Attachment K1 – QHP QIS 1 Work Plan – Advanced Primary Care

Covered California recognizes that providing high-quality, equitable, and affordable care requires a foundation of effective and patient-centered primary care. Advanced primary care is data driven, team-based, and supported by alternative payment models such as population-based payment and shared savings. Applicant shall actively promote the development and use of advanced primary care models that promote access, care coordination while managing the total cost of care. Advanced primary care is one of Covered California's QIS delivery system strategies. This QIS Work Plan must address Applicant's ability to match at least 95% of enrollees with a primary care clinician and increase proportion of providers paid under a payment strategy that promotes advanced primary care.

Covered California has signaled the importance of high quality, equitable health care for its enrollees through its contract requirements including the Quality Transformation Initiative (QTI). The intent of the QTI is to spur high performance, improve care, and reduce health disparities on a small number of clinically important conditions for which there are major opportunities for improvement and established measures in current use. Advanced primary care initiatives can support the QHP issuers in meeting the goals of the QTI. As such, this QIS Work Plan must address Applicant's implementation of advanced primary care initiatives and quality improvement activities to improve health outcomes on any of the QTI measures.

This workplan must address the following:

1. Describe updates on progress made since the previous QIS submission in each part of the primary care goals, and planned activities. Address each of the following:
    - Updates on the PCP matching initiative, including a status report, feedback on the enrollee experience, challenges, and suggestions (if applicable)
    - Progress implementing alternative payment models for primary care to align with Category 3 or 4 APMs described in the APM Framework including: activities conducted, data collected and analyzed, and results
    - Describe any support or technical assistance (financial, staffing, educational, etc.) that Applicant or multi-insurer collaborative is providing to primary care providers to support their efforts towards accessible, data-driven, team-based care
    - Further implementation plans for 2024 with milestones and targets for 2024 and 2025 identified
    - Known or anticipated barriers in implementing QIS activities and progress of mitigation activities

2. Applicant's implementation of advanced primary care initiatives and quality improvement activities to improve health outcomes on any of the QTI measures:
    - Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%) (NQF #0575);
    - Controlling High Blood Pressure (NQF #0018);
    - Colorectal Cancer Screening (NQF #0034); and
    - Childhood Immunization Status (Combo 10) (NQF #0038)

Use this form to provide the baseline details for and to describe your quality improvement strategy (QIS) for advanced primary care. Please retain a copy of this completed QIS Work Plan so that it is available for future reference when reporting on activities conducted to implement the QIS. Covered California will also keep each QIS Work Plan on file as a reference while this particular QIS is in place.

For any fields that do not apply, please simply leave them ***blank****. There is no need to indicate "NA" or "not applicable" unless specifically instructed to do so for that criterion.*

Part A. QIS Work Plan Applicability

1. Select the relevant product types to which the QIS applies. Check all that apply.[1]

- ☐ Health Maintenance Organization (HMO)
- ☐ Preferred Provider Organization (PPO)
- ☐ Exclusive Provider Organization (EPO)

[1] The issuer must ensure all eligible issuer-products are covered by an existing or new QIS work plan for each strategy. If issuer has different quality improvement strategies for each of their products, they must submit new QIS work plan for each.

Part B. Data Sources Used for Goal Identification and Monitoring Progress

2. Data Sources

Indicate the data sources used for identifying QHP enrollee population needs and supporting the QIS rationale. Check all that apply.

Data Sources
☐ Internal issuer enrollee data
☐ Medical records
☐ Claim files
☐ Surveys (enrollee, beneficiary satisfaction, other)
☐ Plan data (complaints, appeals, customer service, other)
☐ Registries
☐ Census data Specify Type (e.g., block, tract, ZIP Code):
☐ Area Health Resource File (AHRF)
☐ All-payer claims data
☐ State health department population data
☐ Regional collaborative health data
☐ Other: Please describe. Do not include company identifying information in your data source description. *(100 words)*

Part C. QIS Work Plan Summary

3. QIS Title – QIS 1 Work Plan – Advanced Primary Care

4. QIS Description[2]

Provide a brief description of the Applicant's QIS for advanced primary care.

(200 words)

[2] Issuers may use existing strategies employed in non-Exchange product lines (e.g., Medicaid, commercial) if the existing strategies are relevant to their Covered California enrollee populations and meet the QIS requirements and criteria.

5. QIS Goals

Describe the overall goals of the QIS.

QIS Goal 1:

Note: Goal 1 must address Applicant's ability to match at least 95% of enrollees with a primary care clinician and increase proportion of providers paid under a payment strategy that promotes advanced primary care.

(200 words)

QIS Goal 2:

Note: Goal 2 must address Applicant's implementation of advanced primary care initiatives and quality improvement activities to improve health outcomes on any of the QTI measures:

- Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%) (NQF #0575);
- Controlling High Blood Pressure (NQF #0018);
- Colorectal Cancer Screening (NQF #0034); and
- Childhood Immunization Status (Combo 10) (NQF #0038)

(200 words)

Part D. QIS Work Plan Requirements

6. Market-based Incentive Type(s)

Select the sub-type of market-based incentive(s) the QIS includes. Check all that apply. If either "In-kind incentives," "Other provider market-based incentives," or "Other enrollee market-based incentives" is selected, provide a brief description in the space provided.

