



Plan Management Advisory Workgroup Meeting

December 9, 2021

AGENDA

Time	Topic	Presenter
10:00 – 10:05	Welcome and Agenda Review	Rob Spector
10:05 – 10:25	2023 Standard Benefit Design Workgroup Update	Jan Falzarano
10:25 – 10:45	Plan Year 2023 Certification Update	Meiling Hunter EQT Staff
10:45 – 11:00	Open Forum & Announcements	All

2023 STANDARD BENEFIT DESIGN WORKGROUP UPDATE

Jan Falzarano, Deputy Director, Plan Management

DENTAL UPDATE

Changes to CDT Codes

- Minor modifications to existing codes for nomenclature but no significant change to overall benefit design (see attachment for CDT code changes)

Procedure Category	CDT Code	Updated CDT- 2319 Nomenclature
Restorative	D2971	Additional procedures to customize a construct new crown to fit under an existing partial denture framework
Periodontics	D4265	Biologic materials to aid in soft and osseous tissue regeneration, per site
Implant Services	D6100	Surgical Implant removal of implant body, by report

- Actuarial Value (AV) for 2023 Dental Standard Benefit Plan Designs

Coinsurance Plan AV	Copay Plan AV
85.44%	84.33%

PLAN YEAR 2023 CERTIFICATION UPDATE

Meiling Hunter, Lead Certification Program Specialist

CERTIFICATION APPLICATION UPDATES

- ❑ The four draft applications and crosswalks were posted on Thursday, 12/2 with public comment due back by Friday, 12/17. No extensions will be granted.
- ❑ The health applications have been heavily reorganized. Many questions have been grouped by product type: HMO, PPO, EPO, and Other. Each product specific section includes subsections: Benefit Design, Benefit Administration, Provider Network, and Delivery System and Payment Strategies to Drive Quality.
- ❑ Outside of quality and equity, changes in the health applications mainly consist of moving sections and questions and rewriting for clarity.
- ❑ The dental applications will undergo a similar reorganization and overhaul for the Plan Year 2024 certification cycle.

PLAN YEAR 2023 CERTIFICATION MILESTONES

Release Draft 2023 QHP & QDP Certification Applications	December 2021
Draft Application Comment Periods End	December 2021
Plan Management Advisory: Benefit Design & Certification Policy Recommendation	January 2022
January Board Meeting: Discussion of Benefit Design & Certification Policy Recommendation	January 2022
Letters of Intent Accepted	February 2022
Final AV Calculator Released*	February 2022
Applicant Trainings (electronic submission software, SERFF submission and templates*)	February 2022
March Board Meeting: Anticipated approval of 2023 Patient-Centered Benefit Plan Designs & Certification Policy	March 2022
QHP & QDP Applications Open	March 1, 2022
QHP & QDP Application Responses (Individual and CCSB) Due	April 29, 2022
Evaluation of QHP Responses & Negotiation Prep	May - June 2021
QHP Negotiations	June 2022
QHP Preliminary Rates Announcement	July 2022
Regulatory Rate Review Begins (QHP Individual Marketplace)	July 2022
Evaluation of QDP Responses & Negotiation Prep	June – July 2022
QDP Negotiations	July 2022
CCSB QHP Rates Due	July 2022
QDP Rates Announcement (no regulatory rate review)	August 2022
Public Posting of Proposed Rates	July 2022
Public Posting of Final Rates	September – October 2022



*Final AV Calculator and final SERFF Templates availability dependent on CMS release
TBD = dependent on CCIIO rate filing timeline requirements

PLAN YEAR 2023 CERTIFICATION

- Please email QHPCertification@covered.ca.gov for any questions regarding the Plan Year 2023 Certification process or requirements.

PLAN YEAR 2023 CERTIFICATION APPLICATION UPDATE

EQT Staff

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>		

PRINCIPLES AND STRATEGIC FOCUS AREAS

Quality is central

Equity is quality

Measures that matter

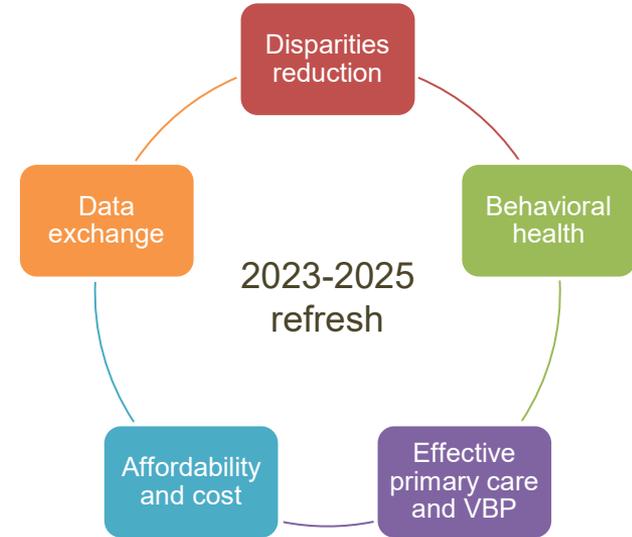
Make quality count

Amplify through alignment

Promote public good

Care about cost

STRATEGIC FOCUS AREAS



Alignment with DHCS/CalPERS
Quality Transformation Initiative
Data analytics/Healthcare Evidence Initiative

