



COVERED
CALIFORNIA

PLAN MANAGEMENT ADVISORY GROUP

June 13, 2016

WELCOME AND AGENDA REVIEW

BRENT BARNHART, CHAIR
PLAN MANAGEMENT ADVISORY GROUP

AGENDA

AGENDA
Plan Management and Delivery System Reform Advisory Group
Meeting and Webinar
Monday, June 13, 2016, 1:00 p.m. to 3:00 p.m.

Webinar link: <https://attendee.gotowebinar.com/register/2276312700727263234>

June Agenda Items	Suggested Time
I. Welcome and Agenda Review	1:00 - 1:05 (5 min.)
II. Special Enrollment Period (SEP) Verification Update	1:05 – 1:20 (15 min.)
III. 2017 Certification Update	1:20 – 1:35 (15 min.)
IV. Attachment 7 Measurements and Specifications	1:35 – 2:00 (25 min.)
V. High Deductible Health Plan – Technical Modifications	2:00 – 2:15 (15 min.)
VI. Open Forum	2:15 – 2:25 (10 min.)
VII. Wrap-Up and Next Steps	2:25 – 2:30 (5 min.)

UPDATE ON SPECIAL ENROLLMENT PERIOD VERIFICATION PROCESS

SARAH SOTO-TAYLOR, SENIOR CONSULTANT
PROGRAM INTEGRITY DIVISION

ON-LINE NOTIFICATION

CalHEERS update of SEP page – as soon as August

- Random sample consumers who apply once the language is made available in CalHEERS
- Proposed language:

ATTENTION for those applying for Covered California only:

If you are applying for Medi-Cal, this message does not apply to you.

You must have a qualifying life event if you are trying to get health coverage through Covered California during Special Enrollment Period (outside of Open Enrollment Period). Please make sure your application is true and correct. If you provide false information, your coverage may be cancelled. The U.S. Department of Health and Human Services may also fine you for providing false information.

- You may be fined up to **\$25,000** if you provide false information in your application by mistake or carelessly.
- You may be fined up to **\$250,000** if you knowingly lie on your application.

Covered California may request that you provide documents to show you qualify for coverage.

RANDOM SAMPLE

Statistically valid sample size of consumers who enroll into a plan

- Focused on two triggering events:
 - Moved to or within California
 - Loss of Minimal Essential Coverage
- The sample will not include:
 - Consumers who are adding new members to their Covered CA coverage
 - Consumers who are transitioning from MAGI Medi-Cal to Covered CA
- The sampling will not be based on the qualified individual's or the enrollee's claims costs, diagnosis code, or demographic information (for purposes of this process, demographic information does not include geographic factors)

CONSUMER NOTICES

Notices will be available in English and Spanish with multi-language footer

- Notice #1:
 - Reference list of acceptable documentation consumers can use. Consumer can provide any documents that show they qualify for Covered CA due to triggering event.
 - Consumers have 30 days to provide the documents from the date of the notice.
 - Consumers can upload their verification documents via our website.
 - Consumers may request an extension if they demonstrate good faith efforts.
- Notice #2:
 - The notice informs consumers that we did not receive requested documents or that the document was not accepted and that they will be prospectively terminated from Covered CA.
 - Consumers will (shortly thereafter) receive an official termination notice from us (e.g., NODO1).
 - The termination decision is appealable.

2017 CERTIFICATION UPDATE

JAMES DEBENEDETTI, DEPUTY DIRECTOR
PLAN MANAGEMENT DIVISION

2017 CERTIFICATION TIMELINE UPDATES

Plan Management Advisory Meeting: Benefit Design & Certification Policy recommendation	January 14, 2016
Release draft 2017 QHP & QDP Certification Applications	January 19 – February 9, 2016
January Board Meeting: discussion of benefit design & certification policy recommendation	January 21, 2016
Draft application comment periods end	February 16, 2016
Letters of Intent Accepted	February 1 – February 19, 2016
Final AV Calculator Released	February 2016
February Board Meeting: approval of 2017 Standard Benefit Plan Designs & Certification Policy	February 18, 2016
Applicant Trainings (electronic submission software, SERFF submission and templates)	February 22 -26, 2016
QHP & QDP Applications Open	March 1, 2016
Second Letter of Intent Period for Covered California for Small Business QHP Application	March 18 – April 15, 2016
QHP Application Responses Due	May 2, 2016
Evaluation of QHP Responses & Negotiation Prep	May 3 – June 5, 2016
QHP Negotiations	June 6 – June 17, 2016
Covered California for Small Business (CCSB) QHP Application Submissions Due	June 17, 2016
QHP Preliminary Rates Announcement	July 19, 2016
Regulatory Rate Review Begins (Individual Marketplace QHP)	July 19, 2016
QDP Application Responses Due	June 1, 2016
Evaluation of QDP Responses & Negotiation Prep	June 2 – July 10, 2016
QDP Negotiations	July 11 – July 15, 2016
CCSB QHP Rates Due	July 15, 2016
QDP Rates Announcement (no regulatory rate review)	August 1, 2016

