

Summary of Changes in the 2022 Attachment 7 Amendment from the 2021 Attachment 7
Companion Document to the Draft 2022 Attachment 7 Amendment

ARTICLE 1 INDIVIDUALIZED, EQUITABLE CARE

Summary of Changes

- For the requirements related to demographic data, Covered California is proposing to continue to require 80% capture of Covered California member race/ethnicity self-identification data. Covered California is proposing to change reporting from QHP issuers self-report to Healthcare Evidence Initiative (HEI) data submissions.
- For the requirements related to disparities measurement, Covered California is proposing to no longer require issuer reporting of 14 clinical disparities measures stratified by race/ethnicity, aggregated across all lines of business except Medicare. Instead, issuers will submit the following HEDIS measure samples to Covered California:
 - Comprehensive Diabetes Care (CDC) HbA1c control <8.0% (NQF #0575)
 - Controlling High Blood Pressure CBP <140/90 mm Hg (NQF #0018)
- For the requirements related to disparities reduction, Covered California is proposing that issuers must report progress for a measurable reduction in the selected disparity based on the mutually agreed upon intervention proposal.
- Covered California is proposing a new requirement for issuers to participate in a collaborative effort to identify and align statewide disparity work. Identifying a statewide focus and aligning disparities reduction efforts across organizations will increase the impact of Covered California and issuer's efforts to improve health equity in California.
- Covered California is proposing issuers must achieve or maintain NCQA Multicultural Health Care Distinction by year-end 2022. This distinction was previously optional.

ARTICLE 2 POPULATION HEALTH MANAGEMENT

Summary of Changes

- Covered California is proposing to consolidate previous requirements for determining and tracking changes in enrollee health status, risk stratification, and care management to a single requirement to submit a population health management plan.
- To reduce administrative burden for QHP issuers, submission of the appropriate components that are needed for National Committee for Quality Assurance (NCQA) health plan accreditation will satisfy this requirement.
- For issuers not yet accredited by NCQA, submission of equivalent components will be required.

ARTICLE 3 HEALTH PROMOTION AND PREVENTION

Summary of Changes

- Covered California is proposing to add a reporting requirement of issuer's strategies to improve its rates on the *Medical Assistance with Smoking and Tobacco Use Cessation* measure in the annual application for certification. This is a QRS measure and will be a measure for Medi-Cal Managed Care plans starting RY 2024.
- Covered California is also proposing to add a reporting requirement for issuer's strategies to improve its rates on the *Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents* measure. This is a QRS measure and is also a measure for Medi-Cal Managed Care plans as of MY 2020.
- Covered California is proposing to add language to specify and improve issuer's Health and Wellness Communication benefits to its Enrollees. This requirement replaces the previous communication language.

Summary of Changes in the 2022 Attachment 7 Amendment from the 2021 Attachment 7
Companion Document to the Draft 2022 Attachment 7 Amendment

ARTICLE 4 MENTAL HEALTH AND SUBSTANCE USE DISORDER TREATMENT

Summary of Changes

- To enhance monitoring access to behavioral health services, Covered California is proposing to require issuers to submit their NCQA Health Plan Accreditation Network Management reports for the elements related to its behavioral health provider network.
- To strengthen access to behavioral health service, Covered California is proposing to require issuers to offer telehealth for behavioral health services.
- Covered California is proposing to monitor several behavioral health measures through HEI and engage with issuers to review their results.
- Covered California is proposing to require issuers to self-report Depression Screening and Follow-Up Plan (NQF #0418) measure results.
- Covered California is proposing to continue to require issuers to report how they promote behavioral health integration with primary care with a focus on the Collaborative Care Model.

ARTICLE 5 ACUTE, CHRONIC AND OTHER CONDITIONS

Summary of Changes

- Covered California is proposing no new requirements for 2022.
- Covered California has consolidated and re-arranged current requirements from the 2021 Attachment 7 in the 2022 Attachment 7 Article 5 to reflect Covered California's framework for assuring quality care and promoting delivery system reform.

ARTICLE 6 COMPLEX CARE

Summary of Changes

- Covered California has added clarity and formal reporting requirement for at-risk enrollee engagement and centers of excellence.
- Covered California is proposing a new care coordination requirement to ensure application of Medicare ADT Condition of Participation requirement is applied to Covered California enrollees by hospitals affiliated with issuers.

ARTICLE 7 EFFECTIVE PRIMARY CARE

Summary of Changes

- Covered California is proposing to transition from requiring an increasing number of patient-center medical home (PCMH) recognized practices in an issuer's network to piloting a measure set to understand the prevalence of advanced primary care in an issuer's network; this is a more measure-based approach for measuring advanced primary care.
- Covered California has strengthened the reporting requirements for how issuers are supporting advanced primary care through quality improvement and technical assistance.
- Covered California is proposing to work with issuers and other stakeholders to analyze the correlation between the percent of total health care spend in primary care with performance of the overall delivery system. Based on the results, Covered California may set a target for primary care spend in future Covered California requirements.

