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NOTICE OF PUBLICATION AND PUBLIC MEETING OFFICE OF HEALTH CARE AFFORDABILITY PROPOSED OHCA QUALITY AND EQUITY MEASURE SET

To All Interested Parties:

NOTICE IS HEREBY GIVEN that the Department of Health Care Access and Information (HCAI or Department), Office of Health Care Affordability (OHCA or Office) published its recommendations for the proposed OHCA Quality and Equity Measure Set on January 17, 2025. The text of the recommendations is available at: <https://hcai.ca.gov/affordability/ohca/#office-updates> or from the Contact person listed at the end of this Notice.

PUBLIC MEETING FOR PROPOSED OHCA QUALITY AND EQUITY MEASURE SET

The Health Care Affordability Advisory Committee shall discuss the Office's proposal at the January Advisory Committee meeting. The Advisory Committee meeting will be both virtual and in-person; short breaks may be taken, as appropriate.

January 21, 2025, starting at 9 a.m.

In-Person Location:

2020 West El Camino Avenue, Suite 900 (Sierra Conference Room), Sacramento CA

Free parking is available around the building. Please do not park in reserved spaces.

Individuals with disabilities may request an accommodation or modification to observe or participate in the meeting from the Contact listed below. Providing your request at least five (5) business days before the meeting will help ensure availability of the requested accommodation.

Phone (Audio Only):

- Dial +1 (916) 535-0978 (United States – Sacramento, California)

- Enter Phone Conference ID: 416 894 23#

Online via Microsoft TEAMS:

Join on your computer or mobile app - Click [here](#) to join the meeting Or copy and paste the following link into your browser:

https://teams.microsoft.com/dl/launcher/launcher.html?url=%2F%20%23%2F%2Fmeetup-join%2F19%3Ameeting_MzljYTY3NzUtZmU3MS00ODE2LWlyZmEtODFhMDIjODMzYzMx%40thread.v2%2F0%3Fcontext%3D%257b%2522Tid%2522%253a%252228891a93-888f-489f-9930-e78b8f733ca6%2522%252c%2522Oid%2522%253a%2522dc5107c4-3a16-490d-b720-797de60976ef%2522%257d%26anon%3Dtrue&type=meetup-join&deeplinkId=80c8c41d-ece4-4624-954d-536b983464d0&directDI=true&msLaunch=true&enableMobilePage=true&suppressPrompt=true

For best results, please use Google Chrome or Microsoft Edge browsers to join the meeting. Should technical difficulties arise during the meeting, verbal comments from those at the physical location will still be accepted.

Members of the public are NOT required to identify themselves or provide other information to attend or participate in this meeting. If Microsoft Teams requires a name, you may enter “Anonymous.” You may also input fictitious information for other requested information if required to attend the meeting (e.g., anonymous@anonymous.com).

COMMENT PERIOD

The Office shall receive and consider public comments at, and for **30** days after, the January 21, 2025 Advisory Committee meeting. Written comments relevant to the proposed OHCA Quality and Equity Measure Set may be submitted, either brought to the above-mentioned meeting or sent by mail or e-mail to the address listed under Contact in this Notice, to be received by the Office by 5:00 p.m. on **February 21, 2025**. All written comments timely received by the Office will be delivered to the Board.

The Office shall also receive and consider input, including recommendations, from the Health Care Affordability Board (Board) and Health Care Affordability Advisory Committee (Advisory Committee).

POLICY STATEMENT OVERVIEW

The California Health Care Quality and Affordability Act (hereinafter, the “Act”) was enacted by Senate Bill (SB) 184 (Chapter 47, Statutes of 2022), and became effective June 30, 2022. It added Chapter 2.6 (commencing with Section 127500) to Part 2 of

Division 107 of the Health and Safety Code.

