inequities creates an urgent health situation for many within communities of color.



# Data (un)availability

- ▶ Data collection is essential to identify and analyze inequities in oral health care and outcomes
- ▶ The systems that collect and monitor data by demographics such as race, ethnicity, immigration status, language, gender, age, and sexual orientation are severely lacking



# Recommendations

- ▶ Measure and identify existing gaps in the utilization and outcomes of oral health care services by race, ethnicity, language, and other sociodemographic factors.
- ▶ Include measurable improvements in culturally and linguistic services such as improved access to qualified health care interpreters
- ▶ Establish an advisory group to ensure decisions are based on best evidence and not merely cost
- ▶ Invest in core elements of access to dental care, including consumer outreach
- ▶ Increase diversity of providers and strengthen team based, community-based care, integrating CHWs, promotores, virtual dental homes etc.
- ▶ Develop measures related to care coordination, referrals, and follow up
- ▶ Expand access to preventive care by adjusting payment structures to incentivize preventive care over surgical care while also ensuring access to restorative treatment for those where a need for restorative treatment has been identified

# Presentation from LIBERTY Dental Plan

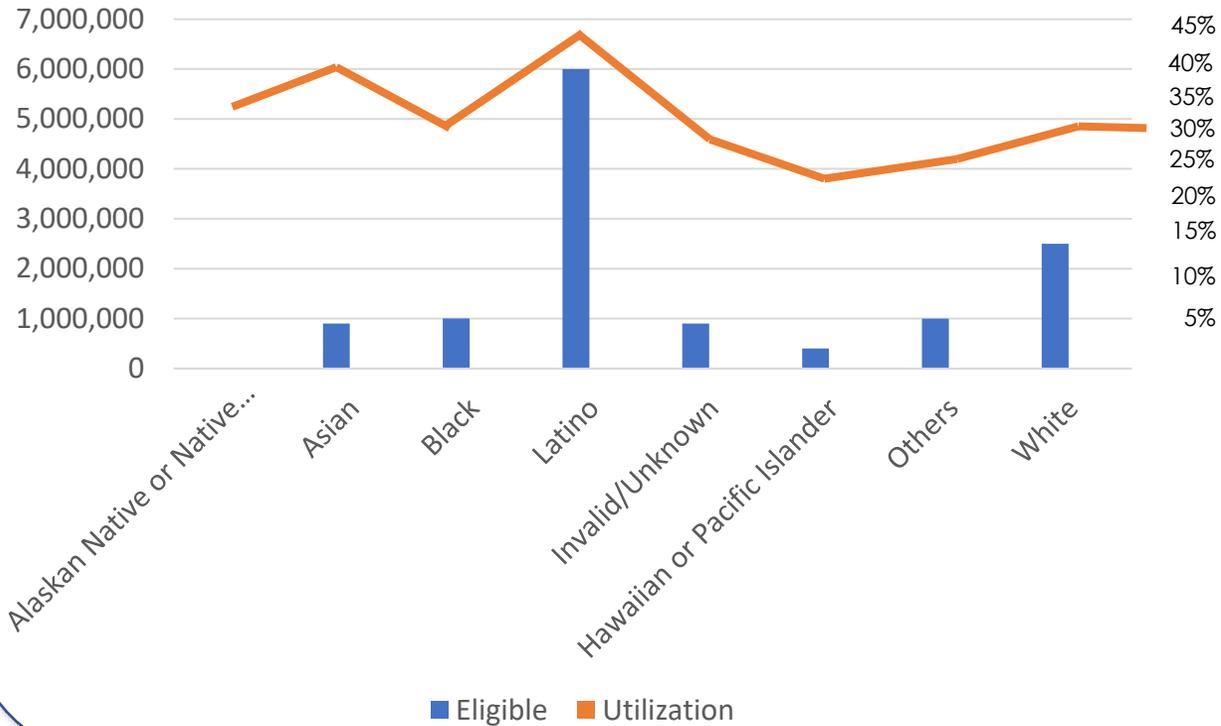
Dr. Cherag D. Sarkari and Danielle Cannarozzi

