2023-2025 Attachment 7 Refresh Workgroup

May 6, 2021
<table>
<thead>
<tr>
<th>Time</th>
<th>Topic</th>
<th>Presenter</th>
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<tbody>
<tr>
<td>10:00am-10:05</td>
<td>• Welcome and introductions</td>
<td>Thai Lee</td>
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<tr>
<td>10:05-10:15</td>
<td>• Framework for holding plans accountable for quality, equity, and delivery system transformation</td>
<td>Alice Chen</td>
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<td>10:15-10:45</td>
<td>• Priority areas: Current and future work to inform the 2023-2025 Attachment 7 contract</td>
<td>Margareta Brandt, Thai Lee, Whitney Li</td>
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<td>10:45-11:15</td>
<td>• Overview of Covered California disparities reduction initiatives</td>
<td>Taylor Priestley, Rebecca Alcantar</td>
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| 11:15-11:30am| • Open discussion  
• Wrap up & next steps  
• Adjourn                | Thai Lee                      |
Framework for holding plans accountable for quality, equity, and delivery system transformation

Alice Hm Chen, MD, MPH
Chief Medical Officer
COVERED CALIFORNIA’S FRAMEWORK FOR HOLDING PLANS ACCOUNTABLE FOR QUALITY CARE AND DELIVERY REFORM

Assuring Quality Care

<table>
<thead>
<tr>
<th>INDIVIDUALIZED, EQUITABLE CARE</th>
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<tbody>
<tr>
<td>• Population Health Management: Assessment and Segmentation</td>
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<tr>
<td>• Health Promotion and Prevention</td>
</tr>
<tr>
<td>• Mental Health and Substance Use Disorder Treatment</td>
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<tr>
<td>• Acute, Chronic and Other Conditions</td>
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<td>• Complex Care</td>
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Effective Care Delivery Strategies

<table>
<thead>
<tr>
<th>ORGANIZING STRATEGIES</th>
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<tbody>
<tr>
<td>• Effective Primary Care</td>
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<tr>
<td>• Promotion of Integrated Delivery Systems and ACOs</td>
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<td>• Networks Based on Value</td>
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Sites and Expanded Approaches to Care Delivery

Appropriate Interventions

Key Drivers of Quality Care and Effective Delivery

Covered California recognizes that promoting change in the delivery system requires aligning with other purchasers and working with all relevant payers to reform health care delivery in a way that reduces burdens on providers.

- Benefit Design
- Measurement for Improvement Choice and Accountability
- Payment
- Patient-Centered Social Needs
- Patient and Consumer Engagement
- Data Sharing and Analytics
- Administrative Simplification
- Quality Improvement and Technical Assistance
- Certification, Accreditation and Regulation

Community Drivers: Community-Wide Social Determinants, Population and Public Health, and Workforce

January 2020
## Covered California’s Framework for Holding Plans Accountable for Quality, Equity, and Delivery System Transformation

### Domains for Equitable, High-Quality Care

<table>
<thead>
<tr>
<th>Domain</th>
<th>Strategies</th>
<th>Goals</th>
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<tbody>
<tr>
<td>Physical</td>
<td>Behavioral</td>
<td>Oral</td>
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<tr>
<td>Population health management</td>
<td>• Appropriate, accessible specialty care</td>
<td>• Elimination of disparities</td>
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<tr>
<td>Health promotion and prevention</td>
<td>• Integrated delivery systems and ACOs</td>
<td>• Evidence-based care</td>
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<td>Acute care</td>
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<td>Chronic care</td>
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<tr>
<td>Complex care</td>
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### Care Delivery Strategies

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

### Key Levers

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

### Community Drivers: Social Influences on Health, Economic and Racial Justice

*Draft for discussion purposes – updated May 2021*
Priority areas: Current and future work to inform the 2023-2025 Attachment 7 contract

Margareta Brandt, Quality Improvement Manager
Thai Lee, Senior Quality Improvement Specialist
Whitney Li, Senior Evaluation Specialist
PRIORITY AREAS FOR 2023-2025 ATTACHMENT 7

- Disparities reduction
- Data exchange
- Affordability and cost
- Behavioral health
- Effective primary care
## EFFECTIVE PRIMARY CARE

