

AB 929 (Luz Rivas): Advancing Health Equity by Collecting and Reporting Health Plan Specific Cost, Quality, and Health Disparities Data

AB 929 would require our state's health insurance exchange, Covered California, to make public health plan-specific cost, quality, and health disparity data. AB 929 would also require health plans to provide enrollee data to Covered California so that Covered California can better evaluate health plan progress on lowering costs, improving quality and reducing health disparities. This bill would allow for the disaggregation of critical data in order to gather information about sub-populations and reveal trends and patterns in racial and ethnic health disparities and inequities that can be masked by larger, aggregated data. AB 929 would help in health disparity reduction reduce because with high-quality data we can identify and monitor immediate health systems problems and underlying social determinants of health.

Covered California Already Receives Cost, Quality, and Disparity Data but Publishes in Aggregate Which Doesn't Allow for Adequate Review of the Results

Covered California is uniquely positioned to use its authority as an active purchaser to negotiate with health plans to advance delivery systems improvements and health equity. Through the qualified health plan (QHP) contracting process, Covered California requires health plans to commit to reduce costs, improve quality, and reduce health disparities with the contract provision, Attachment 7. Specifically, health plans that participate in Covered California are required to report data on how they are reducing disparities by race and ethnicity with regards to: diabetes, asthma, hypertension and depression. They are also required to report on reductions in maternal mortality and other quality improvements.

Health plans are required to report and submit data to Covered California on a variety of activities such as what quality initiatives they engage on, patient-centered medical homes, hospital payments on quality and value, health and wellness services, at-risk enrollees, enrollee coverage transitions, and many others. Yet, health plans have asserted that the data on Covered California enrollees is property of the health plans, "trade secret," and "proprietary." Because the data is not public, Covered California and other community-based or research organizations are not able to use the information to determine which plans are effectively improving quality and reducing disparities, especially in communities of color and other vulnerable communities.

Since the creation of Covered California and the Attachment 7 contract provision in 2013, public reporting on plan-specific contract compliance with requirements on cost, quality, and disparities has been the stated goal of Covered California. Instead, the first set of data made publicly available during this year's January 2019 Covered California Board meeting did not show plan-specific results¹. The aggregated data showed "positive" results and findings. Some of the findings include: increased rates of self-identified reporting on race and ethnicity in 9 out of

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11 plans; telehealth being offered in 10 of 11 plans; and implementation of value-based payments for hospitals in 6 out of 11 plans. However, Covered California did not provide health plan specific data. This means we cannot know which specific plan met the requirements, or if the 11th plan in these findings was always the same plan or a different plan. The data also shows that quality improvement has been uneven with large gaps between low and high performing plans. For example, there is a 40-point spread between the lowest and highest performing plans on certain metrics like controlling high blood pressure or colorectal cancer screenings.

Need for Disaggregating and Linking Data to Factors that Influence Health Equity

The current data is insufficient and does not allow for plan-by-plan comparisons. Disaggregated data is necessary in order to move towards evidenced-based health policy proposals that change the delivery of care to reduce health disparities and achieve health equity. Disaggregated data is also necessary to hold health plans accountable to meeting quality improvement efforts, disparities reduction, and cost containment that not only directly benefit health care consumers/patients, but also the overall health care system. Looking at plan-specific data can help us better understand the problems, whether it is access to care or health disparities between groups. Once this is known, we can better direct resources to the areas that need them most and where they will have the biggest positive impact on health outcomes.

Health disparities exist due in part to the fragmentation of our health care delivery system, lack of coordinated care, and lack of transparency and accountability for standard performance metrics. Higher quality care can be achieved through better coordination, embedding health equity into health delivery, and by aligning performance to the reduction of racial and ethnic health disparities across California's major purchasers, like Covered California. However, we need adequate data first before work can move forward with changes.

AB 929 (Luz Rivas) Ensures Disaggregated Data is Collected and Reported

AB 929 would address this data problem by legally requiring health plans to submit enrollee data and for Covered California to publish that plan-specific data. The bill would ensure that the Covered California QHP model contract's Attachment 7 that already requires reporting and metrics on a range of quality and equity measures and year-over-year demonstrations of racial health disparities reductions, is also actually reporting plan-specific data to advance health equity and systems transformations.

AB 929 (Luz Rivas) is co-sponsored by Health Access California and the California Pan-Ethnic Health Network. For more information, contact Mary June Diaz, Health Access California at mjdiaz@health-access.org and Marques Castrejon at mcastrejon@cpehn.org.

¹ Covered California Board Meeting, [Policy and Action Items](#), January 2019.