# Oral Health Equity for our Diverse Population

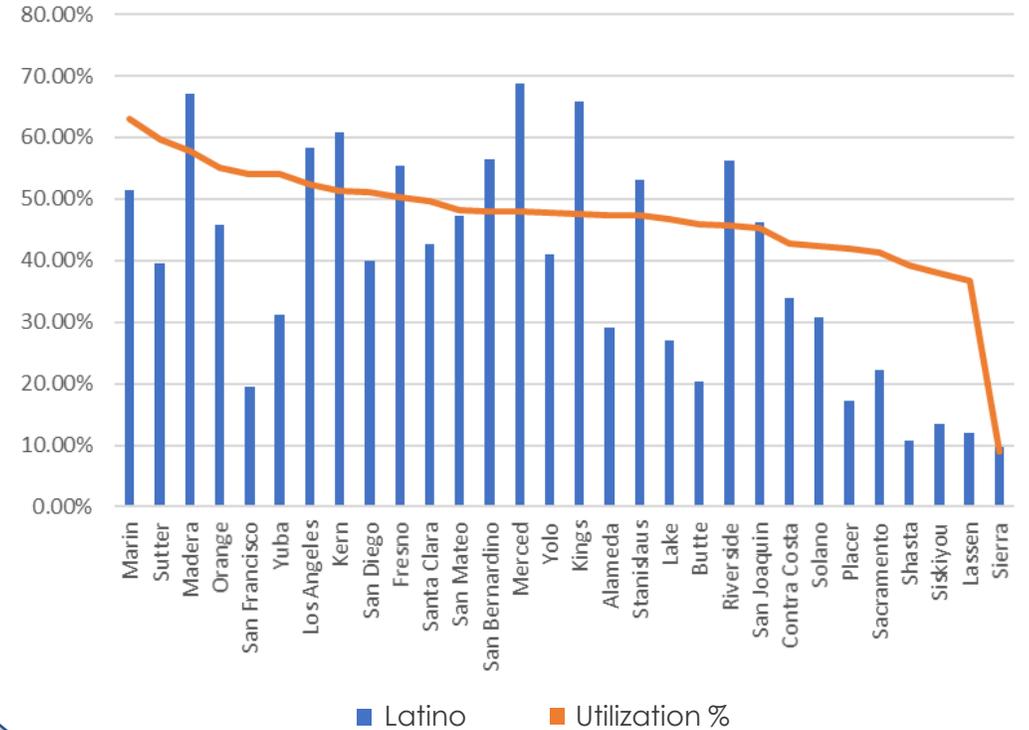
**Dr. Cherag Sarkari, California Dental Director**  
**Danielle Cannarozzi, Community Outreach Manager**

