

**Cover Page**

**QDP Model Contract(s) First Round Comments**

The following is the Covered California response to "First Round" comments received for the 2023 Amendment QDP Model Contract for the Individual and Small Business Markets.

All documents will be posted to the Plan Management HBEX webpage:

<https://hbex.coveredca.com/stakeholders/plan-management/>

Article	Section #	Comment	Response
General Comment	General Comment	We request that if Covered California will be updating documents for Contractors to follow, including but not limited to report formats, that Covered California will partner with QDPs on the timing of such documents. Example, if we need to update documents in the EOC those should be provided to QDPs by March 1.	Covered California does its best to incorporate carrier feedback into document formatting, but can't always commit at this level of request.
Model Contract	General Comment	This appears to be a contract extension and not a new contract period. Please confirm this understanding is correct.	Yes, this is a QDP contract amendment.
Model Contract	General Comment	General comment throughout. We request the deletion of "including but not limited to", "without limitation", and anything similar throughout the agreement be removed and that the existing statements remain in the agreement. We do not want the strikeout changes to create an exhaustive list.	Covered California has made a general clean-up of inconsistent language throughout the contract to the appropriate language of "including", which will remain. "Including" is by definition not an exhaustive list. By saying "including, but not limited to" changes the definition of including to be exhaustive, which we do not want to do.  No contract change will be made.
Model Contract	Enrollment	We request Covered California pursue allowing plans to perform Enhanced Direct Enrollment.	A Covered California Enhanced Direct Enrollment initiative is not being pursued at this time.

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1	1.3	Suggest to also include a notification requirement for any "subdelegation" as well as "delegation."	<p>While CC always seeks to ensure req repts are both accurate representations of the situation and admin feasible to produce, we cannot commit to always reaching mutual agree on their design.</p> <p>No contract change will be made.</p>
1	1.3 c)	<p>We request additional information on what is causing this change in order to better understand Covered California's position that we conduct this notification. We are not clear why this is needed and what Covered California will do once such notification occurs. Depending on how Covered California will use this information there may be concerns that programs to improve the health of consumers may be delayed.</p>	<p>This language was added to ensure that Covered California is notified when a Carrier assigns or delegates services to a Vendor or makes changes to an existing assignment or delegation. Covered California agrees to modify Section 1.3c) with the following list for notification requirements:</p> <ol style="list-style-type: none"> <li>1. Enrollment and Eligibility</li> <li>2. Customer Service Call Center</li> <li>3. Third Party Administrator for Dental Providers</li> <li>4. Third Party Administrator for Provider Contracts</li> <li>5. Third Party Administrator for Claims Administration</li> </ol>

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2	2.1.2 e)	We request clarification whether Covered California will accept disputes monthly now. Right now it's only every other month.	This process will remain bi-monthly.
2	2.2.1 e)	We request the format of the reconciliation file "shall be mutually agreed upon by both Covered California and Contractor" instead of "defined by Covered California."	Covered California agrees with the request and the contract will be updated.
2	2.2.1 (f)	If a delegation is to represent an agency, does this mean that agencies will be certified? Will the agency be communicated on the 834 and NOT the agent? We're trying to understand how this will be communicated and how we would be able to tell when an agent wants to be paid directly vs. when it goes to the agency. Right now, we're set up to appoint each agent directly. Payment is sent to the agency based on how the agent chooses to be set up. We do not always know which agents that are not appointed with us are in the agency. Is the intent of the contract redlines to change that?	We communicate the Agent's name, license number, and FEIN of the agent or agency in the 834. Covered California allows agents to be multi-affiliated, so the combination of license number and FEIN can distinguish between an agent writing for one agency versus another. However, issuers may not be able to support this and may pay agents according to the appointments in place between the issuer and agent.
2	2.2.1 f)	We request that you also clarify this is limited to "certified agents/agencies". We cannot assign non-certified agents/agencies.	Covered California agrees with the request and the contract will be updated.
2	2.2.1 g)	We request that you also clarify this is limited to "certified agents/agencies". We cannot assign non-certified agents/agencies.	Covered California agrees with the request and the contract will be updated.
2	2.2.1 h)	In order to assist better understand this new reporting, we hope Covered California can share what you will be doing with this information. When will report be due and how is Contractor to submit this information? Is this informational only or will Covered California be providing feedback to Contractor?	Due dates and submittal location will be defined on the Contract Reporting Requirements table kept posted on the Extranet.  No contract change will be made.

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2	2.6.1 d)	It appears following the Style Guide is being removed. Please confirm that is the intent of this strikeout as we do not see it moved to a different section.	Was deleted due to redundancy with subsection b) where the language still appears.
2	2.6.2	Suggest removing language regarding marketing QDP standalone products off-exchange and outside the exchange. The QDP plans should not be marketing off-exchange standalone QDPs due to the plans inability to comply with H&S Code sections 1366.6 and 1367.006. Additionally, embedded QDP marketing materials would be filed by the QHP plans, not the QDP plans. Please see Sections 1366.6 and 1367.006.	Change made: and small group stand-alone dental products.
2	2.6.2 d)	We request a date be added to when Covered California will update the document by. As an example: Covered California will review and as appropriate update the Contact Guidelines by March 1. Covered California will publish the final Contact Guidelines and communicate them to Contractor by March 1 each year.	Marketing has no objection to the March 1 Contact Guideline update and the contract will be updated.
2	2.6.4	The capturing of Race and Ethnicity, written and spoken language, Gender identity, Sexual orientation, Disability status is critical to meeting certain aspects of other contractual requirements such as in Attachment 7 and Attachment 14/X. We request Covered California take steps towards requiring these fields on the application, if permitted by law. Capturing this information at time of enrollment is most appropriate and alleviates administrative burden on plans to collect this information that Covered California could have access to. In addition, there may be requirements for NCQA MHCD and/or Health Equity regarding the capturing of this enrollment information which is most appropriately collected at time of enrollment by Covered California.	<p>The comment doesn't address intent of this contract section.</p> <p>The reference to 'Other Enrollment Information' is enrollment information, not race and ethnicity which is the purview of Attachment 7. Since Enrollees may update through Covered California their address, family size, income, or other data points which potentially affect which plans they may enroll in, it's important the data sent by Covered California to the Contractor be updated.</p> <p>No contract change will be made.</p>

