

Summary of Changes and Crosswalk from the 2022 Amendment to the 2023-25 Attachment 7 Refresh

Companion Document to the Draft 2023-25 Attachment 7

ARTICLE 1 EQUITY AND DISPARITIES REDUCTION

Summary of Changes

- *Continued:* QHP issuers must maintain a minimum of 80% self-identification of race and ethnicity data for Covered California enrollees.
- *Continued:* QHP issuers must achieve or maintain the NCQA Health Equity Accreditation (previously Multicultural Health Care Distinction (MHCD)) by year end 2023.
- *Modified:* Covered California is proposing to modify requirements for QHP issuers to submit patient-level HEDIS hybrid measure data for Covered California enrollees stratified by race and ethnicity to the Quality Transformation Initiative measures.
- *Modified:* QHP issuers must engage with Covered California to review its performance on the disparities measures using HEI data.
- *Modified:* QHP issuers will meet a mutually agreed upon multi-year disparities reduction target.
- *New:* QHP issuers must collect data on Covered California enrollees' preferred spoken and written languages for effective communication with providers and timely access to healthcare services.

ARTICLE 2 BEHAVIORAL HEALTH

Summary of Changes

- *Continued:* Covered California is proposing minor updates to Article 2 in 2023. Larger revisions will be made in 2024 and 2025 based on the Joint Behavioral Health project and data gathered through the implementation of 2022 requirements.
- *Modified:* Covered California is proposing to modify requirements to inform consumers about how to access behavioral health services to ensure enrollees are aware of the availability of behavioral health services, including through telehealth.
- *New:* Covered California is strongly encouraging QHP issuers to use the Patient Health Questionnaire-2 and 9 (PHQ-2, PHQ-9) as standardized depression screening tools when implementing the Depression Screening and Follow-Up Plan measure.

ARTICLE 3 POPULATION HEALTH

Summary of Changes

- *Modified:* Covered California has consolidated current requirements from the 2022 Attachment 7 in the following articles Population Health Management, Health Promotion and Prevention, Acute, Chronic and Other Conditions, and Complex Care into one article.

Population Health Management

- *New:* Covered California is proposing to require QHP issuers to submit their NCQA Population Health Management (PHM) plan component (6), PHM Impact, or an equivalent report in accompaniment with the existing NCQA PHM plan submission requirements.
- *Removed:* Covered California is proposing to remove all requirements under the Complex Enrollee Engagement section. The requirements will be addressed as part of the NCQA PHM plan submission.

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Health Promotion and Prevention

- *Modified:* Covered California is proposing to modify requirements for QHP Issuers to analyze performance trended over time to determine change in smoking prevalence and efficiency of its intervention strategies.
- *Removed:* Covered California is proposing to remove requirements related to the Weight Management Program section as the evidence base for identification and treatment of these patients is evolving.
- *Modified:* Covered California is proposing modifications to the requirements under the Diabetes Prevention Program section including requiring QHP Issuers to analyze its DPP utilization rates and compare to expected rates and create a corrective action plan to close that gap.
- *Removed:* Covered California is proposing to remove all requirements under the COVID-19 Gaps and Disparities section. The three (3) measures specified in this section are included in the candidate measure set for the Quality Transformation Initiative (QTI).

ARTICLE 4 DELIVERY SYSTEM AND PAYMENT STRATEGIES TO DRIVE QUALITY

Summary of Changes

Effective Primary Care

- *Modified:* Covered California is proposing to move existing requirements to provide quality improvement support and technical assistance to the Quality Playbook.
- *Modified:* Covered California is proposing to modify primary care payment requirements to include reporting of primary care spend and a description of the QHP issuer's payment models for its 5 largest physician groups, as defined by the number of providers.

Promotion of Integrated Delivery Systems and Accountable Care Organizations

- *Modified:* Covered California is proposing to remove requirements to meet a threshold for the number of enrollees in an IDS or ACO and continue requirements for issuers to report the number of enrollees in an IDS or ACO, the characteristics of their IDS or ACO systems, and the percent of spend under their IDS or ACO contracts.
- *Continued:* Covered California is proposing to maintain the requirement for QHP issuers to submit data to IHA for the use in the IHA Commercial ACO and Commercial HMO measure sets.

Networks Based on Value

- *New:* Covered California is proposing a new requirement for QHP issuers to report on its overall network payment models using the Health Care Payment Learning and Action Network Alternative Payment Model (HCP LAN APM) categories. Issuers must report the percent of spend within each HCP LAN APM category compared to its overall budget.
- *New:* Covered California is proposing a new requirement that QHP issuers who contract with low performing physician groups must submit an intervention plan that may include quarterly performance reviews, tying provider payment to quality and safety, providing technical assistance for specific quality and safety domains, excluding the provider from the QHP network, or other similar activities; the intervention plan is subject to review and approval by Covered California.
- *New:* Covered California is proposing a new requirement that QHP issuers who contract with low performing hospitals must submit an intervention plan that may include quarterly performance reviews, tying hospital payment to quality and safety, providing technical assistance for specific quality and safety domains, excluding the hospital from the QHP network, or other similar activities; the intervention plan is subject to review and approval by Covered California.
- *Continued:* Covered California is proposing to maintain the requirement for QHP issuers to adopt a hospital payment methodology for each general acute care hospital that places the hospital at-risk or subject to a bonus payment for quality performance but remove the 2% payment at-risk minimum.

