



COVERED
CALIFORNIA

Plan Management Advisory Group

October 13, 2022

AGENDA

Time	Topic	Presenter
10:00 – 10:05	Welcome and Agenda Review	Rob Spector
10:05 – 10:15	Plan Year 2024 Certification	Meiling Hunter
10:15 – 10:30	Plan Year 2023 Quality Rating System (QRS)	Whitney Li
10:30 – 10:55	2024-26 QDP Issuer Model Contract Refresh	PMD/EQT
10:55 – 11:00	Open Forum	All

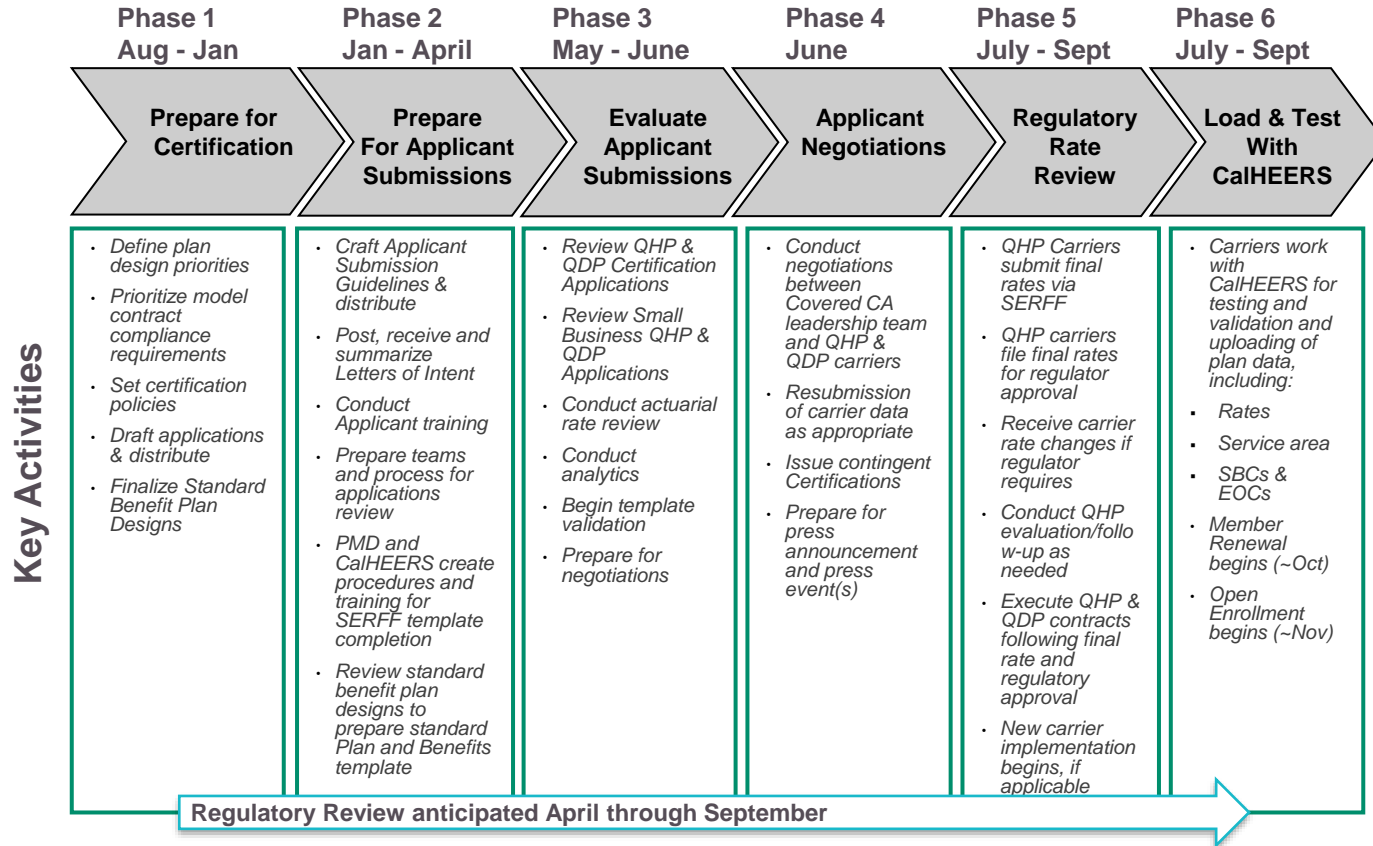
PLAN YEAR 2024 CERTIFICATION

Meiling Hunter, Lead Certification Specialist
Plan Management

CERTIFICATION UPDATES

- **Qualified Health Plan (QHP) Contract and Application**
The QHP Contract period is 2023 – 2025. If recertified, QHPs contracts will remain. The draft health applications will be posted by December 2nd.
- **Plan Year 2024 Certification Health and Dental Applications will be open to all, existing or new, issuers offering QHPs or QDPs**
- **Qualified Dental Plan (QDP) New Contract and Application**
All Applicants are considered New Entrants and must complete the entire application. If certified, the new contracts will be for Plan Year 2024 – 2026.
- **QDP Application Rewrite**
Changes mainly consist of moving sections and questions and language rewriting for clarity. An edit log will be posted along with the draft applications for public comment by December 2nd.

Qualified Health Plan Certification: 6 Core Phases



PROPOSED CERTIFICATION MILESTONES

Release Draft 2024 QHP & QDP Certification Applications	December 2022
Draft Application Comment Periods End	December 2022
Plan Management Advisory: Benefit Design & Certification Policy Recommendation	January 2023
January Board Meeting: Discussion of Benefit Design & Certification Policy Recommendation	January 2023
Letters of Intent Accepted	February 1-15, 2023
Final AV Calculator Released*	February 2023
Applicant Trainings (electronic submission software, SERFF submission and templates*)	February 2023
March Board Meeting: Anticipated approval of 2024 Patient-Centered Benefit Plan Designs & Certification Policy	March 2023
QHP & QDP Applications Open	March 1, 2023
QHP & QDP Application Responses (Individual and CCSB) Due	April 28, 2023
Evaluation of QHP Responses & Negotiation Prep	May – June 2023
