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CALIFORNIA

Plan Management Advisory Group

January 12, 2023

AGENDA

Time	Topic	Presenter
10:00 – 10:05	Welcome and Agenda Review	James DeBenedetti
10:05 – 10:20	PY24 Certification Applications – Public Comment Responses	PMD/EQT
10:20 – 11:05	2024 QHP Attachment 1, Attachment 2, and Attachment 4 Amendment	EQT
11:05 – 11:25	2024-26 QDP Attachment 1 and Attachment 2	EQT
11:25 – Noon	Open Forum	All

PY24 CERTIFICATION APPLICATIONS PUBLIC COMMENT RESPONSES

Plan Management Division

CERTIFICATION APPLICATION UPDATES

- ❑ The four draft applications and crosswalks were posted on Tuesday, 11/22/22 with public comment due back on Friday, 12/9/22.
- ❑ The Plan Management and Health Equity and Quality Transformation Divisions received 75 public comments across the four Applications.
- ❑ Outside of quality and equity, changes in the applications mainly consist of moving sections and questions or rewriting for clarity.
- ❑ Questions 16.7 (IND) / 15.7 (CCSB) have been added to the dental applications requiring QDPs to submit Dental Benefits and Coverage Disclosure Matrices. For DMHC's requirements, visit: www.dmhc.ca.gov. See Rule 1300.63.4(c)(1).
- ❑ The Public Comment Summary is available at: <https://hbex.coveredca.com/stakeholders/plan-management/qhp-certification/>

PROPOSED PY2024 CERTIFICATION MILESTONES

Release Draft 2024 QHP & QDP Certification Applications	December 2022
Draft Application Comment Periods End	December 2022
Plan Management Advisory: Benefit Design & Certification Policy Recommendation	January 2023
January Board Meeting: Discussion of Benefit Design & Certification Policy Recommendation	January 2023
Letters of Intent Accepted	February 1-15, 2023
Final AV Calculator Released*	February 2023
Applicant Trainings (electronic submission software, SERFF submission and templates*)	February 2023
March Board Meeting: Anticipated approval of 2024 Patient-Centered Benefit Plan Designs & Certification Policy	March 2023
QHP & QDP Applications Open	March 1, 2023
QHP & QDP Application Responses (Individual and CCSB) Due	April 28, 2023
Evaluation of QHP Responses & Negotiation Prep	May – June 2023
QHP Negotiations	June 2023
QHP Preliminary Rates Announcement	July 2023
Regulatory Rate Review Begins (QHP Individual Marketplace)	July 2023
Evaluation of QDP Responses & Negotiation Prep	June – July 2023
QDP Negotiations	July 2023
CCSB QHP Rates Due	July 2023
QDP Rates Announcement (no regulatory rate review)	August 2023
Public Posting of Proposed Rates	July 2023
Public Posting of Final Rates	September – October 2023



*Final AV Calculator and final SERFF Templates availability dependent on CMS release
TBD = dependent on CCIIO rate filing timeline requirements

PLAN YEAR 2024 CERTIFICATION APPLICATION OVERVIEW

Health Equity and Quality Transformation Division (EQT)

2024 QHP CERTIFICATION APPLICATION PUBLIC COMMENT KEY THEMES AND PROPOSED CHANGES

Overarching Comment

- Carriers requested that Covered California clarifies which questions are required to be completed by which applicants (new or currently contracted)
 - Covered California revised the instructions to clearly specify which applicants are required to respond to which questions

2024 QHP CERTIFICATION APPLICATION PUBLIC COMMENT KEY THEMES AND PROPOSED CHANGES

Question 16.2.2.2: Linking Quality and Equity

- One carrier requested that response options that indicate CalHEERS demographic data is shared with issuers be removed where that demographic data point is not currently shared
- One carriers asked for clarification of the term “California Commercial (off Exchange)”

Notable Changes to Draft QHP Certification Application	Rationale
<p>16.2.2.2 Identify the sources of data used to gather member race and ethnicity data for each line of business.</p> <p>No change to the response options except to clarify the definition of ‘California Commercial (Off-Exchange)’. All instances of that phrase will now read ‘CA Commercial Individual and Group (Off-Exchange)’. The term is now also defined in the glossary section.</p>	<p>Covered California will keep all response choices the same across this section for consistency and clarity.</p>

