

<p>Commenter Names have been randomized</p>	<p>Commenter Question/Feedback/Request</p>
<p>Issuer A</p>	<p><b>Requirement to collect SOGI data to establish baseline performance.</b> Please clarify on how the SOGI data collection will be reported. SOGI data is not currently included in the HEI data specs.</p>
<p>Issuer A</p>	<p><b>Update PLD measure set per measure changes throughout the contract.</b> Please clarify what the PLD measure set changes include.</p>
<p>Issuer A</p>	<p><b>Update HEI measure set per changes throughout contract.</b> Please clarify what the HEI measure set changes include.</p>
<p>Issuer A</p>	<p><b>Add language enumerating disparities reduction and health equity requirements throughout Attachment 1 and Attachment 4 Quality Transformation Initiative (QTI).</b> Is this related to disparity reduction related to the QTI sub-population stratification?</p>
<p>Issuer A</p>	<p><b>Continuity of Care Transition Plan for At-Risk Enrollees -</b> <b>Add language that specifies 60-day timeframe for “Departing Contactor” to conduct outreach activities to members. Includes Notice of service area reduction, plan closure and option to provide PHI to new QHP issuer to assist with transition of care.</b> <b>Add language that specifies 60-day timeframe for “Receiving Contractor” to identify, conduct outreach and establish care transition activities.</b> <b>Add clarifying language about processes to complete file transmissions for Enrollees.</b> We would like to review revised Contract language in order to provide feedback. Termination and transition thereunder is a fully regulated scenario under CA Health &amp; Safety Code, with more generous notice timelines. If Cov CA wants clarity or specificity, it should (a) be limited to the Receiving Contractor (because the Departing Contractor is bound by the notice/action rules in statute (CA H&amp;S Code); and (b) allow the QHP obligations to be met through other required notices/activity.</p>
<p>Issuer A</p>	<p><b>Social Needs Screening -</b> <b>Specify all components of the SNS-E measure must be reported, including currently optional intervention rate; retain requirement to also report positive screen rate.</b> Please clarify if this is referring to reporting in PLD or an additional reporting requirement.</p>
<p>Issuer C</p>	<p>Demographic Data Collection. Collecting Sexual Orientation and Gender Identity (SOGI): Issuer C is aligned with establishing baseline performance of SOGI data collection. Our assumption is that this will be done via the Health Evidence Initiative (HEI) enrollment data submission. We recommend reviewing the data collection requirements through the HEI process, and ensuring data is being submitted accurately to support establishing the baseline performance.</p>
<p>Issuer C</p>	<p>Identifying Disparities in Care. Patient Level Data (PLD) Files: Issuer C is aligned with the updates to the PLD File measure set to align with measure changes throughout the contract.</p>
<p>Issuer C</p>	<p>Disparities Reduction. Disparities Reduction / Intervention Requirements: Issuer C is aligned with the removal of the disparities reduction intervention requirements, and adding language listing the disparity reduction and health equity requirements throughout Attachment 1 and 4.</p>
<p>Issuer C</p>	<p>Tobacco Cessation Program. Tobacco Cessation Program Requirements: Issuer C is aligned with moving these requirements to Article 2: Behavioral Health. We appreciate the removal of requirements to reduce administrative burden. Currently Issuer C does not include any prior authorization requirements for tobacco cessation medications, however we do have concerns with adding language to the contract prohibiting prior authorizations requirements for tobacco cessation medications as its one of the levers Issuers have to potentially control utilization of new high cost medications that may/may not have the same efficacy of current established medications.</p>
<p>Issuer C</p>	<p>Diabetes Prevention Programs. Diabetes Prevention Program (DPP) Requirements: Issuer C is aligned and appreciates removal of requirements to reduce administrative burden.</p>
<p>Issuer C</p>	<p>Submission of Transition Plan. Transition Plan Requirements: Issuer C is aligned with the 60 day timeframes being added related to outreach activities and care transition activities.</p>

