



2023-2025 Attachment 7 Refresh Workgroup

May 6, 2021

AGENDA

Time	Topic	Presenter
10:00am-10:05	<ul style="list-style-type: none">◆ Welcome and introductions	Thai Lee
10:05-10:15	<ul style="list-style-type: none">◆ Framework for holding plans accountable for quality, equity, and delivery system transformation	Alice Chen
10:15-10:45	<ul style="list-style-type: none">◆ Priority areas: Current and future work to inform the 2023-2025 Attachment 7 contract	Margareta Brandt Thai Lee Whitney Li
10:45-11:15	<ul style="list-style-type: none">◆ Overview of Covered California disparities reduction initiatives	Taylor Priestley Rebecca Alcantar
11:15-11:30am	<ul style="list-style-type: none">◆ 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

INDIVIDUALIZED, EQUITABLE CARE

- Population Health Management: Assessment and Segmentation
- Health Promotion and Prevention
- Mental Health and Substance Use Disorder Treatment
- Acute, Chronic and Other Conditions
- Complex Care

Effective Care Delivery Strategies

ORGANIZING STRATEGIES

- Effective Primary Care
- Promotion of Integrated Delivery Systems and ACOs
- Networks Based on Value

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.

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

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

January 2020

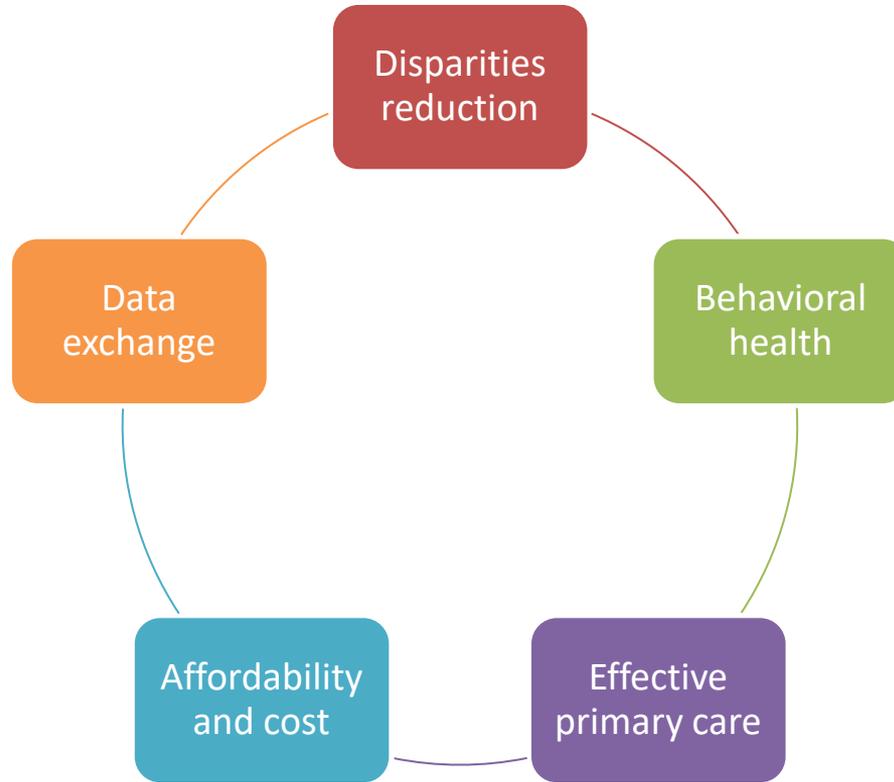
COVERED CALIFORNIA'S FRAMEWORK FOR HOLDING PLANS ACCOUNTABLE FOR QUALITY, EQUITY, AND DELIVERY SYSTEM TRANSFORMATION

Domains for Equitable, High-Quality Care	Care Delivery Strategies	Goals
<p>PHYSICAL BEHAVIORAL ORAL SOCIAL</p> <ul style="list-style-type: none">• Population health management• Health promotion and prevention• Acute care• Chronic care• Complex care	<ul style="list-style-type: none">• Effective primary care• Appropriate, accessible specialty care• Integrated delivery systems and ACOs• Networks based on value• Leveraging technology• Cultural and linguistic competence	<ul style="list-style-type: none">• Improvement in health status• Elimination of disparities• Evidence-based care• Patient-centered care• Affordability for consumers and society
<h3>Key Levers</h3> <p>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.</p>	<ul style="list-style-type: none">• Benefit design• Measurement for improvement and accountability• Data sharing and analytics• Payment reform	<ul style="list-style-type: none">• Consumer empowerment• Quality improvement collaboratives• Technical assistance• Certification and accreditation
<p>Community Drivers: Social Influences on Health, Economic and Racial Justice</p>		

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



EFFECTIVE PRIMARY CARE

Summary of 2022 Attachment 7 requirements

- PCP matching for all enrollees
- Promotion of advanced primary care through quality improvement and technical assistance
- Increasing primary care payment tied to shared savings and population-based payment models
- Pilot of advanced primary care measure set

