-coveredcalifornia's story for 2016: beyond the rates — promoting quality care

covered california is working to ensure californians get quality care

during negotiations for 2016, covered california focused both on ensuring premiums were as low as possible and ensuring that plans it contracts with are promoting health and wellness, ensuring quality care, reducing health disparities, managing chronic disease, lowering costs and ensuring coordinated care for their members. covered california holds health insurance companies accountable through their contracts, which include financial incentives and penalties, with the goal of achieving the larger mission of health reform: better quality, better health and lower costs through the following methods.

integrated and coordinated care — several insurers (blue shield of california, kaiser permanente, sharp health plan and western health advantage) offer programs where a network of doctors, specialists, hospitals, home health care and others would work together to be accountable for both the cost and quality of care provided to their consumers. oscar health plan of california, a new health insurance company for 2016, intends to provide this type of integrated care with providence health and services and anthem blue cross of california is promoting integrated, coordinated care through its enhanced personal care program. research shows these efforts have the potential to provide higher-quality care, with healthier consumers and significant reductions in hospital admissions and costs.

using telehealth to expand access and make care more convenient — with the dramatic increase in technology and connectivity, several insurers will be expanding their telehealth systems, enabling consumers to consult with specialists or even have “virtual visits” with physicians online from their homes. anthem blue cross and unitedhealthcare benefits plan of california offer access 24 hours a day to an urgent care doctor through a computer, tablet or smart phone. sharp gives consumers access to their primary care doctor via video conference. other initiatives, like blue shield’s collaboration with adventist health, will use technology to expand access, particularly in rural regions of the state, allowing consumers to get specialty care when they need it.

prevention and wellness programs to improve health — a large proportion of chinese community health plan members complete health risk assessments aimed at promoting health, preventing disease and enhancing quality of life. kaiser was one of the first companies to nationally engage in robust health prevention and wellness efforts, empowering members to thrive™ to maximize their total health. anthem’s future moms program is helping to ensure healthier babies through better prenatal care, leading to less need for treatment at neonatal intensive care units. health net promotes teen health with a social networking site and app called tzx, and valley health plan enrollees have access to free fitness classes.
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Addressing Health Disparities and Promoting Health Equity
Three of Covered California’s insurance companies (Health Net, Kaiser and L.A. Care Health Plan) are among only nine companies nationwide that have been formally honored by the National Committee for Quality Assurance for their efforts to improve culturally and linguistically appropriate services and for reducing health care disparities. Among the efforts across all plans are Health Net’s Latino-focused diabetes pocket guide for providers, Health Net’s effort to promote culturally appropriate care working with interpreters and shamans in Hmong communities, and Molina Healthcare’s multicultural smoking cessation program. Kaiser has taken the effort to address disparities a step further and is now documenting reductions in quality disparities across different races and ethnicities.

Managing Chronic Disease for Better Outcomes — Insurers actively help consumers with chronic conditions such as high blood pressure, diabetes, asthma and heart disease. UnitedHealthcare’s eSync platform uses nurses with special training to assess members for the appropriate level of intervention, make outbound and responsive inbound calls, and oversee weight and symptom monitoring for at-risk members. Anthem Blue Cross and Valley Health Plan both offer an asthma camp for children.

Innovations in Customer Service — L.A. Care will offer members the ability to pay their insurance premiums in cash at any 7-Eleven, ACE Cash Express or Family Dollar store, and Health Net accepts cash payments at Walmart. In addition to the integrated, coordinated care offered in their facilities, Sharp offers access to MinuteClinics 24 hours a day in select CVS/pharmacy stores.

Tools That Help Consumers Learn and Manage Treatment Options — Tools can help consumers learn and manage their treatment options, including the cost of care. Cost calculators offered by Blue Shield, UnitedHealthcare and Western Health Advantage will enable consumers to estimate how much specific health services will cost. Molina launched a cost estimator on July 1, 2015. Oscar will offer cutting-edge technology tools, such as a personal timeline with health visit information and provider directories that can be filtered based on distance, language, years of experience and common conditions treated. Sharp offers members a FollowMyHealth mobile app that empowers patients to take a more active role in their care, including by viewing test results.

Partnerships to Improve Care for All — Covered California is in active discussions with its health insurance companies to address both cost and quality through promoting improvement and innovation, collaborative partnerships with other major purchasers, including the California Department of Health Care Services, CalPERS, the Centers for Medicare and Medicaid Services Innovation Center and the Pacific Business Group on Health. Targets include reducing overuse of health tests and procedures based on the doctor-led Choosing Wisely initiative, supporting appropriate rates of C-sections, reducing hospital readmissions and hospital-acquired conditions, supporting a strong primary care network and moving from fee-for-service to value-based reimbursement.