~~January 2~~August 13, 2026

ATTACHMENT 1 TO COVERED CALIFORNIA ~~2024-2027~~2028-2030 QDP ISSUER CONTRACT: ADVANCING EQUITY, QUALITY, AND VALUE

The mission of Covered California is to increase the number of insured Californians, improve healthcare quality, lower costs, and reduce health disparities through an innovative, competitive marketplace that empowers consumers to choose the health plan and providers that give them the best value.

Dental Insurance Issuers contracting with Covered California to offer Qualified Dental Plans (QDP) are integral to Covered California's ability to achieve its mission of improving the quality, equity, and value of healthcare services available to Enrollees. QDP Issuers have the responsibility to work with Covered California to support models of care that promote the vision of the Affordable Care Act and meet Enrollee needs and expectations.

Given the unique role of Covered California and QDP Issuers in the State's healthcare ecosystem, Contractor is expected to contribute to broadscale efforts to improve the delivery system and health outcomes in California. For there to be a meaningful impact on overall healthcare cost, equity, and quality, solutions and successes need to be sustainable, scalable, and must expand beyond local markets or specific groups of individuals. This will require both Covered California and Contractor to coordinate with and promote alignment with other purchasers and payers~~,~~ and strategically partner with organizations dedicated to delivering better quality, more equitable care, at higher value. In addition, QDP Issuers shall collaborate with and support their contracted providers in continuous quality and value improvement, which will benefit both Covered California Enrollees and the QDP Issuer's entire California membership.

Covered California is committed to balancing the need for QDP Issuer accountability with reducing the administrative burden of Attachment 1 by intentionally aligning requirements with other major purchasers, accreditation organizations, and regulatory agencies. In the same spirit, Covered California expects all QDP Issuers to streamline requirements and reduce administrative burden on providers as much as possible.

This Attachment 1 is focused on key areas that Covered California believes require systematic focus and investment in order to ensure its Enrollees and all Californians receive high-quality, equitable care.

By entering into this Agreement, Contractor affirms its commitment to be an active and engaged partner with Covered California and agrees to work collaboratively with Covered California to develop and implement policies and programs that will promote quality and health equity, and lower costs for Contractor's entire California membership.

Contractor shall comply with the requirements in this Attachment 1 by January 1, ~~2024~~2028, unless otherwise specified.

Contractor must complete and submit information, including reports, plans, and data, as described in this Attachment 1 annually at a time and in a manner determined by Covered California unless otherwise specified. Information will be used to assess compliance with requirements, evaluate performance, and for negotiation and evaluation purposes regarding any extension of this Agreement. When submitting its information to Covered California, Contractor shall clearly identify any information it deems confidential, a trade secret, or proprietary. Contractor agrees to engage and work with Covered California to review its performance and discuss health equity initiatives, quality improvement, and delivery system strategies for all requirements, required reports, or data submissions.

Covered California will use Healthcare Evidence Initiative (HEI) data and measures to monitor Contractor performance and evaluate HEI measures' effectiveness in assessing Contractor performance. Contractor agrees to engage and work with Covered California to review its performance on all HEI measures, not only those measures specifically described in this Attachment 1. Based on these reviews, Covered California may revise the HEI measures during the contract period or in future contract years.

Contractor shall submit all required information as defined in Attachment 1 and listed in the annual "Contract Reporting Requirements" table found on Covered California's Extranet site (Hub page, PMD Resources library, Contract Reporting Compliance folder).

Covered California will use information on cost, quality, and health disparities provided by Contractor to evaluate and publicly report both QDP Issuer performance and its impact on the healthcare delivery system and health coverage in California.

ARTICLE 1- EQUITY AND DISPARITIES REDUCTION

For the purposes of this agreement, Covered California employs the following definitions of health equity and health disparities: The Institute of Medicine defines health equity as "providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status~~.~~." Healthy People ~~2020~~2030 defines disparities as "a particular type of health difference that is closely linked with social, economic and/or environmental disadvantage." Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.

Addressing health equity and disparities in healthcare is integral to the mission of Covered California. ~~In order to~~To have impactful and meaningful change, Covered California and Contractor recognize that addressing health disparities requires alignment, commitment, focus, and accountability.

1.01 Demographic Data Collection

Collection of accurate and complete member demographic data is critical to effective measurement and reduction of health disparities. While Contractor pursues capacity-building requirements stated in 1.03.1, Covered California will produce stratified dental quality measures for Contractor's review.

1.01.1 Demographic Data Collection

Contractor shall work with Covered California to expand the disparity identification and improvement requirements in this article for ~~2024 and beyond. Covered California intends to proceed with measure stratification by income for disparities identification and monitoring purposes. Other areas for consideration include~~2028 and beyond, including requirements for Contractor collection of member self-reported demographic data. Contractor shall participate in learning and technical assistance sessions, and collaborative activities convened by Covered California to evaluate and establish future requirements for Contractor collection of member self-reported demographic data, including consideration of:

~~0) Preferred spoken or written language~~

1) Race and ethnicity

2) Preferred spoken language

3) Preferred written language

~~2)~~4) Disability ~~status~~ Status

~~3)~~5) Sexual ~~orientation~~Orientation

~~4)~~6) Gender ~~identity~~Identity

1.02 Identifying Disparities in Care

Covered California recognizes that the underlying causes of health disparities are multifactorial and include social and economic factors that impact health. While the dental care system cannot single handedly eliminate health disparities, there is evidence to show that when disparities are identified and addressed in the context of oral health, they can be reduced over time through activities tailored to specific populations and targeting select measures. Therefore, Covered California is requiring Contractor to regularly collect data and report on its Covered California Enrollees as specified in this article to identify disparities, measure disparities over time, and develop disparity reduction efforts and targets to be determined by Covered California and Contractor.

