



COVERED
CALIFORNIA

Plan Management Advisory Workgroup

January 9, 2025

AGENDA

Time	Topic	Presenter
10:00 – 10:05	Welcome and Agenda Review	Rick Krum
10:05 – 10:15	2026 Qualified Health and Dental Plan Issuer Model Contract	Tara Di Ponti
10:15 – 10:35	2026 – 2028 QHP Issuer Model Contract Public Comment Themes and Draft Preview	Taylor Priestley
10:35 – 10:45	PY2026 Qualified Health and Dental Plan Certification Applications	Libby Bennett
10:45 – 12:00	Open Forum	All

2026 QUALIFIED HEALTH AND DENTAL PLAN ISSUER MODEL CONTRACT DISCUSSION

Tara Di Ponti
Lead Contract Specialist, Plan Management Division

2026 MODEL CONTRACT UPDATE

- The Qualified Health Plan Issuer Contracts for the Individual and Small Business markets were updated for the new contract duration of 2026-2028, and the 2024-2026 Qualified Dental Plan Issuer Contract for the Individual and CCSB markets was amended.
 - The Plan Management Division (PMD) will provide a summary of updates and public comment themes from the second round of public comments for:
 - 2026-2028 QHP Individual Issuer Model Contract
 - 2026-2028 QHP CCSB Issuer Model Contract
 - 2024-2026 QDP Issuer Model Contract
- Proposed changes for the 2026 Qualified Dental Plan Issuer Contract for the Individual and Small Business markets are minor (primarily for purposes of clarification).
- Responses to comments received during the second round of public comments on the proposed changes to the 2026 contracts have been posted at:
<https://hbex.coveredca.com/stakeholders/plan-management/contract-listings/2026/>

STAKEHOLDER FEEDBACK – MODEL CONTRACTS

- Requests to define, clarify, and change existing requirements and timelines were received for the following sections:
 - Clarification requests for existing, updated, and new requirements:
 - Section 6.1.1 Rates and Payments
 - Requests to change or further define requirements for:
 - Section 3.2.1 Enrollment and Marketing Coordination and Cooperation, marketing spend expectation
 - Section 3.3 Agents in Covered California for the Individual Market (QHP & QDP)
 - Section 4.3.2 Network Adequacy Standards (QHP & QDP)
 - Section 4.6.7 Notices, credits on consumer accounts (QHP Ind & QDP)
 - Article 14 Definitions and Contract References, Evidence of Coverage (EOC) and Disclosure Forms

CURRENT VS 2026-28 PROPOSED REQUIREMENTS

Section 3.2 – Marketing

2025 Current Requirements	2026-28 Proposed Requirements	Comment Themes	2026-28 Proposed Requirements Comment Based Update
<p>QHP Individual 3.2.1 Enrollment and Marketing Coordination and Cooperation</p> <p>Contractor is expected to spend at least 0.4% of projected premium on direct response advertising, outreach and community based efforts, and non open enrollment “brand” marketing that includes co branding with Covered California. Brand marketing that does not reference Covered California does not count towards this expectation.</p>	<p>Not Applicable</p>	<p>Stakeholders expressed concern that 0.4% is an arbitrary number and that expectations could be more fiscally responsible and drive efficient and appropriate marketing spends.</p>	<p>Proposed requirement will remain the same for 2026, but alternatives will be explored for future years.</p>
<p>QHP Individual and Small Group, QDP 3.2.1.2 Contractors Activities to Promote Enrollment</p> <p>a) Following Covered California making the technology available and within a reasonable time after the receipt of notice from Covered California about the technology, and determination of its compatibility with Contractor’s system, the Contractor shall prominently display the Shop and Compare Tool on its website;</p>	<p>QHP Individual and Small Group, QDP 3.2.1.2 Contractors Activities to Promote Enrollment</p> <p>a) Contractor shall prominently display a link to the Covered California website landing page, https://www.coveredca.com/, on its website in a location that is easily accessible to consumers;</p>	<p>Recommendation for the specific URL link to the Covered California website landing page be removed so health plan issuers can link to current co-branded landing pages.</p>	<p>Proposed requirement will remain the same.</p> <p>The update to this requirement is intended to remove the obligation for QHP issuers to display a Shop and Compare Tool. QHP issuers may choose to link to both locations. At minimum Covered California believes that a link to the Covered California website landing page should be required for consumer accessibility to shopping features that are not available on current co-branded landing pages.</p>