<table>
<thead>
<tr>
<th>Summary of 2022 Attachment 7 requirements</th>
<th>Current development, research, and analysis</th>
<th>Future development, research, and analysis</th>
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<tbody>
<tr>
<td>• PCP matching for all enrollees</td>
<td>• Developing advanced primary care measure set and implementation plan with California Quality Collaborative (CQC), Integrated Healthcare Association (IHA), health plans, providers, and stakeholders</td>
<td>• Enhancement and refinement of primary care spend analysis for publication</td>
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<tr>
<td>• Promotion of advanced primary care through quality improvement and technical assistance</td>
<td>• Conducting primary care spend analysis with IHA</td>
<td>• Explore opportunities to further align with national efforts on measuring primary care spend and promoting advanced primary care</td>
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<tr>
<td>• Increasing primary care payment tied to shared savings and population-based payment models</td>
<td>• Developing a primary care spend target or floor requirement</td>
<td>• Participating in PBGH Primary Care Payment Reform workgroup, CQC Advanced Primary Care workgroup, and CHCF Primary Care Investment Coordinating Group</td>
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<tr>
<td>• Pilot of advanced primary care measure set</td>
<td>• Participating in PBGH Primary Care Payment Reform workgroup, CQC Advanced Primary Care workgroup, and CHCF Primary Care Investment Coordinating Group</td>
<td>• Reviewing potential 2023-25 primary care requirements for alignment with DHCS, CalPERS, and PBGH</td>
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## BEHAVIORAL HEALTH

### Summary of 2022 Attachment 7 requirements
- Tracking access through NCQA network management reports
- Offering telehealth services for behavioral health
- Reporting on Depression Screening and Follow Up measure
- Tracking appropriate use of opioids through HEI
- Adoption of Smart Care California guidelines for appropriate use of opioids
- Reporting on efforts to integrate behavioral health

### Current development, research, and analysis
- Determining behavioral health measures to be included in the Quality Transformation Fund measure set
- Re-assessing Smart Care California guidelines for appropriate use of opioids due to Smart Care pause and enhancing opioid use disorder requirements
- Researching integrated behavioral health best practices for enhanced requirements
- Reviewing potential 2023-25 behavioral health requirements for alignment with DHCS, CalPERS, PBGH and other purchasers

### Future development, research, and analysis
- Consultant engagement to understand the current behavioral health landscape and identify promising approaches for improving access to and quality of evidence-based behavioral health services
## AFFORDABILITY AND COST

### Summary of 2022 Attachment 7 requirements
- Tracking contractor management of hospital, facility, and provider costs
- Tracking consumer cost-share for telehealth services
- Reporting how value is considered in medication formularies as based on total cost of care
- Reporting on decision support for prescribers and consumers related to clinical efficacy and cost impact of treatments
- Reporting on how cost-shares, deductibles, and out-of-pocket costs for prescription drugs and medical services such as inpatient and outpatient care and ambulatory surgery are communicated to consumers

### Current development, research, and analysis
- Expanding analysis of Healthcare Evidence Initiative (HEI) data related to cost and utilization including total cost of care (TCOC)
- Piloting of advanced primary care measure set with TCOC measure
- Researching options for reference-based pricing
- Aligning with promising CMMI models

### Future development, research, and analysis
- Explore options to drive value-based prescribing and formulary development
- Explore price transparency impacts on consumers, providers, and health plans
- Explore "1% solutions" for cost reduction
## DATA EXCHANGE

### Summary of 2022 Attachment 7 requirements
- Submission of data to the Healthcare Evidence Initiative (HEI)
- Participate in data exchange initiatives with providers and Health Information Exchanges
- Support the aggregation of claims and clinical data across health plans and explore opportunities to reduce burden and support statewide initiatives
- Implementation of a Patient Access API

### Current development, research, and analysis
- Continue improving HEI capabilities to monitor and analyze measurement data
- Explore opportunities to align priority measures with HEI requirements
- Explore opportunities to participate in statewide initiatives that enhance data sharing and reduce burden, including mandatory QHP participation in HIEs
- Alignment with payer-to-payer data exchange implementation

### Future development, research, and analysis
- Ensure support of data exchange activities through reinforcement of federal interoperability rule provisions
- Explore the addition of health-related social needs analytical enhancements to the HEI
Overview of Covered California disparities reduction initiatives

Taylor Priestley, Health Equity Officer
Rebecca Alcantar, Senior Health Equity Specialist
Covered CA is strongly committed to advancing health equity and is continuously reevaluating and working to improve contract requirements that address health disparities.