QHP Negotiations	June 2023
QHP Preliminary Rates Announcement	July 2023
Regulatory Rate Review Begins (QHP Individual Marketplace)	July 2023
Evaluation of QDP Responses & Negotiation Prep	June – July 2023
QDP Negotiations	July 2023
CCSB QHP Rates Due	July 2023
QDP Rates Announcement (no regulatory rate review)	August 2023
Public Posting of Proposed Rates	July 2023
Public Posting of Final Rates	September – October 2023



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

PLAN YEAR 2023 QUALITY RATING SYSTEM (QRS)

Whitney Li, Senior Evaluation Specialist
Equity & Quality Transformation

QUALITY RATING SYSTEM OVERVIEW

The Quality Rating System (QRS) is comprised of the following elements:

1. Four ratings are reported: a global quality rating and three summary indicator ratings.
2. The global quality rating is a roll-up of three summary indicators per the following differential weighting:

Summary Indicators	Weights
Getting the Right Care (HEDIS)	66.7%
Members' Care Experience (CAHPS)	16.7%
Plan Services for Members (HEDIS and CAHPS)	16.7%

3. One to five-star performance classification for each rating based on the distribution of results nationally.
4. The Plan Year 2023 ratings (Measurement Year 2021) are displayed on CoveredCA.com starting in October 2022.

QUALITY RATING SYSTEM IN THE COVID-19 ERA

- For each year prior to Plan Year 2021 (Measurement Year 2019), the Quality Rating System star ratings were calculated based the participating Qualified Health Plan (QHP) results nationwide with no reference to scores from previous years.
- In response to the pandemic's impact, the Centers for Medicare & Medicaid Services (CMS) announced suspension of the Quality Rating System and discontinuation of data submissions for Plan Year 2021.
 - No nationwide scoring or benchmarking work was done by CMS
 - Covered California conducted scoring for Plan Year 2021 applying a “QHP Best of” Measurement Year 2019 or Measurement Year 2018 approach
- Starting in Plan Year 2022 (Measurement Year 2020) and continuing in Plan Year 2023 (Measurement Year 2021), CMS limited any decreases in star ratings to one star, regardless of decreases in actual performance.