Current development, research, and analysis

- Developing advanced primary care measure set and implementation plan with California Quality Collaborative (CQC), Integrated Healthcare Association (IHA), health plans, providers, and stakeholders
- Conducting primary care spend analysis with IHA
- Developing a primary care spend target or floor requirement
- Participating in PBGH Primary Care Payment Reform workgroup, CQC Advanced Primary Care workgroup, and CHCF Primary Care Investment Coordinating Group
- Reviewing potential 2023-25 primary care requirements for alignment with DHCS, CalPERS, and PBGH

Future development, research, and analysis

- Enhancement and refinement of primary care spend analysis for publication
- Explore opportunities to further align with national efforts on measuring primary care spend and promoting advanced primary care

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

DISPARITIES REDUCTION BACKGROUND

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:

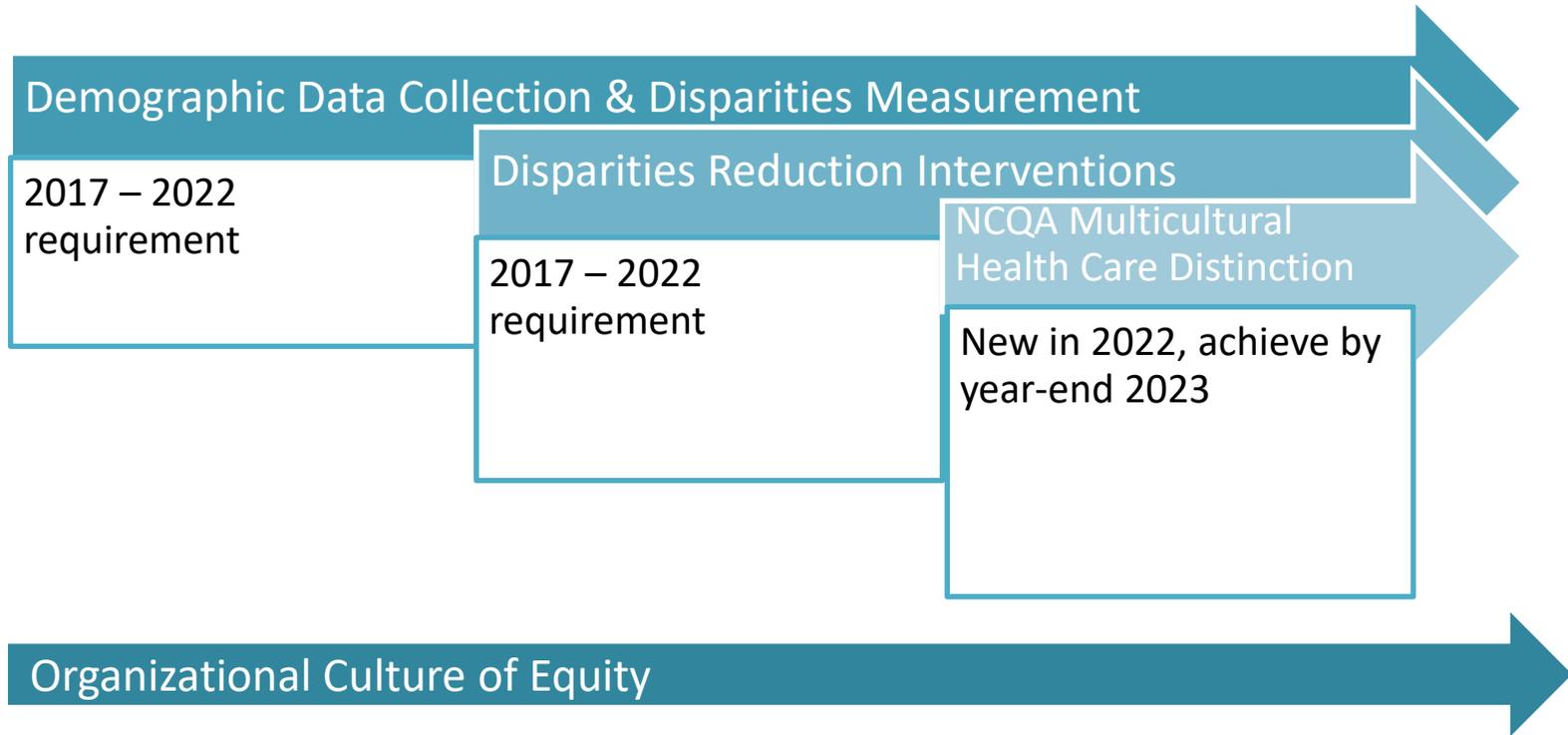
Goal 1: Improve disparity data capture to support measurement and

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



Long-term, continuous evolution

DISPARITIES REDUCTION

Summary of 2022 Attachment 7 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: DISPARITY 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



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