CURRENT VS 2026-28 PROPOSED REQUIREMENTS

Article 4 – QHP Issuer Program Requirements

2025 Current Requirements	2026-28 Proposed Requirements	Comment Themes	2026-28 Proposed Requirements Comment Based Update
Not Applicable	<p>QHP Individual and Small Group 4.2.6/4.2.7 Hearing Aid Coverage for Children Program</p> <p>Provide information to Enrollees regarding the availability of the California Department of Healthcare Service's (DHCS) Hearing Aid Coverage for Children Program (HACCP) within its Evidence of Coverage (EOC).</p>	Request to consider the timing of the new EHB benchmark plan and the proposed inclusion of this requirement to ensure consistency with state requirements, and to mitigate potential consumer confusion.	<p>Proposed requirement will remain the same at this time.</p> <p>Covered California will closely monitor how changes to California's EHB benchmark plan may impact the necessity of this inclusion.</p>
<p>QHP Individual and Small Group, QDP 4.3.2 Network Adequacy</p> <p>a) Network Standards. Contractor's QHPs shall comply with the network adequacy standards established by the applicable State Regulators responsible for oversight of contractor ...</p>	<p>QHP Individual and Small Group, QDP 4.3.2 Network Adequacy</p> <p>a) Network Standards. Contractor's QHPs shall comply with the network adequacy standards established by Covered California and the applicable State Regulators responsible for oversight of contractor ...</p>	Requests to remove new additional language and further detail additional requirements. Requests that there will not be additional requirements beyond the state regulators.	<p>Proposed requirement will remain the same at this time.</p> <p>Covered California will continue to work closely with federal and state regulators on network adequacy requirements, including those required by 45 C.F.R. § 155.1050. Covered California will communicate with QHP issuers should there be any efforts to develop additional requirements beyond those imposed by state or federal law.</p>
Not Applicable	Not Applicable	Concerns were raised regarding credits being automatically applied to the monthly premium without offering a refund or notifying consumers that they could request a refund. Request to add information on notices such as statements and invoices.	<p>QHP Individual, QDP 4.6.7 Notices</p> <p>g) Premium invoices, termination notices as required under 45 C.F.R § 156.270, and other notices where applicable must prominently inform consumers of their right to request a refund of any credits on their accounts.</p>

CURRENT VS 2026-28 PROPOSED REQUIREMENTS

Section 6.1.1 – Rates and Payments & Article 14 Definitions

2025 Current Requirements	2026-28 Proposed Requirements	Comment Themes	2026-28 Proposed Requirements Comment Based Update
<p>QHP Individual 6.1.1 Rates and Payments</p> <p>d) Advanceable Payments. Covered California will administer a State premium assistance program in accordance with Title 25 of the Government Code, commencing at Section 100800 et seq. Covered California shall remit advanceable State premium assistance payments to Contractor in accordance with the State premium assistance program design adopted by the Covered California Board for the applicable plan year. This subsidy payment will be calculated and delivered by Covered California separate from the Participation Fee invoices set forth in Section 6.1.3.</p>	<p>QHP Individual 6.1.1 Rates and Payments</p> <p>d) State Funded Programs. If required by law, Covered California will administer State funded programs. Covered California shall remit advanceable or reconciled State funded payments to Contractor in accordance with program design documents adopted by Covered California for the applicable plan year. Payments will be calculated and delivered by Covered California separate from the Participation Fee invoices set forth in Section 6.1.3.</p>	<p>Confirmation requests that new updated language does not change process details for programs such as California Premium Credit (CAPC) and Cost-Share Reduction (CSR).</p>	<p>Proposed requirement will remain the same at this time.</p> <p>No change to these programs. Covered California amended language in this section to apply to "State Funded Programs" to more broadly capture Covered California's responsibility to provide payments for programs required by state law. Currently this includes both the CAPC and CSR programs.</p>
<p>QHP Individual and Small Group, QDP Article 14 Definitions</p> <p>Evidence of Coverage (EOC) and Disclosure Form – The document which describes the benefits, exclusions, limitations, conditions, and the benefit levels of the applicable Plans.</p>	<p>Updated references of the EOC throughout the contract to match definition title.</p>	<p>Concern with the inclusion of "Disclosure Forms" in the defined and referenced term within Article 14 – Definitions, as this addition to the existing EOC documents would significantly increase the size of the document and contain duplicative information.</p>	<p>QHP Individual and Small Group, QDP Article 14 Definitions</p> <p>Updated definition and contract references: Evidence of Coverage (EOC) – The State-Regulator approved document which describes the benefits, exclusions, limitations, conditions, and the benefit levels of the applicable Plans issued to Subscriber or Member.</p>