PY2023 QRS RATING FORMULA: KEY COMPONENTS

- Plan quality ratings and enrollee survey results were calculated by the Centers for Medicare & Medicaid Services (CMS) using Measurement Year 2021 data provided by health plans in 2022.

- Covered California is utilizing the CMS-produced methodology and measure set for all QHPs without deviations.

- The Ratings Year 2022 methodology is comprised of:
 - Application of the Benchmark Ratio Approach: Establishes an elevated performance benchmark score for each measure based on the results of the highest performing QHPs
 - Transforming each QHP measure score to create a nationwide standard distribution
 - Averaging the measure scores to aggregate them into the Global and three Summary Indicator scores
 - Grouping the standardized scores into five sets using a clustering technique cut point methodology to assign star ratings
 - Limiting star rating declines to no more than a one-star decline

PLAN YEAR 2023 STAR RATINGS SUMMARY

- Only two QHPs received a **5-star rating** in any category: Kaiser Permanente for Global Rating and Getting the Right Care rating and Sharp for the Plan Services for Members rating.
- Three QHPs received a **1-star rating** for the Members' Care Experiences rating: Anthem EPO, LA Care HMO, and Valley Health Plan HMO.
- No star ratings were issued for the new Health Net CA Ambetter PPO. Quality ratings displayed are based on Health Net Life Ambetter PPO members' care and experiences for a nearly identical, discontinued product.
- Global Ratings: Several plans gained or lost a star.
- Members' Care Experiences Ratings: There was significant downward movement.
 - Five QHPs lost a star.
 - Four QHPs do not have reportable results due to low CAHPS survey response rates.

PY2023 QRS GLOBAL & SUMMARY INDICATOR RATINGS

Issuer – Individual	Global Rating	Getting the Right Care	Members’ Care Experiences	Plan Services for Members
Aetna HMO	Quality Rating in Future	Quality Rating in Future	Quality Rating in Future	Quality Rating in Future
Anthem HMO	★★★	★★★	No Quality Rating	★★★
Anthem EPO	★★	★★	★	★★★
Blue Shield HMO	★★★	★★★	★★	★★★
Blue Shield PPO	★★★	★★★	★★	★★★★
Bright HealthCare HMO	Quality Rating in Future	Quality Rating in Future	Quality Rating in Future	Quality Rating in Future
CCHP HMO	★★★	★★★	★★	★★★★
Health Net CA HMO	★★	★★★	No Quality Rating	★★
Health Net Life Ambetter EPO	No Quality Rating	No Quality Rating	No Quality Rating	No Quality Rating
Health Net Life Ambetter PPO	★★	★★	No Quality Rating	★★★
Health Net CA Ambetter PPO	★★	★★	No Quality Rating	★★★
Kaiser HMO	★★★★★	★★★★★	★★	★★★★
LA Care HMO	★★★	★★★	★	★★★
Molina Healthcare HMO	★★	★★	No Quality Rating	★★★
Oscar EPO	★★	★★	No Quality Rating	★★★★
Sharp HMO	★★★★	★★★★	★★★★	★★★★★
Valley Health Plan HMO	★★★	★★★	★	★★★
Western Health Advantage HMO	★★★	★★★	★★★	★★★★
Issuer - CCSB	Global Rating	Getting the Right Care	Members’ Care Experiences	Plan Services for Members
Blue Shield HMO	★★★	★★★	★★	★★★
Blue Shield PPO	★★★	★★★	★★	★★★★
Health Net Life PPO	★★	★★	No Quality Rating	★★★
Kaiser HMO	★★★★★	★★★★★	★★	★★★★
Sharp HMO	★★★★	★★★★	★★★★	★★★★★



Green: QHP gained 1- star for Plan Year 2023 compared to Plan Year 2022. Brown: QHP received a star rating for Plan Year 2022 and “No Quality Rating” for Plan Year 2023. Red: QHP lost 1- star for Plan Year 2023 compared to Plan Year 2022. Strikethrough: QHP no longer offered in Plan Year 2023.

