Comment #	Application (QHP IND /QHP CCSB / QDP IND /QDP CCSB)	Section Name / Attachment Name	Page Number	Question #	Comment	Covered California Response	Application Change (Yes / No)
1	QHP IND	7 Sales Channel	26	7.6	**Question 7.6** **Bonus -** Describe any agent commission bonus program(s) in the individual market on or off exchange that is currently available in the 2024 benefit year or will be made available to agents for the 2025 benefit year. **Payment Percentage Average** - Applicant must indicate, as a percentage of premium, the amount of total commission compensation applicant expects to pay in calendar year 2024 to external distribution partners .... **Recommended change:** "Bonus" update years to "available in the **2025 benefit year** or will be made available to agetns for the **2026 benefit year**" "Payment Percentage Average" update year to "**calendar year 2025** to extenal distribution partners"	The years have been updated.	Yes
2	QHP IND	17.2 Benefit Administration	85 - 86	17.2.6-17.2.14	**Question 17.2.6, 17.2.7, 17.2.8, 17.2.9, 17.2.10. 17.2.11, 17.2.12, 17.2.13 and 17.2.14** **All questions** ask to describe the "oversight and accountability process" for a specific item and **All responses** are Single Radio Group 1: NCQA Accredited, 2: Not NCQA Accredited **[100 words]** - the only time you can describe the oversight and accountability process is if you answer "Not NCQA Accredited" **Clarification Needed:** **Please confirm that if a Carrier is NCQA Accredited, they do not need to describe the oversight and accountability process for each of these questions since there is no text box available.**	That is correct. If NCQA-accredited applicants do not need to describe processes for corresponding question.	No
3	QHP IND	17.2 Benefit Administration	87	17.2.22, 17.2.25, 17.2.26	**Question 17.2.22** "Describe how Applicant promotes integration and coordination of care between **in person providers** and **virtual care providers**. 200 words" **Question 17.2.25** "Describe how Applicant promotes integration and coordination of care between **virtual care providers** and **in-person providers** (primary care providers, specialists, etc). Single, Radio Group **1: NCQA Accredited 2: Not NCQA Accredited [100 words]"** **Question 17.2.26** "Describe how Applicant promotes integration and coordination of care between **in-person providers** and **virtual care providers**. 200 words" **Clarification Needed:** These three questions appear to be duplicates of one and other - just the order of coordination is flipped - In person / virtual care vs virtual care / in person. Additionally the response option is different for 17.2.25 as it has the NCQA Accredited / Not Accredited response. If 17.2.25 is valid please confirm that you on have to describe the integration / coordination if you are not NCQA Accredited.	Questions 17.2.22 and 17.2.25 will be removed and 17.2.26 revised to clarify intent.	Yes
4	QHP IND	17.2 Benefit Administration	88	17.2.30, 17.2.31	**Question 17.2.30** "Describe the referral process and access timeline for members who need higher levels of behavioral health care in addition to or following a **behavioral health virtual care visit**. 200 words" **Question 17.2.31** "Describe the referral process and access timeline for members who need higher levels of behavioral health care in addition to or following a **virtual care visit**. 200 words" **Clarification needed:** These two questions seem to be duplicates - difference is 17.2.30 states "behavioral health virtual care visit" and 17.2.31 just states "virtual care visit"; please confirm the intention is to have Carriers respond twice with the one response being specific to a Behavioral Health virtual vist, and the second response being after a Medical virtual care visit?	Covered California will removed question 17.2.30 To clarify, 17.2.31 is more inclusive.	Yes
5	QHP IND	17.4 ECP	90	General	First paragraph states "Applicants with the integrated delivery structure, as determined by Covered California using criteria in **Question 15.3,** may qualify for assessment under an alternate standard." **Recommended change:** Due to the renumbering in some sections of the application the reference to **15.3 Behavioral Health** may be incorrect, **could 16.6 be the correct reference now**?	The number has been updated to reference the correct criteria.	Yes
6	QHP IND	17.5.2 Advanced Primary Care	96	17.5.2.2	**Question 17.5.2.2** "If applicant had no Covered California business **in 2023**, report full **2023 book** of business excluding Medicare." **Recommended change:** Update year from **2023 to 2024**	The change will be made from 2023 to 2024.	Yes
7	QHP IND	17.5.3 Maternal Health Advances	99	17.5.3.4	**Question 17.5.3.4** Attachment **K2_QHP-IND-CCSB_QIS 2** WorkPlan **Clarification needed:** Since there is no longer a K1 / QIS 1 Attachment in the 2026 Certification package, should this be renumbered as K1 / QIS 1?	Covered California will change the numbering sequence for Attachment K. We will renumber attachment K2 and change it to K1 and K3 will be changed to K2 for Plan Year 2026.	Yes
8	QHP IND	17.5.4 Hospital Quality, Value, and Patient Safety	101	17.5.4	Question 17.**54**.4 (should be 17.**5.4**.4) Attachment **K3_QHP-IND-CCSB_QIS_3** workplan **Clarification needed:** Since there is no longer a K1 / QIS 1 Attachment in the 2026 Certification package, should K2 be renumbered as K1 / QIS 1, and K3 be renumbered as K2 / QIS 2?	Covered California will change the numbering sequence for Attachment K. We will renumber attachment K2 and change it to K1 and K3 will be changed to K2 for Plan Year 2026.	Yes
9	QHP IND	18.2 Benefit Administration	104 - 105	18.2.6-18.2.14	**Question 18.2.6, 18.2.7, 18.2.8, 18.2.9, 18.2.10. 18.2.11, 18.2.12, 18.2.13 and 18.2.14** **All questions** ask to describe the "oversight and accountability process" for a specific item and **All responses** are Single Radio Group 1: NCQA Accredited, 2: Not NCQA Accredited **[100 words]** - the only time you can describe the oversight and accountability process is if you answer "Not NCQA Accredited" **Clarification Needed:** **Please confirm that if a Carrier is NCQA Accredited, they do not need to describe the oversight and accountability process for each of these questions since there is no text box available.**	If NCQA accredited, Applicants do not need to describe processes for corresponding question.	No