Dates for QHP rate public posting are contingent on CMS approval

ATTACHMENT 7 MEASUREMENTS AND SPECIFICATIONS

ALLIE MANGIARACINO, SENIOR QUALITY ANALYST
PLAN MANAGEMENT DIVISION

MEASUREMENTS AND SPECIFICATIONS UPDATE

- On June 1st, Covered California released the 2017 set of measures and specifications for the 2017 Attachment 7 initiatives. Thanks to all the 2017 measurement and specification work group members! This represents an iterative process, and Covered California will continue to provide a public forum to discuss adjustments in future years.
- Highlights are below, and the entire document can be found here: <http://hbex.coveredca.com/stakeholders/plan-management/>
- Health Disparities
 - For Diabetes, Asthma, Hypertension and Depression, Covered California, two measurement pillars will be used: control and hospitalization
 - Disease control measures:
 - » HEDIS/NQF measures for all four diseases plus “Depression Response at 12 Months – Progress Towards Remission” (a new NQF measure from Minnesota Community)
 - Ambulatory sensitive hospitalization:
 - » Multiple ambulatory sensitive hospitalization measures exist for each of the four diseases. To balance concerns of measure legitimacy and desire to be parsimonious in the long term, Covered California in year one will collect a hospital hybrid measure for each disease, (3-4 PQI measures per disease category), plus collect each PQI measure individually to determine which if any are stronger indicators. Measures may be dropped as we learn more and can analyze trends.

MEASUREMENTS AND SPECIFICATIONS UPDATE

- Hospital Safety:
 - 2017 measures: Catheter Associated Urinary Tract Infections (CAUTI), Central Line Associated Blood Stream Infections (CLABSI), Colon Surgical Site Infections, (SSI Colon), C Difficile Bacteria (C Diff), and Methicillin-resistant Staphylococcus aureus (MRSA) will be reported.
 - Standardized Incidence Ratios (SIRs) will be used for all. CAUTI and CLABSI also include a utilization measure.
 - Opioid Adverse Drug events has been postponed until 2018 while we work together to align on specifications and path
 - Health plans will report on percentage of hospital reimbursement at risk for quality performance, and the number of hospitals with payments at risk for quality performance
- Other highlights:
 - Primary Care: Health plans will report the number and percentage of members attributed to providers where an advanced primary care payment strategy has been deployed (Covered California and all of California lines). Plans will also report the number and percent of members assigned to a primary care clinician.
 - NOTE: Starting January 2017, members in all Covered California products will be assigned to a primary care clinician. We are working on messaging clarity and alignment for consumers, providers, and brokers.
Discussion Question: would advocates like to participate in a separate meeting for messaging development? (Please email allie.mangiaracino@covered.ca.gov if interested.)
 - Integrated Health Models (IHMs): Health plans will report on the number and percentage of members attributed to an IHM. (Covered California and all of California lines)

HIGH DEDUCTIBLE HEALTH PLAN PROPOSAL

JAMES DEBENEDETTI, DEPUTY DIRECTOR
PLAN MANAGEMENT DIVISION

STANDARD BENEFIT DESIGN TECHNICAL MODIFICATIONS HIGH DEDUCTIBLE HEALTH PLAN

The IRS released the 2017 inflation-adjusted limits after designs had been approved at the April 7th board meeting. The MOOP limit did not go up as expected and will remain at \$6,550. (For more information, visit <https://www.irs.gov/pub/irs-drop/rp-16-28.pdf>.)

This placed the Bronze and Silver HDHP plans out of compliance with HSA rules, and Covered California has made adjustments to comply and to meet AV requirements.

CCSB Silver HDHP Change	Board Approved	June Proposal
Individual Out-of-pocket maximum	\$6,650	\$6,550
Family Out-of-pocket maximum	\$13,300	\$13,100

Individual Bronze HPDP Change	Previous	Current
Integrated Individual deductible	\$4,500	\$4,800
Integrated Family deductible	\$9,000	\$9,600
Individual Out-of-pocket maximum	\$6,650	\$6,550
Family Out-of-pocket maximum	\$13,300	\$13,100

OPEN FORUM

WRAP UP AND NEXT STEPS

BRENT BARNHART, CHAIR
PLAN MANAGEMENT ADVISORY GROUP