Plan Management Advisory Workgroup

June 13, 2024

AGENDA

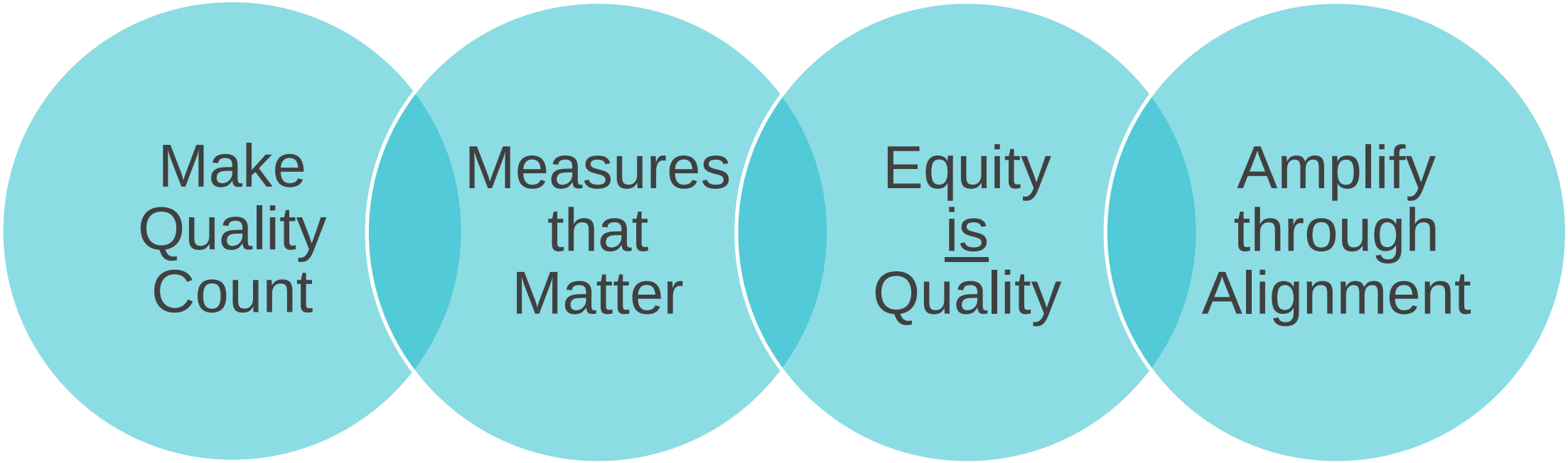
Time	Topic	Presenter
10:00 – 10:05	Welcome and Agenda Review	Rick Krum
10:05 – 10:40	Quality Transformation Initiative: Update on Population Health Investments	Joy Dionisio/ Monica Soni
10:40 – 11:00	Quality Transformation Initiative: Discussion on Proposed Health Equity Methodology	Mayra Miranda/Monica Soni
11:00 – 11:30	Plan Performance Report Update	Barbara Rubino
11:30 – 12:00	Open Forum	All

Quality Transformation Initiative: Update on Population Health Investments (PopHI)

S. Monica Soni, MD
Chief Medical Officer,

Joy Dionisio, MPH
Senior Equity and Quality Specialist

QUALITY TRANSFORMATION INITIATIVE



0.8% to 4% premium at risk for

A small set of clinically important measures

Stratified by race/ethnicity

Selected in concert with other public purchasers*

*Public purchasers includes CalPERS and DHCS/Medi-Cal

GUIDING PRINCIPLES: USE OF FUNDS

Centered on goal to improve health outcomes for Covered California enrollees

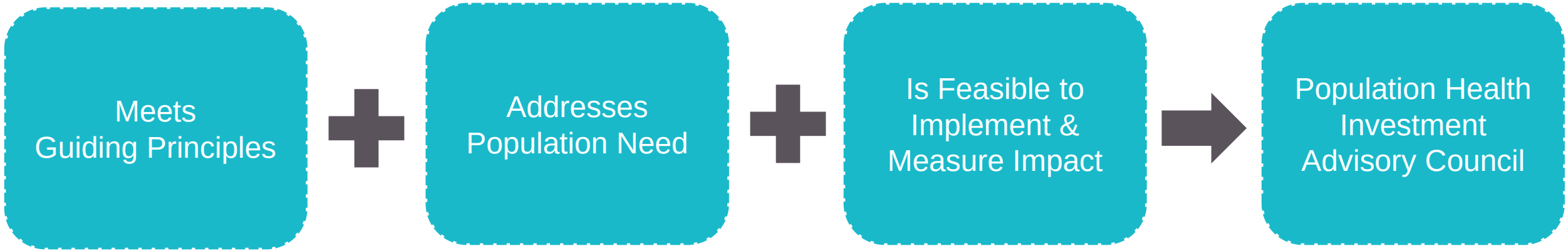
Equity First: funds should preferentially focus on geographic regions or communities with the largest identified gaps in health and quality among California subpopulations

Direct: use of funds should lead to measurable improvements in quality and outcomes for enrollees that are related to QTI Core Measure performance

Evidence-based: use of funds should be grounded in approaches that have established evidence of success in driving improvements in quality or outcomes

Additive: funds should be used to advance quality in a currently underfunded arena.

POPULATION HEALTH INVESTMENTS: SELECTION CRITERIA



A prioritized list of Population Health Investments will be presented at Plan Management Advisory Workgroup and Covered California Board in 2024

Population Health Investment Advisory Council

POPULATION HEALTH INVESTMENT ADVISORY COUNCIL

The Council is a **trusted advisory body** consisting of stakeholders and subject matter experts selected by Covered California who support **successful deployment of PopHIs** to improve the quality of healthcare and to reduce health disparities for Covered California enrollees.

- Advise Covered California in the **selection of initial Population Health Investments** (PopHIs, pronounced “Poppy”).
- Guide and **inform program design features** of selected PopHIs, such as: member eligibility, program operations, and key performance indicators and evaluation approaches.
- Establish a forum that **supports successful deployment** of PopHIs through expert and trusted counsel.

The PopHI Advisory Council **does not have decision making authority**, and Covered California is not bound to adopt any of the PopHI Advisory Council’s recommendations, but the input shared is critical to sculpting both design and implementation.

REVISIONS TO FORMAT OF ADVISORY COUNCIL

Concern	Response
1. The Advisory Council would benefit from stronger consumer advocacy presence.	• Added a current Covered California Consumer to the Advisory Council.
2. Allowing public participation via written comments only does not align with Covered California's strong history of open forums.	• The last 10 minutes of every Advisory Council meeting has been opened for public comment. • Written comments continue to be accepted.
3. Having meeting materials available only live during meeting impairs ability to make written comment.	• The meeting materials are posted online in advance of every meeting at https://hbex.coveredca.com/stakeholders/plan-management/qti/.