2026-2028 MODEL CONTRACT DRAFTS & RESPONSE TO COMMENT

2026-2028 Model Contract Drafts and Response to Comment documents are posted on California's Health Benefit Exchange website:

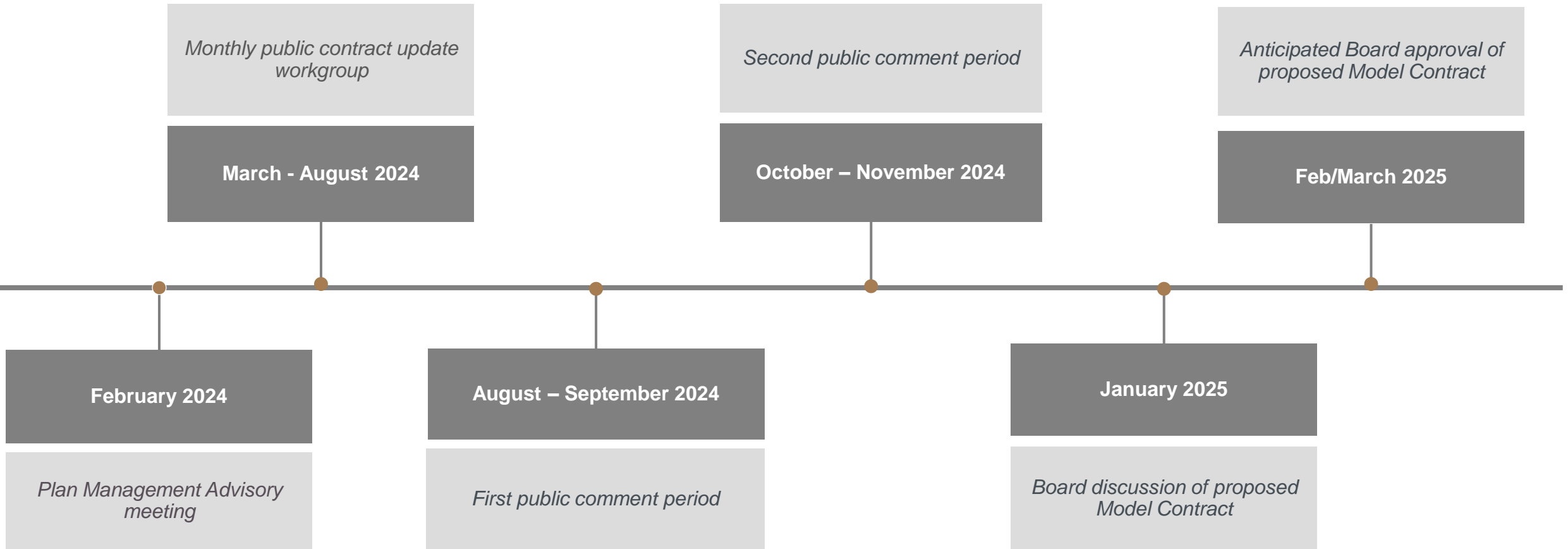
<https://www.hbex.ca.gov/stakeholders/plan-management/contract-listings/2026/>

Any questions please email PMDContractsUnit@covered.ca.gov and EQT@covered.ca.gov

2026-2028 QHP INDIVIDUAL AND CCSB ISSUER CONTRACT

Taylor Priestley
Director, Health Equity and Quality Transformation (EQT)