10	QHP IND	18.2 Benefit Administration	106 - 107	18.2.22, 18.2.25, 18.2.26	**Question 18.2.22** "Describe how Applicant promotes integration and coordination of care between **in person providers** and **virtual care providers**. 200 words" **Question 18.2.25** "Describe how Applicant promotes integration and coordination of care between **virtual care providers** and **in-person providers** (primary care providers, specialists, etc). Single, Radio Group **1: NCQA Accredited 2: Not NCQA Accredited [100 words]"** **Question 18.2.26** "Describe how Applicant promotes integration and coordination of care between **in-person providers** and **virtual care providers**. 200 words" **Clarification Needed:** These three questions appear to be duplicates of one and other - just the order of coordination is flipped - In person / virtual care vs virtual care / in person. Additionally the response option is different for 18.2.25 as it has the NCQA Accredited / Not Accredited response. If 18.2.25 is valid please confirm that you on have to describe the integration / coordination if you are not NCQA Accredited.	Questions 18.2.22 and 18.2.25 will be removed and 18.2.26 revised to clarify intent.	Yes

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11	QHP IND	18.2 Benefit Administration	108	18.2.30, 18.2.31	**Question 18.2.30** "Describe the referral process and access timeline for members who need higher levels of behavioral health care in addition to or following a **behavioral health virtual care visit**. 200 words" **Question 18.2.31** "Describe the referral process and access timeline for members who need higher levels of behavioral health care in addition to or following a **virtual care visit**. 200 words" **Clarification needed:** These two questions seem to be duplicates - difference is 18.2.30 states "behavioral health virtual care visit" and 18.2.31 just states "virtual care visit"; please confirm the intention is to have Carriers respond twice with the one response being specific to a Behavioral Health virtual vist, and the second response being after a Medical virtual care visit?	Question 18.2.31 will be removed.	Yes
12	QHP IND	18.4 ECP	90	General	First paragraph states "Applicants with the integrated delivery structure, as determined by Covered California using criteria in **Question 15.3,** may qualify for assessment under an alternate standard." **Recommended change:** Due to the renumbering in some sections of the application the reference to **15.3 Behavioral Health** may be incorrect, **could 16.6 be the correct reference now**?	The number has been updated to reference the correct criteria.	Yes
13	QHP IND	18.5 Delivery System and Payment Strategies to Drive Quality	113	General	the Second bullet point needs a return after "Maternal Health Advancement" so that Hospital Quality, Value and Patient Safety are on their own bullet	The formatting has been corrected.	Yes
14	QHP IND	18.5.3 Maternal Health Advances	118	18.5.3.4	**Question 18.5.3.4** Attachment **K2_QHP-IND-CCSB_QIS 2** WorkPlan **Clarification needed:** Since there is no longer a K1 / QIS 1 Attachment in the 2026 Certification package, should this be renumbered as K1 / QIS 1?	Covered California will change the numbering sequence for Attachment K: Attachment K2 will change to K1 and K3 will change to K2 for Plan Year 2026.	Yes
15	QHP IND	18.5.3 Maternal Health Advances	120	18.5.4.4	**Question 18.5.4.4** Attachment **K3_QHP-IND-CCSB_QIS_3** workplan **Clarification needed:** Since there is no longer a K1 / QIS 1 Attachment in the 2026 Certification package, should K2 be renumbered as K1 / QIS 1, and K3 be renumbered as K2 / QIS 2?	Covered California will change the numbering sequence for Attachment K: Attachment K2 will change to K1 and K3 will change to K2 for Plan Year 2026.	Yes
16	QHP IND	Attachment J - 17.5.2 Advanced Primary Care	N/A	N/A	**Attachment J - 17.5.2.2 Current Payment Strategies for Primary Care Services and Number of Providers Paid Under Each Strategy - HMO** Report **all types of payment models used for primary care services and number of providers paid under each alternative payment model (APM) outlined in the HCP LAN Alternative Payment Model APM Framework (Category 1, 2, 3, and 4) in the table below**. Applicant must **report description of payment models for its 5 largest physician groups, as defined by the number of providers, and how primary care clinicians are paid in the table below**. Enter appropriate numerator and denominator for specified prior years if possible. Applicants should report complete measurement year data (not point in time). **Application - 17.5.2.2** Report **total primary care spend for all payment methods used for primary care services and number of providers paid under each category in 2024 in Attachment J_QHP-IND_Run Charts** as outlined by the Office of Health Care Affordability (OHCA). If Applicant had no Covered California business in 2023, report full 2023 book of business excluding Medicare. Applicants currently contracted with Covered California must enter the number and percentage of providers paid under each model reported in the Certification Applications for 2024 and 2025, **including the payment strategies for the top five (5) physician groups**. Report data by product (HMO, PPO, EPO, Other). References: HCP LAN Alternative Payment Model APM Framework: https://hcai.ca.gov/wp-content/uploads/2023/11/HCAI-Expanded-Non-claims-Payments-Framework-Handout_11-28-23-1.pdf **Clarification Needed**: Should Attachment J's instructions be updated to match what is stated in the application? Is the intent to provide updated Primary Care Spend reporting (which is due 11/15) in attachment J - or just the data that we have be providing in past years?	The reference to "total primary care spend" will be removed from this question. This question asks for the types of payment models contracted with providers.	Yes
