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Covered California QDP Individual Issuer Contract for

Individual and Small Business Market

Attachment 2: Performance Standards and Expectations with Penalties

Response to Comments

The following is the Covered California response to "Cycle 2" 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 #	Other Document Cross-Ref	Comment Date	Comment	Covered California Response
Performance Standards		Attachments 2 & 3	1/26/23	Almost all performance standards are related to *utilization* of dental services. Additional measures to assess *outcomes* 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. **After the first round of comments, you stated that you have worked with other departments to "[select] these priority measures based on their clinical signifcance and strength of evidence." We continue to urge you to consider including outcomes measures to assess not only the utilization of services, but also the outcomes of these services. Utilization data is virtually meangingless without outcomes data.**	Covered California agrees with the importance of outcomes measures and conducted an extensive review of available dental and oral health measures in the contract development process. We will continue to explore options for outcomes measurement using HEI data and future contract requirements to support data submission and reporting of clinical status.
	1.01.1	Attachment 2	1/26/23	We are deeply disappointed that "preferred spoken or written language" and "race and ethnicity" have been made *optional* areas for consideration for the Contractor, rather than being required. We are also disappointed that the other areas for consideration: disability status, sexual orientation, and gender identity data collection by the Contractor was not made a requirement.	Covered California will continue to pursue requirements for collection of member self-reported demographic information in future contract cycles, and in the meantime, will stratify dental performance measures by demographic factors, sharing these results with contracted dental plans and publicly reporting the results.
Performance Standards with Penalties	1. HEI Data		1/24/23	HEI Data Submission in the second draft now accounts for nearly half of the amount at risk. Contractor respectfully requests Covered California to consider adjusting the weighting of the percentages between HEI Data Submission (1) and Provider Directory Submission (2) to be more even.	Covered California will consider adjusting the weighting between the four HEI Data Submission components and the Provider Directory. However, HEI data submission will continue to comprise a substantial proportion of the amount at risk given its critical importance in performance measurement.
	1.02.1	Attachment 2	1/26/23	We are concerned by the fact that two of the monitoring disparities categories focus on children, most of whom are covered by QHPs. That means that the results of this evaluation will not be truly reflective of how QDPs are doing with regards to reduction of disparities for the vast majority of their enrollees. **You welcomed suggestions for additional adult measures after the first round of comments - here are some suggestions:** annual dental visits, use of preventive services, number of sealants, number of fluoride varnishes, treatment/prevention of caries, exams/oral health evaluations, use of dental treatment services, continuinty of care, all of which are also collected by DHCS.	Dental care quality measurement for adults lags significantly behind measure development for children. Covererd California is committed to updating adult dental measures as evidence-based clinical measures are established and adopted.
	3-9		1/20/23	We strongly believe that a 10% increase year over year in utilization is unattainable. This is almost certain to be penalized for all dental carriers. Our suggestion is to create the baseline, establish a plan to increase, and monitor it for 2-3 years to determine a target.	Covered California will consider revising the proposed 10% improvement performance level, if appropriate, once HEI data are analyzed and baseline rates are established.

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Performance Standards with Penalties	3, 4, 5,6		1/24/23	Pediatric Oral Health: We agree that the three pediatric oral health measures reflect important pediatric clinical care, but are concerned that the complexities involved with the requirement,requiring that QHP plans be primary for pediatric dental claims has not be adequately address. The final comment within the Attachment 2 Response to Comment cycle 1 states that "Covered California will work from analysis of the baseline data and will take a plan-specific relative improvement approach." This plan specific approach is not referenced in the second draft. We respectfully request additional clarity on how such a plan specific approach would work within Attachment 2. We are concerned that the 10% increase over the baseline rate in 2025 with another 10% increase on top of the prior year results again in 2026 may end up being unrealistic and arbitrary, especially without a centralized claims data repository between QDP and QHP carriers in place to avoid having QDP carriers be unfairly penalized when its members are receiving that care via the QHP plan. Without such an infrastructure in place, we respectfully request Covered California to consider reducing the improvement threshold to 5%. Since the vast majority of QDP members are adults, we also respectfully request adjusting the weight of the four Oral Health standards so that Adult Preventive Services Utilization (6) accounts for a greater percentage than the sum of the three Pediatric oral health measures. We respectfully request a decrease Pediatric Oral Evaluation (3), Pediatric Topical Fluoride (4) and Pediatric Sealant Receipt (5) from 10% each to 5% each (reduce 30% total to 15% total), and increase Adult Preventive Services Utilization (6) from 20% to 35%.	Covered California will consider revising the proposed 10% improvement performance level, if appropriate, once HEI data are analyzed and baseline rates are established. The proposed relative improvement performance level is the plan-specific approach referred to in prior comment responses. Covered California agrees and is proposing a shift between Pediatric and Adult percent at risk for oral health measures, reducing 30% total to 15% total for the 3 Pediatric oral health measures and increasing from 20% to 35% for Adult Preventive Services Utilization.

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Performance Standards with Penalties	5. Pediatric Sealant		1/24/23	Pediatric Sealant Receipt on Permanent First Molars: In addition to the complexities around pediatric dental services covered as primary under the QHP plan, we also want to comment that sealants have additional complexities, due to the fact that unlike oral evaluation and topical fluoride services, the application of sealants is only covered once every 36 months (3 years) under the EHB benchmark. Due to the nature of sealants, it is neither necessary nor appropriate to apply on an annual basis. It is also important to note that as QDP members change between plans/carriers at renewal or change between employer based coverage, individual coverage as well as CHIP/Medicaid coverage; a single QDP carrier will not have the full claims history regarding when each pediatric age member last had sealants. Even with a centralized claims data repository between QHP and QDP plans, carriers will still have a lack of information on members transitioning to QDP from employer based coverage or CHIP/Medicaid plans. Assessing a performance standard to increased utilization of pediatric sealants will result in outreach to members who already had sealants placed within the past 3 years while covered under other plans. We respectfully request Covered California to consider incorporating this nuance within the plan-specific relative improvement approach, as well as assigning a lower percentage to Pediatric Sealants than the other two pediatric oral health measures.	Covered California is considering revising the proposed 10% improvement performance, if appropriate, once HEI data are analyzed. Covered California will work with the Medi-Cal Dental Program to understand how the issue of children receiving sealants from a prior provider is best addressed. Covered California will revise performance expectations and measure specifications as appropriate for this clinical service based on analysis of HEI data, and discussions with DHCS, QDP issuers and others.