QRS STAR RATINGS DISTRIBUTION OVER TIME

Distribution of Global Quality Ratings by Reportable Products for Individual & CCSB Markets

Plan Year* (# Products)	5 Stars ★★★★★	4 Stars ★★★★	3 Stars ★★★	2 Stars ★★	1 Star ★	No Global Rating**
2023 (16)	1	1	7	4	0	3
2022 (15)	2	0	4	7	0	2
2021 (15)	1	1	7	4	0	2

*Based on CMS or Covered CA-produced ratings. **No global rating if a newer product and not eligible for reporting or insufficient sample sizes to report results for at least 2 of the 3 summary indicator categories.

The Global Ratings trend for Plan Year 2023 has returned to the pre-pandemic distribution.

See Appendix for QHP-specific QRS ratings for Plan Year 2017-2023.

KEY ISSUES FOR PY2023 AND FUTURE

- Continued low response rates for QHP enrollee survey (CAHPS)
 - Continue to provide feedback to CMS on exploring options for increasing response rates for CAHPS or adjusting CAHPS
 - Explore alternative options to CAHPS

- The QRS measure set is extensive
 - Continue to provide to CMS feedback supporting a parsimonious measure set
 - Explore working with other SBEs to advocate for QRS measure set revisions, including greater alignment with the CMS Medicaid and Medicare Measure Sets

- There are limited, process-focused behavioral health measures in the QRS measure set. To supplement QRS, we are requiring QHPs to report on the following measures directly to Covered California:
 - Pharmacotherapy for Opioid Use Disorder (POD) (NCQA version; Not Endorsed)
 - Depression Screening & Follow-Up for Adolescents & Adults (DSF) (NCQA version; Not Endorsed)

- Continued advocacy of QRS changes in support of health equity
 - Reporting of QRS measures stratified by race and ethnicity
 - Adjusting survey questions in support of disparities reduction among sub-populations
 - Improvements to demographic data collection such as combined R/E questions and collection of Sexual Orientation & Gender Identity

APPENDIX

COVERED CALIFORNIA TEMPORAL TRENDS

PLAN YEAR 2017-2023 GLOBAL RATINGS

Plan Year (Measurement Year)	PY 2017 (MY 2015)	PY 2018 (MY 2016)	PY 2019 (MY 2017)	PY 2020 (MY 2018)	PY 2021 (MY 2018 or 2019)	PY 2022 (MY 2020)	PY 2023 (MY 2021)
Aetna HMO	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Quality Rating in Future
Anthem HMO	No Global Rating	Not Offered	Not Offered	Quality Rating in Future	Quality Rating in Future	Quality Rating in Future	★★★
Anthem EPO	★★	Quality Rating in Future	★★★	★★	★★	★★	★★
Anthem PPO	★★	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered
Blue Shield HMO	Not Offered	Quality Rating in Future	Quality Rating in Future	★★★	★★★	★★★	★★★
Blue Shield PPO	★★	★★	★★★★	★★★	★★★	★★★	★★★
Bright HealthCare HMO	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Quality Rating in Future	Quality Rating in Future
CCHP HMO	★★★	★★★	★★★	★★★	★★★	★★	★★★
Health Net HMO	★★	★★★	★★★	★★	★★★	★★★	★★
Health Net EPO	Quality Rating in Future	★★	No Global Rating	No Global Rating	No Global Rating	No Global Rating	Not Offered
Health Net PPO	Not Offered	Quality Rating in Future	Quality Rating in Future	Quality Rating in Future	★★	★★	★★
Kaiser Permanente HMO	★★★★★	★★★★★	★★★★★	★★★★★	★★★★★	★★★★★	★★★★★
LA Care HMO	★★	★★★	★★★	★★★	★★★	★★	★★★
Molina Healthcare HMO	★★	★★★	★★★	★★	★★	★★	★★
Oscar EPO	Quality Rating in Future	Quality Rating in Future	★★★★	★★	★★★	★★	★★
Sharp Health Plan HMO	★★★★	★★★★★	★★★★★	★★★★	★★★★	★★★★★	★★★★
Valley Health Plan (VHP) HMO	★★	★★★	★★★★	★★★	★★★	★★	★★★
Western Health Advantage (WHA) HMO	★★★	★★★	★★★	★★	★★	★★★	★★★

