

## **QDP Model Contract Attachment 2 for Individual and Small Business Market First Round Comments**

The following is the Covered California response to “First Round” comments received for the 2024-2026 QDP Individual Issuer Contract Attachment 2.

All documents will be posted to the Plan Management HBEX webpage:  
<https://hbex.coveredca.com/stakeholders/plan-management/>.

Article-Section No.	Article-Section Title	Comment	Covered California Response
Attachment 2-4	Performance Standards with Penalties	We understand the need for flexibility and adjustments with these Performance Standards. However, we suggest changes to Performance Standards be publicly posted to ensure all stakeholders are aware of broad changes to QDP requirements. Postings of this nature can be generalized and convey only applicable information to inform stakeholders of significant modifications.	Performance Standards are posted with requirements. No contract change will be made.
Attachment 2-7	Healthcare Evidence Initiative (HEI) Data	"Performance Level 4: We respectfully request the NPI not be included as a required field for HEI and Provider Data Submission penalties since NPIs are not required for dentists"	NPI is used to identify various types of dental providers (e.g., ordering, rendering / servicing) in the record layouts.  No contract change will be made.
Attachment 2-13	Adult Use of Preventive Services	Regarding Performance Standard 8, we suggest Covered California clarify the definition of a "preventive dental service" to include the specific CDT codes so there is a consistent interpretation of this performance standard. For example, medical providers are also able to apply a fluoride varnish, this brings into question whether this particular preventive dental service should be counted under this performance standard. Given the overall goal of the performance standards we encourage Covered California to clarify what constitutes a preventive dental service through ensuring the preventive services are rendered through an appropriate dental provider.	Covered California will include specific CDT codes in preventive services measure definitions.

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Attachment 2	Performance Standards	Almost all performance standards are related to <i>utilization</i> of dental services. Additional measures to assess <i>outcomes</i> should also be included, such as: presence or absence of periodontal disease, permanent teeth extractions, edentulous status, replacement of missing teeth, and emergency room visits for oral health-related issues.	Covered California has engaged with DHCS, DQA, and CMS to understand current priority measures and the strength of evidence for available dental measures. Covered California selected these priority measures based on their clinical significance and strength of evidence.
Attachment 2	Performance Standards	We appreciate the measures that the Contractor is required to collect and report on. However, none of these metrics measure the quality of a patient's experience. Covered CA should consider including language requiring Contractor to measure Enrollee experience as part of measuring and assessing program quality through something similar to the Enrollee Satisfaction Survey.	Covered California agrees with the recommendation to measure and monitor patient experience and will take the recommendation into consideration. At this time we are not aware of an industry-standard enrollee satisfaction survey and look forward to hearing more about whether non-standardized options may be valuable.
General Statement		It appears the percent penalties in the table are inconsistent with some of the penalties in the details. Please consider reviewing to ensure consistent. Example: 2. Enrollee Spoken and Written Language for 2025 and 2026 are 10% in the table but 2.5% in the details.	Thank you for identifying these inconsistencies. We have made changes to the percent penalties for consistency.
Introduction		For consistency, why won't CCSB QDP be subject to penalties in performance when the expectations of the contract are the same?	Penalties in performance has not been instituted for CCSB. The penalties have been waived for CCSB since these were instituted for the individual exchange. There is currently no end date for waive of penalties for CCSB.

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Introduction		The maximum payment stated in the introduction paragraph only mentions 2024. What rate is the penalty for 2025-2026 for Individual?	The same rate penalty will be assessed for 2025-2026. Contract change made for clarification.
4	Provider Directory Submission	Please consider adding penalty and no penalty description information for each measurement year consistent with other standards.	Addition of penalty description to Provider Directory and HEI performance measures.  Contract change made.
5	Oral Evaluation, Dental Services (NQF #2517)	Please consider updating the description to be consistent with grid from Introduction and reference Pediatric.	NQF #2517 in Performance Standard 5 has been changed to "Pediatric Oral Evaluation, Dental Services" for consistency with the Introduction.
6	Topical Fluoride for Children, Dental Services (NQF #2528)	Please consider updating the description to be consistent with grid from Introduction and reference Pediatric.	NQF #2528 in Performance Standard 6 has been changed to "Pediatric Topical Fluoride for Children, Dental Services" for consistency with the Introduction.

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7	Sealant Receipt on Permanent First Molars	Please consider updating the description to be consistent with grid from Introduction and reference Pediatric.	The measure in Performance Standard 7 has been changed to "Pediatric Sealant Receipt on Permanent First Molars" for consistency with the Introduction.
Pediatric Measures		All pediatric metrics are a concern to QDP carriers since the child enrollee's primary coverage is within the QHP not QDP. QHP Carrier will have the claim details to identify these metrics not QDPs. Please consider how the QDP can report accurately when QHP is the primary plan and the consumer may not have their QHP coverage with the QDP carrier. The Pediatric Measures are important to track and to consider within the bigger picture along with QHP data. Since it will be very difficult to set an reliable baseline, Anthem respectfully recommends that the Pediatric Measures be considered for reporting purposes only and not be used to have a percent of premium at risk.	Covered California will not adjust the percent at risk across pediatric measures at this time as these measures reflect important pediatric clinical care.

