

Cover Page

Covered California Small Business (CCSB) Qualified Health Plan (QHP) Attachment 2 – Performance Standards with Penalties Response to Comments

The following is the Covered California response to comments received in Cycle 1 (October 21, 2021 through November 5, 2021) for the release of contract documents:

- 2023-2025 CCSB Att X-Performance Standards with Penalties – Draft 10-21-21

NOTE: No comments were received for 2023-2025 CCSB Att X-Performance Standards and Expectations – Draft 10-21-21

All documents will be posted to the Plan Management HBEX webpage:
<https://hbex.coveredca.com/stakeholders/plan-management/>.

Response to Comments - Cycle 1 (October 21, 2021 - November 5, 2021)
2023-2025 CCSB Attachment 2 - Performance Standards with Penalties

A 14 Item #	A14 Sub-Section #	Comment	Covered California Response
1	4	NPI and TIN are not always consistently provided in claims. We agreed with IBM and Covered California that one or the other of these IDs will be sufficient to identify the provider type. Please change from "(NPI) and ...(TIN)" to "(NPI) or ...(TIN)".	"NPI and TIN" describes the undesirable case. Only when both NPI and TIN are missing or invalid will the enrollment appear in the numerator of the proportion of records violating the standard. Changing to "or" would increase the numerator and make the standard harder for Contractors to achieve.
1	5	<p>Please remove Rx claim and ordering Rx from this requirement. This information is not always included in the claim that we receive from the pharmacy.</p> <p>NPI and TIN are not always consistently provided in claims. We agreed with IBM and Covered California that one or the other of these IDs will be sufficient to identify the provider type. Please change from "(NPI) and ...(TIN)" to "(NPI) or ...(TIN)".</p>	<p>Recommend no change as it is appropriate to require the identity of the prescribing physician.</p> <p>For "NPI and TIN" vs. "NPI or TIN", see response above for item 9-4.</p>
1	6	This calculation must also include the injection fee and tax amount to accurately compare to the allowed amount. In addition, if we are the second payer, amounts from the first payer would need to be included. That information is not currently requirement and is not included in the HEI data submission.	Covered California intends to maintain the performance standard expectations as drafted. After 2022 data is analyzed, Covered California will revisit the expectations.

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1	8	HIOS IDs are not assigned to Small Group Off Exchange. Please confirm that this requirement and all other HEI data requirements exclude the Small Group line of business.	<p>The existing language regarding issuer-specific product ID is sufficient to accommodate any off-Exchange product without a HIOS ID.</p> <p>Unless noted otherwise, Small Group Products are included.</p>
1	9	To our knowledge, this analysis of Rx claims submissions against ingredient cost and dispensing fee amounts has not been completed by Covered CA and IBM therefore we are not able to determine if is reasonable at this time. We recommend removing this until further research has been completed.	Covered California intends to maintain the performance standard expectations as drafted. After 2022 data is analyzed, Covered California will revisit the expectations.
1	10	Please update this requirement to include how "appropriate and accurate proportions" will be defined.	The following has been added to the contract language ", as determined by comparison to Contractor's prior period data submissions, comparison to data aggregated from all data suppliers, and consultation with the Contractor."

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1		<p>Recommend adding additional language to the introductory paragraph of section 9 to allow for data and system coding variances between carriers. The performance standards as listed may make sense for some carriers and not others. We would like to add the following language in red to allow for a mutually-agreed upon alternate standard as necessary:</p> <p>Full and regular submission of data according to the standards outlined in Attachment 7, Article 15.01. Contractor must work with Covered California and the HEI vendor to ensure accuracy of data elements on an ongoing basis. Covered California and the Contractor may establish an alternate performance standard if different data variables are necessary to meet the HEI performance standards that have been set by Covered California.</p>	<p>Covered California intends to maintain the performance standard expectations as drafted. After 2022 data is analyzed, Covered California will revisit the expectations.</p>
2		<p>We would like to request that the DQA measure set be moved to performance standards with no penalties. Analysis and reporting of pediatric dental experience should be completed before introducing a performance standard with penalties. If a performance expectation is set in the future, please include measurement expectations for improvement and also attainment.</p>	<p>Please see revised 2023 penalties.</p>

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2		Concern about the standard on dental data. It has been difficult for dental vendors to provide certain data.	Performance on the Dental Quality Alliance Pediatric Measure Set will not be assessed in Measurement Year 2023. Performance standards for 2024 and 2025 will be established using 2023 baseline data.
2		Pediatric HEI data- Although we do not object to being held contractually obligated to the provision of pediatric dental data, we highly recommend that Covered CA work directly with our vendor in obtaining it as we do not capture this data in our systems.	Covered California is not opposed to receiving QHP pediatric dental claims from QDP issuers who contract with QHP issuers to provide pediatric dental benefits.