2024 QHP CERTIFICATION APPLICATION PUBLIC COMMENT KEY THEMES AND PROPOSED CHANGES

Question 16.2.3 Culturally and Linguistically Appropriate Care

- One carrier requested clarity on how often applicants need to report the percentage of enrollees that prefer to speak each of the threshold languages

Notable Changes to Draft QHP Certification Application	Rationale
<p>16.2.3.2 Applicant must indicate its threshold languages and percentage of enrollees that selected each applicable threshold language in plan year 2021.</p> <p>Updated the plan year to 2022.</p>	<p>This information changes year over year as enrollment changes and will be required of all applicants every year.</p>

2024 QHP CERTIFICATION APPLICATION PUBLIC COMMENT KEY THEMES, NO PROPOSED CHANGES

Question 18.4.4 Appropriate Use of Cesarean Sections

- One carrier requests Covered California to partner with California Maternity Quality Care Collaborative (CMQCC) to add Office of Statewide Health Planning and Development (OSHPD) IDs to the CMQCC participating hospital list and make the file made available in Excel format. The current list is administratively burdensome to use.
 - No proposed change; CMQCC will update the published participating hospital list to include OSHPD IDs
- One carrier requests clarification on the questions related to implementing Smart Care California guidelines to promote best practices to reduce unnecessary Cesarean Sections.
 - No proposed change; intent of the guideline is to support moving quality improvement forward in a timely, anticipatory, and planned manner
- One carrier requests clarification on which resources are being referred to from the California Department of Public Health's (CDPH) Maternal, Child and Adolescent (MCAH) division to address maternal disparities.
 - No proposed change; Covered California encourages Applicants to refer to www.cdph.ca.gov/programs/CHC/DMCAH/Pages/default.aspx to learn more

2024 QHP CCSB CERTIFICATION APPLICATION PUBLIC COMMENT KEY THEMES AND PROPOSED CHANGES

Question 18.4.5 Hospital Quality, Value, and Patient Safety

- Carrier commented that Hospital Improvement Innovation Networks (HIIN) program referenced has concluded

Notable Changes to Draft QHP Certification Application	Rationale
18.4.5.4 Complete Attachment K3 QHP QIS 3 Work Plan Removed the request to provide an update on Applicant's strategy of promoting HIIN participation among non-participating network hospitals.	Covered California will remove the reference to HIIN since the program has concluded.

2024 QHP CCSB CERTIFICATION APPLICATION PUBLIC COMMENT KEY THEMES AND PROPOSED CHANGES

17.4, 18.4, 19.4 Delivery System and Payment Strategies to Drive Quality

- Carrier recommends not requiring completion of QIS sections for CCSB for returning applicants that also complete the QHP Individual Market application

Notable Changes to Draft QHP Certification Application	Rationale
<p data-bbox="83 489 900 561">Section 17.4, 18.4, 19.4 Delivery System and Payment Strategies to Drive Quality</p> <p data-bbox="83 604 935 754">Simplified the QIS section to one question and noted that returning applicants can indicate that its Individual QHP QIS response can be applied to its CCSB QIS response, if applicant's QIS applies to both IND and CCSB QHPs.</p>	<p data-bbox="981 489 1818 638">Clarified approach to QIS QHP CCSB section to recognize the implementation of QIS activities in both IND and CCSB QHPs and to align with Quarter 3 QIS QHP CCSB application revisions.</p>

2024 QDP CERTIFICATION APPLICATION PUBLIC COMMENT KEY THEMES AND PROPOSED CHANGES

Overarching Comment

- Carrier requests that Covered California ensures that the questions in the QDP Certification Application reflect the changes made to the 2024 QDP Contract
 - Covered California will ensure that the changes made to the 2024 QDP Contract reflect accordingly in the QDP Certification Application

2024 QDP CERTIFICATION APPLICATION PUBLIC COMMENT KEY THEMES AND PROPOSED CHANGES

20.2.1 Care Management

- Carrier requested definition for "special enrollee populations" and additional information on type of needs assessment

Notable Changes to Draft QDP Certification Application	Rationale
20.2.1 Care Management Removed Care Management section	Removal of Care Management items aligns with reduced proposed contractual requirements and reduces overlap with similar items in the Health Promotion and Prevention section.