1.02.1 Monitoring Disparities

Contractor must engage with Covered California on HEI data submission processes. Covered California will stratify the dental priority measure set by at least race and ethnicity, preferred language and income using QDP HEI data. Over time, Covered California will expand stratification of the priority measure set by additional demographic factors and assess and monitor disparities.

1) Pediatric Oral Evaluation, Dental Services (NQF #2517)

2) Topical Fluoride for Children (DQA) (NQF #2528)

3) Receipt of Sealants on 1st or 2nd Permanent Molar (DQA)

4) Adult Preventive Services Utilization

5) Pediatric Member Engagement – (New)

6) Adult Member Engagement – (New)

1.03 Disparities Reduction

~~Achieving reduction in care disparities is critical for delivery of individualized, equitable care and promotion of health equity.~~ Covered California anticipates setting disparity reduction contractual standards beginning with Plan Year ~~2027~~2028. Contractor must meet the following disparities reduction contractual requirements ~~to prepare~~ for ~~the~~ Plan ~~Year 2027 disparity reduction standards~~Years 2028-2030.

1.03.1 Disparities Reduction

For Plan Years ~~2024-2026~~2028-2030, Contractors must meet the following contractual requirements.

~~Health Equity Capacity Building~~

1) Contractor must submit an annual progress report describing efforts to establish or expand the infrastructure to successfully identify, monitor, and reduce disparities. If Covered California identifies a deficiency affecting Contractor's ability to meet its disparities reduction obligations, Contractor must take corrective action to address the deficiency within the timeframe specified by Covered California.

   Beginning Plan Year ~~2024~~2028, Contractor's annual progress report must include a plan to ~~improve HEI measure data and demographic data capture to accurately~~ identify ~~and monitor~~dental utilization disparities~~.~~

   ~~Beginning Plan Year 2025, Contractor's annual~~ using oral health measure results produced by Covered California using HEI data submissions. If Covered California or its HEI vendor identifies Contractor deficiencies in its HEI data, the progress report must include ~~organizational health equity capacity efforts focused on financial investment and staffing for disparity reduction efforts.~~a plan to address these deficiencies.

Beginning Plan Year ~~2026~~2029, Contractor's annual progress report must include ~~information on its stakeholder engagement model for disparity reduction intervention efforts~~an update on efforts taken to address identified dental utilization disparities and any HEI data deficiencies, if applicable.

Beginning Plan Year 2030, Contractor's annual progress report must include results from strategies used to address identified dental utilization disparities and HEI deficiencies, if applicable.

1) Health Equity Learning and Engagement

Attaining health equity requires organizational investment in building a culture of health equity.

Contractor must participate in group collaborative efforts and group and individual health equity and disparities reduction learning and engagement sessions hosted by Covered California focused on data collection and measurement for disparities identification.

1.04 Cultural and Linguistic Competence

Cultural and linguistic competence and humility are critical in providing quality dental care for all patients. Contractor must submit an annual report to demonstrate ~~compliance on~~ the following elements~~:~~.

1) Written Language Services: Contractor must ~~describe~~demonstrate how the organization or provider network meaningfully communicates ~~effectively~~ with ~~patients by~~Covered California enrollees in providing vital written information in threshold languages~~.~~ beyond the Notice of Language Assistance. Examples of demonstration include:

    i) Samples of translated vital documents or notices

ii) Outreach materials

iii) Website or Portal Content

iv) Other enrollee facing language information

2) Spoken Language Services: Contractor must ~~describe~~demonstrate how organization or provider network uses competent interpreter or bilingual services to communicate with patients who speak a language other than English~~.~~ in customer service or care setting situations. Examples of demonstration include:

i) Proof of provider and staff training(s) such as training materials on how they can better work with interpreters, interpreter etiquette, documentation, confidentiality, and health literacy

ii) Sample provider-facing guidance documents that explain when bilingual staff may communicate directly versus when a qualified interpreter must be used

iii) Sample Enrollee notice regarding access to a language assistance line, or vendor platform to obtain real time interpretation services

iv) Notification to Enrollees of the availability of provider directories

3) Contractor must demonstrate effectiveness of efforts for cultural and linguistic competence through evaluation of the language services and use of their findings to improve materials and services. Examples of demonstration include:

i) Community Advisory Board Meeting minutes where efforts are discussed

ii) Focus group summaries or reports

iii) Survey results

ARTICLE 2 - POPULATION HEALTH

Covered California and Contractor recognize that Population Health Management ensures accountability for delivering quality care. Population Health Management shifts the focus from a disease centered approach to the needs of Enrollees and provides focus for improving health outcomes through care coordination and patient engagement.

2.01 Dental Population Health Management Plan

A Population Health Management (PHM) plan provides a vehicle for establishing a formal strategy to optimize population health outcomes, including a defined approach for population identification and stratification. A PHM plan is a critical part of achieving improvement in Enrollee health outcomes, is interrelated with all other quality care domains, and facilitates informing, engaging, and serving members.

