



Plan Management Advisory Meeting

October 8, 2026

Agenda

- 01 Welcome and Agenda Review
- 02 2028 QHP and QDP Model Contract Updates
- 03 2028 – 2030 QDP Contract Updates
- 04 QHP Contract Workgroup Announcement
- 05 Open Forum



2028 QHP & QDP Model Contract Updates

Plan Management Division

Stakeholder Engagement

Covered California actively engaged stakeholders and solicited feedback on the draft 2028 Qualified Health and Dental Plan (QHP & QDP) Issuer Contracts for the Individual and Covered California for Small Business (CCSB) markets. The first Public Comment Cycle for these drafts was held from August 14, 2026, through September 14, 2026.

The Plan Management Division (PMD) will provide a summary of comments submitted and any resulting contract changes for the following model contracts:

- 2026-2028 QHP Individual Issuer Model Contract
- 2026-2028 QHP CCSB Issuer Model Contract
- 2028-2030 QDP Issuer Model Contract

Stakeholder Feedback Themes

QHP Individual Market

First Public Comment Cycle

Requested changes

- Allow flexibility in marketing activities and reporting schedules, with carrier input before implementation
- Reconsider the minimum Agent commission requirement, citing affordability and carrier flexibility concerns
- Extend audit-report submission timelines and preserve audit dispute and appeal protections

Clarifying

- Clarify qualifying marketing activities, eligible expenses, reporting expectations, and implementation timing
- Confirm Weekly Audit File use within monthly enrollment reconciliation
- Clarify minimum Agent commission requirements

Technical

- Correct Contract cross-references and subsection numbering
- Address the Participation Fee discrepancy in the draft

2028 QHP Amendment Contract Updates

Section 2.1.2 c) – Enrollment Reconciliation

QHP & QDP Individual Market

Category	Summary
Stakeholder Comments	Request clarification on whether weekly reconciliation would replace the monthly process and request technical guidance to assess operational impacts.
Covered California Response	The monthly reconciliation process remains in place. The intent is to clarify use of the existing Weekly Audit File before monthly reconciliation.
Proposed Contract Change	To improve clarity, Covered California will remove detailed reconciliation process details from the Contract and reference the “Covered California Reconciliation and Dispute Process Guide”.

2028 QHP Amendment Contract Updates

Section 3.2, 3.2.1, and 3.2.1 d) - Qualifying Marketing Activities

QHP Individual Market

Category	Summary
Stakeholder Comments	Request explicit recognition of enrollment, retention, utilization, and engagement activities; clarification of Medi-Cal transition outreach; and request revisions to exclusions for brand advertising and other lines of business.
Covered California Response	The proposed language already recognizes the broader scope. Activities involving the joint eligibility application or Medi-Cal transition outreach may qualify when they meet Covered California’s qualifying-activity criteria. Additional changes to the exclusions are not needed.
Proposed Contract Change	Retain the proposed scope and language; no changes.

2028 QHP Amendment Contract Updates

Section 3.2.1 and 3.2.1 c) – Eligible Marketing Expenses

QHP Individual Market

Category	Summary
Stakeholder Comments	Requests for clarification about whether qualifying expenses include Agent commissions and bonuses, inside sales compensation, and co-branded renewal and welcome kits.
Covered California Response	Agent commissions, bonuses, and other payments for new sales, as well as inside sales compensation, do not qualify. Co-branded member materials may qualify when designed to support Covered California enrollment, retention, utilization, or engagement.
Proposed Contract Change	No changes.

2028 QHP Amendment Contract Updates

Sections 3.2.1.2 k), and 3.2.2.2 – Marketing Requirement Implementation

QHP Individual Market

Category	Summary
Stakeholder Comments	Request implementation dates, reporting schedules, and carrier review before process finalization; ask whether the annual meeting requirement is new.
Covered California Response	Carrier review and feedback will be planned before initial timing and submission instructions are finalized; reporting instructions will be posted on the extranet; and the annual meeting is a new requirement to discuss marketing plans, results, and support collaboration.
Proposed Contract Change	No changes. Timing details will be provided separately through reporting instructions and an initial review & feedback period.