2024 QDP CERTIFICATION APPLICATION PUBLIC COMMENT KEY THEMES, NO PROPOSED CHANGES

Carriers request clarifications and definitions for the following sections:

- **19.3 Participating in Collaborative Quality Initiatives** - examples of collaborative quality initiatives
 - No proposed change; Covered California acknowledges there are fewer opportunities for dental plans to participate in oral health collaboratives; an example would be participating in the annual measures review facilitated by the Dental Quality Alliance (DQA)

- **20.5.1 Utilization Reporting** - request to remove 'medical' from the term 'Dental Medical Loss Ratio Reports'
 - No proposed change; application language is consistent with the California regulators

2024 QHP ATTACHMENT 1, ATTACHMENT 2, AND ATTACHMENT 4 AMENDMENT

Health Equity and Quality Transformation Division (EQT)

2024 PLAN YEAR AMENDMENT ATTACHMENT 1 PUBLIC COMMENT THEMES AND PROPOSED CONTRACT REVISIONS

2024 ATTACHMENT 1 PUBLIC COMMENT KEY THEMES, NO PROPOSED CHANGES

Article 1: Equity and Disparities Reduction Public Comment Themes

Advocates would like to see us **go further in collecting demographic data** but support other key equity initiatives:

- Encourage us to add disaggregated race and ethnicity data to the demographic data categories under consideration for future performance standards
- Support adding the SNS-E measures and Child, Adolescent Well-Care visits, and Diabetes Control to the patient level data (PLD) file requirements
- Support removing Adult Preventive Services proprietary measure from PLD file requirements

Article 1: Equity and Disparities Reduction Proposed Attachment 1 Changes

- No changes proposed

2024 ATTACHMENT 1 PUBLIC COMMENT KEY THEMES

Article 2: Behavioral Health

- **Advocates** expressed support for newly proposed **subcontractor oversight requirements**
- **Issuers** asked for clarification of the **scope of the subcontractor oversight requirements**
- **Issuers** expressed concern about adding **additional contract language to subcontractor agreements** that would trigger a re-contracting of all provider agreements
- **Issuers** expressed concern about the value and reasoning of the **delegation report requirement**, they expressed specific concern about the potential of high administrative costs due to their large volume of vendors

PROPOSED 2024 ATTACHMENT 1 CHANGES

Article 2: Behavioral Health

Notable Changes to Draft Attachment 1	Rationale
<p>2.05 Subcontractor Oversight Section title changed to "2.05 <u>Behavioral Health</u> Subcontractor, <u>Downstream Entity</u>, and <u>Behavioral Health Network Provider</u> Oversight"</p>	<p>To emphasize this section applies to behavioral health service subcontracting only.</p>
<p>2.05.1 Contractor Accountability, Duties, and Obligations 4a) Clarified and revised expectations for behavioral health subcontractor agreements</p>	<p>To emphasize issuer responsibility for oversight and accountability of all behavioral health network providers, Subcontractors, or Downstream Entities; and to outline their role in ensuring the fulfillment of the health equity, quality, and delivery system reform requirements described in Article 2 of Attachment 1.</p>
<p>2.05.3 Delegation Reporting No change</p>	<p>Covered California is committed to ensuring behavioral health service quality and further understanding the delegation and oversight processes of all behavioral health subcontractors. This requirement aligns with CalPERS and DHCS.</p>

PROPOSED 2024 ATTACHMENT 1 CHANGES

Article 2: Behavioral Health

Notable Changes to Draft Attachment 1	Rationale
<p>Article 2 Changed Downstream Subcontractor to <u>Downstream Entity</u></p>	<p>Revised term to be consistent across the entire contract; the following definitions have been added to the model contract:</p> <p>Downstream entity – An individual or an entity that has an agreement with a Subcontractor or another Downstream Entity that relates directly or indirectly to the performance of the Contractor's services under this Agreement. A provider is not a Downstream Entity solely because it enters into a provider agreement.</p> <p>Subcontractor(s) – An individual or entity that has an agreement with a Contractor that relates directly or indirectly to the performance of the Contractor's services under this Agreement. A provider is not a Subcontractor solely because it enters into a provider agreement.</p>