# The State of Dental Health Disparities in California

## Statewide Utilization by Ethnicity, CY 2019



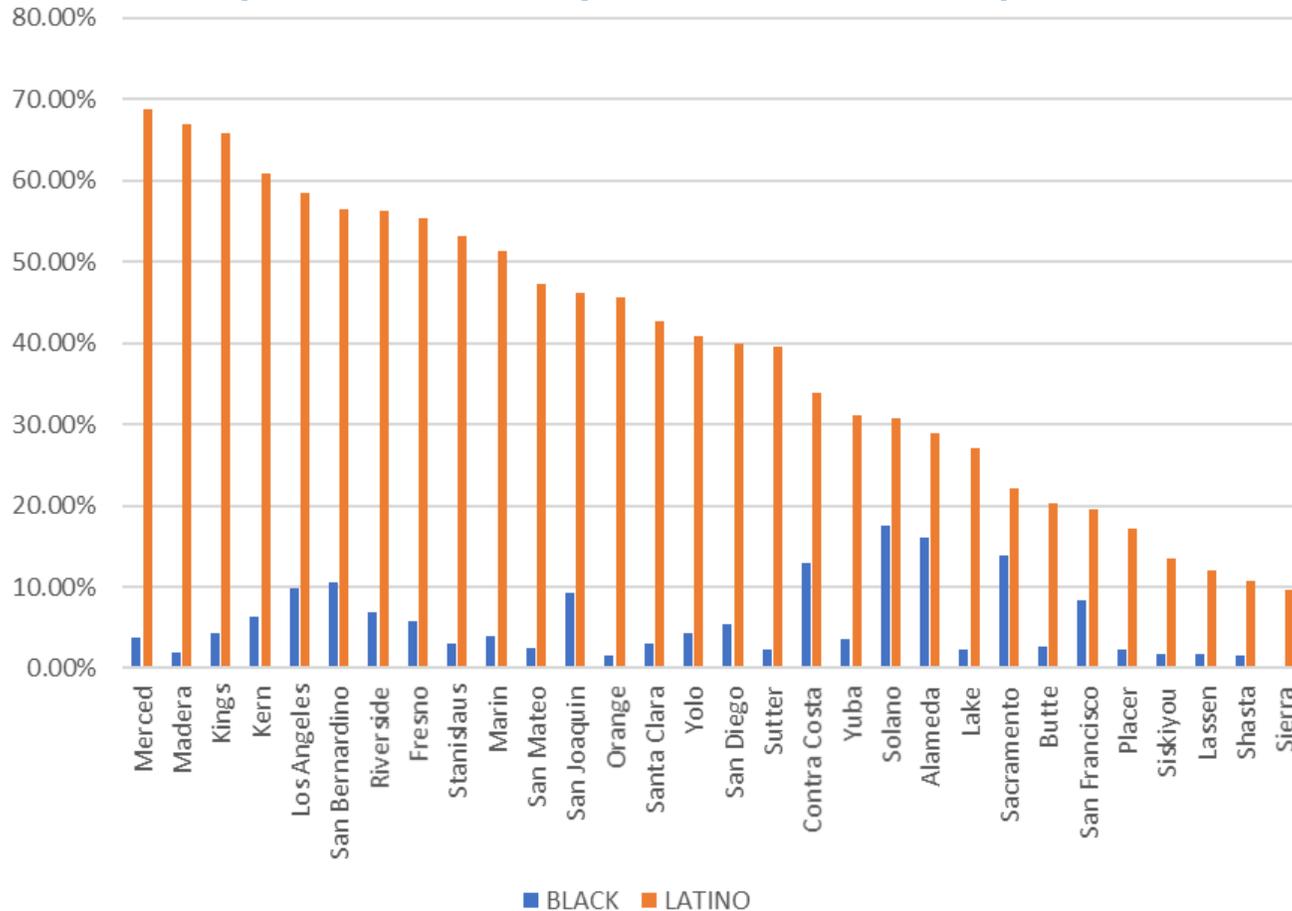
## County Latino Population and Dental Utilization



Source: California Health and Human Services, <https://data.chhs.ca.gov/>

# The State of Dental Health Disparities

## Comparison of County Racial/Ethnic Composition



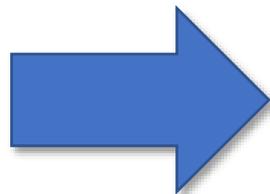
- **LA and Sacramento Counties** have a large African American population and many diverse populations with low dental utilization rates.
- Population differences impact dental utilization.
- **In Summer 2020, LIBERTY identified under-utilization among our African American membership.**
- We engaged in analysis at the zip code levels to prioritize our efforts on enrollees most in need of engagement.

	Enrollees	% of Enrollees	Claims	Utilization %
<b>Grand Total</b>	261,789		121,939	
<b>White (non-Latino)</b>	63,124	24.11%	28,396	45.0%
<b>Latino</b>	57,776	22.07%	33,757	58.4%
<b>Not Provided</b>	48,463	18.51%	17,138	35.4%
<b>Black</b>	41,538	15.87%	16,484	39.7%
<b>Amerasian</b>	36,336	13.88%	19,216	52.9%
<b>American Indian</b>	567	0.22%	300	52.9%
<b>Other</b>	13,985	5.34%	6,648	47.5%

Source: California Health and Human Services, <https://data.chhs.ca.gov/>

## LIBERTY Approach to Addressing Disparities

Addressing disparities is a solution to close the gaps in utilization and access



1

**Analytics** – We have identified different utilization practices and needs of market segments (e.g., African American community, Refugee community).