POPULATION HEALTH INVESTMENT ADVISORY COUNCIL

Membership:

The Advisory Council consists of 10 to 12 members plus Ex Officio, including the following:

- Qualified Health Plan Issuers (2-3)
- California-based Government Officials (2)
- Consumer, Consumer Advocates, Thought Leaders, and Experienced Professionals (4-6)
- California-based Providers (2-3)
- Ex Officio (2)
    - California Department of Health Care Services
    - California Public Employees' Retirement System

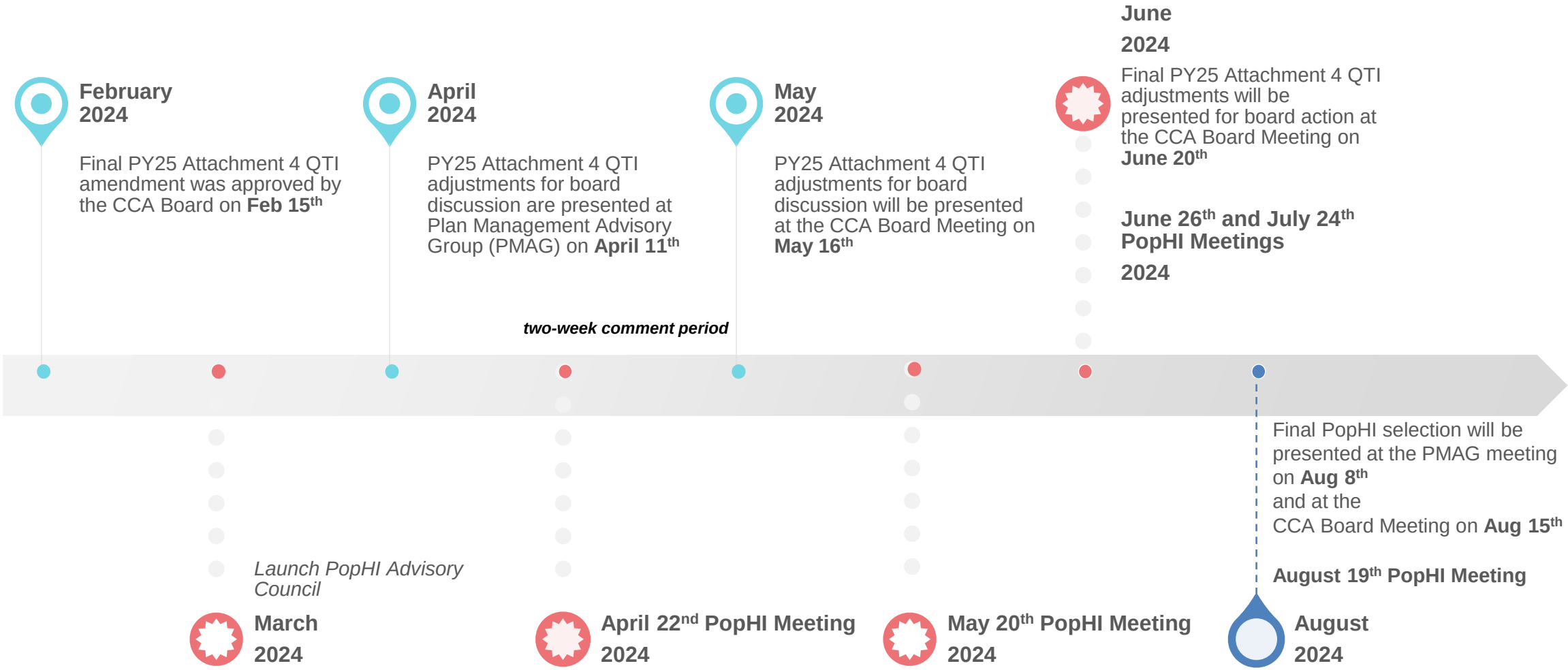
Participants:

- **Tomás Aragón, MD, DrPH -** Director and State Public Health Officer, California Department of Public Health
- **Palav Babaria, MD, MPH -** Deputy Director & Chief Quality and Medical Officer, QPHM, Department of Health Care Services
- **Corrin Buchanan, MPP -** Deputy Secretary for Policy and Strategic Planning, CalHHS
- **Tracy M. Imley, MD -** Regional Assistant Medical Director, Quality and Clinical Analysis, Southern California Permanente Medical Group
- **Amanda Johnson -** Deputy Director, State and Population Health Group, CMS Innovation Center
- **Edward Juhn, MD, MBA, MPH -** Chief Quality Officer, Inland Empire Health Plan
- **Julia Logan, MD -** Chief Clinical Director, Clinical Policy & Programs Division, CalPERS
- **Peter Long, PhD -** Executive Vice President, Strategy and Health Solutions, Blue Shield of California
- **Bianca Mahmood** - Covered California Consumer
- **Sarita Mohanty, MD -** President and Chief Executive Officer, The SCAN Foundation
- **Cary Sanders, MPP -** Senior Policy Director, California Pan-Ethnic Health Network
- **Kristof Stremikis, MPP, MPH -** Director, Market Analysis and Insight, California Health Care Foundation
- **Sadena Thevarajah, JD -** Managing Director, Health Begins
- **Raymond Tsai, MD, MS -** Vice President, Advanced Primary Care, Purchaser Business Group on Health

COUNCIL COMPETENCIES

	Advocacy	Collaborative Experience	Community Health	Consumer Voice	Data Analysis	Direct Patient Care	Experience with Vulnerable Populations	Health Equity	Healthcare Innovation	Healthcare Leadership or Management	Policy Development	Public Health	Quality Improvement in Healthcare	Stakeholder Engagement	Strategic Planning or Leadership
TA		✓	✓				✓	✓			✓	✓			
PB		✓	✓		✓	✓	✓	✓	✓	✓	✓		✓		
CB	✓	✓	✓								✓	✓			✓
TI						✓				✓			✓	✓	
AJ					✓				✓	✓	✓			✓	
EJ	✓				✓	✓		✓	✓	✓	✓		✓		✓
JL	✓	✓				✓				✓	✓	✓			✓
PL		✓	✓						✓		✓				✓
BM	✓			✓	✓										
SM	✓					✓	✓		✓	✓	✓	✓			✓
CS	✓	✓		✓			✓	✓			✓			✓	✓
KS		✓			✓						✓		✓	✓	✓
ST	✓	✓					✓				✓		✓		✓
RT	✓		✓			✓	✓			✓	✓	✓			✓

TIMELINE


February 2024
Final PY25 Attachment 4 QTI amendment was approved by the CCA Board on Feb 15th
March 2024
Launch PopHI Advisory Council
April 2024
PY25 Attachment 4 QTI adjustments for board discussion are presented at Plan Management Advisory Group (PMAG) on April 11th
two-week comment period
April 22nd PopHI Meeting 2024
May 2024
PY25 Attachment 4 QTI adjustments for board discussion will be presented at the CCA Board Meeting on May 16th
May 20th PopHI Meeting 2024
June 2024
Final PY25 Attachment 4 QTI adjustments will be presented for board action at the CCA Board Meeting on June 20th
June 26th and July 24th PopHI Meetings 2024
August 19th PopHI Meeting
Final PopHI selection will be presented at the PMAG meeting on Aug 8th and at the CCA Board Meeting on Aug 15th
August 2024

Proposed Population Health Investments

THE HEALTH OF KIDS IN CALIFORNIA

- California's ranking is among the lowest in the nation for children's healthcare
- Having a PopHI focused on children, emphasizes the importance of this special population
- We are also in alignment with other California public purchasers, even though Covered California has a relatively small pediatric population.