PLAN YEAR 2017-2023 GETTING THE RIGHT CARE RATINGS

Plan Year (Measurement Year)	PY 2017 (MY 2015)	PY 2018 (MY 2016)	PY 2019 (MY 2017)	PY 2020 (MY 2018)	PY 2021 (MY 2018 or 2019)	PY 2022 (MY 2020)	PY 2023 (MY 2021)
Aetna HMO	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Quality Rating in Future
Anthem HMO	★★★	Not Offered	Not Offered	Quality Rating in Future	Quality Rating in Future	Quality Rating in Future	★★★
Anthem EPO	★★	Quality Rating in Future	★★★	★★	★★	★★	★★
Anthem PPO	★★	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered
Blue Shield HMO	Not Offered	Quality Rating in Future	Quality Rating in Future	★★	★★★	★★★	★★★
Blue Shield PPO	★★	★★	★★★	★★	★★★	★★★	★★★
Bright HealthCare HMO	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Quality Rating in Future	Quality Rating in Future
CCHP HMO	★★★	★★★	★★★	★★★	★★★	★★★	★★★
Health Net HMO	★★★	★★★	★★★	★★★	★★★	★★★	★★★
Health Net EPO	Quality Rating in Future	★★	★★★	★★	★★★	No Quality Rating	Not Offered
Health Net PPO	Not Offered	Quality Rating in Future	Quality Rating in Future	Quality Rating in Future	★★★	★★	★★
Kaiser Permanente HMO	★★★★★	★★★★★	★★★★★	★★★★★	★★★★★	★★★★★	★★★★★
LA Care HMO	★	★★★	★★★★	★★★	★★★★	★★★	★★★
Molina Healthcare HMO	★★	★★★	★★★	★★	★★	★★	★★
Oscar EPO	No Quality Rating	Quality Rating in Future	★★★	★★	★★	★★	★★
Sharp Health Plan HMO	★★★★	★★★★	★★★★★	★★★★	★★★★	★★★★	★★★★
Valley Health Plan (VHP) HMO	★★★	★★★	★★★★★	★★★★	★★★★	★★★	★★★
Western Health Advantage (WHA) HMO	★★★	★★★	★★★	★★	★★	★★★	★★★

PLAN YEAR 2017-2023 MEMBERS' CARE EXPERIENCES RATINGS

Plan Year (Measurement Year)	PY 2017 (MY 2015)	PY 2018 (MY 2016)	PY 2019 (MY 2017)	PY 2020 (MY 2018)	PY 2021 (MY 2018 or 2019)	PY 2022 (MY 2020)	PY 2023 (MY 2021)
Aetna HMO	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Quality Rating in Future
Anthem HMO	No Quality Rating	Not Offered	Not Offered	Quality Rating in Future	Quality Rating in Future	Quality Rating in Future	No Quality Rating
Anthem EPO	★	Quality Rating in Future	★★	★★	★★	★★	★
Anthem PPO	★	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered
Blue Shield HMO	Not Offered	Quality Rating in Future	Quality Rating in Future	★★★	★★★★	★★★	★★
Blue Shield PPO	★★	★★	★★★★	★★★	★★★	★★★	★★
Bright HealthCare HMO	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Quality Rating in Future	Quality Rating in Future
CCHP HMO	★	★	★★	★★	★★	★	★★
Health Net HMO	★	★	★	★	★★	★★	No Quality Rating
Health Net EPO	Quality Rating in Future	★★★	No Quality Rating	No Quality Rating	No Quality Rating	No Quality Rating	Not Offered
Health Net PPO	Not Offered	Quality Rating in Future	Quality Rating in Future	Quality Rating in Future	★	★	No Quality Rating
Kaiser Permanente HMO	★★★★	★★★	★★★★	★★★	★★★	★★★	★★
LA Care HMO	★★	★★	★	★★	★★	★	★
Molina Healthcare HMO	★	★	★	★★	★★	★	No Quality Rating
Oscar EPO	No Quality Rating	Quality Rating in Future	★★	★★★	★★★	★★	No Quality Rating
Sharp Health Plan HMO	★★★	★★★★★	★★★	★★★	★★★	★★★★★	★★★★
Valley Health Plan (VHP) HMO	★	★	★★	★	★	★	★
Western Health Advantage (WHA) HMO	★★★	★★★★	★★★	★★★	★★★	★★★	★★★

