

Issue #	Application/Section	Issue Area	Consolidated Comment	Comment From	Covered California Response
1	QHP Small Business Application, Key Action Dates	1.7	Letter of Intent for Small Business due date is listed as 2/14/2020 (Friday) - the Individual Application is listed as 2/17/2020 (Monday). Please confirm dates will differ between Small Group and Individual for Q1 Applicants.	Carrier	The Letter of Intent due dates will not differ for any of the four applications. The due date for the Small Business Marketplace will match the Individual Marketplace deadline of Monday, 2/17/2020.
2	QHP Small Business Application, Attachment H CCSB Alternate Plan Rate Sheet	Section 5 Benefit Design	The header for <i>Attachment H CCSB Alternate Plan Rate Sheet</i> currently states "2018".	Carrier	The header has been corrected to remove reference to a specific year as the Plan Year is stated in row 2 of Attachment H Alternate Plan Rate Sheet.
3	QDP Individual Application, Benefit Design	5.2, 5.3	The Draft Dental Matrix will not be a required document for Plan Year 2021. Filings with the regulators will mirror Plan Year 2020 requirements; Evidence of Coverage (EOC) and Schedule of Benefits (SOB).	Carriers	The requirement to submit a draft Dental Matrix has been removed for the Plan Year 2021 QDP Certification Applications.
4	QHP Individual Application, Benefit Design	5.3	5.3 adds reasons a QHP may propose a deviation. This may be interpreted to conflict with the last sentence in the question. Please consider revising the last statement to read: "Alternate benefit design proposals are not permitted in the Individual Marketplace. Covered California's decision whether to approve or deny QHP specific proposed deviations are on a case-by-case basis and are not considered an alternative benefit design."	Carrier	Question 5.3 has been revised to include, "Covered California's decision whether to approve or deny QHP specific proposed deviations are on a case-by-case basis and are not considered an alternate benefit design".
5	QDP Individual Application, Benefit Design	5.4	Are you looking for different information or formatting of information, or just changing how you reference it?	Carrier	Covered California is looking for additional information, please refer to the red-line draft for additional checkboxes and clarified language added to question 5.4 for Plan Year 2021.
6	QDP Individual Application, Benefit Design	5.5	Are you looking for different information or formatting of information, or just changing how you reference it?	Carrier	Response option 1 was revised for clarity in what Covered California is looking for in a response.
7	QHP Individual Application, Benefit Design	5.12	It appears that this question (Q5.12) on the QHP Individual Application draft was omitted in error, for currently contracted Applicants.	Carrier	The instructions have been updated to reflect that question 5.12 is required for currently contracted Applicants.
8	QHP Small Business, Operational Capacity	Section 6 Operational Capacity Instructions	The first portion of the instructions needs to be deleted as it references the Individual Market.	Carrier	The instructions to this section have been updated to reflect the same terminology for Applicants as defined in section 1.7 Key Action Dates, "Question 6.1.1 is required for currently contracted Individual - new Small Business entrant Applicants for any Quarterly submission. Question 6.1.1 is required for currently contracted Small Business Market Applicants for a Quarter 1 submission. All questions are required for new entrant Applicants."