2026 QHP ISSUER CONTRACT UPDATE TIMELINE



CONTRACT DEVELOPMENT GUIDING PRINCIPLES

Principles

Equity is quality

Center the member

Make it easy to do right

Amplify through alignment

Focused scope for high impact

Framework

Build on the strong foundation of 2023-2025 contract

Prioritize alignment with DHCS, CalPERS, & OHCA

Emphasize outcomes

Pursue administrative simplification

Model Contract

- Essential Community Providers (ECPs)
- Article 5

Attachment 1

- Articles 1-6

Attachment 2

- Performance standards

Attachment 4

- Quality Transformation Initiative

ADVANCING EQUITY, QUALITY AND VALUE CONTRACT UPDATE

Model Contract *with PMD*

- Essential Community Providers (ECPs)
- Article 5

Attachment 1

- Articles 1-6

Attachment 2 *with PMD*

- Performance standards

Attachment 4

- Quality Transformation Initiative

CCSB Contract Scope

BUILDING ON 2023-2025 WITH BOLD NEW ADDITIONS

Actionable Data

- Selective Contracting for Quality
- Expansion of Demographic Data Collection
- Data Exchange
- Behavioral Health Disparities Reduction
- Quality Transformation Initiative (QTI)

Healthy Workforce

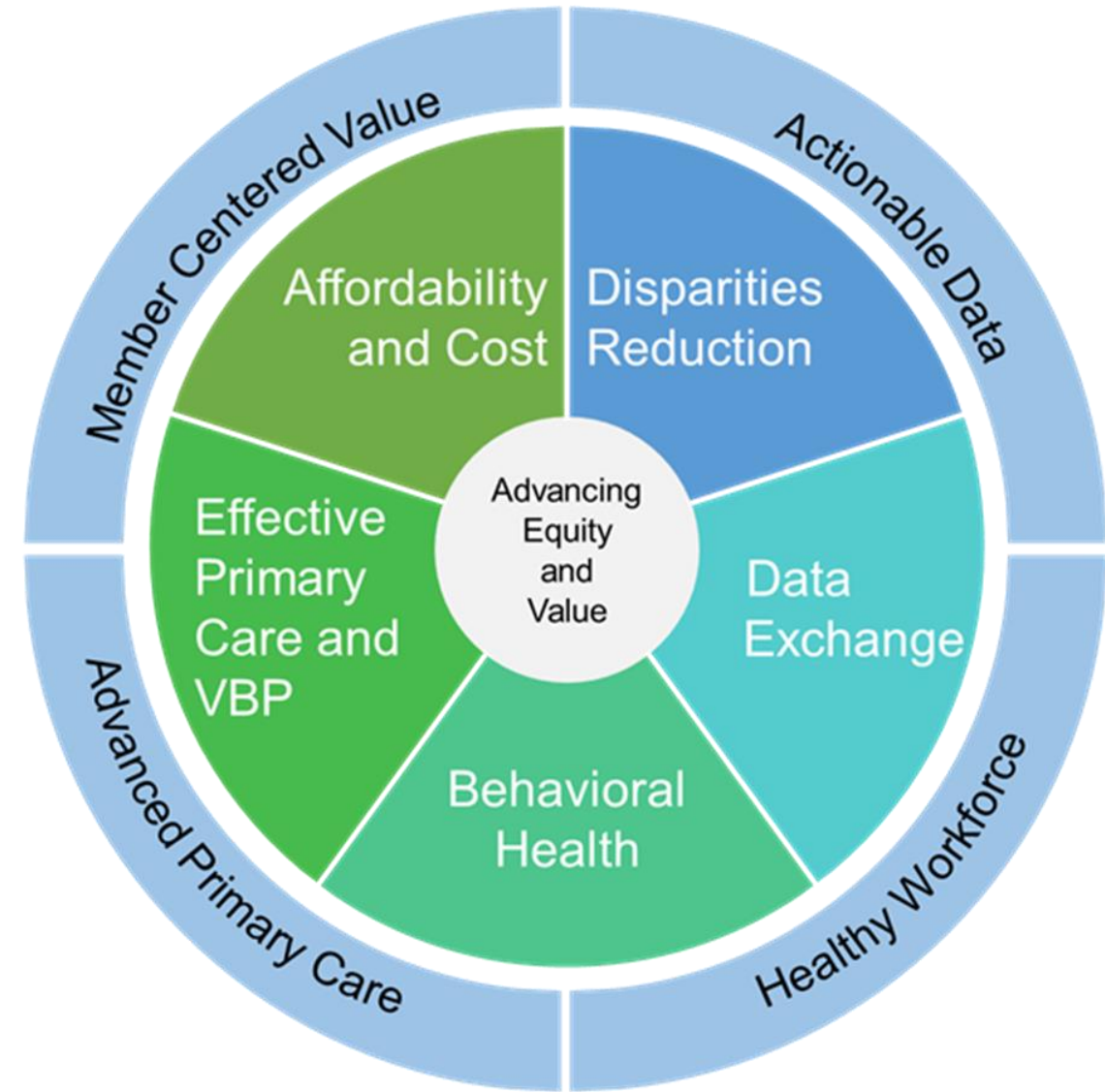
- Essential Community Providers
- Generative Artificial Intelligence
- Primary and Behavioral Health Care Spend Tracking
- Engagement in Collaboratives and with Community

