Application Section	All Issuers	New Entrants Only	Question Brief	Currently Contracted Issuer Commentary
2. Administration and Attestation				
2.1	X		Attestation information.	
2.2		X	Provide entity name used in consumer-facing materials or communications.	Already established for currently contracted Issuers.
2.3		X	Changes in key personnel with org chart.	
2.4	X		Material changes in 24 months.	
2.5		X	Entity tax status.	Already established for currently contracted Issuers.
2.6		X	Entity founding date.	
2.7		X	Number of years experience in exchanges or marketplace environments.	Already established for currently contracted Issuers.
3. Licensed & Good Standing				
3.1		X	DMHC or DOI license.	Already established for currently contracted Issuers in section 1.15 of contract.
3.2		X	Material fines related to good standing.	
3.3		X	Material fines in California.	
4. Applicant Health Plan Proposal				
4.1		X	Offer products with actuarial value of 85%	Already established for currently contracted Issuers.
4.2		X	Adhere to Exchange naming conventions.	
4.3	X		Preliminary premium proposal.	
4.4	X		Geographic confirmation for preliminary proposal - whole or partial region coverage.	
4.5	X		Requesting change to licensed service area via Regulatory agencies.	
5. Benefit Design				
5.1	X		Offer products with actuarial value of 85%	
5.2	X		Coverage of Diagnostic, Preventive, Restorative, Periodontics, Endodontics, Prosthodontics and Oral Surgery services for adults age 19 years and older	

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5.3	X		Comply with 2019 PCBPD, SERFF	
5.4	X		Submit draft of EOC.	
5.5	X		How information is provided regarding annual out-of-pocket costs.	
5.6	X		How information is provided regarding total oral health care services.	
5.7	X		How information is provided regarding deductible and benefit limit status.	
5.8	X		If plans include coverage of non-emergent out-of-network services.	
6. Operational Capacity				
6.1 Issuer Operations and Account Management Support			Combine 6.1.3 and 6.1.4 and add column for "Offshore"	
6.1.1	X		Projected enrollment and off exchange membership totals.	
6.1.2	X		Delivery initiatives over the next 24 months.	
6.1.3		X	Subcontractor information.	Already established with currently contracted Issuers.
6.1.4		X	Offshore services.	
6.1.5		X	Summary of Applicant's capabilities and how long have they been in business.	

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6.2 Implementation Performance				
6.2.1		X	Submit detailed implementation plan.	No implementation activities required for currently contracted Issuers.
6.2.2			Remove and consolidate with 6.2.1.	
6.2.3		X	Submit Open Enrollment readiness plan.	
6.2.4		X	Process for managing new enrollees.	
6.2.5		X	% incoming membership that would require resource increases.	
7. Customer Service				
7.1		X	Conform with Health and Safety Code Section 1368.	Customer service requirements already established for currently contracted Issuers.
7.2		X	Service hours.	
7.3		X	80% of calls within 30 seconds agreement.	
7.4		X	Ratio of CSRs to Exchange members.	
7.5		X	Training modalities for CSRs.	
7.6		X	Training tools and resources used for CSRs.	
7.7		X	Length of training for CSRs.	
7.8		X	Refresher training frequency.	
7.9		X	Languages spoken.	
7.10		X	Language line support.	
7.11		X	Changes required to support Exchange membership.	
7.12		X	Tools used to monitor consumer experience.	
7.13		X	CSR quality service metrics and scorecard.	
7.14		X	How many calls per CSR are scored per week.	
7.15			REMOVE	
8. Financial Requirements				
8.1			System in place to invoice members. REMOVE and use 8.2 instead.	
8.2		X	Systems used to invoice and collect payments.	Financial requirements already established for currently contracted Issuers.

Application Section	All Issuers	New Entrants Only	Question Brief	Currently Contracted Issuer Commentary
8.3		X	System in place to accept payment effective October 1.	
8.4		X	If not in place, what vendors are used.	Financial requirements already established for currently contracted Issuers.
8.5		X	Serving "unbanked" population.	
8.6		X	Applicant can provide detailed information for reconciliation.	
8.7		X	Applicant agrees not to impose fees or charges on members asking for paper invoices.	
8.8			REMOVE	
9. Fraud, Waste and Abuse Detection				
9.1 Prevention				
9.1.1		X	Roles and responsibilities of fraud team.	
9.1.2		X	Fraud risk assessments.	
9.1.3		X	Anti-fraud strategies.	
9.1.4		X	Safeguarding SSNs.	
9.1.5		X	Provider contracting policies to address identity theft at point of service.	Already established for currently contracted Issuers.
9.1.6		X	Steps taken after identity theft.	
9.1.7		X	Steps taken to conduct UM review after identity theft.	