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- *New:* Covered California is newly proposing that QHP issuers report strategies to improve the appropriate use of opioids in network hospitals.
- *New:* Covered California is proposing a new requirement that QHP issuers encourage all network hospitals to utilize the Opioid Management Hospital Self-Assessment which outlines key milestones to achieving opioid safety and to participate in the Opioid Care Honor Roll program from Cal Hospital Compare
- *Continued:* Covered California is removing language that references Smart Care California guidelines on maternity payments but will continue requirement for QHP issuers to adopt value-based maternity payments that do not incentivize cesarean sections, such as bundled payments and blended case rates.
- *New:* Covered California is proposing a new requirement that QHP issuers report its strategies to improve maternal health measures: Prenatal and Postpartum Care (PCC), Prenatal Depression Screen and Follow-up (PND-E), and Postnatal Depression Screen and Follow-up (PDS-E).
- *New:* Covered California is newly proposing that QHP issuers report on activities to reduce maternal health disparities including how it identifies disparities among its maternity enrollees and how it engages with hospitals, providers, and enrollees to reduce and eliminate maternal health disparities

ARTICLE 5 MEASUREMENT AND DATA SHARING

Summary of Changes

Measurement and Analytics

- *Continued:* Covered California is proposing to maintain the requirement for QHP issuers to report to the Quality Rating System.
- *Continued:* Covered California is proposing to maintain the requirement for QHP issuers to report data to the National Committee for Quality Assurance (NCQA) Quality Compass.

Data Sharing and Exchange

- *Modified:* Covered California has consolidated current requirements from the 2022 Attachment 7 related to the Integrated Healthcare Association participation, ADT notification, measurement, and Healthcare Evidence Initiative into Article 5.
- *Continued:* Covered California is proposing to maintain the requirement for QHP issuers to submit timely and appropriate data for the Healthcare Evidence Initiative (HEI).
- *Continued:* Covered California is proposing to maintain the requirement for QHP issuers to continue implementing and maintaining a secure, standards-based Patient Access API consistent with existing and new CMS rules.
- *New:* Covered California is proposing a new requirement for QHP issuers to enhance information services for members (payer-to-payer data exchange at enrollment and consumer education) consistent with existing and new CMS rules related to interoperability, patient access, reducing burden, and health information.
- *New:* Covered California is proposing a new requirement for QHP issuers to participate in a Health Information Exchange (HIE) and report on specific activities to support data exchange with providers.
- *Continued:* Covered California is proposing to maintain the requirement for QHP issuers to report on the implementation of Admission, Discharge, and Transfer (ADT) events.
- *Continued:* Covered California is proposing to move the requirement for QHP issuers to use standard processes for encounter data exchange with contracted providers to the Quality Playbook.
- *Continued:* Covered California is proposing to move the requirement for QHP issuers to report on data aggregation activities, such as participation in the statewide All Payer Claims Database, to the Quality Playbook.

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ARTICLE 6 CERTIFICATION, ACCREDITATION, AND REGULATION

Summary of Changes

- *Modified:* Covered California is proposing refinements of the existing requirement for QHP issuers to be or become NCQA accredited by adding programmatic information for QHPs to coordinate their accreditation, improvement, and corrective action plan(s) efforts with NCQA and Assembly Bill 133, where applicable.

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2022 Article	2023-25 Article
Preamble	Preamble
1. Individualized, Equitable Care	1. Equity and Disparities Reduction
2. Population Health Management	3. Population Health
3. Health Promotion and Prevention	3. Population Health
4. Mental Health and Substance Use Disorder Treatment	2. Behavioral Health
5. Acute, Chronic and Other Conditions	Requirements being moved to: 3. Population Health 5. Measurement and Data Sharing
6. Complex Care	Requirements being moved to: 3. Population Health Quality Playbook*
7. Effective Primary Care	4. Delivery System and Payment Strategies to Drive Quality
8. Promotion of IDss and ACOs	4. Delivery System and Payment Strategies to Drive Quality
9. Networks based on Value	4. Delivery System and Payment Strategies to Drive Quality
10. Sites and Expanded Approaches to Care Delivery	4. Delivery System and Payment Strategies to Drive Quality
11. Appropriate Interventions	Requirements being moved to: 4. Delivery System and Payment Strategies to Drive Quality Quality Playbook*
12. Key Drivers (definitions)	
13. Measurement for Improvement, Choice and Accountability	5. Measurement and Data Sharing
14. Patient-Centered Social Needs	3. Population Health
15. Data Sharing and Analytics	5. Measurement and Data Sharing
16. Quality Improvement and Technical Assistance	4. Delivery System and Payment Strategies to Drive Quality
17. Certification, Accreditation, and Regulation	6. Certification, Accreditation, and Regulation
Appendix A Measurement	Appendix A Measurement*
Appendix B Payment	Appendix B Payment*
Appendix C Patient and Consumer Engagement	Appendix C Patient and Consumer Engagement*
Appendix D Quality Improvement and Technical Assistance	Appendix D Quality Improvement and Technical Assistance*
Glossary	

*Quality Playbook and appendices will be released at a later date.