Cover Page

Covered California Qualified Health Plan Issuer Contract for Individual Market
Attachment 1: Advancing Equity, Quality, and Value

Response to Comments

The following is the Covered California response to “Cycle 1” comments received for the 2023-2025 QHP Individual Market Contract, Attachment 1

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

Article	Section #	Comment Date	Comment	Covered California Response
All that apply	All that apply	12/6/22	This comment is not regarding a change to the 2024 redline however we still do not recommend to use NQF measures when there are similar HEDIS measures that exist and are have national benchmarks. NQF outpatient measures are not publicly reported and there are no external benchmarks, which is why we share NCQA HEDIS measure performance.	We note that many of the NQF-endorsed measures in the contract specify NCQA as the measure steward. These measures also have external benchmarks, typically established through the Quality Rating System and NCQA Quality Compass. Covered California carefully considers using non-HEDIS measures when needed to align with our measurement priorities.
		12/9/22	We support the new contract requirement for plans to meet with Covered CA at least twice a year to review its performance on the HEI analysis.	Thank you for your support.
1	1.01.1	12/9/22	As noted on 1.01, accurate and complete race and ethnicity data is critical to effectively measuring and reducing health disparities. As shared in prior discussions, for diverse communities, disaggregated race and ethnicity data would help identify invisible disparities among racial and ethnic subpopulations. Therefore, we would recommend adding an additional category to the three suggested areas for consideration in 1.01.1: "Disaggregated race and ethnicity data" to encourage plans to continue collecting such data or plan to do so in the future with Covered California's guidance..	We will continue with the current approach to race and ethnicity data collection in 1.01 in order to maximize alignment across the healthcare market generally. QHP issuers are encouraged to capture and store race and ethnicity data at the most granular level possible.
1	1.02.1	12/9/22	We support Covered California's adjustment to its approach on health plan measurement on social needs. The addition of a universal HEDIS measure: "Social Need Screening and Intervention (SNS-E) will ensure health plans screen broadly for food, housing, and transportation needs. We also appreciate Covered CA's intention to stratify this measure by race/ethnicity in future years and hope to see this measure evolve by 2025 to include a screen-positive rate. Issues such as housing instability, lack of transportation and food insecurity are health-related social needs that require increased attention. The ability of plans to screen and make referrals for these services is critical to addressing disparities and achieving more equitable health outcomes.	Thank you for your support.
1	1.02.2	12/9/22	Addition of measure on Well-Child Visits: We support Covered CA in aligning its measure set with other purchasers including DHCS through the addition of a measure on Child and Adolescent Well-Care Visits. In California, immunization rates dropped by as much as 40% during the pandemic. It is critical for health plans to improve these rates.	Thank you for your support.
1	1.02.2	12/9/22	Removal of measure on Comprehensive Diabetes Care: We support Covered CA's decision to replace the Comprehensive Diabetes Care measure and replace it with the Diabetes Control measure. We appreciate that the addition of the Control measure will better align with the adult measure set.	Thank you for your support.