PLAN YEAR 2017-2023 PLAN SERVICES FOR MEMBERS RATINGS

Plan Year (Measurement Year)	PY 2017 (MY 2015)	PY 2018 (MY 2016)	PY 2019 (MY 2017)	PY 2020 (MY 2018)	PY 2021 (MY 2018 or 2019)	PY 2022 (MY 2020)	PY 2023 (MY 2021)
Aetna HMO	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Quality Rating in Future
Anthem HMO	No Quality Rating	Not Offered	Not Offered	Quality Rating in Future	Quality Rating in Future	Quality Rating in Future	★★★
Anthem EPO	No Quality Rating	Quality Rating in Future	★★★	★★★	★★★	★★	★★★
Anthem PPO	No Quality Rating	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered
Blue Shield HMO	Not Offered	Quality Rating in Future	Quality Rating in Future	★★★	★★★	★★★	★★★
Blue Shield PPO	★★	★★★	★★★★	★★★	★★★	★★★	★★★★
Bright HealthCare HMO	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Quality Rating in Future	Quality Rating in Future
CCHP HMO	★★★	★★★★★	★★★★	★★★★★	★★★★★	★★★★	★★★★
Health Net HMO	★★	★★★	★★★	★★★	★★	★★★	★★
Health Net EPO	Quality Rating in Future	★★	No Quality Rating	No Quality Rating	No Quality Rating	No Quality Rating	Not Offered
Health Net PPO	Not Offered	Quality Rating in Future	Quality Rating in Future	Quality Rating in Future	★★	★★	★★★
Kaiser Permanente HMO	★★★★★	★★★★★	★★★★★	★★★★★	★★★★★	★★★★★	★★★★
LA Care HMO	★★	★★★★	★★★★	★★★	★★★	★★★	★★★
Molina Healthcare HMO	★★	★★★	★★★	★★★	★★	★★	★★★
Oscar EPO	No Quality Rating	Quality Rating in Future	★★★★★	★★★★★	★★★★★	★★★★★	★★★★
Sharp Health Plan HMO	★★★★	★★★★★	★★★★★	★★★★	★★★★★	★★★★★	★★★★★
Valley Health Plan (VHP) HMO	★★	★★	No Quality Rating	★★★	★★★★	★★★	★★★
Western Health Advantage (WHA) HMO	★★★★★	★★★★★	★★★★	★★★★	★★★★	★★★★	★★★★

2024-26 QDP ISSUER MODEL CONTRACT REFRESH

Plan Management
Equity & Quality Transformation

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

Domains for Equitable, High-Quality Care	Care Delivery Strategies	Goals
<ul style="list-style-type: none"> • Health promotion and prevention • Acute care • Chronic care • Complex care 	<ul style="list-style-type: none"> • Effective primary care • Appropriate, accessible specialty care • 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