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9	QHP Small Business, Electronic Data Interface	Section 11 Electronic Data Interface Instructions	The first portion of the instructions needs to be deleted as it references the Individual Market.	Carrier	The instructions to this section have been updated to reflect the same terminology for Applicants as defined in section 1.7 Key Action Dates, "Question 11.1 is required for currently contracted Individual – new Small Business entrant Applicants for any Quarterly submission. Question 11.1 is required for currently contracted Small Business Market Applicants for a Quarter 1 submission. All questions required for new entrant Applicants."
10	QDP Individual Application, Appendix L 834 Companion Guide	11.3	The 834 companion guide v17.9.20 reference is out dated the current 834 companion guide version v19.9.50	Carrier	Appendix L 834 Companion Guide will be updated.
11	QHP Individual Application, Health Care Evidence Initiative	Section 12 requirements for currently contracted Applicants	This section is a burden to QHP's who are already providing this data for On-Exchange per the required specifications. We would like to recommend that a new question be added to the beginning of this section, where current QHP's can attest that they will continue to provide this data per the current contract. In addition, will begin reporting for Off-Exchange as required by AB929 for the 2020 PY Contract.	Carrier	Each Applicant's specific answer is of value to Covered CA, required questions for currently contracted Applicants in Section 12 Health Evidence Initiative will remain for Plan Year 2021.
12	QHP Individual Application, Health Evidence Initiative	12	Tracked changes sometimes have QHP submitting data to HEI vendor and other times submitting to Covered California. In introduction to the question please clarify that QHP will be required to submit data to Covered California or their designated vendor/agent on Covered California's behalf.	Carrier	QHP issuers will be submitting data to Covered California through its HEI Vendor.
13	QHP Individual Application, Health Evidence Initiative	12.1, 12.2, 12.4, 12.6	<p>Until we work with the HEI vendor on specifications, development and testing - we can not provide a complete list of deviations in our application response. Additionally, there may be data elements that the HEI expects that we are unable to capture or produce - and as such, we will not be able to provide a plan to correct them. Recommend the application question be modified to request narrative for what overall areas are expected to be problematic, the nature/extent of the problems and suggestions on mitigation or alternatives.</p> <p>Additionally, it has been assumed we will use the existing file structures - but just add the new populations (off exchange, etc.) to them and add cost data.</p>	Carrier	Covered CA recognizes that Applicants will have a better understanding of the data requirements of AB 929 and their compliance capabilities in 2020. Covered CA will include Appendix V HEI File Specifications for Applicants' reference to support in answering these questions.

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14	QHP Individual Application, Health Evidence Initiative	12.3	Plans are not required to request or retain SSN. When they are provided by enrollees, we store them and can provide, but that data is not validated. Recommend change to "SSNs to extent such data is captured by health plans". There are no Covered CA member IDs/Subscriber IDs for off exchange members.	Carrier	Covered California appreciates your feedback. It will be taken into consideration.
15	QHP Individual Application, Health Care Evidence Initiative	12.6	What data sources are being considered? Claims Adjudication system or the reports sent to the HEI?	Carrier	By definition, all questions in section 12 Health Evidence Initiative (HEI) relate to the QHP issuer's submission of data for HEI. Re: "... on all claims for all data sources", means medical or pharmacy claims from multiple sources (individual physicians, physician groups, facilities, outpatient clinics, pharmacies, etc.). Those are the likely original sources; intermediate source is the issuer's claims adjudication system, used to populate monthly data extracts to IBM for HEI.
16	QHP Small Business, Marketing and Outreach Activities	Section 14 Marketing and Outreach Activities Instructions	The instructions need to be updated to reflect Small Business and there is no mention as to what sections new entrant Applicants complete.	Carrier	The instructions to this section have been updated to reflect the same terminology for Applicants as defined in section 1.7 Key Action Dates and instructions for new entrant Applicants are in bold below, "Questions 14.4 and 14.5 are required for currently contracted Individual – new Small Business entrant Applicants for any Quarterly submission. Questions 14.4 and 14.5 are required for currently contracted Small Business Market Applicants for a Quarter 1 submission. All questions are required for new entrant Applicants. "
17	QHP Individual Application, Sales	14.4	"returning new enrollment, and a renewing enrollment" - Wouldn't a renewing member be considered a returning member? Or do you mean returning member as someone that left the plan and came back?	Carrier	Yes, this would be a returning member, someone that left the plan and came back. This question is unchanged from the PY2020 Certification Application.
18	QHP Individual Application, Attachment J1 HMO Provider Network Tables	16.2.1.1, 16.3.1.1	This information, beyond tab 1 and tab 6, is available to Covered CA in the monthly provider extracts. Given the administrative burden to recreate this data, and that it is already available to Covered CA, recommend only tab 1 and 6 be submitted for returning carriers that are not planning material modifications of the network.	Carrier	For Attachment J 1-4 Provider Network Tables, tabs 1, 2, 5, & 6 are used to supplement the information received from the monthly provider data submission. Tab 3, "Terminated Providers" and Tab 4, "Contracted Medical Groups" will be removed from Attachment J 1-4 Provider Network Tables.
19	QDP Individual Application, Benefit Design	16.2.1.6	Box 1 and Box 2 references hospitals, should that be stricken since this is the QDP app and our network doesn't include hospitals.	Carrier	Reference to hospitals in this question have been removed and reference to emergency care has been added.
20	QHP Individual Application	16.2.3.1	Please advise what the "assessment criteria: Informational" redline add is requiring carriers provide?	Carrier	Applicants are not required to provide anything, this addition has been removed.

