

Cover Page

Qualified Health Plan (QHP) for Individual Market Attachment 2 – Performance Standards with Penalties Response to Comments

The following is the Covered California response to comments received on February 11, 2022, for the 2023-2025 QHP Attachment 2-Performance Standards with Penalties.

All documents will be posted to the Plan Management HBEX webpage:
<https://hbex.coveredca.com/stakeholders/plan-management/>.

Response to Comments Received on February 11, 2022

2023-2025 Qualified Health Plan (QHP) for Individual Market, Attachment 2 - Performance Standards with Penalties

Performance Standard #	Performance Standard Title	Comment Date	Comment	Covered California Response
Attachment 2	1. Reducing Health Disparities: Demographic Data Collection - Enrollee Race and Ethnicity Self-Identification Attachment 1, Article 1.01	2/11/22	We strongly support Covered California's commitment to the collection of race and ethnicity data for members who have not self-identified and its expectation that Carriers partner with them to improve the collection of this data. Comprehensive and complete self-reported, granular demographic data is foundational to advancing health equity. We look forward to working with Covered California and other stakeholders to identify best practices to outreach to members who have not selected a race or ethnicity response in their application, such as explaining the reasons for such collection, (i.e., beneficial uses of race and ethnicity data to ensure equal access to health care services). It has been our understanding that Covered California has remained consistent in what it determines to be a valid race and ethnicity category and in turn, how to compute the 80% response rate. Members who decline to state either actively or passively remain in the denominator.	Thank you for your comment, that is correct. Members who decline to state either actively or passively remain in the denominator. We look forward to working with stakeholders to improve collection of member self-identified race and ethnicity.
Attachment 2	1. Reducing Health Disparities: Demographic Data Collection - Enrollee Race and Ethnicity Self-Identification Attachment 1, Article 1.01	2/11/22	While we appreciate the ability for members to categorize themselves as "mixed" or "multi-racial," we urge Covered California to require Contractors to follow best practices for the collection and reporting of multi-racial information. For example, the Agency for Healthcare Research and Quality (AHRQ) recommends that where possible information on the specific combinations of races and ethnicities should be preserved so the data can be aggregated over enough reporting units or periods to provide more informative analyses and the basis for targeted interventions. A single category labeled "multi-racial" or "more than one race" may mask valuable information that could be used in analyses. Therefore, additional detail on each category should be encouraged. Additionally, we urge Covered California to require contractors to utilize best practices such as the OMB guidelines for the prioritization of race and ethnicity categories (OMB 2000). <u>Amend: b. "Other", "mixed", "multi-racial", etc. values do apply toward meeting the 80% race and ethnicity standard. Contractor is required to follow best practices for the collection of multi-racial information including preservation of the specific combinations of races and ethnicities so the data can be aggregated to provide more informative analyses and the basis for targeted interventions.</u>	Thank you for your comment and proposed amendment on collection of multi-racial data, Covered California will take this into consideration. We recognize the importance of retaining individual selections made by enrollees. Current Covered California guidance to QHP Issuers is consistent with OMB guidelines. Covered California will continue to assess the feasibility of more complex data specifications to support capture and analytic use of more granular data.
Attachment 2	Reducing Health Disparities: Demographic Data Collection - Enrollee Spoken and Written Language - Attachment 1, Article 1.01.	2/11/22	We strongly support Covered California tying performance and penalties to complete HEI submissions for written and spoken language. Health disparities are well-documented for limited-English proficient (LEP) patients. Collection and reporting of complete data, as required by SB 853 is foundational to addressing disparities in this area.	Contractor HEI submissions must include valid spoken and written language attributes for enrollees starting with Measurement Year 2023. Performance penalties are tied to this requirement.

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Attachment 2	3. Reducing Health Disparities: Disparities Reduction Intervention – Attachment 1, Article 1.03	2/11/22	We applaud Covered California for setting year-over-year targets for health plans to meet in order to reduce disparities and improve healthcare quality. We reiterate our concern that Covered California appears to only be holding plans accountable for meeting year-over-year targets for just one equity measure as opposed to all of the equity measures. Additionally we would like to see language requiring that plan progress on these measures be made publicly available (see comment above).	Covered California is committed to disparities reduction and has learned from the early adoption of contractual requirements in this area. Developing an effective disparities reduction intervention infrastructure takes time and development of essential elements: accurate and complete data, effective intervention design with a health equity lens and use of best practices. Our current focus on single measures for reducing disparities reflects the emphasis on developing these elements. This infrastructure will support Contractors in meeting future equity requirements for all QTI measures. Covered California will provide public reporting on health plan efforts to reduce disparities and improve healthcare quality.
Attachment 2	8. Quality Rating System (QRS) QHP Enrollee Experience Summary Indicator Rating	2/11/22	We support requiring that health plans must meet three stars or higher on the Quality Rating scores, including enrollee experience and clinical quality. This is part of a larger effort across Covered California and Medi-Cal which we support to improve quality in the health plans serving almost 13 million Californians. As noted above, quality rating scores range from 1-star to 5-stars: a plan with 1-star or 2-stars is like saying a passing grade is a D or an F. Even a 3-star plan is only getting C grade. Consumers deserve better than plans that are flunking the grading system.	Covered California is pleased to hear that you support the contractual requirement that health plans must meet three stars or higher on the QRS enrollee experience rating.