2028 QHP Amendment Contract Updates

Sections 3.2.2.2, 3.2.2.2 c), and 3.2.2.2 d) – Marketing Reporting Content and Flexibility

QHP Individual Market

Category	Summary
Stakeholder Comments	Ask whether existing reports are sufficient; request flexibility to adjust planned activities; and seek clarification of performance measures when results cannot be directly tied to enrollment or retention.
Covered California Response	New reporting requirements intend to provide additional information not captured in prior reporting; recognition that activities identified in Marketing Investment Plans may change during the Plan Year and that not every Qualifying Marketing Activity will have a performance outcome that can be directly tied to enrollment or retention.
Proposed Contract Change	No changes.

2028 QHP Amendment Contract Updates

Section 3.3 b) – Minimum Agent Commission

QHP Individual Market

Category	Summary
Stakeholder Comments	Oppose the minimum commission requirement, citing higher costs, potential premium impacts, and reduced carrier flexibility. Requests to retain the “reasonable commission” standard currently in the Contract and question the need for an increase given growth in Agent-assisted enrollment.
Covered California Response	A consistent minimum removes ambiguity in “reasonable” compensation, addresses commissions not keeping pace with inflation, and accounts for the increased Agent workload associated with H.R.1. The 2028 Plan Year establishes a \$17 per member per month base minimum while preserving flexibility above that floor.
Proposed Contract Change	No changes.

2028 QHP Amendment Contract Updates

Section 11.5 a) – Examination and Audit Results

QHP Individual Market and QDP

Category	Summary
Stakeholder Comments	Requests to extend the deadline for submitting final regulator audit/review reports from two (2) Business Days to five (5), to accommodate internal carrier review, distribution, and staffing availability.
Covered California Response	Agree to extend the reporting timeline to five (5) Business Days.
Proposed Contract Change	Revise Section 11.5 a) to require submission within five (5) Business Days of receipt.

2028 QHP Amendment Contract Updates

Section 11.5 d) – Examination and Audit Results

QHP Individual Market and QDP

Category	Summary
Stakeholder Comments	Request to retain the 160-Day best-efforts resolution standard and Executive Director appeal rights to allow for dispute and due-process protections for audit/review decisions.
Covered California Response	Propose an agreed-upon corrective-action timeline based on the complexity of findings and necessary actions and clarify that existing dispute resolution remedies remain available under Section 13.1 Dispute Resolution.
Proposed Contract Change	Replace proposed six-month corrective-action deadline with “within an agreed upon timeline” and add a reference to Section 13.1 for disputes with audit/review decisions.

2028 QHP Amendment Contract Updates

Reference and Numbering Corrections

QHP Individual Market

Category	Summary
Stakeholder Comments	Identify incorrect cross-reference, sub-section numbering, and incorrect Participation Fee percentage.
Covered California Response	Agree to correct cross-reference, sub-section numbering, and clarify that the Participation Fee percentage is incorrect. The Board approved a reduction from 2.5% to 1.0% for 2027 and the 2028 draft should reflect that same approved rate.
Proposed Contract Change	Section 3.2.1.2.k): reference the Marketing Investment Plan in 3.2.2.2 c) and Actual Marketing Investment Report in 3.2.2.2 d). Section 4.3.3 c): correct the notice reference to 4.3.3 c) i. Section 5.4: restore subsection labels a) and b). Correct Section 6.1.3 c) to state a participation fee of one (1) percent of gross premium attributable to Covered California Enrollees.

2028 – 2030 QDP Issuer Contract Updates

Sections 7.4.2, 7.4.2 a), and 7.43 – QDP Removal and Minimum Performance Standards CAP QDP Individual Market

Category	Summary
Stakeholder Comments	Requests that product noncertification or removal occur only for documented, material noncompliance with performance standards. Before adverse action, Covered California should provide written notice, supporting data, reconciliation rights, a reasonable corrective-action period, and a meaningful appeal process.
Covered California Response	Covered California is establishing minimum performance standards; we no longer intend to certify dental plans that demonstrate consistently low performance. These standards are intended to establish a low and attainable baseline for continued participation. Before taking adverse action, Covered California will notify the dental plan issuer in writing and provide an opportunity for correction; if the dental plan is still unable to meet the minimum performance standard, they will be decertified. The plan will be allowed to appeal Covered California’s decision.
Proposed Contract Change	No changes.

