

2019 Application Legend
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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 Applicants.
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 Applicants.
2.6		X	Entity founding date.	
2.7		X	Number of years experience in exchanges or marketplace environments.	
3. Licensed & Good Standing				
3.1		X	DMHC or DOI license.	Already established for currently contracted Applicants 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 Applicants.
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.	
4.6			Plan ID Crosswalk SERFF Template	new SERFF template requirement for currently contracted Applicants only
5. Benefit Design				
5.1	X		Offer products with actuarial value of 85%	

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5.2	X		Coverage of Diagnostic, Preventive, Restorative, Periodontics, Endodontics, Prosthodontics and Oral Surgery services for adults age 19 years and older	
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 and offshore services	Already established with currently contracted Applicants.
6.1.4		X	Offshore services.	REMOVE
6.1.5		X	Summary of Applicant's capabilities and how long have they been in business.	Already established with currently contracted Applicants.

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6.2 Implementation Performance				
6.2.1		X	Submit detailed implementation plan.	No implementation activities required for currently contracted Applicants.
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 Applicants.
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.	Financial requirements already established for currently contracted Applicants.
8.2		X	Systems used to invoice and collect payments.	

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8.3		X	System in place to accept payment effective October 1.	Financial requirements already established for currently contracted Applicants.
8.4		X	If not in place, what vendors are used.	
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.	Already established for currently contracted Applicants.
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.	
9.1.6		X	Steps taken after identity theft.	
9.1.7		X	Steps taken to conduct UM review after identity theft.	

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9.2 Detection				
9.2.1		X	Data sets of tools to detect unusual patterns of care.	Already established for currently contracted Applicants.
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 Applicants.
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 Applicants.
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 Applicants.
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.	

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9.4.6		X	Oversight authority over internal audit function.	Already established for currently contracted Applicants.
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).	Already established for currently contracted Applicants.
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.	
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.	Already established for currently contracted Applicants.
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.	
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.	Already established for currently contracted Applicants.
12.3		X	Supply financial extracts monthly.	
12.4		X	Supply member/subscriber ID on all records submitted.	
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.	

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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 Applicants.
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.	
14. Sales Channels				
14.1		X	Experience working with agents.	Already established for currently contracted Applicants.
14.2		X	Describe Applicant's Agent of record policy.	
14.3	X		Commission schedules.	

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14.4		X	Sales team organization.	Already established for currently contracted Applicants.
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 Applicants.
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 Applicants.
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.	
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.	
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 Applicants.
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.	
16.3.1.6		X	Border state(s) care.	
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.	

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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.	
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 Applicants through section 3.3 of contract.
18. Quality				
18.1 Quality Improvement Strategy				
18.1.1	X		Confirm implementation of QIS	Already established for currently contracted Applicants.
18.1.2	X		System of accountability	
18.1.3		X	Quality Improvement Project (QIP) 1	
18.1.4		X	Quality Improvement Project (QIP) 2	
18.2 Care Management				

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18.2.1	X		Use of care reminders, risk assessments and disease management programs	
18.2.2	X		Encourage use of diagnostic and preventive services.	
18.2.3	X		Planned activities 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.	

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18.4.4	X		Clinical outcome quality.	
18.5 Innovations				
18.5.1		X	Plan, implement, evaluate, and replicate future healthcare quality and cost innovations.	already established with currently contracted Applicants.
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				

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18.9.1	X		Description of external facing initiatives to promote better community health.	
18.10 Utilization				
18.10.1	X		Dental utilization information	
18.10.2	X		Dental Medical Loss Ratio Reports	