17	QHP IND	Attachment J - 18.5.2 Advanced Primary Care	N/A	N/A	**Attachment J - 18.5.2.2 Current Payment Strategies for Primary Care Services and Number of Providers Paid Under Each Strategy - PPO** Report **all types of payment models used for primary care services and number of providers paid under each alternative payment model (APM) outlined in the HCP LAN Alternative Payment Model APM Framework (Category 1, 2, 3, and 4) in the table below**. Applicant must **report description of payment models for its 5 largest physician groups, as defined by the number of providers, and how primary care clinicians are paid in the table below**. Enter appropriate numerator and denominator for specified prior years if possible. Applicants should report complete measurement year data (not point in time). **Application - 18.5.2.2** Report **total primary care spend for all payment methods used for primary care services and number of providers paid under each category in 2024 in Attachment J_QHP-IND_Run Charts** as outlined by the Office of Health Care Affordability (OHCA). If Applicant had no Covered California business in 2024, report full 2024 book of business excluding Medicare. Applicants currently contracted with Covered California must enter the number and percentage of providers paid under each model reported in the Certification Applications for 2024 and 2025, **including the payment strategies for the top five (5) physician groups**. Report data by product (HMO, PPO, EPO, Other). References: HCP LAN Alternative Payment Model APM Framework: https://hcai.ca.gov/wp-content/uploads/2023/11/HCAI-Expanded-Non-claims-Payments-Framework-Handout_11-28-23-1.pdf **Clarification Needed**: Should Attachment J's instructions be updated to match what is stated in the application? Is the intent to provide updated Primary Care Spend reporting (which is due 11/15) in attachment J - or just the data that we have be providing in past years?	The reference to "total primary care spend" will be removed from this question. This question asks for the types of payment models contracted with providers.	Yes

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18	QHP IND	Attachment J - 17.5.3 QIS for Maternal Health Advancement	N/A	N/A	**Attachment J - 17.5.3.2 Current Payment Strategies for Maternity Services and Number of Network Hospitals Paid Using Strategy - HMO** Provide a description of all current payment models for contracted maternity services with physicians and Hospitals, and specifically address if reimbursement is more or less than vaginal delivery or non-medically necessary C-Section delivery. Report payment strategies and number of network hospitals paid using each payment strategy in the table below. This reporting is not limited to incentive payments. Use only one description per strategy. Enter appropriate numerator and denominator for specified prior years if possible. Applicants should report complete measurement year data (not point in time). **Clarification Needed:** In prior applications the Applicant for Network Physicians either confirmed that all were paid on a case rate that did not vary for vaginal / non-medically necessary c-section delivery and no additional data was required. if not confirmed then additional data was required. Attachment J is asking for back to MY 2021 with the number of network physicians under this payment strategy. Since this was not reporting this way in the past there is no information to carry forward into this table. Please confirm if Applicant can just report MY2024 - or if they will need to provide the network provider counts for each year 2021 - 2023 even though they provided a "confirmed" response in the prior years applications.	Applicants are not expected to provide the network provider counts for each year 2021-2023 if not previously reported and not reasonably feasible to do so.	No
19	QHP IND	Attachment J - 18.5.3 QIS for Maternal Health Advancement	N/A	N/A	**Attachment J - 18.5.3.2 Current Payment Strategies for Maternity Services and Number of Network Hospitals Paid Using Strategy - PPO** Provide a description of all current payment models for contracted maternity services with physicians and Hospitals, and specifically address if reimbursement is more or less than vaginal delivery or non-medically necessary C-Section delivery. Report payment strategies and number of network hospitals paid using each payment strategy in the table below. This reporting is not limited to incentive payments. Use only one description per strategy. Enter appropriate numerator and denominator for specified prior years if possible. Applicants should report complete measurement year data (not point in time). **Clarification Needed:** In prior applications the Applicant for Network Physicians either confirmed that all were paid on a case rate that did not vary for vaginal / non-medically necessary c-section delivery and no additional data was required. if not confirmed then additional data was required. Attachment J is asking for back to MY 2021 with the number of network physicians under this payment strategy. Since this was not reporting this way in the past there is no information to carry forward into this table. Please confirm if Applicant can just report MY2024 - or if they will need to provide the network provider counts for each year 2021 - 2023 even though they provided a "confirmed" response in the prior years applications.	Applicants are not expected to provide the network provider counts for each year 2021-2023 if not previously reported and not reasonably feasible to do so.	No
20	QHP IND	Attachment L	N/A	N/A	**Clarification Needed:** For PPO networks, please clarify the definition of a Provider Organization for purposes of adding under #3 Additional PO's. Are you looking for ACO providers, any contracted Medical Group, Individual Providers - Primary Care only, Specialists Groups?	The definition of a Provider Organization for purposes of adding under #3 Additional PO's is the risk bearing organization according to DMHC definition, which is as follows: "A risk bearing organization (RBO) is either a professional medical corporation, other form of corporation controlled by physicians and surgeons, a medical partnership, a medical foundation exempt from licensure pursuant to subdivision (l) of Section 1206 of the Health and Safety Code, or another lawfully organized group of physicians that delivers, furnishes, or otherwise arranges for or provides health care services."	