2

**Customer Service** – We have created a segmented approach to customer service (cultural brokers, translated materials, dedicated phone lines, multi-lingual agents).

3

**Provider Recruiting** – We recruit providers who speak the languages of our membership, as well as track provider office demographics to facilitate best match to dental home.

4

**Community Partnerships** – We have created unique and hyper local partnerships to increase access and utilization such as in Sacramento's African American and Refugee communities.

## Developed Community Partnerships and formed an Advisory Board including:

- *Improve Your Tomorrow*
- *Black Child Legacy Campaign – All 7 CIL partners*
- *Child Protective Services Cultural Brokers*
- *Sacramento County Departments of Human Assistance & Public Health*
- *Black Infant Health*
- *Asian Resources Inc.*
- *Sacramento Housing & Redevelopment Agency*
- *South Sac Christian Center*
- *Sierra Health Foundation*
- *Sacramento District Dental Society and dental providers*

## Dental Advocate Program with Black Child Legacy Campaign:

LIBERTY is sponsoring \$1,000 monthly funding for all seven BCLC Community Incubator League sites to provide oral health education for all community members and use the MDRAN system to navigate beneficiaries to their dental plan.

## LIBERTY Dental Plan's Oral Health Champions of Tomorrow Scholarship Program:

We partnered with Improve Your Tomorrow and Sac City College, creating a \$40,000 scholarship program for 4 African American males graduating from Sac County high schools to go into dental assisting program at SSC.

## Screenings and Services in Communities:

LIBERTY conducted oral health education and brought dental providers to do screenings in both Sacramento and Los Angeles (low-income housing complexes, South Sac Christian Center and other churches, and COVID testing and vaccination sites, among others).



# Outreach and Engagement of the Black and Latino Communities in LA County

## **Community Partnerships in LA County:**

- **Black Women for Wellness** partnership, sponsoring meals and dental kits.
- **Tzu-Chi - Villacorta Elementary Food Distribution** for the **Rowland Unified School District** partnership, providing 5,600 dental kits.
- Education, dental home navigation, and dental screenings at six **L.A. Care Family Resource Centers**.
- Donations and participation to weekly food distribution events through the **USC Violence Intervention Program and It's Bigger Than US** in partnership with the DREAM Center. 3,000 families have been served during COVID.

*Coming in 2022 – LA Advisory Board based on success of Sacramento Board*



# Outreach and Engagement of the Black and Latino Communities in LA County (continued...)



## Community Partnerships in LA County:

- Oral health presentations for **Child Development Institute and Friends of The Family**, an organization that provides a safety net of support services for families who are struggling with poverty, isolation, and community violence and Project SAFE (Support and Advocacy for Family Empowerment), a child abuse prevention program.
- Oral health workshops for the elderly, through the **¡Vive Bien! Senior Wellness Dual Eligible Program** from White Memorial Community Health Center, benefiting over 1,000 members.
- Regular partnerships with **East Los Angeles Community College, Child Care Resource Center, Whittier Wellness Center, and Covid Screening sites with Hilda Solis.**



## Screenings and Services in Communities:

LIBERTY conducted oral health education and brought dental providers to do screenings in both Sacramento and Los Angeles (low-income housing complexes and other churches, and COVID testing and vaccination sites, among others).