Pursuant to Health and Safety Code section 127503(a)(1) the Office shall adopt a single set of standard measures for assessing health care quality and equity across payers, fully integrated delivery systems, hospitals, and physician organizations. Performance on quality and health equity measures shall be included in the annual report required in Section 127501.6.

Health and Safety Code sections 127503(a)(2), 127503(a)(3), 127503(a)(4), 127503(a)(5), and 127503(a)(6) further specify:

(2) The standard quality and equity measures shall use recognized clinical quality, patient experience, patient safety, and utilization measures for health care service plans, health insurers, hospitals, and physician organizations.

(3) The standard quality and equity measures shall reflect the diversity of California in terms of race, ethnicity, sex, age, language, sexual orientation, gender identity, and disability status. The standard quality and equity measures shall be appropriate for a population under 65 years of age, including children and adults.

(4) The standard quality and equity measures shall consider available means for reliable measurement of disparities in health care, including race, ethnicity, sex, age, language, sexual orientation, gender identity, and disability status.

(5) The office shall reduce administrative burden by selecting quality and equity measures that simplify reporting and align performance measurement with other payers, programs, and state agencies, including leveraging existing voluntary and required reporting to the greatest extent possible. The office shall further reduce administrative burden by encouraging other payers and programs to use the same reporting mechanisms.

(6) Public reporting developed pursuant to this article shall consider differences among payers, fully integrated delivery systems, hospitals, and physician organizations, including factors such as plan or network design or line of business, provider payer mix, and the risk mix associated with the covered lives or patient population for which they are primarily responsible.

Health and Safety Code sections 127503(b) and 127503(c) require the following:

(b) In implementing this section, the office shall coordinate with the Department of Managed Health Care to align with requirements under Article 11.9 (commencing with Section 1399.870) of Chapter 2.2 of Division 2. The office shall also coordinate with the State Department of Health Care Services, Covered California, and the Public Employees' Retirement System, and shall consult with state departments, external quality improvement organizations and forums, payers, physicians, other providers, and consumer advocates or stakeholders with expertise in quality or

equity measurement.

(c) The office shall periodically review and update the priority set of standard measures for assessing the quality and equity of care pursuant to subdivision (a).

Pursuant to Health and Safety Code section 127501(c)(7), the Office shall:

(7) Promote, measure, and publicly report performance on quality and health equity through the adoption of a priority set of standard quality and equity measures for health care entities, with consideration for minimizing administrative burden and duplication.

Pursuant to Health and Safety Code section 127501.4(a)(2)(C), the Office shall coordinate with the State Department of Health Care Services on data and other information necessary to report:

(C) Quality and equity measures to assess performance for the Medi-Cal program or other programs administered by the State Department of Health Care Services.

Pursuant to Health and Safety Code sections 127501.4(a)(3)(A)(iv) and 127501.4(a)(3)(A)(vi), the Office shall obtain from the Department of Managed Health Care and the Department of Insurance information about health care services plans, as defined in subdivision (b) of Section 1345, and insurers offering policies of health insurance, as defined in subdivision (b) of Section 106 of the Insurance Code. The information shall be for coverage in the individual, small group, and large group markets for both grandfathered and nongrandfathered products. The information shall include, but not be limited to, all of the following:

(iv) Cost containment and quality improvement efforts reported consistent with Sections 1385.03 and 1385.045 of this code and Sections 10181.3 and 10181.45 of the Insurance Code.

(vi) Information regarding health equity and quality required under Article 11.9 (commencing with Section 1399.870) of Chapter 2.2 of Division 2, including data and results.

Pursuant to Health and Safety Code section 127501.4(b)(5), “[t]he office shall establish requirements for payers and fully integrated delivery systems to submit data and other information necessary to...(5) Assess performance on quality and equity measures.”

Pursuant to Health and Safety Code section 127501.4(f), “[t]he office shall require payers, fully integrated delivery systems, hospitals, and physician organizations to report data and other information, as necessary, for the single set of standard quality measures pursuant to Section 127503.”

CONTACT

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