



2024-2026 QDP Issuer Model Contract Refresh Workgroup

September 29, 2022

AGENDA

Time	Topic	Presenter
10am – 10:10	Welcome and Timeline	Tara Di Ponti, Elena Wise
10:10 – 10:40	Proposed 2024-2026 Attachment 1 Requirements	EQT
10:40 – 11:10	Attachment 2 and 3 Overview	Dianne Ehrke, EQT
11:10 – 11:40	Discussion	EQT
11:40 – 11:50am	Next Steps and Adjourn	Tara Di Ponti

Welcome & Timeline

Elena Wise and Tara Di Ponti

Covered California's Framework for Holding Dental Plans Accountable for Quality, Equity and Delivery System Transformation

Domains for Equitable, High-Quality Care	Care Delivery Strategies	Goals
<ul style="list-style-type: none"> • Health promotion and prevention • Acute care • Chronic care • Complex care 	<ul style="list-style-type: none"> • Effective primary care • Appropriate, accessible specialty care • Leveraging technology • Cultural and linguistic competence 	<ul style="list-style-type: none"> • Improvement in health status • Elimination of disparities • Evidence-based care • Patient-centered care • Affordability for consumers and society

Key Levers

Covered California recognizes that promoting change in the delivery system requires **aligning** with other purchasers and working with all relevant players in a way that improves value for consumers and society while minimizing administrative burden on plans and providers.

- Benefit design
- Measurement for improvement and accountability
- Data sharing and analytics
- Payment reform
- Consumer empowerment
- Quality improvement collaboratives
- Technical assistance
- Certification and accreditation

Community Drivers: Social influences on Health, Economic and Racial Justice

Principles and Dental Strategic Focus Areas

Quality is central

Equity is quality

Measures that matter

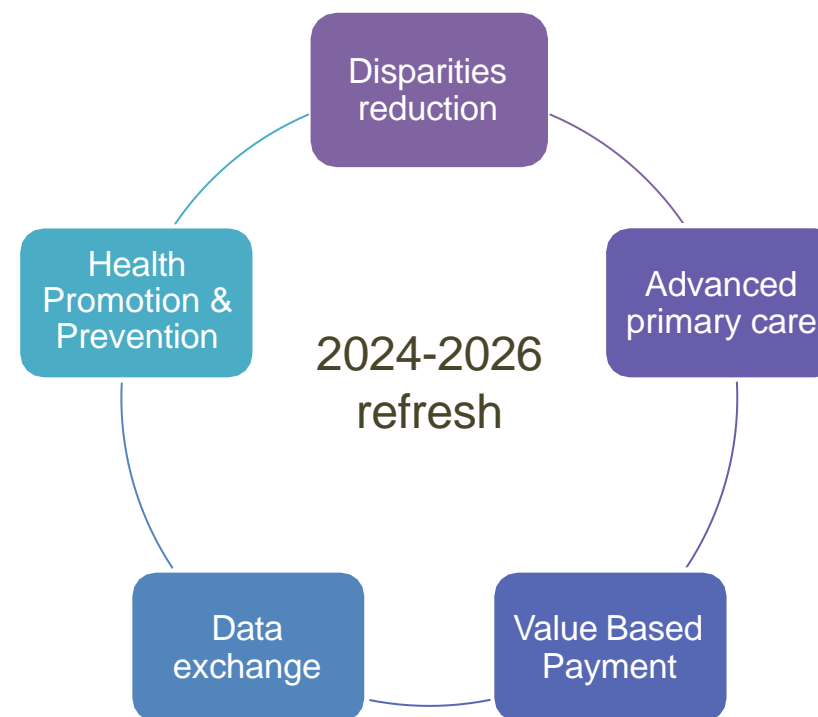
Make quality count

Amplify through alignment

Promote public good

Care about cost

STRATEGIC FOCUS AREAS



Alignment with the Department of Healthcare Services (DHCS)
Data analytics / Healthcare Evidence Initiative

PROPOSED 2024 – 2026 QDP QUALITY INITIATIVE DEVELOPMENT TIMELINE



Proposed 2024-26 Attachment 1 Requirements

Health Equity & Quality Transformation Division

PROPOSED 2024-26 ATTACHMENT 1 REQUIREMENTS

Article 1: Equity and Disparities Reduction

- ❑ Demographic Data Collection: Contractor must collect member self-reported race, ethnicity, and language data and attain 80% Covered CA Enrollee self-reported rate by PY 2026. Baseline and interim rate will be set in PY 2024. Interim rate must be attained by PY 2025.
- ❑ Expanded Demographic Data Collection: Contractor must collaborate with Covered CA to identify opportunities for demographic data collection for the following: disability status, sexual orientation, and gender identity.
- ❑ Monitoring Disparities: Contractor must engage with Covered CA on HEI data submission for the dental priority measures.
- ❑ Disparities Reduction: (1) Contractor must report annually describing efforts to establish or expand infrastructure to successfully identify, monitor, and reduce disparities; and (2) participate in group collaborative efforts and individual learning and engagement sessions hosted by Covered California.
- ❑ Cultural and Linguistic Competency: Contractor must annually demonstrate organizational compliance in providing written and spoken language services to patients with limited English proficiency and/or other communication needs to prevent gaps in care.