- **Sacramento County is a diverse community and has been a settlement destination for many refugee populations, including:**

- Hmong
- Iraqi
- Syrian
- Afghan
- Others



- **Most recently, 1,700 Afghan refugees have resettled in Sacramento**
- **Sacramento is of the largest Afghan resettlement areas in the U.S.**  
→ **1/9 Afghans living in the U.S. are in Sacramento (Sac Bee)**

## Partnership with International Rescue Committee (IRC):

- LIBERTY's HEART Outreach Team have worked with the IRC Case Management Program for 5 years.
- Quarterly, LIBERTY conducts an oral health education presentation and dental plan navigation to help the individuals connect with the 3 dental plans to make an appointment. These are new refugees, typically 1-6 weeks from arrival in U.S.

## Oral Health Screenings:

- We partner with local refugee agencies to do screenings at the highest populated housing complexes and local Afghan restaurants and grocery stores.
- **Pilot Program with Crystal Dental:** Staff will join LIBERTY outreach team on-site and conduct dental screenings and fluoride varnish, with focus on the following ethnic communities/languages: **Afghan, Arabic, and Hmong.**



International Rescue Committee

## Partnership with Sacramento Community Health Clinic:

SCHC processes 100% of the new refugee residents – administering their vaccines and health visits.

LIBERTY is working with the Medical Director to help them implement dental screenings for every refugee served and help them determine how to bill correctly. We are also exploring incorporation of Teledentistry when RDHAPs cannot be on-site.

## Community Smiles/FindHelp Overview

LIBERTY's Community Smiles Program is a referral program to connect our members to free and low-cost community resources to address needs such as food insecurity, housing, and lack of transportation.

Members can also self-search for programs on our website using the Findhelp platform.

<https://communityresources.libertydentalplan.com>



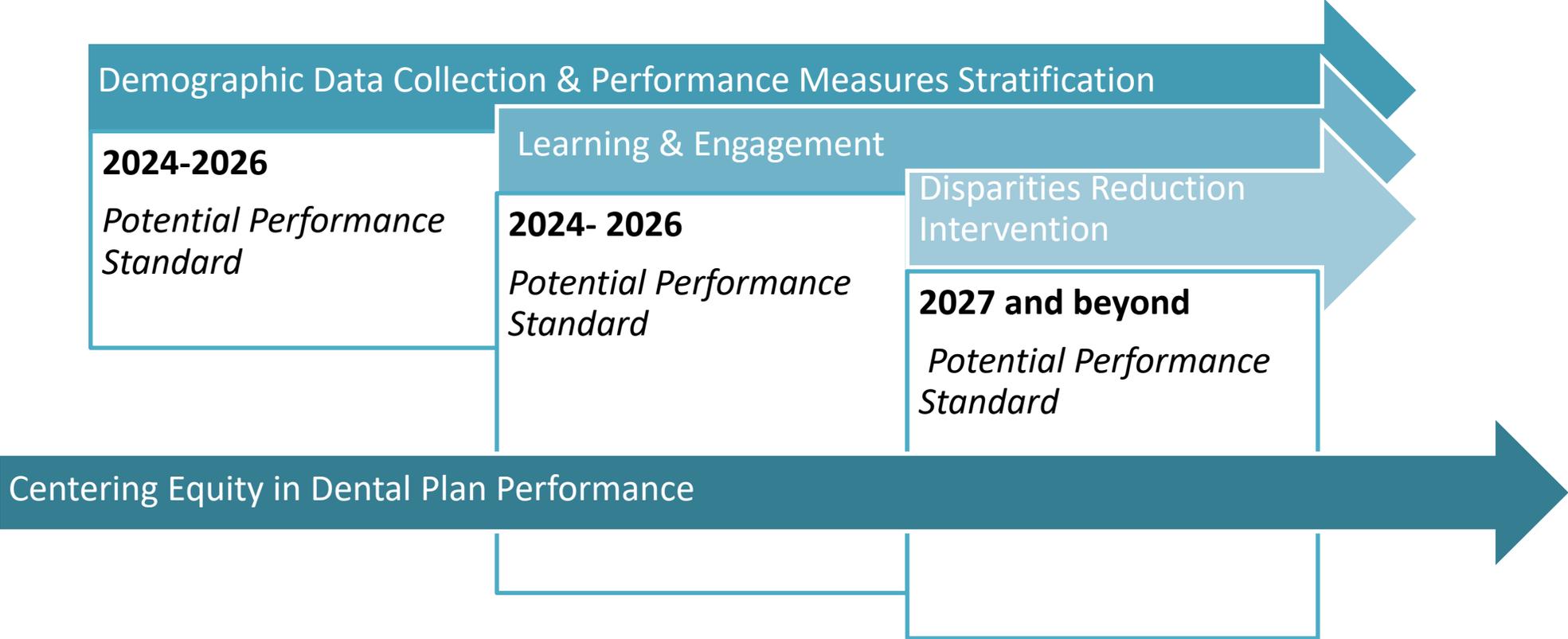
# Covered California Contractual Provisions