California

Ranking Highlights[a]

How Health Care Performance Changed in California[b]

Prevention & Treatment	2023 Scorecard				
Adults with all age- and gender-appropriate cancer screenings	2020	65%	69%	76%	43
Adults with age-appropriate flu and pneumonia vaccines	2021	40%	42%	54%	35
Adults vaccinated against COVID-19 with a booster	2022	52%	42%	63%	9
Diabetic adults without an annual hemoglobin A1c test	2021	16%	10%	4%	48
Children without all recommended vaccines	2021	31%	28%	12%	37
Children with a medical home	2020–21	41%	46%	55%	46
Children without a medical and dental preventive care visit	2020-21	46%	38%	26%	50
Children who did not receive needed mental health care	2020–21	21%	20%	11%	38
Adults age 18 and older with any mental illness who did not receive treatment	2019–20	63%	55%	41%	49

The Commonwealth Fund

Source: Commonwealth Fund 2023 Scorecard on State Health System Performance

PEDIATRIC HEALTHCARE GAPS IN COVERED CALIFORNIA PLANS

- **Deficient Well-Child Visits:** In 2021, out of 15 total plan products, 12 were eligible for evaluation, and 11 of these fell below the 50th percentile, impacting 79% of enrolled children under 2. Under 78% of children at critical growth milestones (15-30mos) had sufficient well-child visits in the past 15 months.
- **Well-Care Visits Lagging for Youth:** 10 out of 15 plan products in 2021 underperformed, affecting 77% of youth 3-21 years old. Less than half of 3 to 21-year-olds received essential well care visits with their PCP.
- **Childhood Immunization Rates Fall Short:** Of the 11 of plan products evaluated in 2021, 7 scored below the 50th percentile. As a result, fewer than 53% of 2-year-olds achieved appropriate immunizations.

Source: MY2021 CMS QRS Data

PROPOSED STRUCTURE OF POPHI: EARLY INVESTMENTS IN CHILDHOOD HEALTH AND WELLNESS

Funding of CSA as the Incentive

Targeted population includes all newborns enrolled in Covered California and children under 2 years old, underscoring the critical nature of early vaccination for lifelong health.

+

Just-In-Time Nudges

Incentive deposited directly into CalKIDS 529 account tied specifically to vaccine series timing. Influenza vaccine series with larger incentive to increase adoption.

+

Scalable Outreach and Education

Culturally tailored tech-enabled outreach paired with on the ground trusted messengers in community starting during prenatal period to optimize uptake.

EARLY INVESTMENTS IN CHILDHOOD HEALTH AND WELLNESS

Meets Guiding Principles

- ✓ *Equity First*
- ✓ *Direct*
- ✓ *Evidence-Based*
- ✓ *Additive*

Addresses Population Need

- ✓ *Underperforming area for Issuers as well as California*

Is Feasible to Implement & Measure Impact

- ✓ *Builds on existing infrastructure*
- ✓ *Well-defined measures of success*

FEEDBACK THEMES

Advisory Council Members

- Strong support for the PopHI
- Support for addition of culturally and linguistically responsive financial coaching
- Interest in amplifying focus on the influenza vaccine
- Advised consideration of long-term versus short-term incentives and the importance of addressing immediate enrollee needs
- Support for consistent messaging across health plans, clinicians and other stakeholders

Public

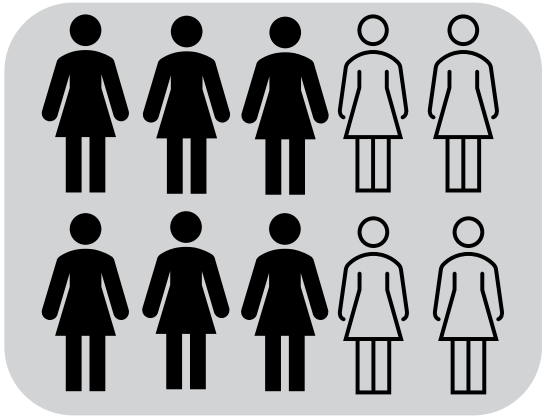
- Families would benefit from funds immediately available for their use
- Encouragement for a multi-pronged approach that also allows for provider incentives
- Concern over timing and implementation cost of PopHIs
- Concern that non-duplication of the work of QHP Issuers is a foundational element of PopHI selection

SNAPSHOT OF OUR ENROLLEES

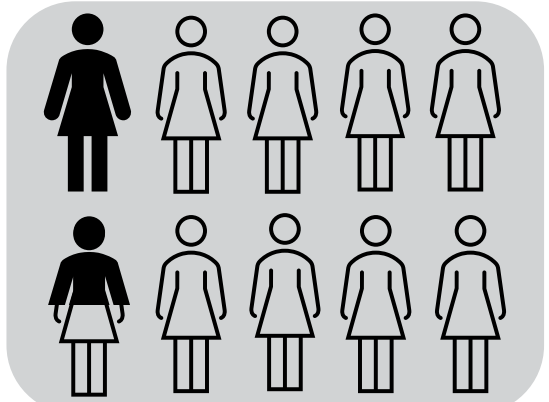
- **60%** of Covered California enrollees (880,770 total individuals) at **FPL 250% or less**
- **47%** of new members report feeling like they **do not have enough money to make ends meet** in the last 12 months

Of enrollees at FPL <200%

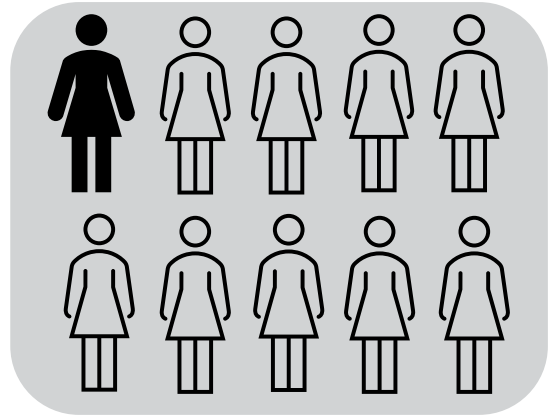
58% of new members who reported **food insecurity** had an FPL < 200%



16% were concerned that in the next 60 days, they **may not have stable housing**