PROPOSED 2024-26 ATTACHMENT 1 REQUIREMENTS

Article 2: Population Health

- ❑ Dental Population Health Management plan: Contractor must submit a Dental Population Health Management plan for its Covered California population that addresses:
 - PY 2024: Dental Population Health Management Strategy to meet its Enrollees' care needs
 - PY 2025: Evidence of systematic collection, integration, and assessment of Enrollee data to assess the needs of the population and determine actionable categories for appropriate intervention
 - PY 2026: Systematic process to measure the effectiveness of its Population Health Management strategy to determine if Population Health Management goals are met and to gain insights into areas needing improvement

Stakeholder Feedback Received

- There is ample information for members from kids to aging adults promoting overall oral health.
- Recommend to expand education and promote online Oral Health Risk Screening (OHRS) to members through Covered CA at the time of enrollment.
- Consider minimum enrollment thresholds for PHM Plan requirement.
- System costs associated with capturing and extracting oral health assessment responses.

PROPOSED 2024-26 ATTACHMENT 1 REQUIREMENTS

Article 3: Health Promotion and Prevention

- ❑ Dental Plan Benefits and Services Communication:
 - Contractor must conduct outreach and education to all enrollees on member benefits, clearly communicating the availability of diagnostic and preventive services without member cost share; provider location and matching; and health risk assessments.
 - Contractor shall provide additional tailored outreach and education to Covered California Enrollees based on identified member oral health risk.

- *How should oral health high risk be defined?*

PROPOSED 2024-26 ATTACHMENT 1 REQUIREMENTS

Article 3: Health Promotion and Prevention

- ❑ Tobacco Cessation: revised proposed referral requirements
- ❑ Diabetes: proposing to remove referral requirements at this time
- ❑ Pregnancy: clarified proposed requirement is for enhanced outreach to support preventive care
 - *what are the right mechanisms to confirm pregnant enrollees are receiving needed, timely care?*

Stakeholder Feedback

- Dental providers collect and review patient health histories regarding tobacco use, diabetes and pregnancy; however, referral and communication to primary care providers would be challenging to establish due to lack of resources and time.

PROPOSED 2024-26 ATTACHMENT 1 REQUIREMENTS

Article 3: Health Promotion and Prevention

- ❑ Patient-Centered Information and Communication
 - Provider Cost and Quality: Contractor to make available to enrollees provider cost and quality information.
 - Enrollee Cost Transparency: Contractor to make pricing and out of pocket cost information available to enrollees for highest frequency and highest cost services.
 - Enrollee Benefit Information: Contractor shall provide Covered California Enrollees with current information regarding annual out-of-pocket costs, status of deductible, status of benefit limit if applicable, and total oral health care services received to date.
 - *Patient-Centered Information and Communication elements likely to be moved out of Article 3; initially placed here to support enrollee education and provider selection based on cost and quality, especially DPPO coinsurance plan designs.*
 - *These are current contract requirements for QDP Issuers, are there recommendations to update to best meet enrollees' needs?*

PROPOSED 2024-26 ATTACHMENT 1 REQUIREMENTS

Article 4: Delivery System And Payment Strategies To Drive Quality

❑ Encouraging Use of Primary Dental Care:

- Beginning 2024, Contractor must ensure DHMO enrollees have selected or are assigned a primary dentist and communicate that assignment to enrollees.
- Beginning 2025, Contractor must support DPPO enrollee selection of primary dentist by communicating identification of a suggested provider for all enrollees.
- Provider selections or auto-assignments must consider at minimum geographic location and enrollee language spoken and may consider additional cultural and linguistic concordance factors.

❑ Payment to Support High-Quality, Equitable Dental Care:

- Encourage the adoption of dental primary care payment models to support advanced dental primary care.
- Contractor must report its dental payment models using Health Care Payment Learning and Action Network (HCP LAN) Alternative Payment Model (APM) categories.

Stakeholder Feedback Received

- HMO plans generally support requiring primary dental assignment for all members to a general dental provider; however, dental home model or provider selection requirements raises concerns enrollees' freedom of choice will be restricted in DPPO plans and provider contract changes may be required.

