



Draft 2026-2028 QHP Issuer Model Contract changes

October 18, 2024

PROPOSED 2026-28 CHANGES

Issuer Model Contract Article 4

Notable Changes to Draft Article 4	Rationale
Access No proposed changes	
Essential Community Providers Requirements No proposed changes at this time	

PROPOSED 2026-28 CHANGES

Issuer Model Contract Article 5

Notable changes to Issuer Model Contract Article 5	Rationale
<p>Removal from the Exchange MPL Action Plan to be required as directed by Covered California based on consistent or concerning underperformance.</p>	<p>Covered California will apply the MPL Action Plan requirement for consistent performance beneath the 25th percentile for clinically significant measures.</p>

Attachment 1 Advancing Equity, Quality, and Value

PROPOSED 2026-28 ATTACHMENT 1 CHANGES

Article 1: Equity and Disparities Reduction

Notable Changes to Draft Attachment 1	Rationale
No proposed changes	

PROPOSED 2026-28 ATTACHMENT 1 CHANGES

Article 2: Behavioral Health

Notable Changes to Draft Attachment 1	Rationale
Offering Virtual Care for Behavioral Health Corrected numbering and revised to include definition of “virtual care”.	Changes were made to enhance clarity in current 2023-2025 contract requirements
Payment to Support Behavioral Health New section added outlining Issuer requirements to report behavioral health expenditure in alignment with OHCA benchmarks and Covered California methodology	Broadening behavioral health payment frameworks to ensure sufficient funding to support high quality, equitable behavioral health care
Guidelines for Appropriate Use of Opioids Removed decreasing the number of new starts from priority Prevention activities	Changes were made, while removing specific SMART Care activities
Tobaccos Cessation Clarified requirements and data source for analysis of tobacco cessation programs interventions and outcomes	Changes were made to enhance clarity in current 2023-2025 contract requirements
Behavioral Health Delegated Oversight Defined “delegated entities” and revised contract language	Changes were made to enhance clarity in current 2023-2025 contract requirements

PROPOSED 2026-28 ATTACHMENT 1 CHANGES

Article 3: Population Health

Notable Changes to Draft Attachment 1	Rationale
Health Promotion and Prevention No proposed changes	
Supporting At-Risk Enrollees Requiring Transition Addition of members undergoing medication assisted treatment for substance use disorders in definition of At-Risk Enrollees	Covered California believes that including individuals with behavioral health conditions, especially those undergoing medication-assisted treatment for substance use disorders, in the high-risk enrollee category is crucial. This ensures they receive targeted care that improves outcomes and efficiency. It is also vital for maintaining continuity of care during transitions between healthcare plans, safeguarding against gaps in treatment.
Social Health Revised formatting	Changes were made to enhance clarity in current 2023-2025 contract requirements
Use of generative AI in QHP Issuer Operations Adopting language to align with legal requirements within SB-1120 Health Coverage: Utilization Review	Covered California adheres to California's Health & Safety Code § 1367.01(e), which ensures that medical necessity decisions are made by licensed professionals, upholding patient care standards. Attachment 1 revisions ensure alignment of GenAI's use in health care with legal requirements, emphasizing the need for physician oversight and clear governance, balancing innovation with ethical and legal integrity.

PROPOSED 2026-28 ATTACHMENT 1 CHANGES

Article 4: Delivery System and Payment Strategies to Drive Quality

Notable Changes to Draft Attachment 1	Rationale
Advanced Primary Care Add Member Value and Engagement section	To clarify intent and requirements related to member engagement in care
Networks Based on Value No proposed changes	
Hospital Value and Safety Minor formatting changes	Changes were made to enhance clarity in current 2023-2025 contract requirements
Comprehensive Maternity Care Language changes	Changes were made to enhance clarity in current 2023-2025 contract requirements

PROPOSED 2026-28 ATTACHMENT 1 CHANGES

Article 4: Delivery System and Payment Strategies to Drive Quality

Notable Changes to Draft Attachment 1	Rationale
Use of Virtual Care revised to include definition of “virtual care”.	Changes were made to enhance clarity in current 2023-2025 contract requirements
Participation in Quality Collaboratives No proposed changes	

PROPOSED 2026-28 ATTACHMENT 1 CHANGES

Article 5: Measurement and Data Sharing

Notable Changes to Draft Attachment 1	Rationale
Interoperability and Patient Access Revised language to refer to regulations	Updating alignment from proposed rule to final regulations
Data Exchange Minor formatting changes	Changes were made to enhance clarity in current 2023-2025 contract requirements