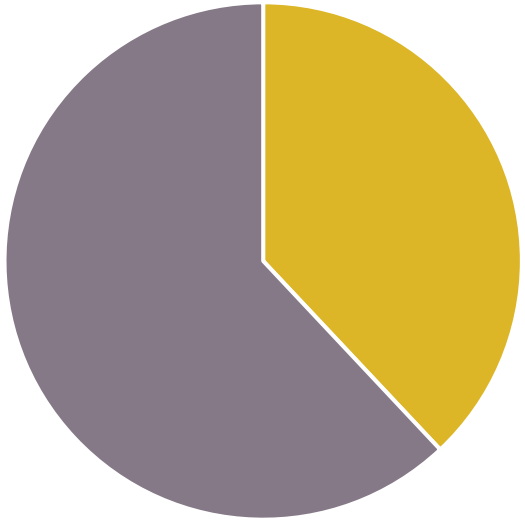


9% have **experienced homelessness** (2% in the past year and 1% currently)

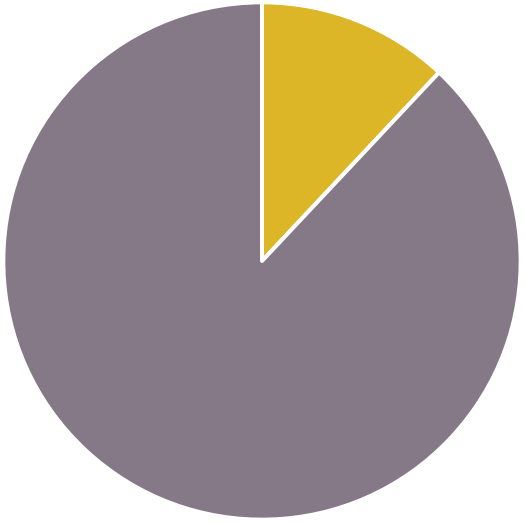


SNAPSHOT OF OUR ENROLLEES

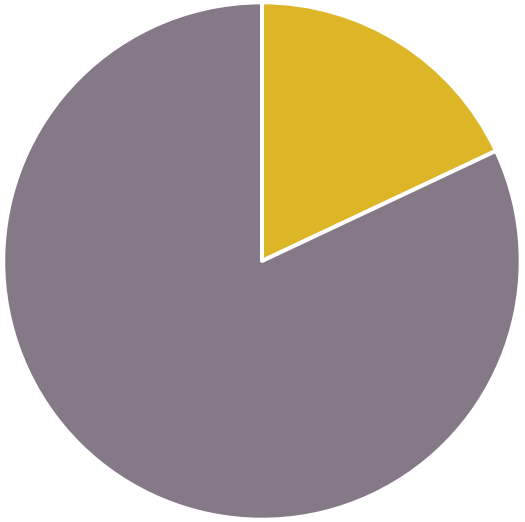
Covered California enrollees have a high prevalence of medical, mental health, and social health needs.



38% of all enrollees have a chronic condition



12% of all enrollees have a mental health diagnosis



18% of all enrollees live in Healthy Places Index lowest Quartile

COVERED CALIFORNIA

2022 on-exchange member data from Health Evidence Initiative all plan claims database

PROPOSED POPHI:
DIRECT INVESTMENT TO ENHANCE FOOD SECURITY

Proposed PopHI Structure

- Eligible Population: FPL < 200-250% + Chronic Condition + Positive Screen for Food Insecurity

- Reusable card with funds loaded
- Merchant codes restricted to food retailers (inclusive of food retailers which sell other goods)

- Third party partner supports funds disbursement and survey data collection
- Participating enrollees are surveyed at regular intervals as part of funds dissemination on outcomes

- Utilization of cards as well as merchants accessed is tracked and reported on a monthly basis

DIRECT INVESTMENT TO ENHANCE FOOD SECURITY

Meets Guiding Principles

- ✓ *Equity First*
- ✓ *Direct*
- ✓ *Evidence-Based*
- ✓ *Additive*

Addresses Population Need

- ✓ *Financial insecurity and instability evident through quantitative and qualitative assessment*

Is Feasible to Implement & Measure Impact

- ✓ *Accepted metrics to track*

+/- Requires third party partner to implement

+/- Targeted outreach challenging

FEEDBACK THEMES

Advisory Council Members

- Support for addressing immediate needs and flexibility
- Consideration of household size and composition
- Inclusion of chronic conditions and rising risk populations
- Recommended 6-month lock-in period for intervention
- Potential for broadening the scope of eligible purchases
- Advised collaboration and alignment with other programs such as CalFRESH and CalAIM via data-sharing and benefits counseling

Public

- Support for a program with controls around what products members can purchase
- Support for funding Community Based Organizations or providers to develop culturally appropriate nutrition education programs for enrollees with poor blood control or hypertension

PUBLIC COMMENT

- Written comments can be sent to EQT@covered.ca.gov
- Materials have been posted at: https://hbex.coveredca.com/stakeholders/plan-management/qti/