2024 ATTACHMENT 1 PUBLIC COMMENT KEY THEMES AND PROPOSED CHANGES

Article 3: Population Health

- **Two issuers** asked for **removal of Social Needs Screening measure from PLD file submission** until public reporting is required by NCQA and screening codes are used regularly by providers
- **Advocates** support adding the SNS-E measure

Notable Changes to Draft Attachment 1	Rationale
<p>3.04.1 Screening for and Addressing Social Needs</p> <p>Proposed SNS-E measure remains as proposed, but language has been added to clarify that results will not be shared publicly until national benchmarks are established.</p>	<p>This approach recognizes the logistic challenges of implementing a new measure while prioritizing standard measures going forward.</p>

2024 ATTACHMENT 1 PUBLIC COMMENT KEY THEMES, NO PROPOSED CHANGES

Article 4: Delivery and Payment Strategies to Drive Quality Public Comment Themes

- **One issuer** recommended changing the **intervention plan requirement** in the Provider Value subsection (4.03.3 b.) of the Networks Based on Value section **to only address low quality providers** and not include high-cost providers
 - Issuer suggests that low quality and high-cost providers are separate populations and cannot be addressed together in the same implementation plan
 - Addressing high-cost providers would pose significant limitations as they generally have market leverage and cannot be excluded based on access requirements

Article 4: Delivery and Payment Strategies to Drive Quality Proposed Attachment 1 Changes

- No changes proposed
- Covered California will collaborate with issuers to analyze provider quality and cost and to determine appropriate intervention plans

2024 ATTACHMENT 1 PUBLIC COMMENT KEY THEMES, NO PROPOSED CHANGES

Article 5: Measurement and Data Sharing Public Comment Themes

- ❑ **One issuer encouraged use of NCQA HEDIS measures** and measures that have national benchmarks
- ❑ **Advocates** support the new Covered California requirement to meet with contracted issuers at least twice a year to review HEI analytic results and performance

Article 5: Measurement and Data Sharing Proposed Attachment 1 Changes

- ❑ No changes proposed

2024 ATTACHMENT 1 PUBLIC COMMENT KEY THEMES, NO PROPOSED CHANGES

Article 6: Certification, Accreditation, and Regulation Public Comment Themes

- None received

Article 6: Certification, Accreditation, and Regulation Proposed Attachment 1 Changes

- No changes proposed

2024 CCSB ATTACHMENT 1 PUBLIC COMMENT KEY THEMES, NO PROPOSED CHANGES

One issuer is opposed to applying the following requirements to Covered California for Small Business:

- Submitting NCQA Health Equity Accreditation reports for culturally and linguistically appropriate services (Article 1.05)
- PLD file reporting for Depression Screening and Follow-Up for Adolescents and Adults (2.02) and Pharmacotherapy for Opioid Use Disorder (2.03) results stratified by race and ethnicity
- Requiring behavioral health subcontractor agreements to hold subcontractors accountable for meeting health equity, quality, and delivery system reform requirements (2.05)
- Submitting NCQA Health Plan Accreditation Population Health Management plan (3.01)
- Supporting at-risk enrollees transitioning between plans (3.03)

Issuer is concerned about additional administrative costs these requirements would place on small business products, which will result in higher premiums for the CCSB products and overall loss of market-share compared to rest of the small business market.

Proposed CCSB Attachment 1 Changes

- Changes to the Individual Attachment 1 will be applied to CCSB Attachment 1 as applicable. No proposed changes specific to CCSB Attachment 1; many of these requirements can be met through combined Individual and CCSB reporting.

