COMMENT TEMPLATE - Draft 2023 - 2025 Attachment for Quality, Equity, And

Delivery System Transformation Requirements and Improvement Strategy

Article-Section No.	Article-Section Title	Comment Date	Comment	Response
1.01.2	Race, Ethnicity, Language Data Collection		We recommend that CCSB collect self identified race and ethnicity, written and spoken language prefrences within their application and include it in their 834 files to carriers. Additionally it should be communicated to the CCSB brokers, who often process the enrollment for groups, that this information should be collected at the time of enrollment. CCSB should make these fields mandatory during its application process, in order to achieve similar rates as Covered CA Individual enrollment, before including this requirement for health plans. For the Individual Market Covered California collects and sends this information, so the gap to 80% is managable. Solutions to close this gap for CCSB would be add significant administraive cost, and create a poor member experience (e.g. we would mail to CCSB enrollees asking them to call us or mail something in to enter their Race and Ethnicity). Of note - QHPs can use imputed data to address dispartieis; and we do offer in our member portal the ability for consumers to Self Identify this information.	This requirement is waived for CCSB issuers.
1.03.1	Preamble		We recommend against requiring a CCSB specific disparity reduction plan, and instead recommend that the disparity plan for the Individual QHPs be referenced. The CCSB enrollment is a relatively small percentage of a QHPs entire small group book of business. Putting this requirement on a small subset of the plans, creates a significant administrative burden. CCSB may expect that QHPS have this disparity plan developed for its entire small group book of business, however it does not account for what QHPs are doing to address this important issue via other strategies and tactics in alignment with the commercial lines of business strategies.	This requirement is waived for CCSB issuers.

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Overall			We recommend that CCSB revisit and reduce the number of reporting requirements called out in Attachment 1 (such as reporting on utilization rates of CCSB members who used Diabetes Preventation Programs) and instead note them "as requested by Covered CA" and not mandatory. Producing each report, even for the certification process, takes resources and effort from plans. Given CCSB enrollment is small, relative to the overall small business market, it is not clear to what purpose the analysis will be used for. The AB929 data, which has all small group data for QHPs on Covered CA, will likely provide a better perspective on small group performance to CCSB.	
3.02.2	Diabetes Prevention Programs		Given the limited CCSB enrollment, we don't believe that it is an effective / efficient use of plan resources to 'establish multi-year improvement targets" for participation in diabetes prevention programs for the CCSB population.	Covered CA will adjust the reporting requirements to require reporting for the commercial line of business, including CCSB, and will remove the requirement for 'multi-year improvement targets'.
3.03.1	Submission of Transition Plan		The aspect of transitions of care included in the Individual Market QHP contract are not relevant for the Small Business market, given how enrollment is handled through the employer and open enrollment cycles.	Covered CA will adjust the requirements for transitions of care to be implemented as applicable to CCSB.