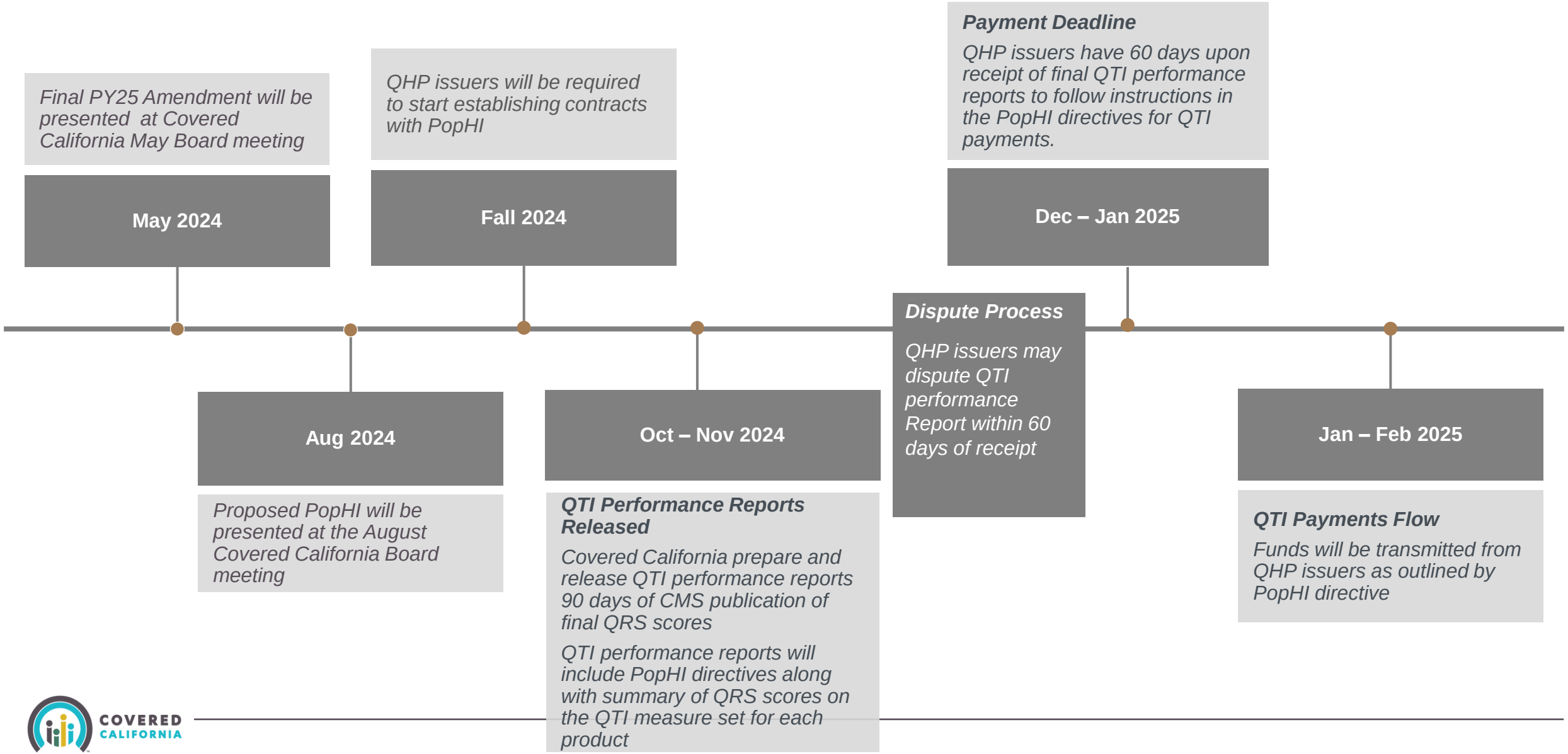
UPCOMING POPHI ADVISORY COUNCIL MEETINGS

Dates

- June 26th 10:30 am – 12:00 pm PT
- July 24th 10:30 am – 12:00 pm PT
- August 19th 1:30 pm – 3:00 pm PT

Population Health Investment Implementation

POPHI DIRECTIVES TIMELINE



COVERED CALIFORNIA

UPCOMING POPHI MILESTONES FOR QHP ISSUERS

Jun 2024	• QHP Issuer QRS data is due
Aug 2024	• Proposed PopHI for 2025 will be presented to PMAG and Covered California Board
Sept - Oct 2024	• QRS Final Scores and Percentiles released by CMS
Oct - Nov 2024	• QTI Performance Reports will be released for each QHP Issuer • PopHI Directives released to each Issuer (which will include instructions for transmitting QTI Payments to PopHIs)
Oct 2024 - Jan 2025	• QHP Issuers will establish contract(s) with third-party partners for relevant PopHI
Nov - Dec 2024	• Dispute period for QHP Issuers
Feb 2025	• QTI funds flow from QHP Issuers to PopHIs as directed by Covered California

NEXT STEPS

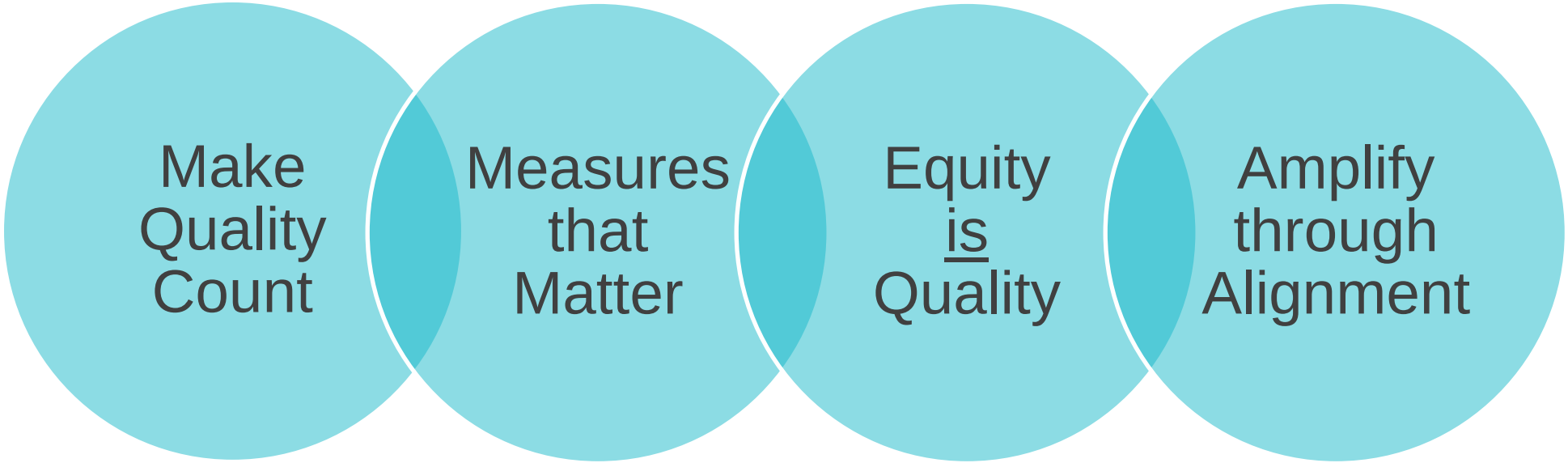
- The EQT team will be reaching out to schedule meetings with each carrier to discuss upcoming PopHI milestones, including issuance of directives and contracting, and answer any outstanding questions.
- Meetings will be scheduled for August – September.
- Please ensure that there is both Quality Improvement and Operations leadership representation available for these meetings.

Quality Transformation Initiative Proposed Health Equity Methodology for 2026-2028 Contract

S. Monica Soni, MD
Chief Medical Officer,

Mayra Miranda
Health Program Specialist II

THERE IS NO QUALITY WITHOUT EQUITY



Delivering on Covered California's vision to improve the health of all Californians, this proposed methodology aligns with efforts occurring at DMHC, DHCS/Medi-Cal, and CalPERS

KEY STRUCTURES OF PROPOSED METHODOLOGY

1. Stratified measure results replace “all-population” measure results for eligible measures
2. Assessment of QTI payments for these measures will be based on performance of stratified subpopulations
3. QRS measure national benchmarks define performance thresholds
4. Health plans accountable to ensure all subpopulations reach the national 66th percentile score for all QTI core measures
5. To be a reportable race/ethnicity group must meet minimum denominator size established
6. Subpopulations that do not meet minimum denominator size will be grouped into "All Other Members"

EXTERNAL FEEDBACK ON PROPOSED METHODOLOGY

- Consultations with national experts from RAND, NCQA, Blue Cross Blue Shield of Massachusetts, Henry Ford Health, as well as Consumer Advocates
- Agreement on use of reliability thresholds to determine minimum denominator size for financial accountability programs
- Strong support for using national all-population benchmark to mitigate against perverse incentives
- Support for inclusion of small subpopulations, but advised to ensure “All Other Races” should be grouped as currently organized
- Further statistical analysis recommended to assess “All Other Member” subpopulation

SUMMARY OF FEEDBACK

Benchmark:

- Feedback was generally in support of using 66th percentile
- Some issuer requests to start at lower percentile with new methodology

Amount of premium at risk:

- Multiple issuers recommend re-setting at-risk percentage with gradual increase

New entrant amount of premium at risk:

- Multiple issuers recommend new entrants starting at same risk amount

Minimum denominator size:

- General support
- Concern around application to smaller plans
- Recommendation to use lowest possible denominator size that meets reliability

Oversight of smaller sub-populations:

- General support for additional layers of oversight proposed
- Consumer advocate groups would like further assurance that historically underserved populations are accounted for

SUMMARY OF PROPOSED METHODOLOGY

1. Stratified measure results replace “all-population” measure results for eligible measures
2. Assessment of QTI payments for these measures will be based on performance of stratified subpopulations
3. QRS measure national benchmarks define performance thresholds
4. Health plans accountable to ensure all subpopulations reach the national 66th percentile score for all QTI core measures
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Plan Performance Report

Barbara Rubino, MD
Associate Chief Medical Officer,
Manager of Health Informatics Unit

SUMMARY

Plan Performance Report

Purpose: We are reimagining the Plan Performance Report, rooted in the language of AB-929, to give actionable data insights to users and to display data on cost, quality, and disparities reduction initiatives of QHPs.

Current State: The report has been published in 2021 (MY2017-2019) and again in 2023 (MY2020-2021). It contains QHP-level performance across quality measures and is stratified by race/ethnicity across a limited set of measures. Data is shared via the HBEX website in static PDF data tables.

Near Term Changes: We are proposing several significant changes to the 2024 Report (MY2022-MY2023). These include: the addition of several utilization measures, an expanded approach to stratification by race/ethnicity subpopulation, language, income, and rural vs urban zip code, and the incorporation of additional visuals to highlight key takeaways and trends.

Future State: We are working toward the development of an even more meaningful set of measures, including the inclusion of additional measures as well as sunsetting certain measures. Additionally, we are building capacity to leverage additional tools for data visualization and user insights.

QUALITY CARE

Quality Care

We ensure consumers consistently receive accessible, equitable, high-quality care.

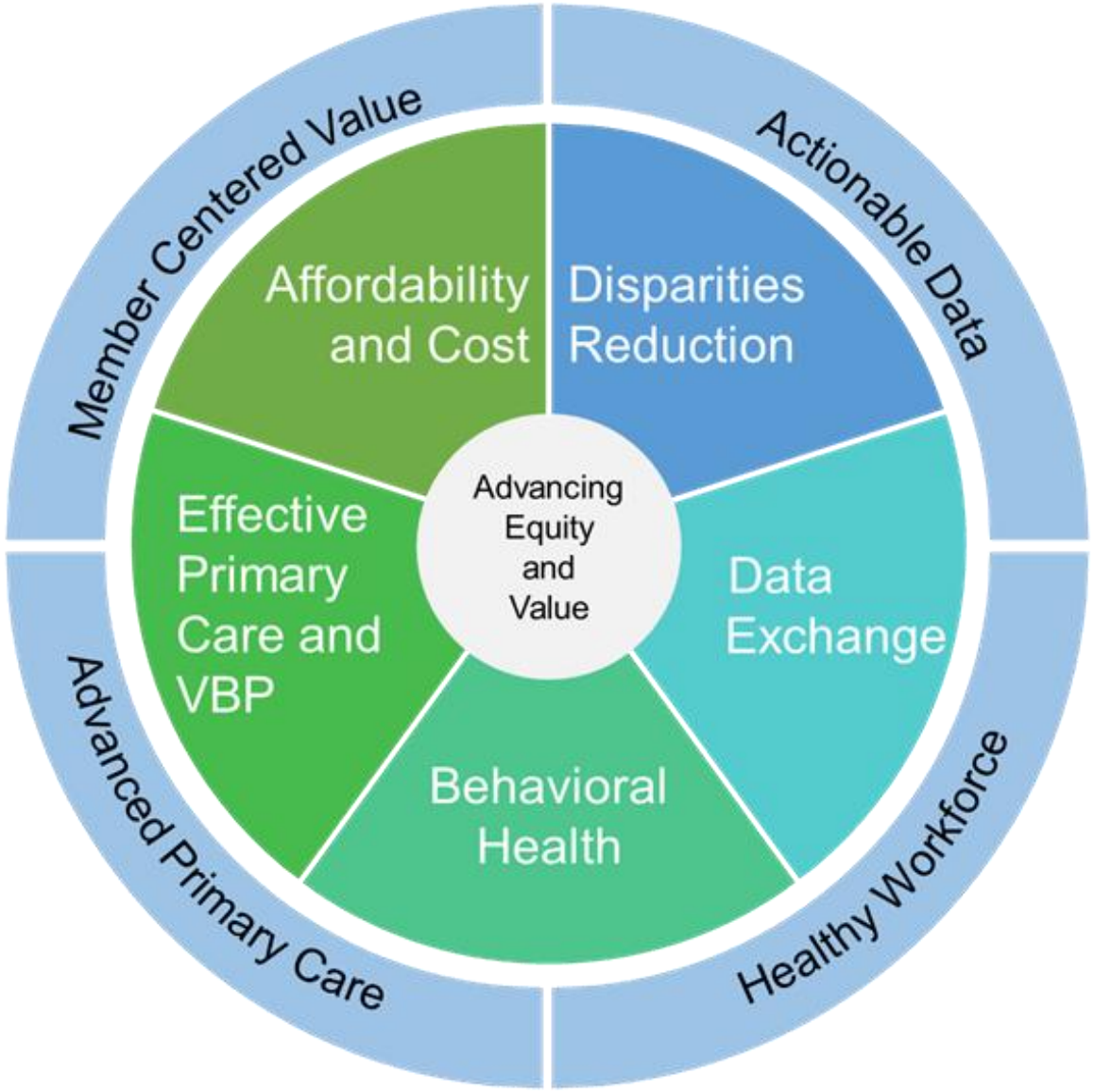
1. Produce measurable, equitable improvements in health outcomes.
2. **Hold Qualified Health Plan (QHP) and Qualified Dental Plan (QDP) issuers accountable for consistent, standard levels of quality.**
3. Increase access to and support of high quality, diverse providers who practice with cultural humility.
4. **Make demonstrable progress in addressing health disparities and increasing health equity.**
5. Increase access to and quality of behavioral health care.