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21	QHP Individual Application	16.3.3.1	Please advise what the "assessment criteria: Informational" redline add is requiring carriers provide?	Carrier	Applicants are not required to provide anything, this addition has been removed.
22	QHP Individual Application, Provider Network	16.4.1.1, 16.5.1.1	Are these questions required for QHP Individual currently contracted Applicants? For Plan Year 2021 the draft states required for currently contracted Applicants in the HMO & PPO sections, but not for the EPO and Other sections.	Carriers	The instructions to Network Strategy for "EPO" and "Other" sections have been updated to reflect that questions 16.4.1.1 and 16.5.1.1 are required for current contracted Applicants.
23	QHP Individual Application, Essential Community Providers	17	Please review the ECP list at hyperlink included in question to determine if updates are needed. This appears to be from Q1 '2017.	Carrier	Further clarification has been added regarding the location of the most current 2018 ECP list located at the hyperlink within the Application, "Essential Community Providers include those providers posted in the Covered California Consolidated Essential Community Provider List available as a resource under "Provider Data Submission Support Documents" at: http://hbex.coveredca.com/stakeholders/plan-management/ecp-list/ "
24	QHP Small Business Application, Covered California Quality Improvement Strategy	18	The QIS section of the application has previously not been required for plans that completed it in the Individual application, why has this instruction been deleted for 2021?	Carrier	The instruction was removed in error and has been added back to the QHP Small Business Application.
25	QHP Individual and Small Business Application, Quality	18.7.5, 17.7.5	There are two questions numbered "18.7.5" for the QHP Individual Application and two questions numbered "17.7.5" for the QHP Small Business Application.	Carriers	The numbering has been corrected.
26	QHP Individual Application, Quality, Health and Wellness	18.9	Can Covered CA please take a look at this question? It is hard to understand which questions are for currently contracted Applicants and which are for new Applicants. Suggestion to separate the sections for currently contracted with those from new applicants as is done throughout the rest of the RFI.	Carrier	Applicants answer questions 18.9.1 - 18.9.4 and 18.9.6 - 18.9.9 depending on which products are indicated at the beginning of Section 18, in question 18.1.1. The instructions to 18.9 Health and Wellness have been updated for clarity, "Currently contracted and new entrant Applicants will need to answer questions 18.9.1 – 18.9.4 and 18.9.6 – 18.9.9 if applicable to proposed product type(s) . Questions 18.9.5 and 18.9.10 – 18.9.19 are required for currently contracted Applicants and new entrant Applicants."
27	QHP Individual Application, Quality	18.9.12	Does "2019" reflect Calandra year?	Carrier	Yes, question 18.9.12 is referring to calendar year.

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28	QHP Individual Application, Quality	18.9.17	Does Covered CA want the commercial and Medi-Cal health appraisal completion rate separated? And is there a reason data from Medi-cal is being requests for HA completions rates and not other areas?	Carrier	No, Applicants can combine Health Assessment completion rates for commercial, Medi-Cal and Covered California lines of business for this question. Some Applicants may not be able to separate Health Assessment completion rates by line of business so Covered California requests total completion rates for these lines of business. The instructions for this question were updated to match data requested in the table.