2024 PLAN YEAR AMENDMENT ATTACHMENT 2 PUBLIC COMMENT THEMES AND PROPOSED CONTRACT REVISIONS

PROPOSED CHANGES FOR 2024 ATTACHMENT 2: PERFORMANCE STANDARDS WITH PENALTIES (1 OF 2)

Performance Standards With Penalties	2023 % at Risk	Proposed 2024 % at Risk	Proposed 2024 Change and Rationale
1. Reducing Health Disparities: Demographic Data Collection – Enrollee Race and Ethnicity Self-Identification	10%	5%	<i>No proposed changes</i>
2. Reducing Health Disparities: Demographic Data Collection – Spoken and Written Language	10% (for reporting)	5%	Revised to 5% total penalty for spoken or written language
3. Reducing Health Disparities: Disparities Reduction Intervention	10%	10%	<i>No proposed changes</i>
4. National Committee for Quality Assurance (NCQA) Health Equity Accreditation	0%	10%	<i>No proposed changes</i>
5. Primary Care Payment	10%	10%	<i>No proposed changes</i>
6. Primary Care Spend	10% (for reporting)	5%	<i>No proposed changes</i>
7. Payment to Support Networks Based on Value	10% (for reporting)	10%	<i>No proposed changes</i>
8. Quality Rating System – QHP Enrollee Survey Summary Rating	20%	20%	<i>No proposed changes</i>

Where applicable, scores are provided per product, and penalties are weighted based on the enrollment in each product.

PROPOSED CHANGES FOR 2024 ATTACHMENT 2: PERFORMANCE STANDARDS WITH PENALTIES (2 OF 2)

Performance Standards With Penalties	2023 % at Risk	Proposed 2024 % at Risk	Proposed 2024 Change and Rationale
9. HEI Data Submission	20%	20%	Added patient level data (PLD) submission standards to ensure complete and accurate submissions; updated reference list of California healthcare facilities
10. Dental Quality Alliance (DQA) Pediatric Measure Set	0%	5%	Removed to add measure-specific oral health performance standards aligned with DHCS priority measures and recently added non-QRS HEDIS measures
10. Oral Evaluation, Dental Services (OEV-CH-A) (NQF #2517) (Pediatric)	0%	2.5%	
11. Topical Fluoride for Children, Dental Services (TFL-CH-A) (NQF #2528) (Pediatric)	0%	2.5%	
Total	100%	100%	

Where applicable, scores are provided per product, and penalties are weighted based on the enrollment in each product.

2024 ATTACHMENT 2 PUBLIC COMMENT KEY THEMES

Healthcare Evidence Initiative (HEI) Data Submission

- **Issuers** requested **clarification on the added patient level data (PLD) submission standards**

2024 Pediatric Oral Health Performance Standards

- **Issuers** requested **removing the penalty for one year** to allow for reporting of baseline only in Measurement Year 2024 for the Oral Evaluation, Dental Services (NQF #2517) and Topical Fluoride for Children, Dental Services (NQF #2528) measures
- **Advocate** supports the two proposed measures

Primary Care Spend (#6) and Payment to Support Networks Based on Value (#7)

- **One issuer** requested **extending reporting only** through 2024 for these performance standards to allow plans more time to meet the standards

PROPOSED IND 2024 ATTACHMENT 2 CHANGES

Notable Changes to Draft IND Attachment 2	Rationale
<p>Performance Standard 6. Primary Care Spend Updated this performance standard to continue reporting only in 2024 and set thresholds for primary care spend using a negotiated annual target in 2025</p>	<p>Performance standards for 2024 and 2025 were not previously defined</p>
<p>Performance Standard 7. Payment to Support Networks Based on Value Updated this performance standard to continue reporting only in 2024 and set thresholds for network payment models using a negotiated annual target in 2025</p>	<p>Performance standards for 2024 and 2025 were not previously defined</p>
<p>Performance Standard 10-11. Oral Health Standards Performance standard revisions: Measurement Year 2024 – establish baseline rate; Measurement Year 2025 – set performance levels as (a) an increase of 10% or more over the baseline rate or (b) if the baseline rate is 0%, demonstrates an absolute rate of at least 10%</p>	<p>Specified performance levels for 2024 and 2025 for the measure-specific oral health performance standards</p>

2024 CCSB ATTACHMENT 2 PUBLIC COMMENT KEY THEMES

Issuers recommend that no sections or any performance penalties be applied to CCSB until CCSB reaches material market share