2.01.1 Dental Population Health Assessment

Contractor must submit a plan that addresses each of the following components for children, adolescents, and members with disabilities enrolled in Contractor's QDP(s):

1) Goals, opportunities, programs, and services available for keeping these Covered California ~~Enrollees~~Enrollee populations healthy and managing their emerging oral health risk.

2) Plan for collection, integration, and assessment of Enrollee data for these Covered California populations including the following:

    a) Sources of data that may include dental claims or encounters, health appraisal results, a copy of individual risk assessment questions, health programs delivered by Contractor, and other advanced data sources.

    b) How Contractor will apply the data to assess needs and determine actionable categories for appropriate interventions~~.~~

3) How Contractor will use the population assessment at least annually to review and update its activities and resources to keep pace with the evolving needs of these Covered California Enrollee populations.

4) Contractor shall conduct risk stratification of its Covered California Enrollees to identify those at higher risk for oral health and related health morbidity and connect those at higher risk to appropriate services and supports. Risk stratification can be conducted through an internally developed process or via available risk-stratification tools.

ARTICLE 3 - HEALTH PROMOTION AND PREVENTION

Health promotion and prevention are key components of high-value health care, including oral health. Research shows that treating those who are sick is often far costlier and less effective than preventing disease from occurring and keeping populations healthy. Covered California's health promotion and prevention requirements are centered on identifying Enrollees who are eligible for certain high-value preventive and wellness benefits, notifying Enrollees about the availability of these services, making sure those eligible receive appropriate services and care coordination, and monitoring the health status of these Enrollees.

3.01 Dental Plan Benefits and Services Communication

Effective communication of dental plan covered benefits and services to Enrollees ensures equitable access to these services.

Covered California will establish and maintain a robust set of utilization metrics to ensure adequate oversight of adult utilization and engagement in care.

1) Contractor must ~~conduct outreach to all Covered California Enrollees and~~ monitor the proportion of Covered California Enrollees who obtain preventive services, diagnostic services, and treatment services for oral health conditions within the Covered California Enrollee's first year of enrollment and at least annually thereafter throughout that Enrollee's enrollment. This requirement aims to reduce the number of Enrollees without any dental care activity and improve utilization of medically necessary dental care. By tracking claims and encounter data, Contractor can address gaps in care and ensure Enrollees utilize necessary dental services, enhancing outcomes and maximizing the value of coverage.

2) Contractor must conduct outreach and education to all Covered California Enrollees ~~providing education~~ to support engagement in care. Outreach and education materials shall include, at a minimum, information on how to ~~access and utilize the following~~:

    a) ~~Member~~ Access and use member benefits, ~~clearly communicating the availability of diagnostic and~~ including

preventive and diagnostic services available without member cost share, as applicable;

~~a) Provider location and matching;~~

~~b) Health risk assessments; and~~

b) ~~Patient~~Identify, locate, and select participating providers;

c) Access health risk assessment resources, oral health self-management resources, or other available member supports; and

~~b)~~d) Understand patient rights and ~~how to file a~~ the grievance process.

3) As specified in Article 2 of this Attachment 1, Contractor shall conduct risk stratification of its Covered California Enrollees. Contractor will communicate those findings to its high-risk Covered California Enrollees and the reasons for those findings.

4) Contractor must report how it identifies high-risk Covered California and performs member risk stratification.

5) Contractor shall provide additional tailored outreach and education to Covered California Enrollees based on member risk. Specifically, Contractor shall assess the participation by Covered California Enrollees in necessary preventive services, diagnostic services, and treatment appropriate for each Covered California Enrollee and provide outreach accordingly.

~~5) To ensure~~ Contractor must maintain materials, communications, and member-facing tools used and shall provide such materials to Covered California ~~Enrollee oral health is supported, Contractor must report:~~

~~a) How it identifies high-risk~~as specified by Covered California ~~Enrollees and performs member risk stratification.~~

~~b) The number and percent of~~ . Covered California ~~Enrollees who use dental plan preventive, diagnostic, and treatment benefits and services.~~

~~c) How it communicates its annual member benefits and provides education on no-cost preventive oral health benefits, clearly communicating the availability of diagnostic and preventive services without member cost share.~~

~~d) How it provides education and self-management tools on its~~will track compliance through review of sample communications, portal~~. Example components of this reporting may include:~~

~~i. Disseminating annual member "preventive coverage" communication;~~

~~ii. Member portal "preventive coverage section;" and~~

6) ~~How it gives prominence to oral health topics such as counseling for smoking~~ materials, screenshots, test login access, or ~~tobacco use.~~live or recorded demonstrations.

3.02 Tobacco Cessation

Tobacco use is preventable and contributes to high morbidity and mortality. Reducing tobacco use will have greater impact on health outcomes in marginalized communities which have disproportionately higher rates of use.

1) Contractor shall ensure contracted dentists screen all Covered California enrollees for tobacco use and refer Covered California Enrollees who report tobacco use to their Health Plan and Primary Care Physician (PCP) to determine the best treatment options.

2) To ensure tobacco cessation is supported, Contractor must report:

    a) How it supports contracted dentists in identifying Covered California Enrollees who use tobacco; and

    b) Its strategies to improve tobacco use prevention and early detection of oral diseases associated with tobacco use, including current or anticipated outcomes of interventions.

3.03 Pregnancy

Oral health may be considered an important part of prenatal care, given that poor oral health during pregnancy can lead to poor health outcomes for the mother and baby.

1) Contractor shall ensure contracted dentists screen adult Covered California Enrollees for and identify pregnancy status annually. Contractor must have a mechanism by which Covered California Enrollees can update their status.