APPROACH TO 2023 CERTIFICATION

- Updated certification requirements and application elements to reflect 2023-2025 contract requirements and priority focus areas
- Updated Quality Improvement Strategy (QIS) sections following review of federal regulations
 - Health Equity and Disparities Reduction and Patient-Centered Information and Support are no longer designated as Quality Improvement Strategies (QIS) as they do not meet all the federal QIS criteria; both remain certification and contractual requirements
- Waived some 2021 contractual reporting for requirements that do not continue in 2022 or 2023 (applies to new entrant applicants currently operating in Covered California)
- Aligned with application structural reorganization of issuer-level and product-specific questions and requirements

PROPOSED 2023 CERTIFICATION CHANGES

Question 16.1 Accreditation

Notable Changes to Draft Certification	Rationale
<p>Applicant is required to achieve: (1) NCQA Accreditation by 2024 and (2) NCQA Health Equity Accreditation by 2023.</p>	<p>Changes align with the new contract requirements for NCQA accreditation in the 2023-2025 Attachment 1. The purpose of these changes is to set and enforce a minimum standard of quality for all Applicants. Applicants are strongly encouraged to begin the pre-NCQA accreditation process as it currently exists and coordinate the transition of the Multicultural Health Care Distinction to the Health Equity Accreditation in order to meet the Covered California reporting requirements associated with the Accreditation section.</p>

PROPOSED 2023 CERTIFICATION CHANGES

Question 16.2 Health Equity and Disparities Reduction

Notable Changes to Draft Certification	Rationale
<p>16.2.1 Organizational Commitment to Cultivating a Culture of Health Equity This section expands on what was previously limited to reporting on disparities reduction activities; adding new questions on organizational commitment to cultivating a culture of health equity, including organizational vision, mission, policies, processes, leadership, teams, and community partnerships.</p>	<p>Health equity is a priority focus area for 2023. Covered California intends to assess applicants' organizational commitment to health equity.</p>
<p>16.2.2 Linking Quality and Equity This section expands on what was previously limited to reporting of race/ethnicity member self-identification capture to include questions on collection and use of additional demographic data attributes, such as: race, ethnicity, language, sexual orientation, gender identity, and disability status.</p>	<p>Health equity is a priority focus area for 2023. Covered California intends to assess applicants' current processes for collection and use of race, ethnicity, language, sexual orientation, gender identity, and disability status data for quality improvement and disparities reduction purposes.</p>
<p>16.2.3 Culturally and Linguistically Appropriate Care This section includes questions related to Applicants' processes to identify patient language needs and how Applicants address patient language needs.</p>	<p>Health equity is a priority focus area for 2023. Covered California intends to assess applicants' current processes to provided culturally and linguistically appropriate care.</p>

PROPOSED 2023 CERTIFICATION CHANGES

Question 16.3 Behavioral Health

Notable Changes to Draft Certification	Rationale
No significant changes, questions have been edited for clarity and to align with the 2023-2025 Attachment 1 behavioral health requirements.	Behavioral health is a focus area for the 2023-2025 Attachment 1. Covered California will continue to expand and strengthen our behavioral health requirements in 2024 and 2025 and evolve the Certification Application.

PROPOSED 2023 CERTIFICATION CHANGES

Question 16.4 Health Promotion and Prevention

Notable Changes to Draft Certification	Rationale
Removed Obesity/Weight Management questions.	Removed requirements related to the Obesity/Weight Management section in the Certification Application aligned with removal from the 2023-2025 Attachment 1 as the evidence base for identification and treatment of these patients is evolving. Covered California will continue to focus on healthy lifestyle interventions by strengthening requirements relating to diabetes prevention, childhood immunizations, and tobacco use cessation.
Updated Diabetes Prevention Program outcomes of interest to align with CDC's National DPP outcomes of interest such as the number of enrollees who reached a modest reduction in hemoglobin A1C (HbA1C) of 0.2% using an in person and virtual DPP.	Alignment of questions with national programs to reduce reporting burden and strengthen reporting.

PROPOSED 2023 CERTIFICATION CHANGES

Question 16.5 Population Health Management

Notable Changes to Draft Certification	Rationale
Incorporated sub-sections into the Population Health Management section.	Consolidated questions focusing on population health management in health care services, health assessment, and at-risk enrollees to simplify and combine similar questions into a single sub-section.
Added a sub-section for Health-related Social Needs questions to assess Applicants' current screening and referral processes and procedures.	Changes align with the new contract requirements for addressing social needs in the 2023-2025 Attachment 1. Given the strong evidence of the role of social factors on health outcomes, addressing health-related social needs ("social needs") is an important step in advancing Covered California's goal to ensure everyone receives the best possible care and reduce disparities.
Added a sub-section for Prevention of Algorithmic Bias in Healthcare questions to assess the Applicants' understanding of and steps taken to address algorithmic bias.	The potential for bias in algorithms used in decisions to allocate health care resources is increasingly recognized. Processes and systems to identify and address these biases are critical to an equitable population health management strategy and preventing exacerbation of existing health disparities.