2028 Contract Drafts & Public Comment

California's Health Benefit Exchange Website (HBEX)

California's Health Benefit Exchange - Plan Management

- 2028 QHP and QDP Contract Drafts and Comment Templates will be posted to HBEX today, **October 8, 2026**
- Stakeholders will have until COB, Wednesday, **October 21, 2026** to provide comments on all contract documents

Any questions please email PMDContractsUnit@covered.ca.gov



2028-2030 QDP Contract Updates

EQT Team
Health Equity and Quality Transformation (EQT)

October 8, 2026

Attachment 1



2028-2030 Proposed Contract Requirements

Article 1 Equity and Disparities Reduction

- **1.01 Demographic Data:** Covered California will stratify dental quality measures and expand demographic categories over time; Contractors will work with Covered California to expand disparity identification and improvement requirements
- **1.02 Monitor Disparities:** Covered California will stratify priority dental quality measures and Contractor must engage with Covered California on HEI data submission processes
- **1.03 Disparities Identification and Reduction:** **Shifting focus** of progress reports from readiness to engaging in disparities identification, planning and implementation of efforts to reduce disparities and address any HEI data deficiencies, and by 2030, reporting results of these interventions.
- **1.04 Cultural and linguistic competence:** **Adding language** to bolster Contractor's Cultural and Linguistic competence, includes additional demonstration of how organization or provider network meaningfully communicates with Covered California enrollees via written and spoken language services, and inclusion of new requirement to evaluate these efforts

2028-2030 Proposed Contract Requirements

Article 2 Population Health – **No changes proposed**

2.01 Dental Population Health Assessment

Contractor must submit a plan addressing the following components for children, adolescents, and members with disabilities enrolled in Contractor's QDP(s):

- Outline of goals, opportunities, programs, and services designed to maintain health and manage oral health risks.
- Strategy for collecting, merging, and analyzing data for these groups using sources like dental claims, health evaluations, risk assessment surveys, health initiatives, and other advanced data tools.
- Application of these data to pinpoint needs and categorize them for focused interventions.

2028-2030 Proposed Contract Requirements

3.01 Dental Plan Benefits and Services Communication - **No changes proposed**

- Contractor must conduct outreach to and track the percentage of Covered California Enrollees that receive preventive, diagnostic, and treatment services for oral health issues within the first year of registration and once annually
- Contractor must provide education to Covered California Enrollees on accessing services, member benefits, the availability of diagnostic and preventive services, finding and matching providers, health risk assessments, their rights as patients, and the process for filing a grievance
- Contractor must stratify enrollee risks, notify high-risk individuals, provide customized education and outreach, report on high-risk management and dental benefit usage, and educate on no-cost preventive services and oral health self-management tools via its portal

2028-2030 Proposed Contract Requirements

3.02 Tobacco Cessation - No substantive changes proposed

- Contractor must ensure contracted dentists screen all Covered California enrollees for tobacco use and refer those who report use to their health plan and Primary Care Physician (PCP) for treatment options.
- Contractor must report how it supports contracted dentists in identifying tobacco use among Covered California enrollees and describe strategies to improve tobacco use prevention, **and early detection of oral diseases associated with tobacco use**, including current or anticipated outcomes of interventions.

2028-2030 Proposed Revised Contract Requirement

3.03 Pregnancy

- Contractor must ensure dentists screen for and identify pregnancy among Covered California Enrollees annually, facilitate status updates, and offer enhanced outreach for preventive and treatment services for oral health during pregnancy.
- Contractor must report how it supports dentists in identifying pregnant Covered California Enrollees, its outreach and education for preventive care, and collaboration with dental providers to advise patients on discussing oral health with their obstetrician.
- **Adding**
 - **Revised Contract Language** – Covered California will monitor rates of the portion of Covered California members who receive any dental service during pregnancy (overall and stratified by race/ethnicity) and will engage with Issuers to address outlier performance.