2) Contractor must offer enhanced outreach to support preventive care during~~—~~ pregnancy and provide treatment of identified oral health conditions.

3) Contractor must report:

   a) How it supports contracted dentists in identifying Covered California Enrollees who are pregnant;

   b) How it provides enhanced outreach to support preventive care and treatment for identified oral health conditions to pregnant Covered California Enrollees;

   c) How it educates members about the importance of prevention and treatment of periodontitis during pregnancy; and

   d) How it works with dental providers to ensure its Covered California Enrollees are informed about the findings on exam, and recommendation to discuss with patient's obstetrician~~.~~

4) Covered California will monitor rates of Covered California Enrollees who receive any dental service during pregnancy (overall and stratified by demographic factors including race and ethnicity) and will engage with Contractor to address outlier performance.

3.04 Patient-Centered Information and Communication

3.04.1 Provider Cost and Quality

~~1)~~ Contractor shall ~~provide Covered California with its plan, measures, and process to provide Covered California Enrollees with~~ make current ~~cost and quality information for network providers.~~

~~2) Contractor shall report how it makes or intends to make~~ provider ~~specific~~ cost ~~and~~, quality, access, location, availability, and network participation information available~~, and the processes by which it updates the information.~~

~~3)~~1) ~~Information delivered through Contractor's provider performance programs~~ to Covered California Enrollees through one or more member-facing formats that provide a clear and reasonably integrated view of relevant provider information. Information made available under these requirements shall be meaningful to Covered California Enrollees and ~~reflect a diverse array of provider clinical attributes and activities, including: provider background; quality performance; patient experience; volume; efficiency; and price of services.~~ presented in a manner that supports informed decision-making.

2) ~~The~~Contractor shall:

a) Submit examples of member-facing materials and tools, including screenshots, links, documents, scripts, or other formats used to convey provider information identified in paragraph (1) of this Section 3.04.1; and

b) Schedule a walkthrough meeting with Covered California's Health Equity and Quality Transformation (EQT) Division to provide a live demonstration of how Enrollees access and use such information.

~~4)~~3) If Covered California identifies deficiencies in the presentation, accuracy, timeliness, or usability of the information, Contractor shall ~~be integrated and accessible through one forum providing~~timely remediate such deficiencies in accordance with direction from Covered California ~~Enrollees with a comprehensive view~~.

3.04.2 Covered California Enrollee Cost Transparency

Information relating to the cost of procedures and services is important to Enrollees, Covered California, Contractor, and providers. Covered California also understands that Contractor negotiates agreements with providers, including dental practice groups and other clinical providers, which may result in varied provider reimbursement levels for identical services or procedures.

1) In the event that Contractor's provider contracts result in different provider reimbursement levels that have an impact on Covered California Enrollee costs within a specific region, as defined by paid claims for Current Dental Terminology (CDT) services, Contractor agrees to provide Covered California with its plan, measures, and process to assist Covered California Enrollees in identifying total cost and out-of-pocket cost information for the highest frequency and highest cost service(s) and or procedure(s).

2) When available, this pricing information shall be prominently displayed and made available to Covered California Enrollees, including by providing cost transparency tools electronically. This information shall be updated at least annually unless there is a contractual modification that would change Covered California Enrollee out-of-pocket costs by more than 10%. In that case, information must be updated within thirty (30) Days of the effective date of the new contract.

3.04.3 Covered California Enrollee Benefit Information

Contractor shall provide Covered California Enrollees with current information regarding annual out-of-pocket costs, status of deductible, status of benefit limit if applicable, and total oral health care services received to date.

ARTICLE 4 - DELIVERY SYSTEM AND PAYMENT STRATEGIES TO DRIVE QUALITY, EQUITY, and VALUE

Covered California and Contractor recognize that ensuring Member-Centered Care requires timely access to care, effective coordination of care, and ~~early identification~~member engagement that promotes utilization of ~~high-risk Enrollees are central to the improvement of Enrollee health. Traditionally,~~dental services. Covered California acknowledges that primary dentists have ~~provided~~ traditionally served as an entry point to the delivery system~~,~~ by facilitating coordination of care~~,~~ and supporting the early identification of at-risk patients~~, and~~. Covered California therefore strongly encourages Contractor to promote the full use of primary dentists ~~by Contractors.~~. Contractor and Covered California shall collaborate to identify ~~further ways to increase access~~and implement strategies to strengthen Member-Centered Care and ~~coordination of care and agree to work collaboratively to achieve~~ member engagement in support of these objectives.

4.01 ~~Promoting the Development~~Member-Centered Care

Covered California defines Member-Centered Care as timely, coordinated, high-quality, and equitable care that aligns with members' needs and ~~Use of~~ preferences and measurably improves access, continuity of care, and health outcomes. Member-Centered Care encompasses, at a minimum, access to oral health care, continuity and care coordination with a trusted dental provider or care team over time, equity-focused care designed to reduce disparities and close zero-use gaps, culturally and linguistically responsive communication, and navigation that minimizes financial, logistical and administrative barriers to needed care.

4.01.1 Access to a Dental Home ~~Model~~and Primary Dental Care

Covered California and Contractor recognize the dental home model ~~as a strategy to provide~~and primary dentist promotion as strategies to advance high~~-~~-quality, equitable, and affordable dental care. Dental Health Maintenance Organization (DHMO), Dental Preferred Provider Organization (DPPO), and Dental Exclusive Provider Organization (DEPO) products differ in structure and operation. Consistent with product design, each product type shall support continuity of care through mechanisms appropriate to its delivery system, including provider assignment, provider selection, or enrollee self-selection of a

dentist. Covered California has adopted the following definition ~~from~~of the dental home as set forth by the American Academy of Pediatric Dentistry (AAPD).