Rebecca Alcantar

# COVERED CA MULTIPRONG APPROACH TO REDUCE DISPARITIES

Covered California’s multi-year disparities reduction approach seeks to achieve the following goals:

- Goal 1: establish demographic and disparity data capture to support measurement, and
- Goal 2: establish structure for rigorous disparities intervention development, in order to
- Goal 3: systematically measure and reduce disparities.



# HEALTH PLAN CONTRACTUAL REQUIREMENTS

## Demographic Data Collection

- PY 2017-2022: race/ethnicity
- PY 2023-2025: race/ethnicity; preferred spoken and written language (new)

## Stratification of performance measures by demographic attributes

- PY 2017-2022: race/ethnicity
- PY 2023-2025: race/ethnicity, income (new)

## Disparity intervention design and reduction with performance standards

- PY 2020-2021 intervention design, implementation
- PY 2022 and beyond performance standards for disparity reduction

## Health Equity Capacity Building

- PY 2022/23: NCQA Distinction in Multicultural Health Care/Health Equity Accreditation

# COVERED CA DEMOGRAPHIC DATA COLLECTION

Topic	Question	Answer Options	Where in the Application?	Optional or Mandatory?	Transmitted through 834?
Ethnicity	Is Jane of Hispanic, Latino or Spanish Origin?	Yes; No	In flow	Optional	No, fix scheduled for Fall 2022
Ethnicity (if yes)	What is Jane's origin?	Cuban; Guatemalan; Mexican/Mexica/American/Chicano; Puerto Rican; Salvadorian; Other Hispanic, Latino, or Spanish Origin	In flow	Optional	Yes (only if yes above; up to 10 selections in combination with race selection(s))
Race	What is Jane's Race?	American Indian or Alaska Native; Asian Indian; Black or African American; Cambodian; Chinese; Filipino; Guamanian or Chamorro; Hmong; Japanese; Korean; Laotian; Native Hawaiian; Samoan; Vietnamese; White; Other	In flow	Optional	Yes (up to 10 selections in combination with ethnicity selection(s))
Spoken Language	In what language should we speak to Jane?		In flow	Optional at this time and defaults to English if no active selection is made	Yes
Written Language	In what language should we write to Jane?		In flow	Optional and defaults to English if no active selection is made	Yes

# COVERED CA DEMOGRAPHIC DATA COLLECTION (CONT'D)

Topic	Question	Answer Options	Where in the Application?	Optional or Mandatory?	Transmitted through 834?
Sex	What is Jane's sex?	Female; Male; Transgender: Female to Male; Transgender: Male to Female	In flow	Required for every household member consumer adds	Yes, but only Male or Female codes; Transgender codes are mapped back to sex assigned at birth
Gender	What is your gender? Select that option that best describes your current gender identity	Female; Male; Transgender: Female to Male; Transgender: Male to Female; Non-Binary (neither male nor female; Another gender identity	After eligibility--must be actively navigated to by consumer	Optional	No
Sex	What sex was listed on your original birth certificate?	Female; Male	After eligibility--must be actively navigated to by consumer	Optional	No
Sexual Orientation	Do you think of yourself as:	Straight or heterosexual; Gay or lesbian; Bisexual; Queer; Another sexual orientation; Unknown	After eligibility--must be actively navigated to by consumer	Optional	No
Disability Status	Does Jane have a physical, mental, emotional or developmental disability?	Yes, No	In flow as a pop-up after submitting application, but only if applying for subsidies	Mandatory for subsidized applications, not shown to unsubsidized applications	No