Application Section	All Issuers	New Entrants Only	Question Brief	Currently Contracted Issuer Commentary
9.2 Detection				
9.2.1		X	Data sets of tools to detect unusual patterns of care.	Already established for currently contracted Issuers.
9.2.2		X	Internal/External fraud awareness program.	
9.2.3		X	How to report fraud (consumer or provider).	
9.2.4		X	Describe employee integrity activities.	
9.2.5		X	SEP policies.	
9.2.6		X	Policies and procedures used to respond to fraud.	
9.2.7		X	Controls in place for evaluating enrollment/disenrollment activities.	
9.2.8		X	Describe UM processes to validate appropriate care.	
9.3 Response				
9.3.1		X	Evaluation method for fraud, waste or abuse.	Already established for currently contracted Issuers.
9.3.2		X	Fraud, waste and abuse follow-up corrective action.	
9.3.3		X	How investigations and adverse actions are used to enhance fraud prevention/detection.	
9.3.4		X	Revenue recovery process.	
9.3.5		X	Recovery rates by calendar year.	Already established in section 1.16 of current Issuer contract.
9.3.6		X	Trends attributing to total loss from fraud on Exchange business.	Already established for currently contracted Issuers.
9.3.7		X	Reporting fraud to law enforcement.	
9.4 Audits and Reviews				
9.4.1		X	Indicate frequency of reviews in functional areas.	Already established for currently contracted Issuers.
9.4.2		X	Indicate frequency of internal audits in functional areas.	
9.4.3		X	What percent of claims were audited prior fiscal year.	
9.4.4		X	Does the Applicant maintain an independent internal audit function.	
9.4.5		X	If yes, provide a copy of the annual audit plan.	

Application Section	All Issuers	New Entrants Only	Question Brief	Currently Contracted Issuer Commentary	
9.4.6		X	Oversight authority over internal audit function.	Already established for currently contracted Issuers.	
9.4.7		X	Does Applicant conduct audit of network, non-network, and contractors.		
9.4.8	X		External audit conducted or not (report by year).		
9.4.9		X	Reviewing non-contracted claims. Remove all text after first revised sentence.		
9.4.10		X	Using National Practitioner Data Bank for (re)credentialing.		
9.4.11		X	Verifying providers are legitimate.		
9.4.12		X	Controls in place for monitoring referrals to a facility that the provider has a financial interest in.	Already established for currently contracted Issuers.	
9.4.13		X	Types of claims and provider typically reviewed for fraud.		
9.4.14		X	Describe approaches Issuer takes to monitor these providers.		
9.4.15		X	Process used to validate provider information prior to contracting.		
9.4.16		X	Validating information when a provider reports a change.		
9.4.17	X		Applicant agrees to subject itself to the Exchange for audits and reviews, etc.		
10. System for Electronic Rate and Form Filing (SERFF)					
10.1	X		Must be able to populate SERFF.		
10.2	X		Will submit corrections to SERFF within 3 business days.		
10.3	X		May not make any changes to SERFF once submitted to the Exchange without prior written notice.		
11. Electronic Data Interface					

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11.1	X		Provide an overview of system, data model, vendors and any changes.	
11.2	X		Submit a copy of system lifecycle and release schedule.	
11.3		X	Develop data interfaces.	
11.4		X	Process for resolving errors identified by a TA1 file or a 999 file.	
11.5		X	Must communicate any testing or production changes to system configuration in a timely fashion.	
11.6		X	Be prepared to conduct testing of data interfaces no later than June 1.	Already established for currently contracted Issuers.
11.7		X	Ability to produce financial, eligibility, and enrollment data monthly.	
11.8		X	Proactively monitor, measure and maintain applications and databases to maximize system response.	
12. Healthcare Evidence Initiative				
12.1	X		Making contract terms transparent.	
12.2		X	Supply FFS claims or encounter record extracts monthly.	
12.3		X	Supply financial extracts monthly.	
12.4		X	Supply member/subscriber ID on all records submitted.	Already established for currently contracted Issuers.
12.5		X	Supply PHI dates such as starting date of service, etc.	
12.6		X	Supply TIN.	
12.7		X	Supply detailed coding for diagnosis, procedures, etc. on all claims for all data sources.	
12.8		X	Submit all data directly to the HEI vendor.	
12.9		X	If data must be submitted to third party vendor, guarantee the same information as required in this section will be sent.	Already established for currently contracted Issuers.