PROPOSED 2026-28 ATTACHMENT 1 CHANGES

Article 6: Certification, Accreditation, and Regulation

Notable Changes to Draft Attachment 1	Rationale
No changes proposed	

Attachment 2 Performance Standards with Penalties

PROPOSED 2026-28 ATTACHMENT 2 CHANGES

Notable Changes to Draft Attachment 2	Rationale
<p>Introduction Revised newly contracted requirements language</p>	<p>Clarify intent and requirements for Contractors in the first two years of newly contracting with Covered California</p>
<p>Performance Standard 1 - Reducing Health Disparities: Demographic Data Collection – Enrollee Race and Ethnicity Self-Identification Revised Alternate Standard language</p>	<p>Changes were made to enhance clarity in current 2023-2025 contract requirements</p>
<p>Performance Standard 2 - Reducing Health Disparities: Demographic Data Collection – Enrollee Spoken and Written Language Minor language update in Alternate Standard</p>	<p>Changes were made to enhance clarity in current 2023-2025 contract requirements</p>
<p>Performance Standard 3 - Collaboration Across QHP Issuers and With Community Updated applicable sections</p>	<p>Removed non-applicable sections from performance standard</p>

PROPOSED 2026-28 ATTACHMENT 2 CHANGES

Notable Changes to Draft Attachment 2	Rationale
<p>Performance Standard 4 – Data Submission Specific to HEI Revised alternate standard language to specify first year required activities.</p>	<p>Changes were made to enhance clarity in current 2023-2025 contract requirements</p>
<p>Performance Standard 5 – Pediatric Oral Evaluation, Dental Services Revised alternate standard language to specify first year required activities.</p>	<p>Changes were made to enhance clarity in current 2023-2025 contract requirements</p>
<p>Performance Standard 6 – Pediatric Topical Fluoride for Children, Dental Services Revised alternate standard language to specify first year required activities.</p>	<p>Changes were made to enhance clarity in current 2023-2025 contract requirements</p>

PROPOSED 2026-28 ATTACHMENT 2 CHANGES

Notable Changes to Draft Attachment 2	Rationale
<p>Performance Standard 7 - Utilization & Primary Care: Overall Engagement with Members</p> <p>Revised alternate standard language to specify first year required activities and denominator scope.</p>	<p>Clarified continuous enrollment for Contractor's QHP throughout the prior Plan Year</p> <p>Alternate Standard was also revised to require Contractor to monitor Enrollees with at least one medical or prescription drug claim during first contracted year</p>
<p>Performance Standard 8 - Utilization & Primary Care: Monitoring Continuity of Care</p> <p>Revised performance level language to continuity of care index of 0.7 for at least 60% of Enrollees, lowered from 70%.</p>	<p>Adjusted performance level from 70% to 60% for a more achievable target to encourage greater Contractor engagement in reporting and improvement efforts</p> <p>Alternate Standard was also revised to require Contractor to monitor continuity of care during first Measurement Year</p>

Attachment 4 Quality Transformation Initiative

PROPOSED 2026-28 ATTACHMENT 4 CHANGES

QTI Measure Set and Benchmarks

Notable Updates to Draft Attachment 4	Rationale
QTI Scored Measures: Language added to specify if DSF-E data not available to assess performance or establish a benchmark, Covered California may choose not to assess.	Covered California recognizes DSF-E measure is still new and CMS benchmarks are pending.
Amount at Risk for Newly Contracted QHP Issuers: No proposed changes	
Amount at Risk for Currently Contracted QHP Issuers: No proposed changes	
PopHI Implementation Plan “As” replaced with “If required by Covered California”	Introduces flexibility and clarity in expectations for issuer-led population health investments.

PROPOSED 2026-28 ATTACHMENT 4 CHANGES

Health Equity Methodology

Notable Changes to Draft Attachment 4	Rationale
Race and Ethnicity Stratification Methodology Specified Stratified Measures for 2026-2028	Provided clarity as to which measures will be stratified.

2026-2028 MODEL CONTRACT DRAFTS & RESPONSE TO COMMENT

2026-2028 Model Contract Drafts will be posted Friday, October 18th:

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

Response to Comment documents will be posted the following week to the same location

Any questions please email

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