Covered California’s multi-year disparities reduction initiatives have been in place since 2017 and seek to achieve the following goals:

Goal 1: Improve disparity data capture to support measurement and
Goal 2: Improve structure and rigor for disparities intervention development in order to
Goal 3: Systematically measure and reduce disparities

Current QHP issuer contract includes very specific, multi-year requirements to collect demographic data and stratify specified quality measures by race and ethnicity to measure, monitor and intervene to reduce disparities.
2017-2022 COVERED CA DISPARITIES REDUCTION

Demographic Data Collection & Disparities Measurement

2017 – 2022 requirement

Disparities Reduction Interventions

2017 – 2022 requirement

NCQA Multicultural Health Care Distinction

New in 2022, achieve by year-end 2023

Organizational Culture of Equity

Long-term, continuous evolution
# DISPARITIES REDUCTION

## Summary of 2022 Requirements
- **Issuer must achieve 80% self-identification of race and ethnicity data for on-Exchange enrollees and show compliance through their Healthcare Evidence Initiative (HEI) data submissions.**
- **Revised for 2022:** Issuer must submit patient-level data and summary data for specified HEDIS hybrid measures stratified by race and ethnicity.
- **Issuer must design and implement a disparity reduction intervention and achieve mutually agreed upon improvement target for the intervention population.**
- **New for 2022:** Issuer must participate in a collaborative effort to identify and align statewide disparity work.
- **New for 2022:** Issuer must achieve or maintain NCQA Multicultural Health Care Distinction by year-end 2023; early achievement by year-end 2022 eligible for performance credit credit.

## Current Development, Research, and Analysis
- Researching best practices for member race and ethnicity data collection
- Reviewing and evaluating Covered CA race and ethnicity collection and tabulation standards
- Engaging with purchasers on health equity and disparity reduction alignment opportunities
- Contracting with Advancing Health Equity team to conduct initial series of disparity reduction learning sessions to support use of best practices in QHP Issuer disparity reduction interventions design and evaluation.
- Select QTF candidate measures for disparities measurement

## Future Development, Research, and Analysis
- Implement member demographic data collection best practices with an emphasis on race and ethnicity
- Research best practice approaches to multi-level intervention
- Incorporate health equity lens across domains of care and delivery strategies
CURRENT STATE: DISPARITIES MEASURES SET

2017-2020 Summary Disparities Baseline Data - underlying and persistent challenges

- combination of AHRQ PQI measures adjusted for health plan membership and HEDIS measures for diabetes, hypertension, depression, and asthma
- reporting performance aggregated across QHP Issuer lines of business except Medicare
- Covered CA unable to isolate Covered CA population performance due to this aggregated reporting
- despite aggregation, many population sizes are too small to be captured in condition-specific complications measures as the AHRQ PQI measures.

Covered CA updated the disparities measure set and reporting process for Reporting Years 2021 and 2022. The updated measure set combines the use of HEI data and reporting by plans on a set of HEDIS hybrid measures for disparities identification. The revised measure set adheres to standard measures, emphasizes alignment with QRS and other purchasers, and reduces reporting burden on issuers.

Covered CA will engage stakeholders in measure set discussions for 2023 and beyond.
CURRENT STATE: DISPARIETY REDUCTION INTERVENTIONS

Following COVID-19 impacts to issuer intervention activities and lessons learned from initial interventions implementation, Covered CA met with each QHP Issuer to review intervention progress and adjust approaches as needed.

Covered CA is working closely with issuers on 2021 intervention milestones:

- Issuers resubmitted disparity identification data.
- Issuers participate in five QHP issuer-only learning sessions that will support intervention design and development:
  - Linking Quality & Equity, Introduction to Roadmap
  - Best Practices for Engaging with Patients, Providers, and Communities
  - Diagnosing the Disparity: Root Cause Analysis
  - Intervention Design & Implementation
  - Measurement – Data, Performance Metrics, Value-Based Payment
- Issuers submit revised disparity intervention plan with specific intervention development components.
- Issuers work with Covered CA to establish baseline rates pre-intervention implementation.

Interventions conducted in calendar year 2022 will be assessed for 2022 performance standard penalty or credit.
Open discussion & Next steps

Thai Lee, Senior Quality Improvement Specialist
**PROPOSED 2023-2025 ATTACHMENT 7 DEVELOPMENT TIMELINE**

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<td>Engage stakeholders through monthly Refresh Workgroup meetings, Plan Management Advisory meetings, and additional ad hoc meetings</td>
<td>Sept 2021: Post first draft for public comment</td>
<td>Oct 2021: Draft updated to reflect public comments</td>
<td>Nov 2021: Post public comment responses; Updated draft sent to Board for discussion</td>
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<td>Dec 2021: Updated draft released for second round of public comments</td>
<td>Jan 2022: Post 2nd round public comment responses; Final draft to Board for approval</td>
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NEXT STEPS AND DISCUSSION

- Upcoming proposed 2023-2025 Attachment 7 refresh workgroup meetings:
  - June 3
    - Advanced primary care
    - QTF principles and goals
  - July 1
    - Behavioral health
  - August 5
    - Affordability and cost
    - Data exchange

- Topics to be scheduled
  - QTF measures and methodology
  - Alignment opportunities with DHCS, CalPERS

- Submit questions and comments to Thai at thai.lee@covered.ca.gov