2028-2030 Proposed Contract Requirements

3.04 Patient-Centered Information and Communication

Contractor shall demonstrate to Covered California how it provides Covered California Enrollees with current cost and quality information for network providers through submission of sample materials and conducting a live demonstration of how enrollees access such information through member portals or other modalities.

- Contractor shall report how it makes or intends to make provider specific cost and quality information available, and the processes by which it updates the information.
 - Information delivered through Contractor's provider performance programs shall be meaningful to Covered California Enrollees and reflect a diverse array of provider clinical attributes and activities, including: provider background; quality performance; patient experience; volume; efficiency; and price of services.
 - The information shall be integrated and accessible through one forum providing Covered California Enrollees with a comprehensive view.

2028-2030 Proposed Contract Requirements

4.01 Promoting the Development and Use of Dental Home Model

- Contractor promotes the dental home model through network dentists to improve access, care coordination, and quality.

4.01.1 Encouraging the Use of Primary Dental Care

- DHMO Primary Dentist: Contractor must inform DHMO enrollees about primary dentist benefits, allow selection, assign one if none chosen within 60 days (considering preferences and access), notify enrollees of assignments, and ensure dentists accept new patients.
- **Adding** requirement for member engagement in care across all products.
 - The Member Engagement requirement is a new quality strategy to strengthen the extent to which Covered California enrollees use and benefit from their dental coverage by increasing utilization.
 - Accompanying performance standard is proposed for inclusion in Attachment 2

2028-2030 Proposed Contract Requirements

4.02 Networks Based on Value

- Contractor must manage provider networks using quality, cost, value-based payment reporting, and data driven quality improvement strategies to improve affordability, equity, and oral health outcomes
- **Adding** new requirement: Contractor must develop, submit, and annually update at least one data-driven Quality Improvement Plan (QIP) with measurable goals, targeted interventions, and reporting on progress for priority populations.

2028-2030 Proposed Contract Requirements

4.03 Teledentistry

- Contractor must report annually on teledentistry use, including enrollee utilization, service types, delivery models, and intended outcomes.
- Contractor must report how it informs enrollees about teledentistry services, costs, and interpreter access on key website pages.
- Contractor must continue to meet network adequacy standards for in-person services.
- **Adding** new reporting item:
 - How is Contractor leveraging teledentistry to expand access and enhance member engagement in care?

2028-2030 Proposed Contract Requirements

4.04 Participation in Collaborative Quality Initiatives **No changes proposed**

- Contractor must report annually on its participation in dental quality collaboratives or initiatives, including any financial support provided.
- Contractor must collaborate with Covered California to identify and evaluate effective programs for improving care, with potential future participation in required quality improvement and data sharing initiatives.

2028-2030 Proposed Contract Requirements

5.01 Measurement and Analytics – No changes proposed

- Contractor must submit dental claims and encounter data for specified measures to the Healthcare Evidence Initiative (HEI), collaborate on establishing benchmarks for dental performance measures, and participate in data quality reviews and refinements
- Contractor must work in partnership with Covered California to refine data measurement specifications, assure data quality, and comply with California law for sharing information on healthcare cost, quality, and disparities; may include providing HEI Data for audits, investigations, and health equity monitoring

2028-2030 QDP Attachment 1 Public Comment Summary

Attachment 1 Key Comment Themes

Article 1

- Two issuers requested that Covered California collect demographic information during enrollment and share the necessary data with issuers because issuers do not otherwise collect or maintain it. One issuer noted that maintaining member demographic data would entail significant costs—ultimately reflected in member premiums—and create an administrative burden without a demonstrated need from Covered California.
- One Issuer requested Covered California collect pregnancy status and tobacco use information from members and pass to QDP issuers in addition to demographic data

Article 3

- One Issuer requested Covered California collect pregnancy status and tobacco use information from members and pass to QDP issuers in addition to demographic data