Issuer C	Screening for and Addressing Social Needs. SDOH Reporting Requirements: Issuer C is aligned with required reporting of screening processes and efforts to connect enrollees with resources and the additional components of the SNS-E measure.
Issuer C	Changes in Accreditation Status. NCQA Corrective Action Plan (CAP) Requirements: Issuer C is aligned with submitting any CAP required by NCQA regardless of accreditation status.
Purchaser	<b>Demographic data collection.</b> We support the SOGI data collection requirement as it aligns with Purchaser data collection requirements. Sharing that we also require our plans to improve SOGI data collection on a year-to-year basis until they reach 50%, which HMOs must reach by 2028 and PPOs by 2029.
Purchaser	<b>Identifying disparities in care.</b> <b>Purchaser</b> assume that the change here is to make and support the move towards financial accountability for QTI measures by race/ethnicity. Purchaser assume the plans would still have a requirement to address disparities, but it would focus on the QTI measures. Is that correct? Would you mind sharing the language you are planning to use?
Issuer J	<b>Submission of Transition Plan.</b> We recommend that for the proposed added 60-day timeframe language, that Covered California allows for this timeframe to be adjusted depending on the member volume rather than one set timeframe for all health plans regardless of membership volume.
Issuer B	Feedback on changes to the Diabetes Prevention Program requirements. It appears to Issuer B that this is directed at reporting changes, rather than changes to the required program requirement. Is this correct? Will this require substantive changes to the required reporting formats beyond the stratified data requirements?
Issuer B	<b>Feedback on changes to Transition Plan requirements.</b> Can we leverage the Oscar transition process or the process for SB 260?
Issuer B	<b>Feedback on Screening for and Addressing Social Needs.</b> SNS-E is an admin measure so data is collected from our IPAs/MSOs and submitted as supplemental data. We can provide the training slides and HEDIS resources available to providers and IPAs/MSOs but I don't know if we have any platform to document our process, efforts, touch points and/or which methods/instruments were used to screen Enrollees for social needs related to unmet food, housing and transportation need(s). We do collect and ingest the data into our certified HEDIS engine to generate the rate. Recommend keep the intervention rate optional. There should still be no PLD file. It should still be the global rate. The SNS-E measure is new. Providers and health systems are slowly beginning to configure their EHR systems to capture this information. The SNS-E measure has a VERY complicated code system i.e. LOINC Codes. Currently we have to get this as supplemental data, if they are even capturing.
Issuer B	Feedback on Demographic data collection. Collection of SOGI already WIP, agree with not imposing performance standard at this time since this is still new. 834 IB will be sharing data and internal Issuer B gathers data, When is it request to add into the HEI file.
Issuer B	<b>Feedback on Identifying disparities in care.</b> Please confirm measure changes. Please confirm that disparities reduction intervention is being replaced with the possible attainment of 66th percentile in all race/ethnicity groups for the QTI measures.
Issuer B	<b>Feedback on Tobacco cessation.</b> Add language enumerating disparities reduction and health equity requirements throughout Attachment 1 and Attachment 4 Quality Transformation Initiative (QTI)" - I think refers to the 66th percentile for each group? Just adding this language? Or is there some new language/methodology they are adding without details? Is the intent to move oversight/claims for this to Behavioral Health? I so, this would require process and system changes and possible BH vendor contract changes to support this
Issuer B	Feedback on Health Equity Capacity Building. No changes. Issuer B has Health Equity Accredited.
Issuer E	Disparities Reduction The plan recommends that any change on QTI to hold specific race/ethnicities to a given percentile must follow the NCQA percentiles for each specific race/ethnicity. Requiring Issuers to have each race/ethnicity reach the total % is not feasible. The plan requests clarification on the impact to potential QTI results measurement. The plan will be able to comment further upon receipt of proposed contract language.

<p>Issuer E</p>	<p><b>Screening for and Addressing Social Needs</b> Please clarify if Covered CA will be providing an updated report template to be used for the updated reporting requirements?</p>
<p>Issuer D</p>	<p><b>Update PLD File measure set per measure changes throughout contract</b> For additional HEDIS measures, we respectfully request to be provided sufficient time to gather and report data and going forward we request that always be the case if changes are requested on the PLD file. We also want to confirm that measures will be NCQA measures. Please advise how Covered California is utilizing this information.</p>
<p>Issuer D</p>	<p><b>Update HEI measure set per measure changes throughout contract</b> In the future we would appreciate the opportunity to comment on nonstandard HEDIS measures We have concerns about HEI changes. What is Covered California considering changing?</p>
<p>Issuer D</p>	<p><b>Add language enumerating disparities reduction and health equity requirements throughout Attachment 1 and Attachment 4 Quality Transformation Initiative (QTI)</b> Please see comments above.</p>
<p>Issuer D</p>	<p><b>Add requirement to remove prior authorizations to access Tobacco Cessation medications</b> We request this requirement not be added. We do have major concerns with this requirement as a drug company can come out with a new drug that has safety or efficacy concerns and we want to reserve the ability to implement Prior Authorizations when clinically needed.</p>
<p>Issuer D</p>	<p><b>Add language that specifies 60-day timeframe for “Receiving Contractor” to identify, conduct outreach and establish care transition activities</b> We request that the change is to a mutually agreed timeframe based on many changes that can occur.</p>