> *"The dental home is the ongoing relationship between the dentist and the patient, inclusive of all aspects of oral health care delivered in a comprehensive, continuously accessible, coordinated, and family-centered way. The dental home should be established no later than 12 months of age to help children and their families institute a lifetime of good oral health. A dental home addresses anticipatory guidance and preventive, acute, and comprehensive oral health care and includes referral to dental specialists when appropriate."*

The dental home is ~~where all facets of~~the setting in which oral health care ~~are~~is delivered ~~in~~through a patient-centered, continuous and comprehensive ~~continuum~~approach. Through ~~the establishment of~~ a dental home, patients ~~will~~ receive ~~both~~timely preventive ~~care~~, diagnostic, and treatment~~,~~ services, along with ~~the objective of encouraging good oral health for a lifetime. Contractor shall actively promote the objectives of the dental home model by its contracted dentists to advance access,~~ care coordination, ~~and~~ to ensure equitable access to high-quality~~.~~

~~4.01.1 Encouraging Use of Primary Dental Care~~

~~Ensuring Enrollees have a primary dentist is foundational for promoting access~~ oral health care and ~~coordination of care. Primary dentist for~~promote lifelong oral health continuity.

For the purposes of this ~~Contract~~Agreement, a primary dentist means a dental clinician acting within the scope of their license who provides comprehensive oral health ~~by treating~~care, diagnoses and treats dental conditions and diseases, promotes prevention ~~by providing~~through preventative care, provides oral health literacy, and ~~is responsible for supervising and coordinating~~oversees and coordinates initial primary dental care. General ~~or~~and pediatric dentists are most likely to serve as primary dentists ~~given~~, consistent with their scope of practice. ~~To encourage~~Contractor shall support the ~~use~~objectives of ~~dental primary care and provide a foundation for using~~ the dental home model~~,~~ ~~Contractor must:~~ through its contracted dentists by facilitating equitable access, care coordination, continuity, and quality of care.

~~Ensure~~

4.01.2 Primary Dentist Selection, Assignment, and Continuity

For all products, Contractor shall maintain and annually refine product-appropriate processes that ~~upon~~support timely access to primary dental care, continuity of care, and Enrollee connection to a regular source of dental care. Contractor must:

1) For DHMO Product: Upon enrollment, ~~Dental Health Maintenance Organization (DHMO)~~Contractor shall inform Covered California Enrollees ~~are informed~~ about the role and benefits of ~~having~~ a primary dentist and ~~are given~~provide the Enrollee an opportunity to select ~~a primary dentist. Within sixty (60) Days of effectuation into the plan, if~~one. If a Covered California Enrollee does not select a primary dentist within sixty (60) Days of enrolling in the plan, Contractor must provisionally assign a primary dentist, notify the Covered California Enrollee of the assignment, and provide the Covered California Enrollee with an opportunity to change the assignment. ~~When assigning a primary dentist,~~ Contractor shall use commercially reasonable efforts to make assignments consistent with the Covered California Enrollee's stated gender, language, ethnic and cultural preferences, geographic area, existing family member assignment, and any prior primary dentist. ~~Contractor must monitor provider network for timely access and ensure primary dentist assignments are made to dentists accepting new patients.~~

2) ~~Actively~~For DPPO and DEPO Products: Contractor shall use commercially reasonable efforts to facilitate Enrollee selection of a primary dentist as applicable, consistent with the Covered California Enrollee's stated gender, language, ethnic and cultural preferences, geographic area, existing family member assignment, and any prior primary dentist. Contractor shall document and implement a strategy designed to encourage Enrollees to select and use a primary dentist or a dental home to support continuity of care, strengthen provider-patient relationships, and promote ongoing oral health maintenance and monitoring.

3) For all QDP products offered, Contractor shall annually report to Covered California:

a) The methodology used to support timely access to primary dental care and appropriate utilization of dental services.

b) A report of identified network gaps and access barriers, including participating dentists that are not accepting new patients, provider departures, and other disruptions that may delay assignment, access, or continued care, and the corrective actions taken or planned to address such gaps and barriers, including timeframes for implementation.

c) The strategies, outreach modalities, and Enrollee communication efforts implemented to support continuity of care and Enrollee connection to a regular source of dental care, as applicable by product;

~~a)~~d) A description of how Contractor conducts active outreach to all Covered California Enrollees to explain their dental plan covered benefits, and services as required in Article 3.01 of this Attachment 1.

~~6) Report annually for each DHMO QDP offered:~~

~~a) The methodology used in primary dentist selection or auto-assignment, if used.~~

~~b) The outreach and enrollee communication provided related to primary dentist selection or assignment activities.~~

~~b)~~e) The number and percentage of Covered California Enrollees who have selected a primary dentist.

~~c)~~f) The number and percentage of Covered California Enrollees who have been assigned to a primary dentist.

g) The number and percentage of Covered California Enrollees for whom Contractor facilitated connection, upon Enrollee request, to a primary dentist, regular dental provider, or dental home through applicable product-specific processes.

Contractor shall provide Covered California with data and other information necessary to perform the evaluation described in subsections above.