Article 4

- Two issuers requested that reporting rely only on objective, auditable data available to issuers, noting that independent dentists do not provide scheduling or patient-acceptance information.
- One issuer asked that utilization requirements focus on SMART goals and continuous improvement and opposed reporting or interventions based on demographic data issuers do not receive.
- One issuer requested clarification on value-based networks, priority populations, reporting requirements, success measures, and implementation guidance.
- One Issuer voiced support for teledentistry, cautioned potential difficulties of tracking data

Attachment 2



QDP Attachment 2: Proposed Percent At-Risk

Proposed 2028-2030 QDP Attachment 2 percent at risk: 2.0%

- Reflects increased financial accountability for QDP performance for 2028-2030 Attachment 2 performance standards
- Increased at-risk amount is intended to more effectively influence plan behavior, along with offering technical assistance and implementing additional incentives for high performers

2028-2030 Proposed QDP Attachment 2 Proposed Performance Standards and Penalties

Performance Standards with Penalties		Percent At-Risk 2024-2027	Percent At-Risk Amount 2028	Percent At-Risk Amount 2029	Percent At-Risk Amount 2030
Data Submission	1. Healthcare Evidence Initiative (HEI) Data Submission	45%	30%	30%	30%
	2. Provider Directory Submission	5%	5%	5%	5%
Oral Health	3. Pediatric Oral Evaluation, Dental Services	5%	5%	5%	5%
	4. Pediatric Topical Fluoride for Children, Dental Services	5%	5%	5%	5%
	5. Pediatric Sealant Receipt on Permanent First Molars	5%	5%	5%	5%
	6. Adult Preventive Services Utilization	35%	25%	25%	25%
	7. New: Pediatric Member Engagement Pediatric (aged 0-18) rates of receipt of any dental service within the measurement year	N/A	5%	5%	5%
	8. New: Adult Member Engagement Adult (19 and older) rates of receipt of any dental service within the measurement year	N/A	20%	20%	20%

2028-2030 QDP Attachment 2 Public Comment Summary

Attachment 2 Key Comment Themes

General

- Three issuers opposed raising Premium at Risk from 1%-2%, noting the lack of supporting evidence, unwarranted financial volatility, reduction in premium predictability and higher administrative costs.
- One issuer:
 - objected to requirements that presume stand-alone dental plans have the same access to data as integrated medical plans,
 - objected to financial accountability measures that ignore how the DHMO model works and recommended that DHMO measures remain reporting-only,
 - objected to the application of the 70% performance threshold to oral health standard measures
 - requested clarification on the performance gap methodology with complete formulas and worked examples, and capping improvement no higher than AHRQ's ~2.4% average annual preventive-care improvement benchmark
 - requested greater denominator methodology transparency, proposing either durational enrollment adjustment or a minimum enrollment threshold.
- One Issuer recommended adhering fully to DQA standards.

2028-2030 QDP Attachment 2 Public Comment Summary

Attachment 2 Key Comment Themes

Performance Standards

- One Issuer objected to financial accountability for the Pediatric Topical Fluoride and Pediatric Sealant measures and suggested the measures remain reporting-only.
- One Issuer recommended an additional qualifier to DHMO data reporting.
- One issuer requested clarification for “any dental service”, language in Performance Standards 7 and 8, product differences, and conflicting 2030 language, and asked that financial accountability be limited to validated, attainable measures within the Contractor’s control.
- One issuer recommended removing Standards 7 and 8 because they appear duplicative of existing pediatric oral examination, adult preventive care utilization, 25-2-2, and Health Equity Initiative utilization measures.

Attachment 3



2028-2030 Proposed Contract Requirements: Dental Loss Ratio (DLR) Performance Standard and Expectation

- Attachment 3 will set the DLR requirement at **62%** for each Covered California QDP product, reflecting the average DLR across Individual Marketplace QDPs.
- Contractors will continue submitting annual DLR reports by product for Covered California business.
- Covered California will monitor performance against the 62% requirement during the 2028–2030 contract term without applying a financial penalty.
- Covered California anticipates moving the DLR expectation to Attachment 2 and applying a financial penalty in the next contract cycle.