PROPOSED 2023 CERTIFICATION CHANGES

Question 16.6 Complex Care

Notable Changes to Draft Certification	Rationale
<p>Moved Volume-Outcome Relationship questions from the Networks section into the Complex Care section.</p>	<p>Consolidated questions focusing on the use of centers of excellence for treatment of specialized conditions/procedures and questions focusing on volume of procedures performed by providers and facilities into the Complex Care section to simplify and combine similar questions into the same section.</p>

PROPOSED 2023 CERTIFICATION CHANGES

Question 16.7 Affordability and Cost

Notable Changes to Draft Certification	Rationale
<p>Demonstrating Action on High-Cost Pharmaceuticals and Patient-Centered Information and Support are combined under new Affordability and Cost section. There are no significant changes to the questions in this section.</p>	<p>Affordability and cost is a focus area for the 2023-2025 Attachment 1 and supports Covered California's mission to expand the availability of insurance coverage and promote the Triple Aim. Streamlined questions to reduce reporting burden.</p>
<p>Focus on High-Cost Providers has been incorporated into the Provider Networks Based on Value section.</p>	<p>Streamlined questions focusing on provider costs into one section to reduce reporting burden.</p>

PROPOSED 2023 CERTIFICATION CHANGES

Question 16.8 Participation in Quality Improvement Collaboratives

Notable Changes to Draft Certification	Rationale
No significant changes, questions have been edited for clarity.	Covered California continues to support and encourage participation in quality improvement collaboratives in alignment with the 2023-2025 Attachment 1.

PROPOSED 2023 CERTIFICATION CHANGES

Question 16.9 Data Sharing and Exchange

Notable Changes to Draft Certification	Rationale
<p>Data sharing and exchange questions have been edited and refined for additional structure and clarity.</p>	<p>Data Exchange is a focus area for the 2023-2025 Attachment 1. Applicants are required to participate in a Health Information Exchange and other data sharing activities in the 2023-2025 contract. Information exchange, sharing, participation, and reporting questions that were previously in other sections have been consolidated into a singular Data Sharing and Exchange section.</p>

PROPOSED 2023 CERTIFICATION CHANGES

Questions 18.4, 19.4, 20.4, 21.4 Delivery System and Payment Strategies to Drive Quality

The updated QIS sections will continue to be answered at the product level (HMO, PPO, EPO, Other)

Notable Changes to Draft Certification	Rationale
<p>X.4.1 Provider Networks Based on Value Combined and streamlined questions relating to provider network management under one section. Expanded question related to Applicant's approach to building networks based on value include a standard list of data sources and purposes.</p>	<p>Applicant will continue to hold its contracted hospitals and providers accountable for improving quality and managing or reducing cost and provide support to its contracted hospitals and providers to improve performance. Streamlining of questions to reduce reporting burden, enable more clear comparisons across each issuer's approach to building networks based on value, and to align with the 2023-2025 Attachment 1.</p>
<p>X.4.2 Effective Primary Care No significant changes, questions have been edited for clarity and to align with the 2023-2025 Attachment 1 primary care requirements.</p>	<p>Effective primary care is a focus area for the 2023-2025 Attachment 1.</p>
<p>X.4.3 Integrated Delivery Systems and Accountable Care Organizations Expanded question related to the components of Applicant's IDS or ACO model to include a standard list of possible components.</p>	<p>Expanded question related to the components of Applicant's IDS or ACO model to include a standard list of possible components to enable more clear comparisons across issuer's IDS and ACO models to align with the 2023-2025 Attachment 1.</p>

PROPOSED 2023 CERTIFICATION CHANGES

Questions 18.4, 19.4, 20.4, 21.4 Delivery System and Payment Strategies to Drive Quality

The updated QIS sections will continue to be answered at the product level (HMO, PPO, EPO, Other)

Notable Changes to Draft Certification	Rationale
X.4.4 Appropriate Use of Cesarean Sections No significant changes, questions have been edited for clarity.	Covered California continues to support delivery system collaboratives and payment reforms to reduce unnecessary c-sections and improve maternal health in the 2023-2025 Attachment 1.
X.4.5 Hospital Patient Safety No significant changes, questions have been edited for clarity.	Covered California continues to support delivery system collaboratives and payment reforms to reduce hospital associated infections and improve patient safety in the 2023-2025 Attachment 1.

OPEN FORUM & ANNOUNCEMENTS

2022 PLAN MANAGEMENT ADVISORY WORKGROUP

- ❑ Next Plan Management Advisory workgroup meeting is tentatively scheduled for **Thursday Jan 13, 2022 at 10am**
- ❑ A complete 2022 meeting schedule will be posted on the Hbex website in the coming weeks
- ❑ Email thai.lee@covered.ca.gov with questions or comments