21	QHP IND	Attachment K2	N/A	N/A	**Clarification Needed:** Since there is no longer a K1 / QIS 1 Template should these be renumbered?	Covered California will change the numbering sequence for Attachment K: Attachment K2 will change to K1 and K3 will change to K2 for Plan Year 2026.	Yes
22	QHP IND	Attachment K3	N/A	N/A	**Clarification Needed:** Since there is no longer a K1 / QIS 1 Template should these be renumbered?	Covered California will change the numbering sequence for Attachment K: Attachment K2 will change to K1 and K3 will change to K2 for Plan Year 2026.	Yes
23	QHP CCSB	1.7 Key Dates	9	General	**Quarterly Application Open Date -** added text "at noon 12:00 pm PT" Clarification Needed: Is the application not opening until noon on 3/3/2025? I thought this note was needed for the next section "Completed Quarterly Application Due Dates" where the application must be submitted in proposal tech by noon on 4/30/2025?	The 1.7 Key Dates table has been updated and the due date and time for the application submission is April 30th at noon, 12:00 pm PT).	Yes
24	QHP CCSB	16.2 Benefit Administration	83 - 85	16.2.6-16.2.14	**Question 16.2.6, 16.2.7, 16.2.8, 16.2.9, 16.2.10. 16.2.11, 16.2.12, 16.2.13 and 16.2.14** **All questions** ask to describe the "oversight and accountability process" for a specific item and **All responses** are Single Radio Group 1: NCQA Accredited, 2: Not NCQA Accredited **[100 words]** - the only time you can describe the oversight and accountability process is if you answer "Not NCQA Accredited" **Clarification Needed:** **Please confirm that if a Carrier is NCQA Accredited, they do not need to describe the oversight and accountability process for each of these questions since there is no text box available.**	That is correct. If NCQA-accredited applicants do not need to describe processes for corresponding question. Question language will be revised to clarify.	Yes
25	QHP CCSB	16.2 Benefit Administration	87 - 88	16.2.22, 16.2.25, 16.2.26	**Question 16.2.22** "Describe how Applicant promotes integration and coordination of care between **in person providers** and **virtual care providers**. 200 words" **Question 16.2.25** "Describe how Applicant promotes integration and coordination of care between **virtual care provider**s and **in-person providers** (primary care providers, specialists, etc). Single, Radio Group **1: NCQA Accredited 2: Not NCQA Accredited [100 words]"** **Question 16.2.26** "Describe how Applicant promotes integration and coordination of care between **in-person providers** and **virtual care providers**. 200 words" **Clarification Needed:** These three questions appear to be duplicates of one and other - just the order of coordination is flipped - In person / virtual care vs virtual care / in person. Additionally the response option is different for 16.2.25 as it has the NCQA Accredited / Not Accredited response. If 16.2.25 is valid please confirm that you on have to describe the integration / coordination if you are not NCQA Accredited.	Questions 16.2.22 and 16.2.25 will be removed and 16.2.26 revised to clarify intent.	Yes
26	QHP CCSB	16.2 Benefit Administration	89	16.2.30, 16.2.31	**Question 16.2.30** "Describe the referral process and access timeline for members who need higher levels of behavioral health care in addition to or following a **behavioral health virtual care visit**. 200 words" **Question 16.2.31** "Describe the referral process and access timeline for members who need higher levels of behavioral health care in addition to or following a **virtual care visit**. 200 words" **Clarification needed:** These two questions seem to be duplicates - difference is 16.2.30 states "behavioral health virtual care visit" and 16.2.31 just states "virtual care visit"; please confirm the intention is to have Carriers respond twice with the one response being specific to a Behavioral Health virtual vist, and the second response being after a Medical virtual care visit?	Thank you for bringing these questions to our attention. Question 16.2.31 will be removed.	Yes

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27	QHP CCSB	16.4 ECP	91	General	First paragraph states "Applicants with the integrated delivery structure, as determined by Covered California using criteria in **Question 15.3,** may qualify for assessment under an alternate standard." **Recommended change:** Due to the renumbering in some sections of the application the reference to **15.3 Preliminary Premium Proposals** may be incorrect, **could 15.6 be the correct reference now**?	The number has been updated to reference the correct criteria.	Yes
28	QHP CCSB	17.2 Benefit Administration	99 - 100	17.2.6-17.2.14	**Question 17.2.6, 17.2.7, 17.2.8, 17.2.9, 17.2.10. 17.2.11, 17.2.12, 17.2.13 and 17.2.14** **All questions** ask to describe the "oversight and accountability process" for a specific item and **All responses** are Single Radio Group 1: NCQA Accredited, 2: Not NCQA Accredited **[100 words]** - the only time you can describe the oversight and accountability process is if you answer "Not NCQA Accredited" **Clarification Needed:** **Please confirm that if a Carrier is NCQA Accredited, they do not need to describe the oversight and accountability process for each of these questions since there is no text box available.**	That is correct. If NCQA-accredited applicants do not need to describe processes for corresponding question. Question language will be revised to clarify.	Yes
29	QHP CCSB	17.2 Benefit Administration	102 - 103	17.2.22, 17.2.25, 17.2.26	**Question 17.2.22** "Describe how Applicant promotes integration and coordination of care between **in person providers** and **virtual care providers**, 200 words" **Question 17.2.25** "Describe how Applicant promotes integration and coordination of care between **virtual care provider**s and **in-person providers** (primary care providers, specialists, etc). Single, Radio Group **1: NCQA Accredited 2: Not NCQA Accredited [100 words]"** **Question 17.2.26** "Describe how Applicant promotes integration and coordination of care between **in-person providers** and **virtual care providers**, 200 words" **Clarification Needed:** These three questions appear to be duplicates of one and other - just the order of coordination is flipped - In person / virtual care vs virtual care / in person. Additionally the response option is different for 17.2.25 as it has the NCQA Accredited / Not Accredited response. If 17.2.25 is valid please confirm that you on have to describe the integration / coordination if you are not NCQA Accredited.	Questions 17.2.22 and 17.2.25 will be removed and 17.2.26 revised to clarify intent.	Yes
30	QHP CCSB	17.2 Benefit Administration	103	17.2.30, 17.2.31	**Question 17.2.30** "Describe the referral process and access timeline for members who need higher levels of behavioral health care in addition to or following a **behavioral health virtual care visit**, 200 words" **Question 17.2.31** "Describe the referral process and access timeline for members who need higher levels of behavioral health care in addition to or following a **virtual care visit**, 200 words" **Clarification needed:** These two questions seem to be duplicates - difference is 17.2.30 states "behavioral health virtual care visit" and 17.2.31 just states "virtual care visit"; please confirm the intention is to have Carriers respond twice with the one response being specific to a Behavioral Health virtual vist, and the second response being after a Medical virtual care visit?	Question 17.2.31 will be removed.	Yes
31	QHP CCSB	17.4 ECP	106	General	First paragraph states "Applicants with the integrated delivery structure, as determined by Covered California using criteria in **Question 15.3,** may qualify for assessment under an alternate standard." **Recommended change:** Due to the renumbering in some sections of the application the reference to **15.3 Preliminary Premium Proposals** may be incorrect, **could 15.6 be the correct reference now**?	The number has been updated to reference the correct criteria.	Yes
32	QHP CCSB	Attachment L	N/A	N/A	**Clarification Needed:** For PPO networks, please clarify the definition of a Provider Organization for purposes of adding under #3 Additional PO's. Are you looking for ACO providers, any contracted Medical Group, Individual Providers - Primary Care only, Specialists Groups?	The definition of a Provider Organization for purposes of adding under #3 Additional PO's is the risk bearing organization according to DMHC definition, which is as follows: "A risk bearing organization (RBO) is either a professional medical corporation, other form of corporation controlled by physicians and surgeons, a medical partnership, a medical foundation exempt from licensure pursuant to subdivision (l) of Section 1206 of the Health and Safety Code, or another lawfully organized group of physicians that delivers, furnishes, or otherwise arranges for or provides health care services."	