Actionable Data

Healthy Workforce

Advanced Primary Care

Member-Centered Value



2026-2028

A BRIEF HISTORY OF AB929 & PLAN PERFORMANCE REPORT

AB929 Passed in 2019

- Covered California has the authority to collect and publish data to hold health plans accountable to improve quality and reduce disparities
- Requires Covered California to annually release report on cost, quality, and disparities

PPR Published in 2021

- Includes data from MY2017 to MY2019
- Includes data across quality, utilization, measures at the QHP level
- Stratified by race and ethnicity

PPR Published in 2023

- Includes data from MY2020 to MY2021
- Stratifies QHP-level data by race and ethnicity

2024 Brings a Renewed Focus on Actionable Data

- Alignment with Covered California Strategic Plan & Contract Refresh
- Improved analytic abilities to enable additional stratification
- Refined measure selection criteria

CURRENT STATE SUMMARY

PPR 2021 AND 2023

- **Report Format:** Set of PDF slides with data tables by QHP posted to HBEX website
- **Measures**:
  - Expansive list of measures across the quality improvement domain
  - Data has been published through MY2021
- **Stratification Approach:**
  - 9 measures are pulled from HEI and stratified at the QHP level by race and ethnicity
  - Unable to perform additional stratification due to limitations in data availability and completeness
- **Insights:**
  - Can understand performance at the QHP level, and within QHP by race/ethnicity
  - Has not included all-population measure reporting or all-population stratification by race/ethnicity

GUIDING PRINCIPLES FOR PLAN PERFORMANCE REPORT 2024

ALIGN OUR NEXT REPORT WITH OUR GUIDING PRINCIPLES

- **Add Measures to the Plan Performance Report:** Highlight performance not just in quality outcomes, but in access and utilization.
  - Example: Telehealth Visits / 1000 members by QHP
- **Use our Data to Expand Stratification Approach:** Utilize robust data from HEI to stratify select measures, where data is available, to uncover additional disparities by race/ethnicity subpopulation, preferred language, income level, geography
  - Example: Telehealth Visits / 1000 members by QHP stratified by preferred language
- **Incorporate Additional Visuals:** In addition to comprehensive data tables, incorporate high impact visuals to make the data easier to understand for users

MORE MEASURES AND EXPANDED STRATIFICATION

Current measures

- Adult Preventive Visits
- Ambulatory Emergency Room Visits
- Breast Cancer Screening
- Diabetes Hemoglobin A1c Testing
- Proportion of Days Covered

&

And new measures

- Pharmacotherapy for Opioid Use Disorder (POD)
- Concurrent Use of Opioids and Benzodiazepines (COB)
- Use of High Dose Opioids (HDO)
- Primary Care Visits / 1000
- Behavioral Health Visits / 1000
- PC Telehealth Visits / 1000
- BH Telehealth Visits / 1000
- Non-utilizer rates

Will be stratified* by...

- Race and ethnicity
- Subpopulation for Asian, Hispanic-Latino
- Preferred Language
- Income (FPL)
- Rural vs Urban

*Measures will be stratified if denominator for each category >=30 and numerator >=11 to ensure privacy of enrollees

SUMMARY OF PROPOSED CHANGES FOR 2024

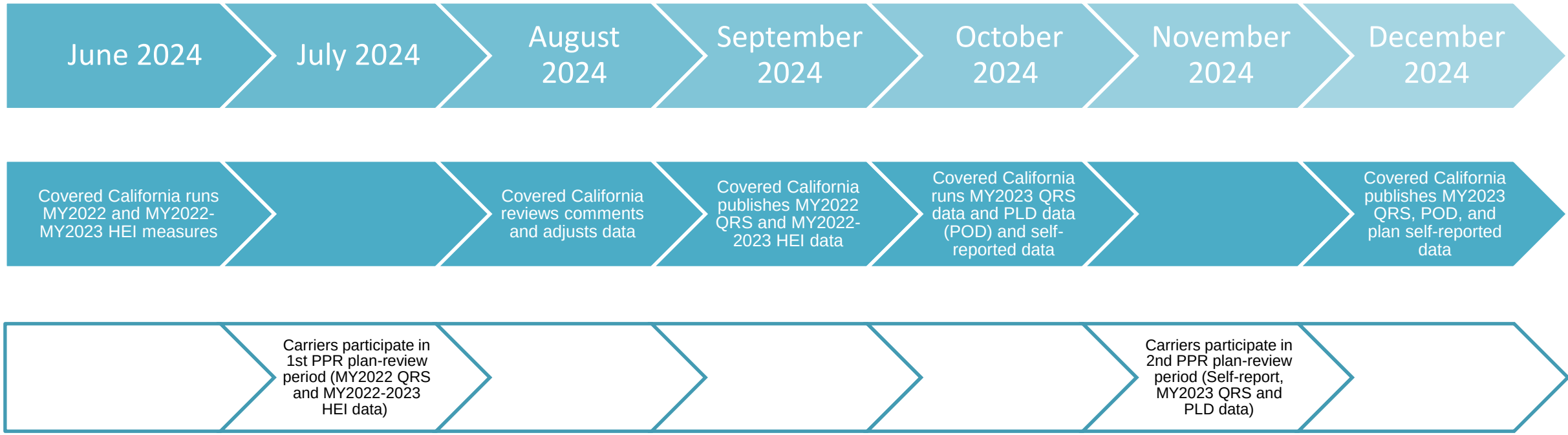
What will remain the same

- Continue to publish QHP-level QRS measure performance
- Continue to publish select QHP-level measures extracted from HEI, stratified by race and ethnicity
- Continue to publish plan-reported data on contract compliance, such as information on participation in HIEs, Quality Collaborative participation

What will change

- Addition of measure performance at all-population & stratified levels
- Additional QHP-level measures, including on utilization of behavioral health and telehealth
- Additional stratification, including stratification by:
    - Race or ethnicity subpopulation, when denominator sizes are >30
    - Income (FPL)
    - Preferred language
    - Super Rural vs Rural vs Urban

TIMELINE FOR PPR RELEASE YEAR 2024



PPR RELEASE YEAR 2024 FEEDBACK

Please send feedback on the topics covered today by June 20, 2024 to EQT@covered.ca.gov

OPEN FORUM

APPENDIX

PPR 2021 AND 2023 MEASURES LIST

Domain	Measure	Data Source	Stratification by Race / Ethnicity	Additional Stratification by Language, Income, etc.
Disparities Reduction	□ Adult Preventative Visits □ Ambulatory Emergency Room Visits □ Breast Cancer Screening □ Diabetes Hemoglobin A1c Testing □ Proportion of Days Covered: Diabetes All Class □ Proportion of Days Covered: RAS Antagonists □ Proportion of Days Covered: Statins	HEI	**Yes**	No
Quality Improvement (Behavioral Health)	□ Anti-Depression Medication Management □ Follow-up After Behavioral Health Hospitalization □ Follow-up Care for Children Prescribed with ADHD Medication □ Initiation and Engagement of Alcohol and SUD Treatment	QRS	No	No

