

Responses to Comment Cycle 2 - Draft 2025 QHP Issuer Contract Amendment for Individual Market, Attachment 1

Article	Section #	Other Document Cross-Ref	Comment	Covered CA Response
1	1.01.1		Expanded Demographic Data Collection: We appreciate contract language affirming Covered California's intention to work with contractors to expand measure stratification to include income as well as the possibility of other areas such as disability status, sexual orientation and gender identity in this contract cycle. We would appreciate a more definitive timeline for when/how this additional stratification would occur.	Thank you for your support. We look forward to sharing definitive timelines as soon as they are feasible.
1	1.01.2		1.01.2 Race, Ethnicity, and Language Data Collection: We appreciate the additional amendments clarifying the timeline for new contractors to meet Covered California R/E data collection and reporting requirements. We would appreciate additional language clarifying that the definition of new contractors only applies to those contracting with Covered California for the first time. We would expect that any Covered California contractor who has met these benchmarks leaves Covered California and returns at a future date should be held to the same benchmarks as other Covered California plans. We reiterate this comment in the subsections below.	Any Contractor that may exit and then return would be held to standards appropriate to the specific circumstances.
1	1.01.3		We would appreciate Covered California considering adding disability as well so that California can make progress toward "RELD-SOGI" in which "D" refers to disability.	We are exploring how to best collect meaningful data on disability status.
1	1.01.2	4	We are in IT code fix change process to populate the Race and Ethnicity % population guideline change.	Thank you for your comment.
1	1.01.2	4 & 5	We are in IT code fix change process to populate Preferred Spoken and Written Language Data Collection % population guideline change.	Thank you for your comment.

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1	1.01.2	Covered CA Att 2 R/E HEI Data Submission Requirements : Guidelines and Scoring Methodology	According to the HEI data submission requirements, Contractor must capture and report race <u>or</u> ethnicity of at least 80% of Covered California members. However, the Contract Attachment 1, Section 1.01.2 indicates race <u>and</u> ethnicity. Please clarify by which standard Contractor will be evaluated.	Carriers are required to follow the language in Attachment 1 requiring the collection of race and ethnicity. For assessing performance, the agreed-upon methodology, as referenced "HEI Data Submission Requirements," where contractor must report race <u>or</u> ethnicity on at least 80% of Covered California members is the standard against which the Contractor will be evaluated for the current monitoring period.
1	1.02.1	1.02.1	Monitoring Disparities: Patient Level Data File: We appreciate the addition of the measure Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0) (NQF #0059)%. According to the most recent data, the majority of Covered California plans are already performing above the 33.3% national benchmark. Therefore these plans should be able to reach this benchmark.	Thank you for your comment.
1	1.02.2	1.02.2	Preferred Spoken and Written Language Data Collection: We appreciate the additional amendments clarifying the timeline for new contractors to meet Covered California preferred spoken and written language data collection and reporting requirements. We reiterate our comments above – we would appreciate additional language clarifying that the definition of new contractors only applies to those contracting with Covered California for the first time.	Thank you for your support.
1	1.04.1	1.04.1	1.04.1 Health Equity Accreditation: 3 b) Change “January 30, 2026: Submit workplan to achieve Health Equity Accreditation by year-end 2025” to “year-end 2026.”	Thank you for your comment. The language has been adjusted to make that change
2	2.05.3	Delegation Reporting	We request a Delegation Report template if one exists for Att 1 Section 2.05.3.	Covered California will provide instructions for the Delegation Report submission.

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4	4.01.3		<p>Primary Care Payment: The denominator for PCPs should be limited to those PCPs that had at least 10 attributed members during the reporting period. For large PPO networks, there are numerous providers with limited or no IFP primary care patients. This further aligns with how health plans focus target their contracting deployment strategies, i.e. target providers with the most membership first, as an effort to get as many members and dollars into these payment models.</p>	<p>Covered California will continue to utilize and build upon the published standards and methodology for calculating primary care spend.</p>
6	6.01.1		<p>NCQA Health Plan Accreditation: We reiterate our request for Covered CA to ensure that the definition of “first contracted with Covered CA” only applies to those contracting with Covered California for the first time as opposed to plans that may be returning to Covered California.</p>	<p>Any Contractor that may exit and then return would be held to standards appropriate to the specific circumstances.</p>