33	QHP CCSB	E - Submission Guidelines	8	N/A	**Evidence of Coverage (EOC) or Policy and Summary of Benefits of Coverage** Applicants **must provide** final, regulator-approved and marketing ready EOC or Policy and SBC for **each plan**. EOCs and SBCs **must be submitted in a single ZIP file**. The SBC must be combined with the EOC or Policy into one document per plan, submitted as a pdf, CCSB **recommends** that carriers submit EOCs and SBCs with **the following file naming convention**: [Issuer Name] [Network Marketing Name] [Metal Tier Name] [AV] [Product Type][deductible-primary care office visit cost share] [PCP] [+Child Dental if applicable] [ALT, ifapplicable] [INF, if applicable] [SPN, if applicable] **Clarification Needed:** Due to the size limitations in SERFF it is not possible to submit in single ZIP file, recommend changing to state "**submit in a single zip file based on Metal tier / Network type"**. Instructions "recommend" carriers use the naming convention noted, recommend changing to state **"carriers "must" submit** EOCs and SBCs with the following file naming convention.	The instructions will be updated to require Applicants to comply with the naming convention. Covered California will update instructions on file submission requirements before documents are due.	
34	QHP QDP	7 Sales	24	7.6	**Question 7.6** **Bonus -** Describe any agent commission bonus program(s) in the individual market on or off exchange that is currently available in the 2024 benefit year or will be made available to agents for the 2025 benefit year. **Payment Percentage Average** - Applicant must indicate, as a percentage of premium, the amount of total commission compensation applicant expects to pay in calendar year 2024 to external distribution partners .... **Recommended change:** "Bonus" update years to "available in the **2025 benefit year** or will be made available to agetns for the **2026 benefit yea**r" "Payment Percentage Average" update year to "**calendar year 2025** to extenal distribution partners"	The years have been updated.	Yes
35	QDP IND	10 Fraud, Waste and Abuse Detection	31	General	**Intro states:** Questions 10.1 - 10.4, 10.6 - 10.13 required for current applicants - however there is not Question 10.12 or 10.13 **Recommendation:** Please update to align with the number of questions in this section - Questions 10.1 - 10.4, 10.6 - ~~**10.13**~~ **10.11** required for current applicants	The instructions have been updated.	Yes

Comment #	Application (QHP IND /QHP CCSB / QDP IND /QDP CCSB)	Section Name / Attachment Name	Page Number	Question #	Comment	Covered California Response	Application Change (Yes / No)
36	QDP	17.1 Dental HMO	45	17.1.1	**Question 17.1.1** - "Attachment P_QHP-QDP-IND-CCSB_Provider Directory Data Template will follow the data file layout in the Covered California Provider Data Submission Guide with **additional required telehealth information."** **Clarification Requested:** Please confirm that the 2025 NBPP requirement to collect telehealth information applied to Dental Networks.	The 2025 NBPP requirement to collect telehealth information does apply to Dental Networks.	No
37	QDP	17.2 Dental PPO	47	17.2.1	**Question 17.2.1** - "Attachment P_QHP-QDP-IND-CCSB_Provider Directory Data Template will follow the data file layout in the Covered California Provider Data Submission Guide with **additional required telehealth information."** **Clarification Requested:** Please confirm that the 2025 NBPP requirement to collect telehealth information applied to Dental Networks.	The 2025 NBPP requirement to collect telehealth information does apply to Dental Networks.	No
38	QDP IND	20.5.1 Utilization Reporting	63	20.5.1.5	**20.5.1.5 Utilization Reporting** **Recommendation:** Please provide the measure specifications to be used for reporting each of the utilization measures noted - e.g. the DQA, HEDIS or CovCa Proprietary specifications for the measure definition listed. There is not enough information in the measure description to understand the CDT codes and/or ICD10 codes needed to pull this reporting. Providing this allows for consistent reponses across dental carriers for CovCa to be able to compare utilization results.	For Dental Quality Alliance (DQA) measure specifications, visit https://www.ada.org/resources/research/dental-quality-alliance/dqa-dental-quality-measures. Covered California will clarify language in this section.	Yes
39	QDP IND	20.5.1 Utilization Reporting	64	20.5.1.6	**20.5.1.6 Utilization Reporting** **Recommendation:** Please provide the measure specifications to be used for reporting each of the utilization measures noted - e.g. the DQA, HEDIS or CovCa Proprietary specifications for the measure definition listed. There is not enough information in the measure description to understand the CDT codes and/or ICD10 codes needed to pull this reporting. Providing this allows for consistent reponses across dental carriers for CovCa to be able to compare utilization results.	For Dental Quality Alliance (DQA) measure specifications, visit https://www.ada.org/resources/research/dental-quality-alliance/dqa-dental-quality-measures. Covered California will clarify language in this section.	Yes
40	QDP IND	21.5.1 Utilization Reporting	74	21.5.1.5	**21.5.1.5 Utilization Reporting** **Recommendation:** Please provide the measure specifications to be used for reporting each of the utilization measures noted - e.g. the DQA, HEDIS or CovCa Proprietary specifications for the measure definition listed. There is not enough information in the measure description to understand the CDT codes and/or ICD10 codes needed to pull this reporting. Providing this allows for consistent reponses across dental carriers for CovCa to be able to compare utilization results.	For Dental Quality Alliance (DQA) measure specifications, visit https://www.ada.org/resources/research/dental-quality-alliance/dqa-dental-quality-measures. Covered California will clarify language in this section.	Yes