PPR 2021 AND 2023 MEASURES LIST CONTINUED

Domain	Measure	Data Source	Stratification by Race / Ethnicity	Additional Stratification by Language, Income, etc.
Quality Improvement (Population Health)	Adult BMI Assessment Annual Dental Visit Breast Cancer Screening Cervical Cancer Screening Childhood Immunization Status Chlamydia Screening in Women Colorectal Cancer Screening Comprehensive Diabetes Care: Eye Exam Comprehensive Diabetes Care: HBA1C Control Comprehensive Diabetes Care: Nephropathy Controlling High Blood Pressure Flu Vaccinations for Adults Immunizations for Adolescents Medical Assistance With Smoking and Tobacco Use Cessation Medication Management for People with Asthma Pediatric Weight Assessment and Counseling Prenatal and Postpartum Care: Timeliness of Prenatal Care Prenatal and Postpartum Care: Postpartum Care Proportion of Days Covered: Diabetes All Class Proportion of Days Covered: RAS Antagonists Proportion of Days Covered: Statins Rating of All Health Care Rating of Health Plan Well-Child Visits Ages 0-15 Months Well-Child Visits Ages 3-6 Years	QRS	No	No
Cost Reduction	Access to Care Access to Information Annual Monitoring for Persistent Meds Appropriate Testing for Pharyngitis Avoidance of Antibiotics for Bronchitis Care Coordination Plan Admission Plan All-Cause Readmissions Rating of Personal Doctor Rating of Specialist Use of Imaging for Back Pain	QRS	No	No

PPR 2021 AND 2023 MEASURES LIST CONTINUED

Domain	Measure	Data Source
Disparities Reduction	□ Race and Ethnicity Self Report □ NCQA Health Equity Accreditation	Plan Self-Report
Quality Improvement	□ Quality Improvement Collaborative Participation □ HIE Participation & Data Sharing □ NCQA Behavioral Health Accreditation □ C-section rates □ Hospital safety	Plan Self-Report
Cost Reduction	□ ACOs or IDSs □ APMs □ PCMH Enrollment □ PCP Assignment □ Telehealth availability	Plan Self-Report

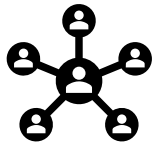
A CLOSER LOOK AT AB929

Aims to unmask disparities by stratifying measures of quality and cost across QHPs

Evaluate the impact of Covered California on the health delivery system and covered consumers across the state

Protects the personal identifiable information of enrollees but enables comparison across QHPs with respect to quality, cost, and disparities reduction

Requires Covered California to publish a report at least annually



Cites disparities reduction across population groups by age, geography, language, race, ethnicity, SOGI, disability status

PLAN PERFORMANCE REPORT 2021 AND 2023

HEI

EQUITY & DISPARITIES REDUCTION

ADULT PREVENTIVE VISITS PER 1,000 MEMBERS YEARS

Health Net HMO	MY2019 Measure Score
Asian American	419
Native Hawaiian / Pacific Islander	356
Black or African American	352
Non-Respondent	*351*
Hispanic or Latino	347
Other	342
American Indian / Alaska Native	325
Multi-Racial	319
White	319

- Definition: This utilization measure reflects the number of preventive visits for members 18 years and older per 1,000 member years (Number of Adult Preventive Visits / (Member Months / 12) * 1000)
- Preventive medicine visits include initial or periodic comprehensive preventive medicine examinations, and any counseling or risk factor reduction interventions performed at the time of the examination
- These visits are an opportunity for individuals to receive essential services, they also can help to address acute issues or manage chronic conditions
- Indicator: Higher is better

COVERED CALIFORNIA

Please see the introductory and background slides to these measures for additional context.

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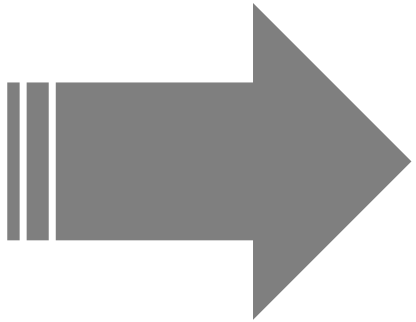
PLAN PERFORMANCE REPORT DATA SOURCES

Plan – submitted data

Quality Rating System data

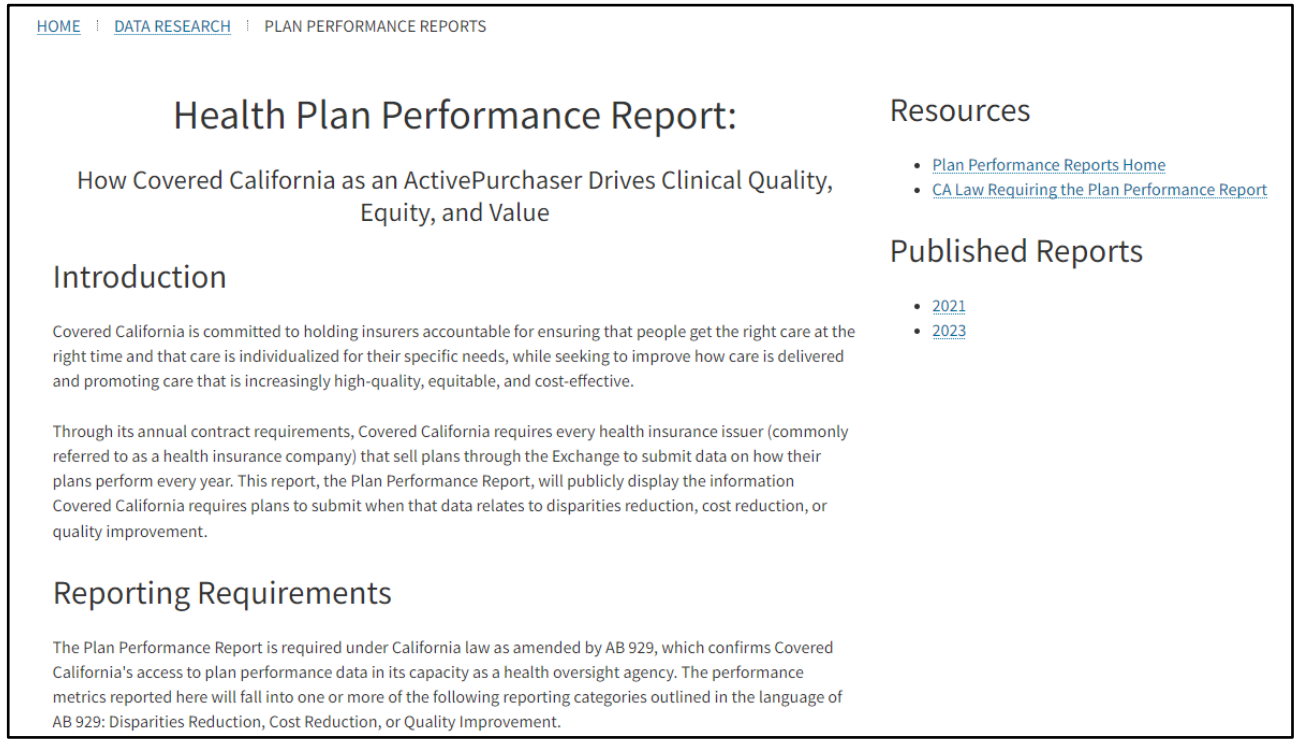
Health Evidence Initiative (HEI) data



Plan Performance Report

PLAN PERFORMANCE REPORT 2021 AND 2023

- Reports are published online
- Easily accessible through direct links
- Use a static PDF to display data on slides



https://hbex.coveredca.com/data-research/plan-performance-reports