Proposed CCSB Attachment 2 Changes

- No changes proposed
- Penalties for Performance Standard 2 & 3 (Oral Health Standards) will continue to apply

2024 PLAN YEAR AMENDMENT ATTACHMENT 4 PUBLIC COMMENT THEMES AND PROPOSED CONTRACT REVISIONS

2024 ATTACHMENT 2 AND 4 PUBLIC COMMENT KEY THEMES

- **Multiple issuers** requested **maintaining the prior distribution of the total premium at-risk** between Attachment 2 performance standards and Attachment 4 QTI for 2024
- **Multiple issuers** requested to **not shift the percent of premium at-risk** from Attachment 4 QTI to Attachment 2 performance standards
- **CAHP** and **one issuer** suggest any **funds generated through Attachment 2 performance standard penalties** be used the same as **Attachment 4 QTI funds**

PROPOSED 2024 ATTACHMENT 2 AND ATTACHMENT 4 PERCENT AT RISK

	2023 Percent at Risk	Proposed 2024 Percent at Risk
Attachment 2 – Performance Standards with Penalties	0.2% at risk	0.2% at risk
Attachment 4 – Quality Transformation Initiative (QTI)	0.8% at risk	1.8% at risk
Total	1%	2%

- Covered California proposes maintaining original 2024 anticipated percent at-risk distribution between Attachment 2 (0.2%) and Attachment 4 (1.8%)
- We will continue to increase the total percent at risk for Attachment 2 and Attachment 4 by 1% per year up to 4% maximum
- Covered California will consider an alternate distribution between Attachment 2 and Attachment 4 for 2025 with more advanced notice to issuers

PROPOSED 2024 ATTACHMENT 2 AND 4 CHANGES

Notable Changes to Draft Attachment 2 and 4	Rationale
<p>Attachment 4 QTI QTI percent of premium at-risk will remain as originally anticipated with an increase in percent at-risk from 0.8% in 2023 to 1.8% in 2024</p>	<p>The total amount of premium at-risk for Attachment 4 QTI and Attachment 2 Performance Standards with Penalties will increase by 1% per year up to 4% maximum as stated in the 2023-2025 contract.</p> <p>Covered California will consider an alternate percent at-risk distribution between Attachment 2 and Attachment 4 in 2025.</p>
<p>Attachment 2 Performance Standards with Penalties Attachment 2 percent of premium at-risk will remain at 0.2% as originally anticipated</p> <p>Use of Attachment 2 penalties will not be changed</p>	<p>Attachment 2 premium at risk will remain at 0.2% in 2024.</p> <p>Attachment 2 will continue to be implemented as performance standards with penalties. Covered California will keep Attachment 2 penalty funds and QTI penalty funds separate.</p> <p>Covered California is committed to disbursing all QTI funds back to issuers equally and will continue to be transparent in the development of the QTI funds allocation process.</p>

NEXT STEPS

- The draft 2024 Attachments 1, 2, and 4 with revisions based on the public comments will be posted to <https://hbex.coveredca.com/stakeholders/plan-management/> this week
- The draft 2024 Attachments 1, 2, and 4 will be presented to the Board on January 19, 2023
- Please send questions and comments to PMDContractsUnit@covered.ca.gov

2024-2026 QDP ATTACHMENT 1 OVERVIEW

Health Equity and Quality Transformation Division (EQT)