PROPOSED 2024-26 ATTACHMENT 1 REQUIREMENTS

Article 5: Measurement and Analytics

- ❑ Data Submission
 - No changes proposed to Healthcare Evidence Initiative (HEI) submission requirements.
- ❑ Pediatric Measures Proposed for Performance Standards:
 - Prevention of Dental Caries in Children Younger Than 5 Years: Screening & Interventions (US Preventive Services Task Force Grade B)
 - Topical Fluoride for Children (DQA) (NQF #2528)
 - Receipt of Sealants on 1st or 2nd Permanent Molar (DQA)
- ❑ Adult Measure Proposed for Performance Standard:
 - Preventive Services Utilization

ARTICLE 5 STAKEHOLDER FEEDBACK

- Covered California identified the right dental services and measures for pediatrics; however, for adults recommend to not consider care for patients with diabetes.
- Each plan should establish their own baseline, following the data collection and analysis period before determining performance levels and standards calculations.
- Relative performance expectation would be preferred to ensure that metrics are met over time.
- Collecting data, analyzing the data received, and looking at variations and taking the average of all participating plans and establishing benchmarks.

Attachment 2 and 3 Overview

Dianne Ehrke and Taylor Priestley

QDP ATTACHMENT 2 & 3 OVERVIEW

Proposal to move from 5% of participation fee to 1% of gross premium at risk for Attachment 2 - Performance Standards with Penalties

Attachment 2 - Performance Standards with Penalties:

Previously Attachment 14 Performance Standards

- The performance standards and penalties proposed reflect contract refresh priorities of improving dental care equity and quality, with data as a key driver

Attachment 3 - Performance Standards and Expectations:

Previously Attachment 14 Performance Standards

- Proposal to remove penalties for the self-reported Customer Service Standards, move to Attachment 3 and publicly report performance data
- Proposal to remove penalties for the Operational Performance Standards, move to Attachment 3 and publicly report performance data

QDP ATTACHMENT 2 & 3 KEY CHANGES

Attachment 2 - Performance Standards with Penalties

- HEI Data Submission Requirements
 - Updated definition of Full and Regular
 - Dental claim/encounter submissions – no penalty within 2% variance threshold

Attachment 3 - Performance Standards and Expectations

- Grievance Resolution – Expectation changed from 95% to 99%
- Dental Loss Ratio – Expectation 50% for all products

PROPOSED 2024-2026 QDP ATTACHMENT 2 OVERVIEW

Performance Area	Performance Standards with Penalties	% of At-Risk 2024	% of At-Risk 2025	% of At-Risk 2026
Data Submission 30%	1. HEI; Incomplete, irregular, late or non-useable submission	10%	10%	10%
	2. HEI; Allowed amount total varies by more than plus or minus 2%	5%	5%	5%
	3. HEI; Rendering provider taxonomy and type missing/invalid	5%	5%	5%
	4. HEI; Rendering NPI and TIN missing/invalid	5%	5%	5%
	5. Provider Directory	5%	5%	5%
Health Disparities 20%	Demographic Data Collection: Race & Ethnicity	10%	10%	10%
	Demographic Data Collection: Language	10%	10%	10%
Oral Health 50%	Oral Evaluation, Dental Services for Children	10%	10%	10%
	Topical Fluoride for Children	10%	10%	10%
	Sealant Receipt on Permanent First Molars for Children	10%	10%	10%
	Preventive Services Utilization for Adults	20%	20%	20%
Total		100%	100%	100%

*The total amount at risk for Contractor's failure to meet the Performance Standards is equal to 1.0% of the total Gross Premium for the applicable Plan Year (At-Risk Amount).

ATTACHMENT 2 ORAL HEALTH MEASURES PERFORMANCE STANDARDS

Performance Levels Development

- Identify sources of external benchmarks
- PY 2024, establish baseline rates using HEI data
- Set performance levels for PY 2025 and 2026 performance standards

Open Discussion and Feedback

REQUEST FOR FEEDBACK

Article 2

- *What population health management elements are feasible and appropriate for dental plans?*

Article 3

- *How should oral health high risk be defined?*
- *What are the right mechanisms to confirm pregnant enrollees are receiving needed, timely care?*

Article 4

- *Are there recommended alternatives to DPPO provider selection to support engaging enrollees in care?*

Article 5

- *What are recommended approaches to improving encounter data submission?*

NEXT STEPS

- Submit questions and comments to Dianne Ehrke at PMDContractsUnit@covered.ca.gov
- First Public Comment Period, October 13th, 2022 – November 11th, 2022
- The next 2024-2026 QDP Issuer Model Contract Refresh Workgroup will tentatively be scheduled for the first half of January 2023. Anticipated topics include review and discussion of public comments. Materials forthcoming.

Thank you