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13. Privacy and Security Requirements for Personally Identifiable Data				
13.1 HIPAA Privacy Rule				
13.1.1		X	Comply with HIPAA.	Already established for currently contracted Issuers.
13.1.2		X	Provides members with the right to amend inaccurate or incomplete PHI within the Designated Record Set.	
13.1.3		X	Provides members with the right to restrict use or disclosure of PHI.	
13.1.4		X	Provides members with any disclosure the member's PHI at the member's request.	
13.1.5		X	Permits members alternative means of receiving their PHI.	
13.1.6		X	Applicant only uses minimum necessary PHI.	
13.1.7		X	Applicant maintains a HIPAA compliant Notice of Privacy Practices.	
13.2 Safeguards				
13.2.1		X	Applicant must meet the NIST-53 industry standards to protect PHI and PII.	Already established for currently contracted Issuers.
13.2.2		X	PHI and PII are encrypted in rest or transit.	
13.2.3		X	Applicant confirms it operates in compliance with state and federal security laws and regulations.	
13.2.4		X	Applicant contingency plan to address system restoration.	
13.2.5		X	Applicant must meet the NIST Special Publication 800-88 for disposal of PHI or PII.	Already established for currently contracted Issuers.
14. Sales Channels				
14.1		X	Experience working with agents.	Already established for currently contracted Issuers
14.2		X	Describe Applicant's Agent of record policy.	
14.3		X	Commission schedules.	

Application Section	All Issuers	New Entrants Only	Question Brief	Currently Contracted Issuer Commentary
14.4		X	Sales team organization.	~~contracted issuers.~~
14.5		X	Applicant's ability to develop an agent program.	
15. Marketing and Outreach Activities				
15.1		X	Marketing organizational chart.	Already established for currently contracted Issuers.
15.2		X	Adhere to Exchange brand guidelines.	
15.3		X	Submit materials per deadlines established by the Exchange.	
15.4	X		Submit member communication calendar.	
15.5	X		Submit proposed marketing plan.	
16. Provider Network				
16.1 Network Offerings				
16.1.1	X		Indicate different network products.	
16.1.2	X		Submit provider network information.	
16.1.3	X		Upload SERFF template.	
16.2 HMO				
*16.2.1 Network Strategy				
16.2.1.1		X	HMO network owned or leased.	Already established for currently contracted Issuers.
16.2.1.2		X	Describe terms of lease.	
16.2.1.3		X	Applicant's influence over leased network.	
16.2.1.4		X	By rating region, %'s of capitated vs. non-capitated arrangements.	
16.2.1.5		X	Ensuring access.	
16.2.1.6		X	Border state(s) care.	Already established for currently contracted Issuers.
16.2.1.7		X	How border state care offered.	
*16.2.2 Network Quality				
16.2.2.1	X		Patient Safety.	
16.2.2.2	X		Cost efficiency.	
16.2.2.3	X		Patient reported experience.	

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16.2.2.4	X		High quality network dental providers.	
16.2.2.5	X		Identification of high-performing dental providers.	
16.2.2.6	X		Intended future identification of high-performing dental providers.	
*16.2.3 Network Stability				
16.2.3.1		X	Participating provider terminations.	Already established for currently contracted Issuers.
16.2.3.2		X	Total number of contracted Dental Groups/Clinics by region.	
16.2.3.3		X	Dental Groups or Clinics that have had a break in contracting.	
16.2.3.4	X		Plans for network additions.	
16.2.3.5	X		Potential network disruptions.	
16.3 PPO				
*16.3.1 Network Strategy				
16.3.1.1		X	PPO network owned or leased.	Already established for currently contracted Issuers.
16.3.1.2		X	Describe terms of lease.	
16.3.1.3		X	Applicant's influence over leased network.	
16.3.1.4		X	By rating region, %'s of capitated vs. non-capitated arrangements.	
16.3.1.5		X	Ensuring access.	Already established for currently contracted Issuers.
16.3.1.6		X	Border state(s) care.	Already established for currently contracted Issuers.
16.3.1.7		X	How border state care offered.	
*16.3.2 Network Quality				
16.3.2.1	X		Patient Safety.	
16.3.2.2	X		Cost efficiency.	
16.3.2.3	X		Patient reported experience.	

