

Cover Page

Covered California for Small Business (CCSB) Qualified Health Plan Attachment 1 Response to Comments

The following is the Covered California response to comments received in Round 1 release of contract documents for the draft 2023 QHP CCSB Attachment 1.

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

COMMENT TEMPLATE - Draft 2023 - 2025 CCSB QHP Attachment 7 for Quality, Equity, And Delivery System Transformation Requirements and Improvement Strategy

Article	Section #	Comment Date	Comment	Covered California Response
1	1.02.2	11/5/21	Use of HEI data will likely result in material differences on some HEDIS measures from what we produce ourselves. Covered CA should expect to have to work with us to produce accurate results using data from our electronic health record or other sources.	Covered California will engage with issuers to ensure disparities measure performance through HEI data submission is accurate.
2	2.04.1	11/5/21	We recommend removing parts 2 and 3 of this requirement until Collaborative Care Models can be further defined with additional guidance including a way to identify these providers and applicable claims codes. We do not currently have a way to clearly identify these practices and we do not reimburse providers for Collaborative Care Model services due to unknown financial impacts. Currently Integration of Behavioral Health takes place at the health plan level through Case Management using an Integrated Care Management model	Covered California will define the Collaborative Care Model in this article by referring to the AIMS Center at the University of Washington (https://aims.uw.edu/collaborativecare). Covered California has provided the Collaborative Care Model claims codes in the Certification Application to support reporting on this requirement. We believe that behavioral health integration is most effective through integration at the delivery system, especially between primary care and behavioral health providers. Case management is important but it is not sufficient.
3	3.02.2 3)	11/5/21	Please clarify or define the "expected rates" to be used when assessing the DPP outcomes and triggering a corrective action plan.	The CDC Diabetes Prevention Impact Toolkit is a potential tool QHP issuers can use to determine "expected rates" for the Diabetes Prevention Program. The tool can determine projected health effects of the National DPP lifestyle change program on their population at risk for diabetes, such as projected participation rates. Here are two potential gaps where Covered California believes is appropriate for triggering a corrective action plan: 1) a gap between the percent of enrollees identified as high risk and percent of enrollees who should have been identified as high risk (using the CDC tool); and 2) a gap between 1) and the percent of enrollees who actually use the DPP service.

COMMENT TEMPLATE - Draft 2023 - 2025 CCSB QHP Attachment 7 for Quality, Equity, And Delivery System Transformation Requirements and Improvement Strategy

Article	Section #	Comment Date	Comment	Covered California Response
3	3.04.1	11/5/21	Please add back in the criteria for a minimum of screening enrollees participating in plan-based programs. Screening all enrollees for sensitive information would be very challenging and impractical.	Food insecurity in California has dramatically increased across the state during the COVID-19 pandemic. 25% of Californian households are currently food insecure, a rate 2.5 times higher than pre Covid-19 levels. We know that food insecurity as well as other social and economic determinants of health, put individuals at a higher risk of contracting COVID-19. Health-related social needs impact all members, not only those involved in plan-based programs. The intention of screening all Enrollees is to identify and address these needs in a timely manner before unmet needs lead to adverse health outcomes. We do not intend to reduce the screening requirements.
4	4.01.1 (2)	11/5/21	We do not currently have the capability to report PCP self selection vs assignment. We are working to understand what it would take to develop this capability, but it appears that it may be very difficult and expensive to do so. We may need to discuss with Covered CA the value of this reporting vs the cost.	If QHP issuers cannot report PCP assignment vs. selection, the issuer can report 100% assignment at this time.
5	5.02.1 2) a)	11/5/21	Please replace this section with the language from the 2022 Contract. This is necessary to address that the HEI vendor is contracted to assist with health oversight functions and activities and has legal authority to collect, store and process HEI data. "Covered California represents and warrants that any HEI Vendor which, in its sole discretion, Covered California should contract with to assist with its health oversight functions and activities shall have any and all legal authority to provide any such assistance, including but not limited to the authority to collect, store, and process HEI Data subject to this Agreement."	The language of the HEI section of the QHP contract was the product of many months of legal negotiations between Covered CA and the carriers. This involved highly technical issues pertaining to the requirements of AB929, the HIPAA Privacy Rule, the Covered CA/HEI vendor contract and the terms and conditions of the pending Data Governance Committee Charter and Procedures. We are proposing minimal adjustments to this section at this time.