Summary of Changes in the 2022 Attachment 7 Amendment from the 2021 Attachment 7
Companion Document to the Draft 2022 Attachment 7 Amendment

ARTICLE 8 PROMOTION OF INTEGRATED DELIVERY SYSTEMS (IDS) AND ACCOUNTABLE CARE ORGANIZATIONS (ACO)

Summary of Changes

- To strengthen the reporting of characteristics of their Integrated Delivery System (IDS) and Accountable Care Organization (ACO) models of care, Covered California will work with issuers and others to define a registry of characteristics for these delivery system models which will enable better comparisons and standardize reporting.
- Covered CA California is proposing to newly require issuers to participate in IHA and submit data for the use of the IHA Commercial ACO and HMO measure sets and require issuers to report their results annually to Covered California.

ARTICLE 9 NETWORKS BASED ON VALUE

Summary of Changes

- Covered California is proposing to shift focus from requiring the exclusion of outlier poor performing hospitals to addressing variation in performance on quality and cost across an issuers network with exclusion as an option to improve performance.
- Covered California is proposing to remove the requirement for issuers to exclude outlier poor performing hospitals and providers due to challenges in developing a single, specific definition for outlier poor performers. Covered California believes that additional research is needed to continue to require exclusion of hospitals. However, exclusion of hospitals with multiple signals of poor performance is an important tool for health plans to address cost and quality concerns.
- Covered California has consolidated requirements related to addressing high cost providers as several were duplicative or not relevant to Covered California plans (e.g. reference pricing).
- Covered California is proposing to monitor unit price range and trends through the HEI and engage with issuers to review their performance.

ARTICLE 10 SITES AND EXPANDED APPROACHES TO CARE DELIVERY

Summary of Changes

- Covered California has sharpened the reporting requirements for Telehealth. QHP issuers will have to report how it promotes integration and coordination of care between third party telehealth vendors and primary care clinicians. Issuers will also have to report on how it is communicating the availability of telehealth services to Enrollees.
- Covered California has added Sepsis Management measure SEP-1 to the list of Hospital Patient Safety measures that it will be tracking via Cal Hospital Compare data.
- Covered California has consolidated the requirements related to issuers contracting with hospitals with indicators of poor performance with Article 9 Networks Based on Value to reduce redundancy.

ARTICLE 11 APPROPRIATE INTERVENTIONS

Summary of Changes

- Covered California is proposing no new requirements for 2022.
- Covered California has consolidated and re-arranged current requirements from the 2021 Attachment 7 in the 2022 Attachment 7 Article 11 to reflect Covered California's framework for assuring quality care and promoting delivery system reform.

**Summary of Changes in the 2022 Attachment 7 Amendment from the 2021 Attachment 7
Companion Document to the Draft 2022 Attachment 7 Amendment**

ARTICLE 12

KEY DRIVERS OF QUALITY CARE AND EFFECTIVE DELIVERY

- Article 12 provides the definitions of Key Drivers and Community Drivers. Specific requirements for Key Drivers are located in Articles 13-17.

ARTICLE 13 MEASUREMENT FOR IMPROVEMENT, CHOICE, AND ACCOUNTABILITY

Summary of Changes

- Covered California is proposing to maintain the overarching 2021 Attachment 7 data submission requirements related to the Quality Rating System and NCQA Quality Compass. The current requirements from the 2021 Attachment 7 have been consolidated and re-arranged in the 2022 Attachment 7.

ARTICLE 14 PATIENT-CENTERED SOCIAL NEEDS

Summary of Changes

- There are no patient-centered social needs requirements in the 2021 Attachment 7. The proposed requirements in Article 14 are new requirements in 2022.

ARTICLE 15 DATA SHARING AND ANALYTICS

Summary of Changes

- Covered California is proposing to maintain the 2021 Attachment 7 data submission and data aggregation requirements.
- Covered California is proposing to add a requirement for reporting the number and percent of providers and hospitals that participate in Health Information Exchanges.
- Covered California is proposing to add a requirement to implement and maintain a secure, standards-based Patient Access Application Programming Interface (API) consistent with the CMS Patient Access final rule for Federally Facilitated Marketplaces.

ARTICLE 16 QUALITY IMPROVEMENT AND TECHNICAL ASSISTANCE

Summary of Changes

- Covered California will continue to require issuers to adopt and implement the Smart Care California guidelines for appropriate use of C-sections and opioids. These Smart Care California guidelines continue to be endorsed by Covered CA, DHCS, CalPERS, and the Pacific Business Group on Health (PBGH).
- Covered California will continue to encourage issuer participation in quality improvement collaboratives and data sharing initiatives. Reporting requirements related to issuer participation in these collaboratives and initiatives will continue for 2022.

ARTICLE 17 CERTIFICATION, ACCREDITATION AND REGULATION

Summary of Changes

- Covered California is proposing to require plans to be accredited by NCQA. Previously Covered CA allowed issuers to be accredited by one out of three accrediting bodies (NCQA, AAAHC, or URAC).
- Covered California is proposing some timeline adjustments to align with the CMS accreditation timeline and 30-day written notification of changes or actions affecting an issuer's accreditation status.