

Cover Page

Qualified Dental Plan (QDP) Model Contract Second Round Comments

The following is the Covered California response to "Second 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
2	2.2.1 g)	Section 2.2.5 f) the days were changed from 5 to 10 days, however for 2.2.1 g) they were left at 5 days, please confirm this sections shouldn't be changed to 10 days as well	Covered California agrees with the request and the contract has been updated.
2	2.6.2 c	QDP Model Contract - Page 27, Section 2.6.2(c) - 1366.6 exempts dental plans from offering off-exchange standalone mirrored products. The inclusion of off-exchange may lead to confusion. Suggest removing the inclusion of "off-exchange."	Covered California would like to receive off Exchange dental plan marketing materials. No contract change will be make.

Article	Section	Comment	Response
2	2.6.4	<p>On 10/4/21 we submitted the comment: 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> <p>Covered California responded with: The comment doesn't address intent of this contract section. 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. No contract change will be made.</p> <p>Updated 12/6/21 comment: Since "other enrollment information" is not defined in this section of the Model Contract and this type of "enrollment information" either is or should be in a future state included on 834 and 834 maintenance transactions, we continue to request this change. We request Covered California take steps towards requiring these fields at time of 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. Following initial enrollment updates to this information should be bidirectional with Contractor.</p>	<p>Covered California's position remains consistent with prior responses. We agree the enrollment application is an important opportunity to collect this information but Covered California does not intend to pursue mandatory race and ethnicity questions in the enrollment application. Covered California is analyzing voluntary response rates to the race and ethnicity questions by service channel and considering ways to provide training and support to enrollers in order to improve these response rates.</p> <p>Covered California will continue to explore opportunities to improve capture of member self-identified race and ethnicity data.</p> <p>No contract change will be made.</p>

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2	2.6.4	<p>On 10/4/21 we submitted the comment: 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>Covered California responded with: 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. As previously reported, no race/ethnicity data will be collected here.</p> <p>Updated 12/6/21 comment: Since "other enrollment information" is not defined in this section of the Model Contract and this type of "enrollment information" either is or should be in a future state included on 834 and 834 maintenance transactions, we continue to request this change. Race/Ethnicity is passed on 834 maintenance files today from what we understand. We request Covered California take steps towards requiring these fields at time of 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. Following initial enrollment updates to this information should be bidirectional with Contractor.</p>	<p>Covered California's position remains consistent with prior responses. We agree the enrollment application is an important opportunity to collect this information but Covered California does not intend to pursue mandatory race and ethnicity questions in the enrollment application. Covered California is analyzing voluntary response rates to the race and ethnicity questions by service channel and considering ways to provide training and support to enrollers in order to improve these response rates.</p> <p>Covered California will continue to explore opportunities to improve capture of member self-identified race and ethnicity data.</p> <p>No contract change will be made.</p>

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3	2.6.4	<p>On 10/4/21 we submitted the comment: 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>Covered California responded with: As previously reported, no race/ethnicity data will be collected here.</p> <p>Update 12/6/21 comment: Race/Ethnicity is passed on 834 maintenance files today from what we understand. We request Covered California take steps towards requiring these fields at time of 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. Following initial enrollment updates to this information should be bidirectional with Contractor.</p>	<p>Covered California's position remains consistent with prior responses. We agree the enrollment application is an important opportunity to collect this information but does not intend to pursue mandatory race and ethnicity questions in the enrollment application. Covered CA is analyzing voluntary response rates to the race and ethnicity questions by service channel and considering ways to provide training and support to enrollers in order to improve these response rates.</p> <p>Covered CA will continue to explore opportunities to improve capture of member self-identified race and ethnicity data.</p> <p>No contract change will be made.</p>
2	3.1.1	<p>QDP Model Contract - Page 30, Section 3.1.1 - The non-redlined, non-yellow highlighted provision states the following: For purposes of this Agreement, each dental plan issuer must be in "good standing", which is determined by Covered California pursuant to 45 C.F.R § 156.200(b)(4) and shall require: (i) Contractor to hold a certificate of authority from CDI or a specialized health care service plan ("SHCSP") license from DMHC, as applicable, and . . .</p> <p>Not all plans which arrange for dental have a specialized plan license. Some, such as Blue Shield of California have a full service license, which allows the plan to offer dental. Recommend modifying the language to read instead: "or a specialized the relevant health care service plan ("SHCSP") license form the DMHC. . ."</p>	<p>Contract language added: or the relevant health care service plan ("HCSP") licensed from the DMHC. . ."</p>
2	3.1.3	<p>QDP Model Contract - Page 33, Section 3.1.3 - 1366.6 exempts dental plans from offering off-exchange standalone mirrored products. The inclusion of off-exchange may lead to confusion. Suggest remove the inclusion of "off-exchange."</p>	<p>Removed reference to off-exchange.</p>
2	3.1.3	<p>Mirrored products were removed, but left reference to Off Exchange Stand-alone dental products adhering to the Covered Ca Plan Naming Convention, since these plans are not mirrored they do not adhere and should not be required to adhere to the Covered Ca Plan Naming Conventions.</p>	<p>Removed reference to off-exchange.</p>

Article	Section	Comment	Response
3	3.3.2	<p>On 10/4/21 we submitted the comment: d) i) for 10% we request this be limited to providers, not enrollees residing. Please change to "10% network reduction in a region"</p> <p>Covered California responded with: Ten percent of Enrollees establishes a safety net for rural regions. No contract change will be made.</p> <p>Update 12/6/21 comment: We continue to request the change be made from impacted "enrollees residing" to "10% network reduction in a regions". Using network reduction makes this a simple calculation. Essentially, when there is a 10% reduction you are notified. However, the use of "enrollees residing" makes this significantly more complicated. Are you talking about members that saw those specific doctors? How recently did they need to see those doctors to know whether or not they are really needing to change? What if they never saw the impacted doctors? So the provider network process for this reporting would need to look at provider data, enrollment information, and claims information as part of the analysis. This is significantly more complicated than just reporting a 10% network reduction relying on provider network data.</p>	<p>Covered California will maintain contract language for a reporting threshold of a ten percent reduction in providers for Enrollees within any county to establish a safety net for rural regions. A report of regional network reductions with a reporting threshold of a 10% reduction of providers can miss the impact to many low population counties where the loss of a provider might represent a hardship.</p> <p>Covered California has added contract language referring Contractors to the QHP (or QDP) Network Disruption Reporting Template for details.</p> <p>The guidance portion of the Network Disruption Reporting Template will be updated for 2023 with a definition and calculation for this reporting requirement.</p>