4.01.3 Member Value and Engagement in Care

To increase Covered California Enrollee use of and benefit from their QDP, Contractor must use equitable, coordinated, and member-centered strategies to increase dental service utilization. Increasing member engagement will result in improved access to care, strengthened continuity of care and care coordination, and reduce disparities among Covered California Enrollees, consistent with the Member-Centered Care framework established in Section 4.01.

Contractor must ensure Enrollees utilize dental services to improve health outcomes and member satisfaction. Through proactive engagement and outreach, Contractor must enable Enrollees to access diagnostic, preventive, and treatment services and manage chronic conditions.

1) Contractor must monitor and increase the number of Covered California Enrollees with continuous enrollment in Contractor's QDP throughout the Plan Year who have at least one dental claim during the Plan Year. This requirement aims to reduce the number of Enrollees without any dental care activity and improve utilization of medically necessary care. By tracking claims data and engaging Enrollees through targeted outreach and coordinated care, Contractor can address gaps in care and ensure Enrollees utilize necessary dental services, enhancing outcomes and maximizing the value of coverage.

2) To support member engagement, Contractor shall:

a) Establish baseline performance in 2028 and demonstrate measurable year-over-year improvement through 2030 by increasing the percentage of Enrollees who receive any covered

dental service during the measurement period and reducing the percentage of Enrollees with zero utilization of dental services.

b) Identify utilization disparities and underutilization across Covered California Enrollee subpopulations and implement focused interventions to reduce gaps in service use and outcomes.

c) Maintain a Member Advisory Group or comparable member informed quality process to identify barriers affecting the member care experience and underutilization of services, inform improvement actions, and evaluate the effectiveness of those actions annually.

d) Report annually, in a form and manner specified by Covered California, on activities under this Section, including baseline and annual performance results, identified barriers to utilization, disparities, improvement actions taken, member informed findings, and how performance results and member feedback informed refinement of Contractor's strategies for the subsequent reporting period.

4.02 Networks Based on Value

Contractor shall curate and manage its QDP networks to address variation in quality and cost performance, with a focus on improving the performance of dentists. ~~Contractor is accountable for measuring, analyzing, and reducing variation to achieve consistent high performance for all in-network dentists.~~ Affordability is core to Covered California's mission to expand the availability of insurance coverage. The wide variation in unit price and total costs of care, with some dentists charging far more for care irrespective of quality, is a key contributor to the high cost of dental services. Contractor must measure, analyze, and reduce quality variation to achieve consistent high performance for all in-network dentists. Contractor shall hold its contracted dentists accountable for improving quality and managing or reducing cost and provide support to improve performance.

4.02.1 Payment to Support High-Quality, Equitable Dental Care

Covered California and Contractor recognize the importance of dental payment models that provide the necessary revenue to fund accessible, data-driven,

team-based dental care with accountability for providing high-quality, equitable care, and managing the total cost of care. To support analysis of the relationship between payment type, access, and quality of care, Contractor must:

1) Report on its dental payment models using the Health Care Payment Learning and Action Network Alternative Payment Model (HCP LAN APM) categories and associated subcategories of: fee for service with no link to quality and value (Category 1), fee for service with a link to quality and value (Category 2), alternative payment models built on a fee for service structure such as shared savings (Category 3), and population-based payment (Category 4), including:

    a) The number and percent of its contracted general dentists, specialists, other providers, and other facilities paid using each HCP LAN APM category and associated subcategories.

    b) Total dental care spend, as defined in collaboration between Covered California and QDP Issuers, and the percent of spend with each HCP LAN APM category and associated subcategory.

2) Work with Covered California and other stakeholders to analyze the relationship between the percent of spend for each HCP LAN APM category with performance of the overall delivery system. If the evidence shows that greater spending within an HCP LAN AMP category improves quality or drives lower total cost of care, Covered California may set a target or floor for spending by category in future Covered California requirements.

4.02.2 Quality Improvement

The Contractor shall use oral health measure results to assess performance, identify disparities and gaps in care, and implement targeted quality improvement strategies to improve access, strengthen care delivery, promote equitable high-quality care and improve oral health outcomes for Covered California Enrollees.

A Quality Improvement Plan (QIP) is a structured, data-driven quality improvement project or strategy that uses continuous measurement, evaluation, and targeted interventions to improve oral health care performance, access to care, care coordination, preventive services utilization, continuity of care, patient engagement, network management, or overall oral health outcomes.

A Priority Population is a population identified through quality, utilization, claims, encounter, enrollee, survey, complaint, appeals, customer service, or other relevant data as experiencing lower utilization of preventive or diagnostic services, disparities in performance, or other unmet oral health needs requiring targeted improvement efforts.

Contractor must:

1) Develop, maintain, and submit in a manner and format specified by Covered California at least one new or ongoing QIP conducted for the period specified by Covered California.

2) Use quality measure results, utilization data, and other data sources as appropriate to identify Priority Populations and support the QIP rationale, design, implementation, and monitoring.

3) Establish measurable improvement targets for each priority area identified in the QIP including baseline performance, performance goals, implementation timeframes, and methods for monitoring progress and evaluating intervention effectiveness.

4) Implement, monitor, and annually refine QIP strategies, targets, and interventions based on documented performance results, identified barriers, and ongoing assessment of care gaps and disparities.

4.03 Teledentistry

Teledentistry includes synchronous and asynchronous patient-provider communication, e-consults, and other virtual health services. Teledentistry has the potential to improve access to and cost of care when used for the right conditions. Potential benefits include addressing barriers to care such as transportation, childcare, limited English proficiency (LEP), and time off work which may exist for Enrollees.

