2024-2026 QDP Issuer Model Contract Refresh Workgroup
Disparities Reduction
April 7, 2022
<table>
<thead>
<tr>
<th>Time</th>
<th>Topic</th>
<th>Presenter</th>
</tr>
</thead>
<tbody>
<tr>
<td>10am-10:10</td>
<td>Welcome and Introductions</td>
<td>Tara Di Ponti</td>
</tr>
<tr>
<td>10:10-10:25</td>
<td>Covered California Health Equity &amp; Quality Transformation Refresh</td>
<td>Taylor Priestley &amp; Elena Wise</td>
</tr>
<tr>
<td></td>
<td>- Proposed 2024-2026 QDP framework, principles, and priorities</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Overview of 2024-2026 QDP refresh workgroup process</td>
<td></td>
</tr>
<tr>
<td>10:25-10:40</td>
<td>Presentation from California Pan-Ethnic Health Network</td>
<td>Carolina Valle</td>
</tr>
<tr>
<td>10:40-10:55</td>
<td>Presentation from LIBERTY Dental Plan</td>
<td>Dr. Cherag D. Sarkari &amp; Danielle Cannarozzi</td>
</tr>
<tr>
<td>10:55-11:15</td>
<td>Covered California Contractual Provisions</td>
<td>Rebecca Alcantar</td>
</tr>
<tr>
<td>11:15-11:45</td>
<td>Open Discussion and Feedback</td>
<td>Discussion</td>
</tr>
<tr>
<td>11:45-11:50am</td>
<td>Next Steps and Adjourn</td>
<td>Tara Di Ponti</td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th>Domains for Equitable, High-Quality Care</th>
<th>Care Delivery Strategies</th>
<th>Goals</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Health promotion and prevention</td>
<td>• Effective primary care</td>
<td>• Improvement in health status</td>
</tr>
<tr>
<td>• Acute care</td>
<td>• Appropriate, accessible specialty care</td>
<td>• Elimination of disparities</td>
</tr>
<tr>
<td>• Chronic care</td>
<td>• Leveraging technology</td>
<td>• Evidence-based care</td>
</tr>
<tr>
<td>• Complex care</td>
<td>• Cultural and linguistic competence</td>
<td>• Patient-centered care</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Affordability for consumers and society</td>
</tr>
</tbody>
</table>

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

- Quality is central
- Equity is quality
- Measures that matter
- Make quality count
- Amplify through alignment
- Promote public good
- Care about cost

STRATEGIC FOCUS AREAS

- Disparities reduction
- Advanced primary care
- Health Promotion & Prevention
- Data exchange
- Value Based Payment

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

2024-2026 refresh
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
 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
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

Without dental insurance: 4.5%
With dental insurance: 1.6%

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.

Source: California Health Interview Survey, 2019
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

Source: ADA Health Policy Institute Survey, 2015
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

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

County Latino Population and Dental Utilization
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.

Source: California Health and Human Services, https://data.chhs.ca.gov/
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.
Outreach and Engagement of the Black Community

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 SCC.

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.)
Diverse Refugee Populations in Sacramento

- 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 one of the largest Afghan resettlement areas in the U.S.
  → 1/9 Afghans living in the U.S. are in Sacramento (Sac Bee)
Outreach and Engagement of Refugee Communities

**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.

**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.
Social Determinants of Health

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 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
<table>
<thead>
<tr>
<th>Topic</th>
<th>Question</th>
<th>Answer Options</th>
<th>Where in the Application?</th>
<th>Optional or Mandatory?</th>
<th>Transmitted through 834?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ethnicity</td>
<td>Is Jane of Hispanic, Latino or Spanish Origin?</td>
<td>Yes; No</td>
<td>In flow</td>
<td>Optional</td>
<td>No, fix scheduled for Fall 2022</td>
</tr>
<tr>
<td>Ethnicity (if yes)</td>
<td>What is Jane’s origin?</td>
<td>Cuban; Guatemalan; Mexican/Mexican; American/Chicano; Puerto Rican; Salvadorian; Other Hispanic, Latino, or Spanish Origin</td>
<td>In flow</td>
<td>Optional</td>
<td>Yes (only if yes above; up to 10 selections in combination with race selection(s))</td>
</tr>
<tr>
<td>Race</td>
<td>What is Jane’s Race?</td>
<td>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</td>
<td>In flow</td>
<td>Optional</td>
<td>Yes (up to 10 selections in combination with ethnicity selection(s))</td>
</tr>
<tr>
<td>Spoken Language</td>
<td>In what language should we speak to Jane?</td>
<td></td>
<td>In flow</td>
<td>Optional at this time and defaults to English if no active selection is made</td>
<td>Yes</td>
</tr>
<tr>
<td>Written Language</td>
<td>In what language should we write to Jane?</td>
<td></td>
<td>In flow</td>
<td>Optional and defaults to English if no active selection is made</td>
<td>Yes</td>
</tr>
<tr>
<td>Topic</td>
<td>Question</td>
<td>Answer Options</td>
<td>Where in the Application?</td>
<td>Optional or Mandatory?</td>
<td>Transmitted through 834?</td>
</tr>
<tr>
<td>---------------------</td>
<td>---------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------------------</td>
<td>-------------------------</td>
<td>---------------------------</td>
</tr>
<tr>
<td>Sex</td>
<td>What is Jane’s sex?</td>
<td>Female; Male; Transgender: Female to Male; Transgender: Male to Female</td>
<td>In flow</td>
<td>Required for every household member consumer adds</td>
<td>Yes, but only Male or Female codes; Transgender codes are mapped back to sex assigned at birth</td>
</tr>
<tr>
<td>Gender</td>
<td>What is your gender? Select that option that best describes your current gender identity</td>
<td>Female; Male; Transgender: Female to Male; Transgender: Male to Female; Non-Binary (neither male nor female; Another gender identity)</td>
<td>After eligibility--must be actively navigated to by consumer</td>
<td>Optional</td>
<td>No</td>
</tr>
<tr>
<td>Sex</td>
<td>What sex was listed on your original birth certificate?</td>
<td>Female; Male</td>
<td>After eligibility--must be actively navigated to by consumer</td>
<td>Optional</td>
<td>No</td>
</tr>
<tr>
<td>Sexual Orientation</td>
<td>Do you think of yourself as:</td>
<td>Straight or heterosexual; Gay or lesbian; Bisexual; Queer; Another sexual orientation; Unknown</td>
<td>After eligibility--must be actively navigated to by consumer</td>
<td>Optional</td>
<td>No</td>
</tr>
<tr>
<td>Disability Status</td>
<td>Does Jane have a physical, mental, emotional or developmental disability?</td>
<td>Yes, No</td>
<td>In flow as a pop-up after submitting application, but only if applying for subsidies</td>
<td>Mandatory for subsidized applications, not shown to unsubsidized applications</td>
<td>No</td>
</tr>
</tbody>
</table>
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

☐ The next 2024-2026 QDP Issuer Model Contract Refresh Workgroup will be May 5th from 10:00am-11:50am. Anticipated focus on alignment opportunities. Materials forthcoming.
Thank you