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

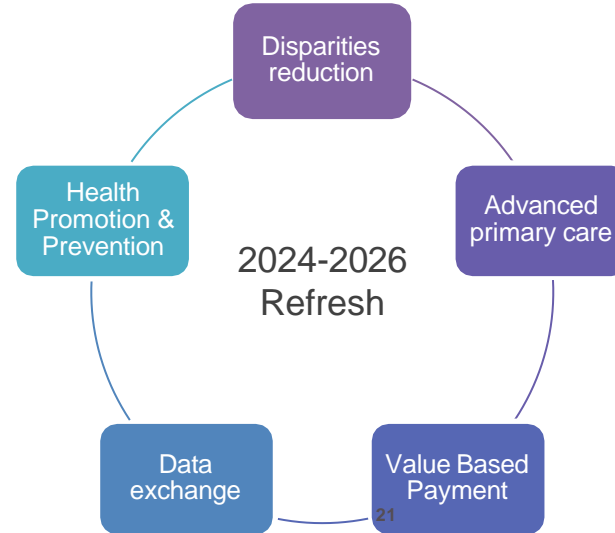
Make quality count

Amplify through alignment

Promote public good

Care about cost

STRATEGIC FOCUS AREAS



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

PROPOSED 2024–26 QDP QUALITY INITIATIVE DEVELOPMENT TIMELINE



CONTRACT REFRESH WORKGROUP APPROACH



- Covered California leadership and staff engage in strategic planning sessions to develop concept proposal for the contract refresh framework, principles, and priority areas for focus – to facilitate contract development of a draft for public review in the Fall.
- Dental Refresh workgroup
 - Scheduled monthly meetings began in April 2022 and are ongoing
 - Forum for large group discussion on proposed changes to Attachments 1, 2 & 3
 - Learning space to share ideas and best practices among stakeholders
 - Participants review and give feedback on contract proposals and draft contract language
 - Additional focus group meetings on specific priority areas are scheduled as necessary to help facilitate contract development

STAKEHOLDER ENGAGEMENT

Covered California began the work of developing quality and equity initiatives for the 2024-2026 QDP Issuer Model Contract Refresh in January 2022.

- We communicated our QDP refresh approach, proposed framework and principles through kick-off meetings with all QDP carriers, DHCS, California Dental Association (CDA), regulators, consumer advocates, dental clinical and policy experts and then held individual meetings with each QDP carrier.
- We discussed subject areas and proposed changes to Attachments 1, 2, and 3. We engaged and obtained feedback from stakeholders through monthly Refresh Workgroup meetings.

STAKEHOLDER FEEDBACK

- The right foundational strategies and priorities were identified by Covered California, but there are dental industry limitations:
 - Collection of reliable data and encounter data
 - Technology
- Any increase in administrative cost translates into an increase in premiums

Dental Utilization and Quality Measurement:

- Prioritize efforts to increase encounter data collection, monitor data quality, focus on health promotion, prevention, and utilization as foundational efforts
- Select measures with strong evidence base, validity, administrative simplicity to collect, and amenable to current dental plan capacity of improvement efforts
- Nearly universal support for a focused, parsimonious set of performance measures
- Dental Quality Alliance (DQA) measures nationally recognized and widely used by dental plans and providers

PROPOSED 2024-2026 QDP MODEL CONTRACT UPDATES

Section	QDP Model Contract Updates
5.2.1 (b) General Requirements	<ul style="list-style-type: none">▪ Contractor shall take steps to foster a culture of equity within its dental plan operations and through its Participating Providers.▪ Contractor shall maintain a disparities reduction program including collection of Enrollee demographic data, stratification of quality measures by demographic factors, and implementation and evaluation of interventions to reduce health disparities.
5.2.2 Payment Obligations for Quality and Health Equity Performance	<ul style="list-style-type: none">▪ The maximum payment obligations collectively are 1% of Contractor’s total annual Gross Premium per product as specified in Attachment 2 — Performance Standards with Penalties.

PROPOSED 2024-2026 QDP MODEL CONTRACT UPDATES

Section	QDP Model Contract Updates
7.2 Corrective Action Plan (CAP)	<ul style="list-style-type: none">▪ In the event Contractor fails to meet any of Contractor's Performance Standards, Contractor shall develop a Corrective Action Plan (CAP), that will specify steps necessary to resolve identified issues related to its failure to meet Contractor's Performance Standards. Contractor agrees to implement the CAP within ninety (90) Days.
7.4 Patterns of Noncompliance	<ul style="list-style-type: none">▪ Covered California may consider Contractor's patterns of noncompliance with Contractor's Performance Standards, including repeated necessity for CAPs, as part of its annual Recertification and Decertification process.