2028-2030 QDP Attachment 3 Public Comment Summary

Attachment 3 Key Comment Themes

Dental Loss Ratio

- Three issuers opposed raising the Dental Loss Ratio (DLR) requirement from 50% to 62% without actuarial support and evidence of consumer benefit, noting that a uniform threshold may not reflect product differences or could harm affordability and market stability.
- One issuer recommended retaining the 50% requirement and relying on reporting, transparency, oversight, and data review.
- One Issuer expressed support for Covered California's goals to improve quality, utilization, health equity, and affordability.

2028-2030 QDP Summary

Attachments 1, 2 & 3

No proposed changes



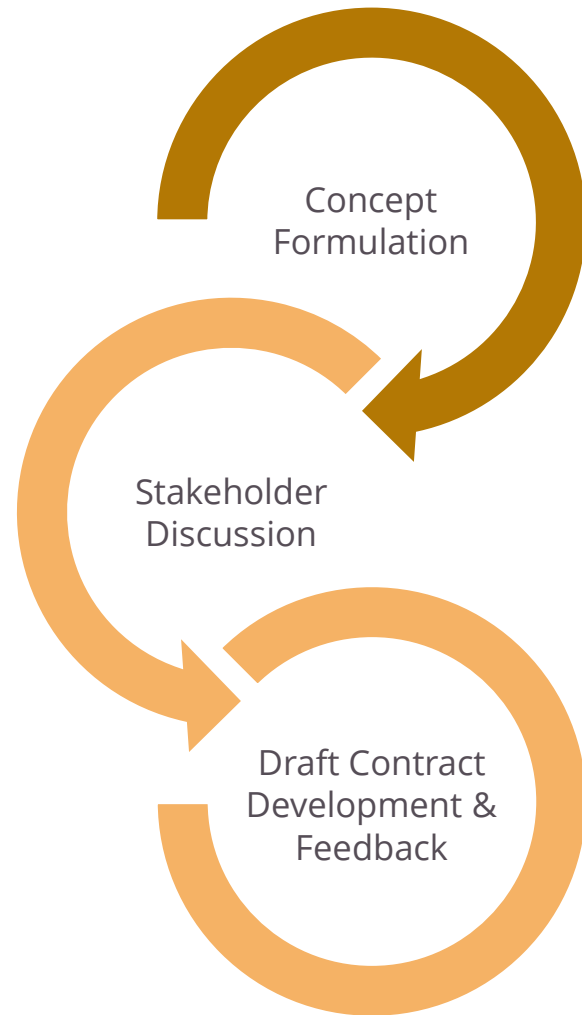
2029-2031

QHP Contract Workgroup Announcement

Charles Raya, DrPH, MHA
Health Equity & Quality Specialist, Health Equity and Quality Transformation (EQT)

October 8, 2026

Contract Workgroup Process



- Covered California leadership and staff engage in strategic planning sessions to develop concept proposal for the framework, principles, and priority areas for focus
- Contract Workgroup
 - Scheduled monthly meetings: November - August
 - Forum for large group discussion on QHP enrollment, utilization and proposed changes to Model Contract and Attachments 1-4
 - Learning space to share ideas and best practices among stakeholders
 - Participants will review and give feedback on contract proposals and draft contract language
 - Additional focus group meetings on specific priority areas can be scheduled as necessary to help facilitate contract development

2029-2031 QHP Contract Workgroup

Contract Workgroup will be held on the 4th Thursday of each month

- November 12, 2026 *during PMAG due to holiday
- January 28, 2027
- February 25, 2027
- March 25, 2027
- April 29, 2027
- May 27, 2027
- June 24, 2027 – no meeting
- July 29, 2027
- August 26, 2027

Dates are tentative

Preview of topics to come

2029-2031 QHP Contract Workgroup

Invitations will be sent out by mid October

Please reach out to eqt@covered.ca.gov with any questions or concerns

- Please notify us if someone in your organization needs an invitation to the workgroup

Thank You

Questions/Comments
eqt@covered.ca.gov