Provider Market-based Incentives:

☐ Increased reimbursement

☐ Bonus payment

☐ In-kind incentives (Provide a description in the space below.)

(100 words)

☐ Other provider market-based incentives (Provide a description in the space below.)

(100 words)

Enrollee Market-based Incentives:

☐ Enrollee incentive program (Provide a description in the space below.)

(100 words)

7. Rationale for QIS

Provide a rationale for the QIS that describes:

- The issuer's current QHP enrollee population(s) and
- How the QIS will address the needs of the current QHP enrollee population(s).

(200 words)

8. Activity(ies) That Will Be Conducted to Implement the QIS

8a. List the activities that will be implemented to achieve the goals described.

(200 words)

8b. Describe how the activities listed in 8a relate to the market-based incentive(s) selected in Question 6.

(200 words)

8c. Describe activities Applicant is conducting to prepare for health disparities reduction accountability for the QTI measures. Responses may include efforts to improve demographic data collection, measure stratification by race and ethnicity, access to preferred language (translation/interpretation services), root cause analysis activities, disparity reduction intervention design and testing, or other related efforts.

(200 words)

9. Goal(s), Measure(s), and Performance Target(s) to Monitor QIS Progress

QIS Goal 1:

For Goal 1, Applicant must address its ability to match at least 95% of enrollees with a primary care clinician and increase proportion of providers paid under a payment strategy that promotes advanced primary care.

Applicant must answer Certification Application questions 18/19/20/21.4.2.1 and 18/19/20/21.4.2.2 in Attachment J to provide the data for primary care clinician matching and primary care payment strategies.

QIS Goal 2:

For Goal 2, Applicant must address its implementation of advanced primary care initiatives and quality improvement activities to improve health outcomes on at least one (but no more than two) QTI measures used to track progress toward meeting the goal:

- Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%) (NQF #0575);
- Controlling High Blood Pressure (NQF #0018);
- Colorectal Cancer Screening (NQF #0034); and
- Childhood Immunization Status (Combo 10) (NQF #0038)

Measure 2a

9a. Measure 2a Name:

Provide a narrative description of the measure numerator and denominator.

(200 words)

Is this a National Quality Forum (NQF)-endorsed measure? Yes No

If yes, provide the 4-digit ID number:

If yes, did the issuer modify the NQF-endorsed measure specification?

Yes No

9b. Describe how Measure 2a supports the tracking of performance related to Goal 2.

(200 words)

9c. Baseline Assessment: Provide the baseline results by **either**:

- Calculating the rate and providing the associated numerator and denominator (***Note:*** *The numerator and denominator should calculate to the rate provided*):

  Calculated Rate:

  Numerator:

  Denominator:

- OR -

- Indicating the data point if the measure is not a rate:

  Data Point:

9d. Provide the baseline performance period (i.e., month and year when data collection began and ended) covered by the baseline data assessment:

–

9e. Provide the numerical value performance target for this measure (i.e., the target rate or data point the QIS intends to achieve):
(***Note:*** *This entry should NOT be a percentage change but a numerical value.*)

Measure 2b

9f. Measure 2b Name:

Provide a narrative description of the measure numerator and denominator.

(200 words)

Is this a National Quality Forum (NQF)-endorsed measure? Yes No

If yes, provide the 4-digit ID number:

If yes, did the issuer modify the NQF-endorsed measure specification?

Yes No

9g. Describe how Measure 2b supports the tracking of performance related to Goal 2.

(200 words)

9h. Baseline Assessment: Provide the baseline results by **either**:

- Calculating the rate and providing the associated numerator and denominator:
  (***Note:*** *The numerator and denominator should calculate to the rate provided.*)

Calculated Rate:

Numerator:

Denominator:

- OR -

- Indicating the data point if the measure is not a rate:

  Data Point: [ ]

9i. Provide the baseline performance period (i.e., month and year when data collection began and ended) covered by the baseline data assessment:

[ ] – [ ]

9j. Provide the numerical value performance target for this measure (i.e., the target rate or data point the QIS intends to achieve):
(***Note:*** *This entry should NOT be a percentage change but a numerical value.*)

[ ]

10. Timeline for Implementing the QIS Work Plan

10a. QIS Initiation/Start Date:

10b. Describe the milestone(s) and provide the date(s) for each milestone (i.e., when activities described in Question 9 will be implemented). At least one milestone is required.

(50 word limit per milestone)

	Milestone(s)	**Date for Milestone(s)**
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

11. Risk Assessment

11a. List all known or anticipated barriers to implementing QIS activities.

(200 words)

If no barriers were identified, describe how you assessed risk in the box below. If barriers were identified above, this box should be left blank.

(200 words)

11b. Describe the mitigation activities that will be incorporated to address **each** barrier identified in 12a. If there were no barriers identified, this box should be left blank.

(200 words)