4.03.1 Teledentistry Offerings and Utilization

To monitor Contractor's telehealth services, Contractor must report annually the extent to which Contractor supports and uses technology to assist in higher quality, accessible, patient-centered care. If teledentistry is offered to QDP Enrollees, Contractor must report the following elements as applicable:

1) The number and percentage of Covered California Enrollees who utilized teledentistry and remote home monitoring.

2) If teledentistry and remote monitoring offerings are implemented in association with dental home models or are independently implemented.

3) The types and modalities of teledentistry and virtual health services that Contractor offers to Covered California Enrollees, as well as the goal or desired outcome from the service, including synchronous and asynchronous:

   a) Interactive dialogue over the phone (voice only)

   b) Interactive face to face (video and audio)

   c) Asynchronous record collection and sharing of records

   d) Asynchronous via email, text, instant messaging or other

   e) Remote patient monitoring

   f) E-Consult

   g) Other modalities

4) How Contractor communicates and educates Covered California Enrollees about teledentistry services including:

   a) Explaining service availability on Contractor's key Covered California Enrollee website pages, such as the home page and provider directory page;

   b) Explaining service cost-share on Contractor's key Covered California Enrollee website pages like the summary of benefits and coverage page and dental cost estimator page, if applicable; and

   c) Explaining the availability of interpreter service for teledentistry on Contractor's key Covered California Enrollee website pages, such as the home page and provider directory page.

d) Explaining how Contractor is leveraging teledentistry to expand access and enhance member engagement in care, including metrics used to evaluate improvement.

Contractor must continue to comply with applicable network adequacy standards for in-person services.

4.04 Participation in Collaborative Quality Initiatives

Improving quality and reducing overuse and costs can only be done over the long-term through collaboration, data sharing, and effective engagement. There are several established statewide and national collaborative initiatives that are aligned with Covered California's requirements and expectations for quality improvement, addressing health disparities, and improving data sharing.

Covered California and Contractor will collaboratively identify and evaluate the most effective programs for improving care for Enrollees. Covered California may require participation in specific quality improvement collaboratives and data sharing initiatives in future years. To inform this process, Contractor must annually report its participation in any dental collaboratives or initiatives, including the amount of financial support (if any) Contractor provides.

ARTICLE 5 - MEASUREMENT AND DATA SHARING

Measurement is foundational to assessing the quality, equity, and value of care provided by Contractor to Enrollees. Because of this, Covered California is developing the infrastructure required to support dental measurement, incorporate dental measures into the Healthcare Evidence Initiative, and contribute to the broader landscape of dental quality in its work with stakeholders. Contractor agrees to work with Covered California to exchange and prioritize feedback on the identified performance measures in Attachment 2, measure development, measure sets, and other dental quality infrastructure. This may include measurement refinements related to the Dental Quality Alliance measure sets and measure specifications and aligning with the Centers for Medicare & Medicaid Services (CMS), the National Committee for Quality Assurance, and the Department of Health Care Services initiatives such as CalAIM.

5.01 Measurement and Analytics

5.01.1 Covered California Dental Measure Set Reporting

Contractor shall submit to Covered California dental claims and encounter data through the Healthcare Evidence Initiative (HEI) for the required measure set. This includes data for select Dental Quality Alliance and CMS Medicaid Child Core Set measures. It may also include data for other types of measures produced through HEI.

Contractor agrees to engage and work with Covered California and stakeholders to identify benchmarks for dental performance measures.

Covered California may review data quality results and HEI measure results to further define reporting and measurement refinements.

5.01.2 Data Measurement Specifications

Contractor shall work with Covered California to refine measure specifications, produce annual measure data, conduct quality assurance, and further define data requirements for future dental quality initiatives at Covered California.

Covered California reserves the right to use and request measure data and other claims-based data submissions to construct and publish Contractor measure results that Covered California may use to support quality improvement, data exchange, health equity, population health, and other activities related to Covered California's role as a Health Oversight Agency. Covered California may publicly report dental quality data each year.

5.02 Data Sharing and Exchange

5.02.1 Data Submission (Healthcare Evidence Initiative)

Contractor must comply with the following data submission requirements:

1) General Data Submission Requirements

a) California law requires Contractor to provide Covered California with information on cost, quality, and disparities to evaluate the impact of Covered California on the health delivery system and health coverage in California.

b) California law requires Contractor to provide Covered California with data needed to conduct audits, investigations, inspections, evaluations, analyses, and other activities needed to oversee the operation of Covered California, which may include financial and other data pertaining to Covered California's oversight obligations. California law further specifies that any such data shall be provided in a form, manner, and frequency specified by Covered California.

c) Contractor is required to provide Healthcare Evidence Initiative Data ("HEI Data") that may include, but need not be limited to, data and other information pertaining to quality measures affecting Enrollee health and improvements in healthcare care coordination and patient safety. This data may likewise include Enrollee claims and encounter data needed to monitor compliance with applicable provisions of this Agreement pertaining to improvements in health equity and disparity reductions, performance improvement strategies, individual payment methods, as well as Enrollee-specific financial data needed to evaluate Enrollee costs and utilization experiences. Covered California agrees to use HEI Data for only those purposes authorized by applicable law.

d) The Parties mutually agree and acknowledge that financial and other data needed to evaluate Enrollee costs and utilization experiences shall include, but need not be limited to, information pertaining to contracted provider reimbursement rates and historical data as required by applicable California law.

e) Covered California may, in its sole discretion, require that certain HEI Data submissions be transmitted to Covered California through a vendor ~~(herein, "~~("HEI Vendor") which will have any and all legal authority to receive and collect such data on Covered California's behalf. Notwithstanding the foregoing, the parties mutually agree and acknowledge that the form, manner, and frequency wherein Covered California may require the submission of HEI Data may, in Covered California's discretion, require the use of alternative methods for the submission of any such data. Such alternative methods may include but need not be limited to data provided indirectly through an alternative vendor or directly to Covered California either via the terms of this Agreement or the certification process for Covered California participation. Covered California will provide Contractor with sufficient notice of any such alternative method.

