

Commenter <i>Names have been randomized</i>	Commenter Question/Feedback/Request
Issuer A	Issuer recommends Option #2 – revising the language to align to DxF expectations & Medi-Cal program expectations. This is where our current focus is from the state, so we would like to maintain alignment.
Issuer A	For Option 3, we would like to learn more about what types of provisions Covered California would be looking to add to measure quality in order to provide feedback on this option.
Issuer A	Issuer A recommends Option #3 - Revising the survey to make it shorter will help with participation and perhaps provide feedback that is more direct and meaningful.
Issuer A	Our members are definitely experiencing survey fatigue. If we want more participation, we have to figure out ways to reduce requests for multiple survey completions. Our members may currently receive surveys after their provider visits and other facility visits, in addition to this CAHPS survey. We need to find a better way to coordinate these surveys.
Puchaser	<p>Revise language to align with DxF expectations & Medi-Cal program expectations.</p> We would support 2 and 3, but particularly support the inclusion of provisions to measure the impact of data exchange on health outcomes./quality performance. Are the Medi-Cal expectations those outlined in APL 23-013?
Puchaser	Purchaser supports CCA in their choice regarding its performance standards. Purchaser currently utilizes the CAHPS Rating of Health Plan measure as our member experience performance standard, but this is definitely an area where we are interested in exploring other options and would be happy to align where feasible.
Stakeholder A	<p>Covered California and Contractor recognize that aggregating data across purchasers, and payers, and providers to more accurately understand the performance of providers that have contracts with multiple QHPs can improve performance, contracting, and public reporting. To support data aggregation, Contractor must:</p> 1- Submit all necessary data, including supplemental clinical data, for all lines of business to IHA and fully participate in the IHA Align. Measure. Perform. (AMP) program and the IHA California Regional Healthcare Cost & Quality Atlas (Atlas). Contractor must report AMP and Atlas performance results sourced from IHA to Covered California or allow IHA to submit Contractor’s performance results to Covered California on Contractor’s behalf. 2- Submit data to IHA any additional data necessary for use in the Advanced Primary Care (APC) measure set as specified in Article 4. Contractor must report APC performance results sourced from IHA to Covered California or allow IHA to submit Contractor’s performance results to Covered California on Contractor’s behalf.