Advanced Primary Care

- Continuity of Care
- Use and Quality of Digital Care
- Behavioral Health Promotion
- Substance Use Disorder Care
- Behavioral Health Vendor Oversight

Member-Centered Value

- Access to Care
- Comprehensive Maternal Healthcare
- Population Health Investments
- Targeted Engagement and Outreach



STAKEHOLDER ENGAGEMENT AND PUBLIC COMMENT

2026 – 2028 Model Contracts

- Contract Workgroup open to all Issuers, Public Purchasers, and Consumer Advocate Groups
- Participants reviewed and offered feedback on the proposed contracts and preliminary contract language
- Two public comment and response periods for Contract feedback

Contract Workgroup

- 9 public meetings from March – August 2024
- 18 unique organizations commented with 341 total comments. Comments were deidentified and are [available online](#)

Public Comment Cycle 1

- Comment Cycle 1 was held between 8/16/2024 – 9/16/2024. Response period to comments 9/16/2024 – 10/17/2024
- 14 unique organizations commented with 236 total comments. Comments and responses are [available online](#)

Public Comment Cycle 2

- Comment Cycle 2 was held between 10/18/2024 – 11/18/2024. Response period to comments 11/18/2024 – 12/20/2024
- 7 unique organizations commented with 50 total comments. Comments and responses will be [available online](#)

All 2026 Certification and Contract Documents will be presented in February or March 2025 for Board approval.

ECP STAKEHOLDER ENGAGEMENT AND FEEDBACK

Essential Community Provider Refresh

- Health Management Associates brought on in February as consultants
- ECP Workgroup identified and solicited input from many external stakeholders including State-based Marketplaces, Issuers, Consumer Advocates, and Safety Net and Tribal and Urban Indian Health Care Providers
- General concern with the contracting process & contracting availability was expressed by Issuers and Safety Net providers

ECP Project Public Meetings

- 3 public meetings from June - December 2024
- 6 unique organizations commented with 16 specific ECP comments. Comments were deidentified and are [available online](#)

Public Comment Cycle 1

- Comment Cycle 1 was held between 8/16/2024 – 9/16/2024. Response period to comments 9/16/2024 – 10/17/2024
- 7 unique organizations commented with 14 specific ECP comments. Comments and responses are [available online](#)

Public Comment Cycle 2

- Comment Cycle 2 was held between 10/18/2024 – 11/18/2024. Response period to comments 11/18/2024 – 12/20/2024
- 1 unique organization commented with 1 specific ECP comment. Comments and responses will be [available online](#)

Sufficiency Threshold Comment Period

- Comment period specific to proposed sufficiency threshold held between 11/14/24 – 12/6/24
- 6 Issuers and 5 consumer advocacy organizations submitted 32 questions and comments. Comments and responses will be [available online](#)

CCSB QHP 2026-2028 Attachment 1

Article 1 Equity and Disparities Reduction - no change to substantive requirements

- continue NCQA Health Equity Accreditation requirement (not small group-specific)

Article 2 Behavioral Health - no change to substantive requirements

- continue all 2023-2025 requirements

Article 3 Population Health - no change to substantive requirements

- continue simplified Diabetes Prevention Program requirement
- continue Transitions of Care requirement

Article 4 Delivery System and Payment Reform Strategies - no change to substantive requirements

- continue provider costs reporting
- continue telehealth reporting
- continue participation in quality collaboratives

