

Article	Section #	Comment	Covered CA response
1	1.01.1 Demographic Data Collection	Issuer requests that Covered California collect and maintain sensitive demographic information during enrollment, when members reasonably expect to provide such data. Collection of race, ethnicity, disability status, sexual orientation, and gender identity must remain voluntary and self-reported, include a "prefer not to answer" option, define permissible uses, and provide member access and correction rights. Stand-Alone Dental Plans do not collect or maintain sensitive demographic information, and these data elements are not included in dental claims. Requiring dental plans to establish new processes to collect, manage, validate, and transmit sensitive demographic information after enrollment would require significant new operational and technical investments, estimated to exceed \$1 million, with associated costs ultimately reflected in member premiums. These requirements would impose substantial administrative burdens without a demonstrated need that cannot be more efficiently addressed through Covered California's enrollment process. In addition, post-enrollment requests for highly sensitive demographic information are likely to adversely affect enrollee trust and response rates, resulting in incomplete and less reliable data. Covered California is therefore better positioned to collect and maintain these data as part of the enrollment process and share appropriate information with issuers to support health equity initiatives and reporting requirements.	Covered California collects member demographic data at enrollment and shares this data with the contracted QHP or QDP issuer selected by the enrollee. Under the proposed contract requirements, Contractors would not be expected to collect and maintain member demographic data. Under the proposed contract, Contractors would be expected to work with Covered California to expand on disparity identification and improvement, including developing requirements for Contractor collection of member self-reported demographic data. The purpose is not to require Contractors to obtain or report on demographic data, rather, to expand disparity identification and reduction efforts outlined in other portions of the contract within the constraints of current dental industry practice. Covered California intends to work with Contractors to evaluate and establish future requirements of Contractor collection of member self-reported data as several contracted QDP issuers have reported implementing systems to collect and maintain this data.
4	4.01.2(3) Primary Dentist Selection, Assignment, and Continuity	Issuer objects to reporting requirements based on provider scheduling availability and patient acceptance data that are not available to or maintained by SADP issuers. Covered California's contracting framework recognizes differing delivery models, including organizations that furnish services through employed providers or affiliated provider groups. Issuer's participating dentists are independent contracted providers and do not report provider scheduling availability or patient acceptance to the issuer. Accordingly, reporting obligations should be limited to objective, auditable data reasonably available through provider directories, claims, encounters, and network management activities and should not impose accountability for information outside the Contractor's possession or control.	Covered California appreciates that Contractors may not maintain provider-level scheduling availability or patient acceptance data, particularly for independent providers. At the same time, primary dentist selection, assignment, and continuity using objective data reasonably available through provider directories, claims, encounters, and network management activities, service volume, network participation, referrals, grievances, and member experience data. Reporting could therefore focus on information reasonably available through the Contractor's claims, network management, and member-service functions, while recognizing the limitations of data outside the Contractor's possession or control.
4	4.01.03 (2a) Attachment 1 Member Value and Engagement in Care	Issuer supports member engagement and utilization improvement; however, Covered California has not established that year-over-year utilization improvement requirements are attainable or sufficiently within issuer control. Utilization is influenced by member behavior, provider availability, benefit design, and data limitations. Requirements should focus on evidence-based SMART (specific, measurable, achievable, relevant, and time-bound) goals and continuous quality improvement rather than unsupported performance expectations.	The new member engagement measure is intended to support QDP issuers' efforts to engage members and encourage appropriate use of available services and their benefits from their QDP. The gap-closure methodology proposed for performance standards in Attachment 2 meet the SMART goals framework as suggested in the comment.
4	4.01.3 (2b) (2d) Member Value and Engagement in Care	Issuer objects to reporting and intervention requirements for subpopulations that rely on member demographic information that issuers do not receive from Covered California. Please see feedback on Demographic Data Collection (Section 1.01.1).	Covered California does collect member demographic data at enrollment and shares this data with the contracted QHP or QDP issuer selected by the enrollee. This proposed requirement does not specify how subpopulations must be identified - QDP issuers could use the performance reports provided by Covered California to identify utilization and care gaps among subpopulations or identify gaps among subpopulations defined by factors such as age or geography, standard information all QDP issuers would maintain for enrollees.