ATTACHMENT 1 PROPOSED CONTRACTUAL REQUIREMENTS

Equity and Disparities Reduction

- Achieve 80% capture of Covered CA member self-reported race, ethnicity, language by 2026

Population Health

- Submit a Dental Population Health Management plan

Health Promotion and Prevention

- Actively outreach, engage, and educate enrollees on member benefits and cost-sharing, provider location and matching, and health assessments
- Conduct tailored outreach and education based on identified needs or health status

Delivery System and Payment Strategies to Drive Quality

- Implement primary dentist assignment for DHMO enrollees by 2024 and DPPO enrollees by 2025
- Report provider payment by HCP LAN APM category

Measurement and Data Sharing

- Healthcare Evidence Initiative (HEI) data submission and participation

QDP ATTACHMENT 2 & 3 OVERVIEW

Proposal to move from **5%** of participation fee to **1%** of gross premium at risk for Attachment 2 - Performance Standards with Penalties

Attachment 2 - Performance Standards with Penalties:

Previously Attachment 14 Performance Standards

- The performance standards and penalties proposed reflect contract refresh priorities of improving dental care equity and quality, with data as a key driver

Attachment 3 - Performance Standards and Expectations:

Previously Attachment 14 Performance Standards

- Proposal to remove penalties for the self-reported Customer Service Standards, move to Attachment 3 and publicly report performance data
- Proposal to remove penalties for the Operational Performance Standards, move to Attachment 3 and publicly report performance data

QDP ATTACHMENT 2 & 3 KEY CHANGES

Attachment 2 - Performance Standards with Penalties

- HEI Data Submission Requirements
 - Updated definition of Full and Regular
 - Dental claim/encounter submissions – no penalty within 2% variance threshold

Attachment 3 - Performance Standards and Expectations

- Grievance Resolution – Expectation changed from 95% to 99%
- Dental Loss Ratio – Expectation 50% for all products

PROPOSED 2024-2026 QDP ATTACHMENT 2 OVERVIEW

Performance Area	Performance Standards with Penalties	% of At-Risk 2024	% of At-Risk 2025	% of At-Risk 2026
Data Submission 30%	1. HEI; Incomplete, irregular, late or non-useable submission	10%	10%	10%
	2. HEI; Allowed amount total varies by more than plus or minus 2%	5%	5%	5%
	3. HEI; Rendering provider taxonomy and type missing/invalid	5%	5%	5%
	4. HEI; Rendering NPI and TIN missing/invalid	5%	5%	5%
	5. Provider Directory	5%	5%	5%
Health Disparities 20%	Demographic Data Collection: Race & Ethnicity	10%	10%	10%
	Demographic Data Collection: Language	10%	10%	10%
Oral Health 50%	Oral Evaluation, Dental Services for Children	10%	10%	10%
	Topical Fluoride for Children	10%	10%	10%
	Sealant Receipt on Permanent First Molars for Children	10%	10%	10%
	Preventive Services Utilization for Adults	20%	20%	20%
Total		100%	100%	100%

*The total amount at risk for Contractor's failure to meet the Performance Standards is equal to 1.0% of the total Gross Premium for the applicable Plan Year (At-Risk Amount).

ATTACHMENT 2 ORAL HEALTH MEASURES PERFORMANCE STANDARDS

- ❑ Performance Levels Development
- ❑ Identify sources of external benchmarks
- ❑ PY 2024, establish baseline rates using HEI data
- ❑ Set performance levels for PY 2025 and 2026 performance standards

PUBLIC COMMENT PERIOD

- The first draft 2024-26 QDP Model Contract and Attachments will be posted for public comment on: October 13th, 2022
- First public comment period: October 13th, 2022 – November 11th, 2022
- Edits to the draft 2024-26 QDP Model Contract and Attachments based on public comments received will occur in January
- Second public comment period in January 2023
- Please send questions and comments to Dianne Ehrke at PMDContractsUnit@covered.ca.gov

OPEN FORUM