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A2 5, 6 7	Oral Evaluation, Dental Services (NQF #2517), Topical Fluoride for Children, Dental Services (NQF #2528), Sealant Receipt on Permanent First Molars	<p>Proposed Performance Guarantees / Standards - 50% of the total at risk for attachment 2 is related to Child Dental services (flouride, oral evaluation, sealant).</p> <p><b>Comments:</b> Only 5% of the QDP enrollment is under 18, and we would expect most children to have dental coverage from the embedded pediatric dental benefits in their medical plans, yet 30% of the total at risk is tied to child dental metrics. Among the concerns, this creates an administratively costly and redundant incentive for both the QHP and QDPs to outreach to those members to drive improved utilization and quality, yet neither the QDP or QHP will know if the services have been delivered through the other medical/dental plan.</p> <p><b>Recommended Change;</b> Remove childhood oral health performance standards from the QDP contract. Focus efforts on understanding where the 16,000 children enrolled in a QDPs are receiving dental services from (QDP or their health plan) to inform future measurements or performance standards</p>	Covered California will not adjust the percent at risk across pediatric measures at this time as these measures reflect important pediatric clinical care.

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A2 5, 6, 7	Oral Evaluation, Dental Services (NQF #2517), Topical Fluoride for Children, Dental Services (NQF #2528), Sealant Receipt on Permanent First Molars	Due to the dual enrollment of pediatric members in both the embedded EHB program in their medical plan, and the additional coverage provided by the SADP family dental benefit; a potential issue identified is that the QHP should be the primary dental carrier benefits utilized. The SADP has no visibility to information about care received outside of our network. The SADP could be penalized financially up to 30% of 1% of gross premium if the pediatric member utilizes their health plan embedded coverage for their oral health care. These additional requirements, that are not achievable through no fault of the SADP, will result in increased premium prices for the members.	We will consider adding a clarifying note in the contract that the QHP should be the primary dental carrier for the utilized benefits if applicable.

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A2 7	Sealant Receipt on Permanent First Molars	<p>The SADP has no visibility to care received outside of our network, or outside of our covered members. If a pediatric member presents to one of the contracted providers having already had their permanent first molars sealed (or has a restoration already in place, etc.), the provider does not have any way to inform the SADP that the child does not qualify for this benefit. The claims and encounter submission process is not programmed to record that information, nor transmit it to the SADP. That information would be in the chart notes for the patient; however that information is not visible to the SADP outside of a vertically integrated model that is not in place in CA for any SADP at this time. The pediatric member will remain in the denominator for the sealant calculation, and never be included in the numerator as having had the service. The SADP could be penalized financially up to 10% of 1% of gross premium if the pediatric member has already received sealants prior to enrollment, has already had a restoration on that tooth, or does not qualify for the benefit for any other reason. These additional requirements, that are not achievable through no fault of the SADP, will result in increased premium prices for the members.</p>	<p>Based on the current state of dental data exchange and lack of external performance benchmarks, Covered California is proposing performance levels of year over year improvement based on baseline performance. Covered California is committed to identifying potential solutions to address gaps in dental data exchange to best meet the care needs of enrollees.</p>
Attachment 2	Performance Standards with Penalties	<p>Encounter Data Collection - We strongly advise against thresholds and requirements surrounding the DHMO encounter data. Instead, we suggest implementing "test and learn" to improve encounter submissions by Providers. This approach could include additional provider payments to incentivize the submission but would likely result in increased monthly premiums.</p>	<p>Covered California is not currently considering waiving these requirement for DHMO, but we are committed to engaging and supporting QDP issuers in efforts to improve encounter data collection.</p>



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Attachment 2 1, 2	Health Disparities	Race/Ethnicity Data collection - Setting an 80% requirement now without knowing the current threshold of collected information and gap to fill makes the effort of this requirement unknown and potentially very difficult. Collecting this information without a significant amount of email addresses provided makes this difficult. Also, reconciling this data between Covered CA and Delta Dental would have to take place. Who would be the "source of truth"? Final guidelines will determine technology development that will be required in order to collect, store, and report this data. When we know the requirements, we will price this into the premium.	Covered California proposed setting an 80% requirement since the current voluntary response rates for most plans exceed 80%. However, Covered California will be removing this proposed requirement due to system changes costs and Covered California's ability to perform HEI measure stratification using demographic data collected at QDP enrollment.

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Attachment 2 5, 6, 7, 8	Oral Health	Oral Health Measures - There is an unknown gap between current performance and TBD target. Without this information, it's unclear what will be required of us and the impact of those requirements. In addition, this data is derived from claims reporting. If the member uses their EHB benefits with another plan or has previous insurance not part of Covered CA, there is no way for us to track this information. Our current enrollment shows a very small amount of our Covered CA Individual and Family Plan members are pediatric. The lack of a sizeable denominator, underreported claims, and lack of history will create misrepresented calculations to meet the required utilization. Also, education is the most viable tool dental plans have to promote utilization of an individual's dental plan coverage, but stakeholders must understand that dental plans cannot compel an enrollee to go to the dentist.	Covered California will propose that oral health measures performance targets will be year over year improvement, and we anticipate proposing a 10% improvement over the prior year. Covered California will work from analysis of the baseline data and will take a plan-specific relative improvement approach.