# QDP PROPOSED PROVISIONS: DEMOGRAPHIC DATA COLLECTION THRESHOLDS

**Proposed requirement:** 80% capture of Covered CA member self-reported race/ethnicity by 2026.

PY 2024: establish race/ethnicity capture baseline rate

PY 2025: meet an interim target race/ethnicity capture rate

PY 2026: attain 80% race/ethnicity capture

Current response rate is approximately 80% (QDP issuer response range: 73-85%)

**Performance Standard:** Yes, proposed

**Implementation and assessment:** assess QDP issuer HEI data

**Rationale:** Accurate and complete demographic data is necessary for measure stratification and disparities identification and reduction.

Contractor to work with Covered CA to assess expansion of demographic data collection to additional areas.

# QDP PROPOSED PROVISIONS: QUALITY MEASURE STRATIFICATION

**Proposed Requirement:** Engage with Covered CA to assess and monitor disparities using stratified quality measures.

**Performance Standard:** Not proposed

**Implementation and assessment:** Covered CA to stratify Dental Quality Alliance (DQA) measures by race/ethnicity using QDP HEI data; stratify by additional demographic factors over time, assess and monitor disparities over time.

**Rationale:** Disparities identification, monitoring, and reduction require stratification of measures by demographic attributes.

# QDP PROPOSED PROVISIONS: STRATIFIED MEASURES SET

Covered California will identify priority measures and modify the measures set over time, with stakeholder input, to track disparities in care and health outcomes.

## **Covered California Measure Selection Criteria**

- Epidemiologically relevant: target conditions that are key drivers of morbidity/mortality, with significant racial/ethnic disparities in outcomes
- Outcomes focused: select measures with clear linkage to clinical outcomes
- Established: minimize administrative burden by relying on nationally endorsed metrics
- Actionable: improvement is clearly amenable to health care intervention
- Parsimonious: select subset of measures to achieve impact
- Aligned: allow maximal synergy across health plans and providers

# QDP PROPOSED PROVISIONS: LEARNING AND ENGAGEMENT SESSIONS

**Proposed Requirement:** Require participation in collaborative and individual learning and engagement sessions hosted by Covered CA:

Potential group learning sessions:

## [The Roadmap to Reduce Disparities](#)

- Disparities identification
- Root cause analysis
- Design and development of disparity interventions

Proposed individual sessions hosted by Covered CA

- Establishment of baseline measurement for disparity identification
- Establishment of baseline for performance measurement and proposed improvement target

**Performance Standard:** Yes, proposed

**Rationale:** Effective disparities reduction requires application of an equity lens and expanded stakeholder engagement in addition to quality improvement elements.

# QDP PROPOSED PROVISIONS: IMPLEMENTATION OF DISPARITY INTERVENTIONS

Anticipated accountability for measurable and meaningful reduction in disparities in Plan Year 2027 and beyond, extending current health plan multi-year requirements:

- Contractor to submit a disparity reduction intervention proposal to Covered CA.
- Contractor to meet a quality improvement target for the disparity intervention population based on the disparity reduction intervention proposal approved by Covered CA. Contractor must report progress through submission of specified progress reports.
- Contractor must meet a multi-year disparity reduction target. Contractor must report progress toward this target by submitting specified progress reports.

# Open Discussion and Feedback

# NEXT STEPS

- Feedback on proposed disparities reduction contractual provisions appreciated by Thursday April 21, 2022.
- Submit questions and comments to Dianne Ehrke at [PMDContractsUnit@covered.ca.gov](mailto:PMDContractsUnit@covered.ca.gov)
- The next 2024-2026 QDP Issuer Model Contract Refresh Workgroup will be May 5<sup>th</sup> from 10:00am-11:50am. Anticipated focus on alignment opportunities. Materials forthcoming.

Thank you