3	3.03	Issuer appreciates Covered CA's commitment to oral health care during pregnancy, and aligns with the sentiment that oral health should be considered an important part of prenatal care, given that poor oral health during pregnancy can lead to adverse health outcomes for the mother and baby. However, as a QDP issuer, it is often difficult to determine whether a pregnant enrollee is receiving dental benefits as this information is not frequently collected at the dentist's office and there is no data at all on the pregnant enrollee if they don't go to the dentists office. To better allow Covered CA to monitor rates of enrollees who receive any dental service during pregnancy, Issuer recommends encouraging Covered CA, the pregnant enrollee, and the pregnant enrollee's QHP to allow data sharing with QDPs. Once this data integration is permitted and there is a clearer picture of which enrollees are pregnant, Issuer and QDPs broadly will better be able to monitor which pregnant enrollees receive services.	Covered California acknowledges the challenges QDP issuers may face in identifying pregnant enrollees and monitoring dental utilization, particularly when an enrollee has not received dental services or when relevant information is not available through existing data sources. Covered California recognizes the value of appropriate data sharing among QHPs, QDPs, providers, and enrollees and encourages QDPs to strengthen their own processes for identifying pregnancy status and conducting outreach. Potential approaches include standardized screening questions in dental intake and provider workflows, member-service, portal, or other enrollee-facing status updates, preventive-care reminders and targeted outreach, provider education and support, and appropriate coordination with QHPs and prenatal and primary care providers. These accountability mechanisms can improve the completeness and timeliness of information available to QDPs without assuming access to complete pregnancy data from systems outside their control.
4	4.04	Issuer appreciates Covered CA's commitment to pursuing teledentistry as a benefit with the potential to improve access to and cost of care when used for the right conditions.	Thank you for your support of teledentistry and for sharing your experience using it to expand access and member engagement.

1	1.01.1	We respectfully request that Covered California collect sensitive demographic information during enrollment and securely share necessary data with issuers. We do not collect these data through dental claims, and creating a separate post-enrollment process could result in high cost, increase premiums, and produce incomplete data due to low response rates.	Covered California does collect member demographic data at enrollment and shares this data with the contracted QHP or QDP issuer selected by the enrollee. Under the current contract, Contractors are expected to work with Covered California to expand disparity identification and improvement requirements, while Covered California stratifies measures using available demographic data. The intent is not to require Contractors to obtain or report demographic information they do not receive from Covered California, but rather to use the performance reports provided by Covered California to identify utilization and care gaps among subpopulations and inform appropriate interventions. Our team will add clarification to reflect this intent.
4	4.01.2 (3)	We respectfully request that reporting on primary dentist selection, assignment, and continuity be limited to objective data reasonably available to QDP issuers. Independent dentists do not routinely provide real-time scheduling or patient-acceptance data, so we should not be accountable for information outside our control.	Covered California appreciates that Contractors may not maintain provider-level scheduling availability or patient acceptance data, particularly for independent providers. At the same time, primary dentist selection, assignment, and continuity can be assessed using objective data reasonably available through provider directories, claims, encounters, and network management activities, service volume, network participation, referrals, grievances, and member experience data. Reporting could therefore focus on information reasonably available through the Contractor's claims, network management, and member-service functions, while recognizing the limitations of data outside the Contractor's possession or control.
4	4.01.03 2a)	We respectfully request that year-over-year utilization requirements use goals tied to activities within our reasonable control.	The new member engagement measure is intended to support Contractors' efforts to engage members and encourage appropriate use of available services. The measure is designed to promote ongoing outreach and continuous improvement while recognizing factors that may be outside a Contractor's control.
4	4.01.3 (2b) (2d)	We respectfully request that subpopulation reporting and interventions rely only on demographic data that is available and appropriately shared. Please see Section 1.01.1.	Thank you for your comment. Under the current contract, Contractors are expected to work with Covered California to expand disparity identification and improvement requirements, while Covered California stratifies measures using available demographic data. The intent is not to require Contractors to obtain or report demographic information they do not receive from Covered California, but rather to use the performance reports provided by Covered California to identify utilization and care gaps among subpopulations and inform appropriate interventions.
4	4.02	We respectfully request that Covered California define "networks based on value," identify whether priority populations refer to members, providers, or both, and clarify the data, methodology, responsibilities, and measures of success. We also recommend an issuer workgroup, technical guidance, and reasonable implementation time.	Section 4.02 defines networks based on value through quality and cost management, payment-model reporting, and data-driven QIPs; "Priority Population" refers to Covered California Enrollees identified through relevant data—not providers. QDP Issuers must establish baselines, measurable targets, implementation timeframes, monitoring methods, and annual refinements, while Covered California will specify reporting requirements and consider issuer workgroup and technical guidance.
General	General	We respectfully request that Covered California include disability, pregnancy, and tobacco-use information in the 834 enrollment files. Because Covered California collects this data, sharing them at enrollment would be more accurate and efficient than requiring issuers to obtain the information separately from members or providers.	Covered California does not currently collect disability status information at enrollment. Pregnancy and tobacco-use information are the responsibility of the QDP issuer or its contract network providers to assess and address.