Article	Section #	Comment Date	Comment	Covered California Response
1	1.02.2	12/9/22	Removal of Adult Preventive Visits Measure: We understand Covered CA's decision to remove the proprietary measure of adult preventive visits. Moving forward, we urge Covered CA to make it clear in future contracts that it will continue to work with plans to find an appropriate measure to more accurately measure adult preventive care.	Thank you for your comment.
1	1.02.1	12/9/22	We request the removal of the additional Social Needs Screening SMS-E measure from the PLD file submission. Please review our detailed comments in response to the changes in section 3.04.1.	Please see response to comment on section 3.04.1.
2	2.05	12/9/22	We support the new requirements being proposed to ensure that QHPs subcontracting with other entities for provision of behavioral health services are conducting oversight in order to ensure quality of services. It is important that subcontractors demonstrate complaince with quality requirements that would otherwise fall on QHPs and this proposal is a step in the right direction.	Thank you for your support.
2	2.05.1, 2.05.2, 2.05.3	12/9/22	Please confirm that the Subcontractor Oversight requirements in each of these sections (2.05.1, 2.05.2, 2.05.3) are specifically for behavioral health.	Yes, the Subcontractor Oversight requirements in sections 2.05.1, 2.05.2, 2.05.3 are specifically for behavioral health. We will revise the introduction to section 2.05 to make this clear.
2	2.05	12/9/22	Oppose requiring subcontractor/vendor agreements to include all duties and obligations under this Agreement relating to the delegated duties in the Subcontractor agreement; This requirement would potentially require a recontracting of every single provider contract and vendor agreement, which would place an incredible administrative cost on an QHP.	Covered California will revise and more clearly specify the expectations for behavioral health Subcontractor agreements. We will clarify in section 2.05.1 that QHP issuers are responsible for oversight and accountability of all behavioral health network providers, Subcontractors, or Downstream Entities to meet the requirements outlined in Article 2 of Attachment 1. Our intent is for behavioral health subcontractors to support QHP issuers in meeting Covered California's health equity, quality, and delivery system reform requirements.
2	2.05	12/9/22	Oppose Delegation Reporting - this puts a significant administrative cost on the QHPs (with large volume of vendors / contracts) without a clearly understand value for Covered CA to review this data. Recommend Covered CA and QHPs discuss to understand the intention of this ask, and what specific concerns Covered CA is seeking to mitigate	While we understand the concern for administrative burden, Covered California is committed to ensuring behavioral health service quality and further understanding the delegation and oversight processes of all behavioral health Subcontractors and Downstream Entities. The delegation report requirement only pertains to the delegation of behavioral health services. This requirement is aligned with DHCS and CalPERS contract requirements. Covered California will revise and more clearly specify the delegation report requirements.

Article	Section #	Comment Date	Comment	Covered California Response
3	3.04.1	12/6/22	We do not support the inclusion of the SNS-E measure. We do not recommend requiring reporting of the SNS-E measure until public reporting is required by NCQA and should not be held to a standard until benchmarking is available.	We recognize the challenges in reporting on this measure and will not publicly release QHP issuer measure results until NCQA publishes results and appropriate benchmarks are available.
3	3.04.1	12/9/22	We request that Covered California change back to the 2023 food insecurity screening and reporting requirement. We have already worked towards integrating the Accountable Health Community Health-Related Social Needs Screening Tool food insecurity questions into multiple member touch points and would like the opportunity to report on that data before changing this requirement. The new SMS-E measure includes LOINC codes that are seldom used by providers. These codes are also not used by the health plan when collecting and storing our own social needs screening data. Utilizing and storing these new codes would require additional IT development and funding. Providers are already being asked to improve high priority HEDIS QTI measures and this would increase burden for them to be required to collect additional data.	We recognize the challenges in reporting on this measure and will not publicly release QHP issuer measure results until NCQA publishes results and appropriate benchmarks are available. We commend the work of QHP issuers currently dedicated to expanding screening and intervention to meet identified health-related social needs.
4	4.03.1 3)	12.6.22	For #3 (analysis of total cost of care), will Covered California develop a standard approach for all health plans?	Yes, Covered California will analyze data on total cost of care using HEI data. We will engage with QHP issuers to finalize the definition of total cost of care as we develop this analysis.
4	4.03.3 b)	12/9/22	We recommend changing the intervention plan requirement to address low quality providers only and eliminating the high-cost provider component in 4.03.3 b). The providers that have been identified by IHA are often the low-cost providers. Providers offering high quality services are often also high-cost providers. Low quality and high-cost providers are separate populations and cannot be addressed together in the same implementation plan. Also, there are significant limitations in addressing high cost providers as these providers generally have market leverage and cannot be excluded based on access requirements.	Covered California will not revise section 4.03.3 b) Provider Value of Attachment 1 at this time. We will collaborate with plans to analyze provider quality and cost and to determine appropriate intervention plans.