CONTRACTING PRINCIPLES AND DENTAL STRATEGIC FOCUS AREAS

Quality is central

Equity is quality

Measures that matter

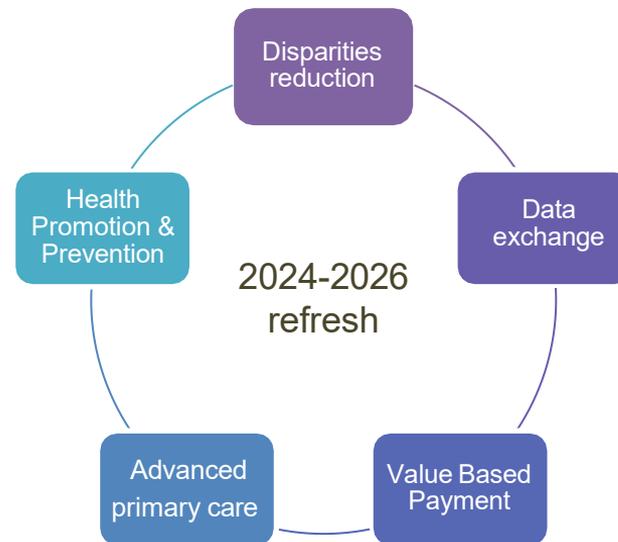
Make quality count

Amplify through alignment

Promote public good

Care about cost

STRATEGIC FOCUS AREAS



Alignment with the Department of Healthcare Services (DHCS)
Data analytics / Healthcare Evidence Initiative

PROPOSED QDP ATTACHMENT 1 CONTRACTUAL REQUIREMENTS

Article 1 - Equity and Disparities Reduction

- Annual progress report describing efforts to establish or expand the infrastructure to successfully identify, monitor, and reduce disparities.

Article 2 - Population Health

- Submit a population assessment plan

Article 3 - Health Promotion and Prevention

- Actively outreach, engage, and educate enrollees on member benefits and cost-sharing, provider location and matching, and health assessments
- Conduct tailored outreach and education based on identified needs or health status

Article 4 - Delivery System and Payment Strategies to Drive Quality

- DHMO issuers required to report and implement primary dentist assignment
- Report provider payment type by HCP LAN APM category
- Report teledentistry offerings and utilization
- Report participation in dental collaboratives or initiatives

Article 5 - Measurement and Data Sharing

- Healthcare Evidence Initiative (HEI) data submission and participation

PROPOSED QDP ATTACHMENT 2 OVERVIEW

Performance Area	Performance Standards with Penalties	% of At-Risk 2024	% of At-Risk 2025	% of At-Risk 2026
Data Submission 50%	1.1 HEI; Incomplete, irregular, late or non-useable submission	15%	15%	15%
	1.2 HEI; Allowed amount total varies by more than plus or minus 2%	10%	10%	10%
	1.3 HEI; Rendering provider taxonomy and type missing/invalid	10%	10%	10%
	1.4 HEI; Rendering NPI and TIN missing/invalid	10%	10%	10%
	2. Provider Directory	5%	5%	5%
Oral Health 50%	3. Oral Evaluation, Dental Services for Children	10%	10%	10%
	4. Topical Fluoride for Children	10%	10%	10%
	5. Sealant Receipt on Permanent First Molars for Children	10%	10%	10%
	6. Preventive Services Utilization for Adults	20%	20%	20%
Total		100%	100%	100%

Covered California is continuing work to prepare the Adult Preventive Services measure specification inclusive of CDT codes.

*The total amount at risk for Contractor’s failure to meet the Performance Standards is equal to 1.0% of the total Gross Premium for the applicable Plan Year (At-Risk Amount).

PROPOSED ATTACHMENT 2 ORAL HEALTH MEASURES PERFORMANCE STANDARDS

Measurement Year 2024	Measurement Year 2025	Measurement Year 2026
<p>Contractor establishes a baseline rate for this measure using HEI data.</p> <p>Contractor does not establish baseline rate: 10% penalty</p> <p>Contractor establishes baseline rate of 0% or more: no penalty</p>	<p>Contractor demonstrates an increase of less than 10% over the baseline rate: 10% penalty</p> <p>Contractor demonstrates (a) an increase of 10% or more over the baseline rate or (b) if the baseline rate is 0%, demonstrates an absolute rate of at least 10%: no penalty</p>	<p>Contractor demonstrates an increase of less than 10% over prior year: 10% penalty</p> <p>Contractor demonstrates an increase of 10% or more over prior year: no penalty</p>

PUBLIC COMMENT PERIOD

- The second draft 2024-26 QDP Model Contract and Attachments will post for public comment on 1/12/23
- Second public comment period: 1/12/23 – 1/26/23
 - (2-week review period)
- Please send questions and comments to Dianne Ehrke at PMDCONTRACTSUNIT@COVERED.CA.GOV

OPEN FORUM