



Summary of Attachment 7 Questionnaire Responses

As part of its efforts to refresh contractual expectations, Covered California asked its qualified health plan (QHP) issuers, stakeholders and the public for their feedback on the current Attachment 7 initiatives, the guiding principles of the refresh effort, and a proposed revised framework. The following is a summary of those responses which not only addresses the results of the previous efforts but asks how the respondents believe Covered California should focus its future efforts. The summary of responses is divided into two sections: Issuer Responses and Provider Groups and Advocates Comments, and each section is comprised of several categories to make the overall comments easier to digest.

Issuer Responses

In general, the issuers agreed with the guiding principles and domains of Covered California's current Attachment 7. Several issuers noted that they would like to see more of an emphasis on results and outcomes rather than process. The following categories were noted as a top priority in several responses:

Mental Health and Substance Use Disorder Treatment

- Identified by multiple issuers as top priority and a driver of emergency room utilization.
- Several issuers are engaged in efforts to: develop integrated medical and mental health models; increase telehealth in this area; and maintain access for consumers.
- Most issuers encourage monitoring access, treatment effectiveness and outcomes.
- Generally, all issuers agree that Smart Care has worked well to address opioid overuse.
- Suggestions include creating a managed health plan collaborative, the adoption and reimbursement of innovative models of integrated behavioral healthcare, improving upon existing HEDIS measures; collecting and reviewing service utilization data, member and provider surveys and readmission rates.

Reducing Health Disparities

- Several issuers mentioned that they continue to examine data for disparities by race and ethnicity and that while language disparities are easily identified, they are not easily resolved.
- Many issuers are engaged in diverse efforts and efforts are underway to address data gaps, including an initiative to improve data collection from dialysis centers and labs.

- Discussion of the value of consistency and alignment across issuers for particular communities or geographies, especially where there are shared priorities, while also recognizing the need for flexibility.
- Multiple issuers are engaged in social determinants of health efforts to varying degrees.
- Suggestions include Covered California's potential role such as facilitating a workgroup with consumer advocates, capturing the preferred mode of communication and consent at enrollment and focusing on understanding behavior change and mechanisms that can successfully reduce disparities rather than only report outcomes.

Preventive Services

- Issuers generally agreed on the importance and challenges surrounding preventive services.
- Nearly all issuers agree on the importance of addressing obesity and tobacco use and noted that the variation in rates across plans lends itself to flexibility in approach and allocation of resources.
- Current plan practices include individual health coaches, quit lines, cessation benefits, exercise classes, healthy eating education and screening during visits.
- Issuers suggested that the CDC-defined Diabetes Prevention Program curriculum could be updated and more holistic and that issuers analyze utilization patterns and identify which segments of the population are at risk for avoiding preventive services

Pharmacy Management

- Issuers generally agreed on the savings potential of generic drugs and the opportunity for savings among specialty medications.
- There was a diversity in responses regarding tactics like additional tiering.
- Most issuers are opposed to standard formulary development or coordinated procurement strategies.
- Suggestions include utilizing cost-effective formulary products or charging a copay when a brand-name drug is used even though a generic drug is available.
- Four issuers have implemented point of care decision support to assist clinicians in working with patients to improve value-based prescribing.

Networks Based on Value

- Nearly all issuers agree conceptually with the importance of value-based networks.
- Most believe that the California Maternal Quality Care Collaborative (CMQCC) and Partnership for Patients engagement has been effective to promote improved hospital performance.
- Several issuers mentioned that the Integrated Healthcare Association (IHA) Atlas is useful to track medical group performance and would be helpful in evaluating existing networks and in new contracting efforts.

- One issuer emphasized the ongoing disparity in prices between northern and southern regions and suggested it will take coordinated efforts to address the situation.

Primary Care

- Most issuers are looking at ways to support providers and to increase primary care access.
- Most view primary care promotion positively, but without a consensus on which requirements have been the most effective
- Agreement among most issuers that the patient-centered medical home recognition programs are not compelling and support Covered California in potentially no longer promoting them.
- Several issuers suggested flexibility in meeting primary care contract requirements, focusing on specific HEDIS measures and targeted incentives.