Application Section	All Issuers	New Entrants Only	Question Brief	Currently Contracted Issuer Commentary
16.3.2.4	X		High quality network dental providers.	
16.3.2.5	X		Identification of high-performing dental providers.	
16.3.2.6	X		Intended future identification of high-performing dental providers.	
*16.3.3 Network Stability				
16.3.3.1		X	Participating provider terminations.	Already established for currently contracted Issuers.
16.3.3.2		X	Total number of contracted Dental Groups/Clinics by region.	
16.3.3.3		X	Dental Groups or Clinics that have had a break in contracting.	
16.3.3.4	X		Plans for network additions.	
16.3.3.5	X		Potential network disruptions that would impact 2019.	
17. Essential Community Providers				
17.1		X	ECP requirements.	Already established with currently contracted Issuers through section 3.3 of contract.
18. Quality				
18.1 Quality Improvement Strategy				
18.1.1	X		Confirm implementation of QIS	
18.1.2		X	System of accountability	Already established for currently contracted Issuers.
18.1.3		X	Quality Improvement Project (QIP) 1	
18.1.4		X	Quality Improvement Project (QIP) 2	
18.2 Care Management				
18.2.1	X		Understanding strategies re: encouraging use of services and care management.	

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18.2.2	X		Encourage use of diagnostic and preventive services.	
18.2.3	X		Planned activies to encourage use of diagnostic and preventive services	
18.2.4	X		Attachment of planned activities.	
18.2.5	X		Oral health and wellness communication.	
18.2.6	X		Planned activities to communicate oral health and wellness.	
18.2.7	X		Attachment of planned activities.	
18.2.8	X		Demand management activities and health information resources.	
18.3 Health Status and Risk Assessment				
18.3.1	X		Features of oral health risk assessment.	
18.3.2	X		Information collection on enrollee oral health status	
18.3.3	X		Plans to build capacity/systems to determine enrollee oral health status.	
18.3.4	X		Data sources used to track changes in oral health status	
18.3.5	X		Plans to build capacity/systems to track changes in oral health status.	
18.3.6	X		Identification of at-risk enrollees	
18.3.7	X		Plans to identify at-risk enrollees	
18.3.8	X		Current number of at-risk enrollees	
18.4 Enrollee Population Management				
18.4.1	X		Population health management.	
18.4.2	X		Member satisfaction.	
18.4.3	X		Cost and utilization management.	
18.4.4	X		Clinical outcome quality.	

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18.5 Innovations				
18.5.1		X	Plan, implement, evaluate, and replicate future healthcare quality and cost innovations.	already established with currently cintracted issuers
18.6 Reducing Health Disparities and Ensuring Health Equity				
18.6.1	X		Gathering of member information.	
18.6.2	X		How Applicant intends to gather member information.	
18.6.3	X		Race/ethnicity data and usage.	
18.6.4	X		Primary language data and usage.	
18.6.5	X		Disability status data and usage.	
18.7 Promotion, Development, and Use of Care Models				
18.7.1	X		Number of enrollees encouraged to select or are assigned primary care dentist.	
18.7.2	X		How members are encouraged to use dental home.	
18.7.3	X		How contracted providers are encouraged to retain patients for continued care.	
18.8 Provider Cost and Quality				
18.8.1	X		Cost and network provider information for members.	
18.8.2	X		How Applicant intends to provide above information.	
18.9 Community Health and Wellness Promotion				
18.9.1	X		Description of external facing initiatives to promote better community health.	

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18.10 Utilization				
18.10.1	X		Dental utilization information	
18.10.2	X		Dental Medical Loss Ratio Reports	