41	QDP IND	21.5.1 Utilization Reporting	75	21.5.1.6	**21.5.1.6 Utilization Reporting** **Recommendation:** Please provide the measure specifications to be used for reporting each of the utilization measures noted - e.g. the DQA, HEDIS or CovCa Proprietary specifications for the measure definition listed. There is not enough information in the measure description to understand the CDT codes and/or ICD10 codes needed to pull this reporting. Providing this allows for consistent reponses across dental carriers for CovCa to be able to compare utilization results.	For Dental Quality Alliance (DQA) measure specifications, visit https://www.ada.org/resources/research/dental-quality-alliance/dqa-dental-quality-measures. Covered California will clarify language in this section.	Yes
42	QHP IND	2 Administration and Attestation	11	2.1	We recommend restoring "Applicant's Covered California Operation Status" so that this detail can be removed from questions 7.5, 7.7 and 7.8. This will reduce redundancy in the other sections.	For Plan Year 2026, there is a new contract and new certification application; Applicants will need to provide the required documents and responses per the application.	No
43	QHP IND	5 Operational Capacity	18	5.2.2	Please clarify the scope of what should be included in the implementation plan. This questions appears to be duplicative of 5.2.3	The question has ben updated to provide clarity regarding the request for implementation plan.	Yes
44	QHP IND	7 Sales Channels	23	7.2	The information being requested is duplicative of the details in the chart in 7.4. We recommend removing this question or combining 7.2 and 7.4.	Question 7.2 has been removed and combined with question 7.4. Section questions' numbers have been updated. 7.4 has been renumbered to 7.3.	Yes
45	QHP IND	7 Sales Channels	23	General	We recommend removing the drop down response option "Currently operating in Covered California." This does not align with the question content and should be captured in question 2.1.	Response option "Currently operating in Covered California" will not be removed from question 7.4. "Currently operating in Covered California" is not an option in question 2.1.	No
46	QHP IND	7 Sales Channels	24	7.5, 7.6	The information being requested is duplicative of the details in the chart in 7.6. We recommend removing this question or combining 7.5 and 7.6.	7.5 asks for a AOR Commission Schedule while 7.6 is seeking a description of the Commission Rate.	
47	QHP IND	7 Sales Channels	24	7.6	We recommend removing the drop down response option "Currently operating in Covered California." This does not align with the question content and should be captured in question 2.1.	Response option "Currently operating in Covered California" will not be removed from question 7.6. "Currently operating in Covered California" is not an option in question 2.1.	No
48	QHP IND	7 Sales Channels	25	7.8	We recommend removing the drop down response option "Currently operating in Covered California." This does not align with the question content and should be captured in question 2.1.	Response option "Currently operating in Covered California" will not be removed from question 7.8. "Currently operating in Covered California" is not an option in question 2.1.	No
49	QHP IND	15.1 Certification Requirements	46	15.1.6	Please clarify how deficiencies will be identified related to Attachment 1. Will Covered California be producing an Attachment 1 assessment document for PY 2024 using the decoupled reporting tempaltes? If not, what documentation will be used to identify these deficiencies for reporting in the QHP Application?	Covered California will continue to identify and communicate to contracted applicants deficient performance under Attachments 1 and 2.	No
50	QHP IND	15.6.3 Patient-Centered Information and Support	74	15.6.3.3	Please further define "promotes options for the delivery of high-value care". What provider types are in scope for this question?	15.6.3.3 requests description of applicant's promotion of high-value care options including appropriate use of the right provider and care setting for the health care need; for example, encouraging the appropriate use of primary care versus urgent care or emergency department use. Question language for 15.6.3.3 will be revised to clarify the intent.	Yes
51	QHP IND	Benefit Administration	85-87, 105-107	17.2.6 - 17.2.14, 17.2.25, 18.2.6-18.2.14, 18.2.25	Please clarify if a written response to these questions is not required if the issuer is NCQA Accredited.	If NCQA-accredited applicants do not need to describe processes for corresponding question.	Yes

Comment #	Application (QHP IND /QHP CCSB / QDP IND /QDP CCSB)	Section Name / Attachment Name	Page Number	Question #	Comment	Covered California Response	Application Change (Yes / No)
52	QHP IND	Attachment P - 17.2.26, 18.2.26	87, 107	N/A	This question appears to be a duplicate of 17.2.22.	Questions 17.2.22 and 17.2.25 will be removed and 17.2.26 revised to clarify intent.	Yes
53	QHP IND	Attachment J - 17.3.1, 18.3.1	89, 108	N/A	Please provide supporting data dictionary and clarify how the "telehealth" column in the Attachment P layout should be populated.	The Covered California's data submission guidelines provides the for instructions to populate the first 70 columns in this file, updated annually and posted here: https://hbex.coveredca.com/stakeholders/plan-management/provider-submission-docs/ The Telehealth column is the 71st column in this template and should contain values of "Yes", "No" or "Requested information from Provider, awaiting their response" for every provider row.	No
54	QHP IND	Attachment J - 17.5.2.2, 18.5.2.2	96, 116	N/A	The application requires the reporting of the total primary care spend, which is not included in the Attachment J run chart. Please clarify the requirement in the question or update the run chart to include a section for spend reporting.	The reference to "total primary care spend" will be removed from this question. This question asks for the types of payment models contracted with providers.	Yes