Integrated Healthcare Models and Accountable Care Organizations

- Several issuers support integrated health care models and accountable care organizations but suggest Covered California should be flexible in supporting integration and coordination through arrangements that do not meet the precise IHM or ACO definitions.
- There is not a consensus among issuers over which measure set is most effective. Some agree with continuing the IHA ACO HEDIS measures, while others think that narrowing down a common set of measures that may be smaller but more accurate, would be more valuable. Additionally, there were suggestions to permit flexibility for HMO issuers to use the IHA Align. Measure. Perform (AMP) HMO measure set rather than the IHA AMP ACO measure set.

Alternate Sites

- Most issuers are engaged in promoting telehealth, urgent care and retail clinics and agree on need to educate members more about these approaches.

Consumer and Patient Engagement

- Issuers are conducting a large amount of work in this domain, with diverse approaches and methods.
- Issuers would like to increase awareness of these tools through new member onboarding, making tools more user friendly and increasing promotion.
- Several issuers raised concerns regarding reference pricing in standard benefit design for some procedures, fearing it would create confusion.
- Most issuers are generally opposed to Covered California standardizing requirements for tools or allocation of resources to these efforts.

Alignment

- General agreement with alignment across purchasers, recommendation to use HEDIS measures to address differences in populations by lines of business

- Issuers express support for the all-payer claims database, though also note that it will be a significant effort to launch and needs to accurately account for heavy managed care presence in California.
- Issuers stressed the need for large purchasers and policy makers to push issuers and providers to participate in statewide health information exchanges with interoperability and agreement around use of incentives to support increased data integration.

Provider Groups and Advocates Comments

In general, stakeholders agreed with the guiding principles and domains of Covered California's current Attachment 7. The following themes were mentioned several times in responses:

General Themes

- Several groups stressed the importance of: integrating behavioral, mental and physical care in all health plan network design, using payment to incentivize integrated care; and noted the need to address culturally competent care in the contract.
- Some provider groups fear that addressing the domains as individual projects could lead to a fragmentation of care and stressed the importance of continued care coordination utilizing technology and reducing administrative costs.
- Some commenters believe that having a core set of quality measures, targets, indicators and similar data reporting could reduce administrative burden.
- Payment and data exchange are important key drivers

Health Disparities

- Commenters had broad support for Covered California's goal of narrowing health disparities and pointed to integration of behavioral and physical health as a resounding theme.
- Advocates recommend increasing requirements to capture member self-identification of additional sociodemographic factors.

Preventive Services

- There is broad support for the promotion of preventive care and services.
- Additionally, consumer advocates support additional requirements for community needs assessments and community health improvement plans.

Networks Based on Value

- There is broad support for telehealth, however commenters shared their concerns regarding retail clinics, stating that they create less coordination of care.
- Stakeholders want Covered California to take a broader approach to provider integration. One mentioned the inclusion of Essential Community Providers (ECP) hospitals, another suggested that hospitals provide physicians with

financial resources to coordinate care through technology like electronic health records, telehealth, and trainings for front line staff.

- Advocates want QHP provider networks to also be evaluated based on sufficient availability of “culturally and linguistically appropriate” providers rather than “appropriate culturally competent providers” as currently required in the current QHP Application for Certification.

Primary Care

- Differing opinions on the value of Patient-Centered Medical Home (PCMH) recognition: one stakeholder remains concerned that the uptake of National Committee for Quality Assurance (NCQA) Medical Home certification has been difficult over the past 25 years and that the Berkeley Forum Vision of integrated care models using risk-based payment mechanisms is more effective. However, another stakeholder believes the PCMH model of care represents a vital opportunity to further team-based primary and preventative care.

For a look at the comments, click here: <https://hbex.coveredca.com/stakeholders/plan-management/>