2) Healthcare Evidence Initiative Vendor (HEI Vendor)

a) Covered California represents and warrants that any HEI Vendor which, in its sole discretion, Covered California should contract with to assist with its oversight functions and activities shall have any and all legal authority to provide any and such assistance, including but not limited to the authority to collect, store, and process HEI Data subject to this Agreement.

b) The parties acknowledge that any such HEI Vendor shall be retained by and work solely with Covered California and that Covered California shall be responsible for HEI Vendor's protection, use and disclosure of any such HEI Data.

c) Notwithstanding the foregoing, Covered California acknowledges and agrees that disclosures of HEI Data to HEI Vendor or to Covered California shall at all times be subject to conditions or

requirements imposed under applicable federal or California State law.

5) HEI Vendor Designation

a) Should Covered California terminate its contract with its then-current HEI Vendor, Covered California shall provide Contractor with at least thirty (30) Days' written notice in advance of the effective date of such termination.

b) Upon receipt of the aforementioned written notice from Covered California, Contractor shall terminate any applicable data-sharing agreement it may have with Covered California's then-current HEI Vendor and shall discontinue the provision of HEI Data to Covered California's then-current HEI Vendor.

6) Covered California shall notify Contractor of the selection of an alternative HEI Vendor as soon as reasonably practicable and the parties shall at all times cooperate in good faith to ensure the timely transition to the new HEI Vendor.

7) HIPAA Privacy Rule

a) PHI Disclosures Required by California law:

i) California law requires Contractor to provide HEI Data in a form, manner, and frequency determined by Covered California. Covered California has retained and designated HEI Vendor to collect and receive certain HEI Data information on its behalf.

ii) Accordingly, the parties mutually agree and acknowledge that the disclosure of any HEI Data to Covered California or to HEI Vendor which represents PHI is permissible and consistent with applicable provisions of the HIPAA Privacy Rule which permit Contractor to disclose PHI when such disclosures are required by law (45 CFR §164.512(a)(1)).

b) PHI Disclosures For Health Oversight Activities:

i) The parties mutually agree and acknowledge that applicable California law (CA Gov Code §100503.8) requires Contractor to

provide Covered California with HEI Data for the purpose of engaging in health oversight activities and declares Covered California to be a health oversight agency for purposes of the HIPAA Privacy Rule (CA Gov Code §100503.8).

ii) The HIPAA Privacy Rule defines a "health oversight agency" to consist of a person or entity acting under a legal grant of authority from a health oversight agency (45 CFR §164.501) and HEI Vendor has been granted legal authority to collect and receive HEI Data from Contractor on Covered California's behalf.

iii) Accordingly, the parties mutually acknowledge and agree that the provision of any HEI Data by Contractor to Covered California or HEI Vendor which represents PHI is permissible under applicable provisions of the HIPAA Privacy Rule which permit the disclosure of PHI for health oversight purposes (45 CFR §164.512(d).

c) Publication of Data and Public Records Act Disclosures

i) Contractor acknowledges that Covered California intends to publish certain HEI Data provided by Contractor pertaining to its cost reduction efforts, quality improvements, and disparity reductions.

ii) Notwithstanding the foregoing, the parties mutually acknowledge and agree that data shall at all times be disclosed in a manner which protects the Personal Information (as that term is defined by the California Information Privacy Act) of Contractor's Enrollees or prospective Enrollees.

iii) The parties further acknowledge and agree that records which reveal contracted rates paid by Contractor to health care providers, as well as any Enrollee cost share, claims or encounter data, cost detail, or information pertaining to Enrollee payment methods, which can be used to determine contracted rates paid by Contractor to health care providers shall not at any time be subject to public disclosure and shall at all times be deemed to be exempt from compulsory disclosure under the Public Records Act. Accordingly, Covered California shall take

all reasonable steps necessary to ensure such records are not publicly disclosed.

5.02.2 Data Exchange

Covered California is committed to making patient data available and accessible to support clinical care and coordination, decrease health care costs, reduce paperwork, improve outcomes, and give patients more control over their health care. To allow for the discovery of timely and reliable information that will aid in a patient or provider's decision-making processes, Covered California will engage Contractor in actively inspecting, transforming, and modeling submitted data.

Covered California and Contractor recognize that data sharing between patients, providers, hospitals, and payers is critical to driving quality of care and successfully managing total cost of care. Contractor agrees to implement data exchange requirements upon their development and promulgation by Covered California.

Contractor agrees to engage and work with Covered California and stakeholders to develop dental plan requirements in support of providers to implement certified Electronic Health Records, participate in data exchange and ultimately build future statewide dental health information exchange infrastructure to support quality improvement, data exchange, health equity, and population health.