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2	2.6.4	<p>We are concerned that this section does not make it clear what "other enrollment information" QDPs must update on a continuous basis from Covered California. If QDPs are expected to make outreach, such as for Race/Ethnicity and Written/Spoken language, then we have a challenge regarding what data is most accurate. Example: 834 no race, member provides race to QDP as AI/AN, member provides Covered California race as White, Covered California sends maintenance 834 as White. There is a conflict whether QDP should be showing AI/AN or White. Alternatively, if the consumer didn't communicate with Covered California and we still received a Maintenance 834 for some other reason, that blank race information may overwrite what the member told the carrier directly.</p>	<p>Issuers receive enrollee reported updates to enrollment information (address, family size, income) on the 834 maintenance file. Since this potentially affects which plans they may enroll in, it's important the data sent by Covered California to the Issuer be updated.</p> <p>As previously reported, no race/ethnicity data will be collected here.</p>
2	2.6.4	<p>We request consideration be made that there are mutually agreed upon additional fields that carriers send back to Covered California. As an example, if carriers are to update Race/Ethnicity data, we wonder if that should be sent to Covered California to update your records as well.</p>	<p>As previously reported, no race/ethnicity data will be collected here.</p>

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3	3.1.2	Are QDPs allowed to have off-Exchange mirror products? In the past we haven't been permitted to offer such products.	Change made: and off-exchange individual and small group stand-alone dental products.
3	3.1.3	Suggest removing "and off-exchange mirror products." The inclusion of off-exchange may be confusing. Currently the DMHC grants QDPs an exemption from offering any off-exchange mirrored products, due to the inability of QDPs to comply with both CA requirements regarding OOPM and offering the SBD off-Exchange. Please see Sections 1366.6 and 1367.006.	Change made: and off-exchange individual and small group stand-alone dental products.
3	3.3.1	d) i) we request "material" not be struck out.	Covered California's objective is to be aware of upcoming network changes which might require time to prepare our Service Centers. The contract change will stand, to make contract compliance clearer for the carriers as there is no common definition for "material".
3	3.3.2	d) i) for 10% we request this be limited to providers, not enrollees residing. Please change to "10% network reduction in a region"	Ten percent of Enrollees establishes a safety net for rural regions.  No contract change will be made.
3	3.3.3	c) we request "material" not be struck out.	Covered California's objective is to be aware of upcoming network changes which might require time to prepare our Service Centers. The contract change will stand, to make contract compliance clearer for the carriers as there is no common definition for "material".

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9	9.2(a)(ii)	<b>Recommendation:</b> "Confidential Information" should be defined broadly, request that "but is not limited to" not be deleted here.	Covered California has made a general clean-up of inconsistent language throughout the contract to the appropriate language of "including", which will remain. "Including" is by definition not an exhaustive list. By saying "including, but not limited to" changes the definition of including to be exhaustive, which we do not want to do.
12	12.16	<b>Recommendation:</b> 12.17 was deleted and added to the definitions section. Request that Covered Ca revert this change and remove the new definition. "Days" when used in this capacity is not capitalized throughout the document so it is not accurate to treat it as a defined term, which creates potential ambiguity.	The contract will be updated to capitalize "Days" unless specified otherwise (i.e. "business days").
13	13	<b>Recommendation:</b> Personally Identifiable Information (PII) should be defined broadly. Do not remove "but are not limited to," in this definition.	Covered California has made a general clean-up of inconsistent language throughout the contract to the appropriate language of "including", which will remain. "Including" is by definition not an exhaustive list. By saying "including, but not limited to" changes the definition of including to be exhaustive, which we do not want to do.  No contract change will be made.

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A7 - 1	1.03 (3)	<p>We recognize the importance of having self-identified Race &amp; Ethnicity data, and firmly believe the best opportunity to capture this information is during the application/enrollment process. Covered California should update the enrollment process to capture DECLINE TO STATE and make these fields mandatory in the GI enrollment process, and drive improved data collection via prompts during the enrollment workflow. QHP outreach for members to collect this data can be expected to drive lower member satisfaction (particularly if members decline to state, but that information is not shared with QHPs), and will crowd out other pressing member outreach efforts, while increasing administrative costs.</p>	<p>At this time, Covered CA guidance on race/ethnicity categories aligns with the Office of Management and Budget (OMB) directive. As efforts to further standardize race/ethnicity categories at the federal level take place, Covered CA will reassess our approach to improve our application process. Additionally, federal and state law prevents Covered California from making the race/ethnicity fields required on the Single Streamlined Application because race and ethnicity are not factors in the eligibility and enrollment process for Medi-Cal or CCA, and the application cannot collect information beyond the minimum necessary for enrollment. Covered CA will continue to explore opportunities to improve capture of member self-identified race and ethnicity data and transmit that information to Issuers in the 834 file. No contract change will be made.</p>
A14	Group 5	<p>Group 5 indicates that the completed questions are to be submitted to Covered California by February 28 of the contract year in an electronic format to be determined by Covered California. Everything in the Group 5 appears to be included in the Certification Application due by May 1st, are carriers required to provide this data in February and then again in May?</p>	<p>This Certification Application question will be required for new entrants only beginning in 2023.</p>