55	QHP IND	Maternal Health Advancment	97, 117	17.5.3.1, 18.5.3.1	We recommend removing this item. This is not a meaningful measure given that all but 1 hospital in CA reports to CMQCC's Maternal Data Center.	Covered California will retain this reporting to ensure continued oversight of network hospitals' CMQCC Maternal Data center participation.	No
56	QHP IND	Maternal Health Advancment	98, 118	17.5.3.3, 18.5.3.3	Please specify the hospital-related resources from "California Department of Public Health's Maternal, Child and Adolescent Health (MCAH) Division to address maternal health disparities."	Covered California advises our Qualified Health Plans to actively seek out the resources provided by the Maternal, Child, and Adolescent Health (MCAH) Division by visiting their website or reaching out to them directly. Engaging with these resources supports our collective mission to enhance maternal and child health outcomes.	No
57	QHP IND	Attachment K2 - 17.5.3.4, 18.5.3.4	99, 119	N/A	Note: Some of these requested details are repetitive with items in 17.5.3.3, 18.5.3.3	Applicants are encouraged to actively seek out the resources provided by the Maternal, Child, and Adolescent Health (MCAH) Division which include initiatives, dashboards, and toolkits. These resources can be accessed by visiting https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/CDPH-Clinicians-and-Providers.aspx or engaging with the division directly.	No
58	QHP IND	Attachmnet K3 - 17.5.4.4, 18.5.4.4	101, 120	N/A	Remove references to sunsetted programs: Partnership for Patients and HIINs.	References have been removed.	Yes
59	QHP IND	5 Operational Capacity	18 Redline	5.2.2	Please advise what the detailed implementation plan is referring to.	The question has ben updated to provide clarity regarding the request for implementation plan.	Yes
60	QHP IND	Benefit Administration	06 redline	17.2.2.6	Duplicate question of 17.2.2.2	Questions 17.2.22 and 17.2.25 will be removed and 17.2.26 revised to clarify intent.	Yes
61	QDP IND	5 Operational Capacity	16 redline	5.2.2	Please advise what the detailed implementation plan is referring to.	The question has ben updated to provide clarity regarding the request for implementation plan.	
62	QHP IND	15.8 Data Sharing and Exchange	61-67	15.3.6, 15.8.2, 15.8.4	These questions (among others) are duplicative of questions asked of currently contracted carriers as part of Contract Compliance Reporting. Will there be any updates to the Contract Compliance Reporting process or are carriers expected to respond to these questions in both the application and also submit Contract Complaince Reports in PY 2025?	Covered California is evaluating contract compliance reporting requirements to avoid duplicative reporting or unnecessary administrative burden on contracted plans.	No
63	QHP IND	8 Marketing and Outreach Activities	30	8.6, 8.7, 8.8	Please clarify how the percentages allocated for questions 8.6, 8.7, and 8.8 tie out mathematically to the total proposed marketing spend/proposed marketing investment reported for question 8.5. If the percentages reported for each of the 3 questions must total 100% (i.e. 300% total), how is that broken down/divided up from the total proposed marketing spend amount. Is question 8.8 intended to request the % of Open Enrollment Period spending that is allocated to Brand Advertising vs Direct Response Advertising rather than the % of total proposed markeing spend spent on Brand Advertising vs Direct Response Advertising. If it is the latter, it does not make sense that this total must equal 100%. Request to clarify %s requested for each category.	Questions 8.6, 8.7, and 8.8 are not added up together. The requested percentages for those questions are with respect to the previous question, question 8.5. For example, question 8.6 is asking for how the dollar amount provided for 8.5 will be divided up for acquisition and retention, in percentages. The questions were update to add clarity.	Yes
64	QHP IND	Benefit Administration	92-93	17.2.6-17.2.14	Request to clarify the intent of the updated responses options. How does having NCQA accreditation apply?	NCQA accredited applicants must meet specified network standards as part of that accreditation and are not required to complete these questions.	No
65	QHP IND	Benefit Administration	92-93	17.2.6-17.2.14	Per past experience with the PY 2025 application, these questions caused confusion with staff as the wording is currently strucutred. Request if questions 17.2.6-17.2.14 can be restructured according to the following examples for clarity: Sample: 17.2.6 Describe the oversight and accountability process for behavioral health provider network development. Describe any performance incentives associated with behavioral health provider network development. Sampel: 17.2.7 Describe the oversight and accountability process for behavioral health clinical quality. Describe any performance incentives associated with behavioral health clinical quality.	If NCQA accredited, Applicants do not need to describe processes for corresponding questions. If Applicant is not NCQA accredited, Applicant will need to select the appropriate response and describe their process.	No
66	QHP IND	Benefit Administration	96	17.2.22 & 17.2.25	What is the difference between question 17.2.22 and 17.25? They both request Applicant descriptions on how they promote integration and coordination of care between in-person providers and virtual care providers.	Questions 17.2.22 and 17.2.25 will be removed and 17.2.26 revised to clarify intent.	Yes
67	QHP IND	Behavioral Health	67-68	15.3.7 & 15.3.8	Is there a reason why Covered California is using the nomenclature "specialty mental health services" vs "mental health services?" Typically, the specialty mental health services is language used by DHCS for Medi-Cal to bifurcate between state covered services and health plan services related to the carve-out. However, under Covered California, no carve-out exists and really creates confusing terminology. Recommend changing to "mental health services, higher level of care services for mental health, etc."	In 15.3.7 and 15.3.8, specialty mental health or substance use disorder services is used to differentiate from services for mild to moderate conditions. This language is not intended as a reference to DHCS, Medi-Cal, or service carve-outs.	Yes
