

Response to Comment Cycle 2 - Draft 2025 QHP-CCSB Issuer Contract Amendment, Attachment 2

Section #	Comment	Covered California Response
Performance Standard 1	<p>Performance Standard 1 section 4, removed HMO products from the requirement for supplying PCP. This should be added back, as Small Group is not required to assign PCP's to PPO members, only HMO members so this performance measure should only apply to HMO products that require a PCP..</p> <p>Recommendation: add "for HMO Products" back to this measure</p>	<p>We will make this change and add "for HMO products" back to this measure.</p>
Performance Standard 1	<p>Performance Standard 1 section 8, removed "or issuer specific product ID and year combination (off-exchange). This should be added back, as Off Exchange as we do not consistently include HIOS ID in our system for Off Exchange to submit to Merative, we have provided a crosswalk of product IDs due to the missing HIOS IDs for Off Exchange.</p> <p>Recommendation: add "or issuer specific product ID and Year combination (off-exchange) back to this measure.</p>	<p>We will make this change and add "or issuer specific product ID and Year combination (off-exchange)" back to the measure.</p>
Performance Standard 1	<p>1. Data Submission specific to HEI in Attachment 1, Article 5.02.1 Data Submission in Attachment 1,</p> <p>7. Medical claim, drug claim, or capitation record submissions that do not match to a current or prior enrollment record more than 1% of the time: 8% penalty Contractor's submission meets or exceeds the 99% matching enrollment threshold: no penalty</p> <p>Retro terminations happen and Carriers are not always able to recoup on payments made to providers for services rendered in good faith while there were active eligibility showing in the Carriers system. When this happens there is not always a matching enrollment record for these services greater than 1%. This issue is out of the Carriers control and we believe the 99% threshold does not allow for these instances and the penalty is unfarily being applied. Additionally since an enrollment "tag" hasn't been applied it is not possible for the HEI vendor to identify if the record is for On Exchange, Off Exchange, Individual or Small Group - so all non tagged records are being included under this measure and should not be a measure included under each contract but only the Individual contract so that penalties aren't duplicated for the same issue, especially since the percentage at risk is higer under the small group contract..</p> <p>Recommendation: change to 2% to allow for retroactivity that is outside the control of the carrier, and remove this measure as small business is being included in the measure under the individual contract already.</p>	<p>We believe this adjustment is reasonable and will make the change.</p>
Performance Standard 1	<p>1. Data Submission specific to HEI in Attachment 1, Article 5.02.1 Data Submission in Attachment 1, Article 1.02.1 Monitoring Disparities: Patient Level Data File</p> <p>PLD file was removed but not the reference to Article 1.02.1 monitoring disparities Patient Level Data File, this should also be removed.</p>	<p>The remaining references to Article 1.02.1 will be removed.</p>