Article 5 Measurement and Data Sharing - no change to substantive requirements

- Continue all 2023-2025 requirements: Quality Rating System and Healthcare Evidence Initiative reporting

Article 6 Certification, Accreditation, and Regulation - no change to substantive requirements

- Continue requirement to achieve and maintain NCQA Health Plan Accreditation

CCSB QHP 2026-2028 Attachment 3

1.1 Abandonment Rate - no change to substantive requirements

- Continue all 2023-2025 requirements: no more than 3% of incoming calls are abandoned monthly

1.2 Service Level - no change to substantive requirements

- Continue all 2023-2025 requirements: 80% of calls answered in 30 seconds or less

1.3 Grievance Resolution - no change to substantive requirements

- Continue all 2023-2025 requirements: 99% of grievances resolved within 30 days

1.4 Covered California Member Email or Written Inquiries Answered and Completed - no change to substantive requirements

- Continue all 2023-2025 requirements: 90% of emails or written inquiries answered and completed within 15 days

1.5 ID Card Processing Time - no change to substantive requirements

- Continue all 2023-2025 requirements: 99% of ID cards issued within 10 days

1.6 Provider Directory Data Submission - no change to substantive requirements

- Continue all 2023-2025 requirements: ensure timely and consistent submission of provider data specified in Section 4.4.4
- Provider directory data submission requirement will be waived for 2026

1.7 Essential Community Providers – updated requirements in alignment with updated ECP standards

- Demonstrate contracts with ECP ensuring diverse and adequate coverage for Low-income and underserved areas
- Network must include at least 15% ECPs for primary and behavioral health, or 15% 340B non-hospital providers

2026 QUALIFIED HEALTH AND DENTAL PLAN CERTIFICATION APPLICATION

Libby Bennett, Lead Certification Specialist
Plan Management

PUBLIC COMMENT

- The four draft applications and crosswalks were posted on Monday, 9/16/24 with public comment due back on Friday, 10/11/24.
- The Plan Management and Health Equity and Quality Transformation Divisions received a total of 80 public comments across the four Applications.
- The comments were seeking clarity for instructions, accreditation requirements, and updated contract compliance.
- The Public Comment Summary will be available at:
<https://hbex.coveredca.com/stakeholders/plan-management/qhp-qdp-certification/>

PLAN YEAR 2026 CERTIFICATION MILESTONES

Milestone	Date
Release Draft 2026 QHP & QDP Certification Applications	September 16, 2024
Draft Application Comment Periods End	October 11, 2024
Plan Management Advisory: Benefit Design & Certification Applications Policy Recommendation	January 9, 2025
January Board Meeting: Discussion of Benefit Design & Certification Applications Policy Recommendation	January 16, 2025
Letters of Intent Accepted	February 3-14, 2025
Final AV Calculator Released*	February 2025
Applicant Trainings (electronic submission software, SERFF submission and templates*)	February 2025
March Board Meeting: Anticipated approval of 2026 Patient-Centered Benefit Plan Designs & Certification Applications	March 2025
QHP & QDP Applications Open	March 3, 2025
QHP & QDP Application Responses (Individual and CCSB) Due	April 30, 2025, noon (12:00 pm PT)
Evaluation of QHP Responses & Negotiation Prep	May – June 2025
QHP Negotiations	June 2025
QHP Preliminary Rates Announcement	July 2025
Regulatory Rate Review Begins (QHP Individual Marketplace)	July 2025
Evaluation of QDP Responses & Negotiation Prep	June – July 2025
QDP Negotiations	July 2025
CCSB QHP Rates Due	July 2025
QDP Rates Announcement (no regulatory rate review)	August 2025
Public Posting of Proposed Rates	July 2025
Public Posting of Final Rates	September – October 2025



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

OPEN FORUM

2027-2029 QDP Contract Workgroup

Contract Workgroup will start on the first Thursday of the month

- March 6, 2025
 - Topics: Attachment 1 Articles 1, 2, 3 and utilization data
- April 3, 2025
 - Topics: Attachment 1 Articles 4, 5 and all of Attachment 2
- May 1, 2025
 - Topics: Summary (if needed)
- August 7, 2025
 - Topics: Comprehensive summary

Invitations will be sent out in January