68	QHP IND	Attachment J - Tab 17.5.4.1 (HMO)	N/A	N/A	Request to clarify the calculation methodology expected for each of the following cells C10, D10, C28-31, and D28-31 for consistency in data calculations.	Rows 5 & 6 of this tab define the numerator and denominator. This ratio indicates the amount of reimbursement tied to quality, value and patient safety as a portion of total hospital reimbursement.	No
69	QHP IND	5 Operational Capacity	17	5.2	If a QHP is already implemented and has been since inception of CoveredCA, we believe the implementation section should be excluded, including any required attachments.	For Plan Year 2026, there is a new contract and new certification application; Applicants will need to provide the required documents and responses per the application.	No
70	QHP CCSB	5 Operational Capacity	17	5.2	If a QHP is already implemented and has been since inception of CoveredCA, we believe the implementation section should be excluded, including any required attachments.	For Plan Year 2026, there is a new contract and new certification application; Applicants will need to provide the required documents and responses per the application.	No

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71	QHP CCSB	14.2/ complete section 14	43	General	Other sections state "This section not required if Applicant has completed the Certification Application Qualified Health Plan Application Individual Marketplace Plan Year 2026." We believe this statement should be the same for this section too.	Section 14.2 Health Equity and Disparities Reduction is a required section in the CCSB application, even for applicants who have completed the Individual Marketplace application. Covered California recognizes that information reported in this section may be similar to Individual Marketplace application submission.	No
72	QHP CCSB	15.5.2/complete section	63	General	Other sections state "This section not required if Applicant has completed the Certification Application Qualified Health Plan Application Individual Marketplace Plan Year 2026." We believe this statement should be the same for this section too.	Section 14.5.2 Supporting At-Risk Enrollees is required for all CCSB applicants as reflected in the application instructions.	
73	QHP CCSB	14.6	67	14.6	Other sections state "This section not required if Applicant has completed the Certification Application Qualified Health Plan Application Individual Marketplace Plan Year 2026." We believe this statement should be the same for this section too.	Section 14.6 Affordability and Cost is a required section in the CCSB application, including for applicants who have completed the Individual Marketplace application. Covered California recognizes that information reported in this section may be similar to Individual Marketplace application submission.	No
74	QHP CCSB	Benefit Administration	88	16.2	167.2.252 Describe how Applicant promotes integration and coordination of care between virtual caretelehealth providers and in-person providers (primary care providers, specialists, etc.). Single, Radio group. 1: NCQA Accredited 2: Not NCQA Accredited, [100 words] 200 words. 16.2.26 Describe how Applicant promotes integration and coordination of care between in-person providers and virtual care providers. 200 words. The same question is asked twice, but it seems like the first question is requesting whether it is or is not NCQA accredited.	Questions 17.2.22 and 17.2.25 will be removed and 17.2.26 revised to clarify intent.	Yes
75	QHP IND	Benefit Administration	92-93, 96	IND 17.2.6-17.2.14, 17.2.25	These questions now have two options 1) NCQA Accredited and 2) Not NCQA Accredited (100 words). Is it correct to assume that if our Plan is NCQA Accredited, we just select 1 and no further explanation is needed?	That is correct. If NCQA-accredited applicants do not need to describe processes for corresponding question. Question language will be revised to clarify.	No
76	QHP IND	Benefit Administration	94-95	IND 17.2.19	GenAI question. Epic uses GenAI, and SHP uses Epic, should SHP list / describe all of that functionality that is used within Epic? Additional clarification on what is desired and/or examples would be helpful.	Please see some examples below: Clinical decision support, transcribing notes, post-consultation summaries, analyzing patient's medical history, etc.	No
77	QHP IND	Behavioral Health	60-61	IND 15.3.4	Should the third column of the chart have 2023 in it or 2026? Is the intent to inlcude measurements from several years ago?	The current text shows the correct year 2023, as applicants report threshold languages for the previous completed plan year rather than the plan year in which the Application is being completed.	No
78	QHP IND	Health Equity and Quality Transformation	57	IND 15.2.3.2	Should the question text include 2023 or 2026? ("Applicant must indicate its threshold languages and percentage of enrollees that selected each applicable threshold language in plan year 2023.")	The current text shows the correct year 2023, as applicants report threshold languages for the previous completed plan year rather than the plan year in which the Application is being completed.	No
79	QHP IND	Data Sharing and Exchange	83-85	IND 15.8.2	The first top several rows of the table have options 1-4 in the multi/checkbox list, b+D1ut the bottom half have 1-5 Is this correct?	We will correct the table to have options 1-4 listed for all HIEs and remove the option for 5 "N/A"	Yes
80	QHP IND	Maternal Health Advancement	112	IND 17.5.3.1	Some of the wording was changed to include 2025. The last sentence still refers to only 2023 - is that correct?	Application language will be updated.	Yes