

Plan Year 2023 Certification Application
Public Comment Summary

Issue #	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	QDP IND	Application Overview - Footnote	5		The footnote states, "The certification year Patient-Centered Benefit Plan Designs will be finalized when the certification year federal actuarial value calculator is finalized." However, there is not a federal AV calculator for dental. The comment is a question about whether the footnote should be removed?	The footnote has been removed.	Yes
2	QDP IND	Sales	43	14.7	Regarding the "Off-exchange customers," the contract asks about off-exchange eligibility for APTC. The comment is a question about whether or not this is relevant to off-exchange enrollees in a stand-alone dental plan?	The question has been removed.	Yes
3	QDP CCSB	Application Overview - Footnote	6		The footnote states, "The certification year Patient-Centered Benefit Plan Designs will be finalized when the certification year federal actuarial value calculator is finalized." However, there is not a federal AV calculator for dental. The comment is a question about whether the footnote should be removed?	The footnote has been removed.	Yes
4	QHP CCSB	Health Maintenance Organization	76	17.1.4	The pull down lists above reference individual market QHP's, when this is the Covered California for Small Group (CCSB) RFI application. It is also this way in all the other sections like this (EPO etc.)	The correction from individual to small business market has been made in all product types.	Yes
5	QHP CCSB	Administration and Attestation	11		This is question is not very straight forward/clear as it provides 2 different instructions that conflict. The top section above is technically in the question area of the RFI and the second section above are the actual notes in the section of your response. Does the top section instructions actually pertain to QHP's who are apply to participate in CCSB for the first time and they are the only ones who should select "No" or are the instructions for all CCSB participants no matter new or continuing to select "No"? The pull down section tells you to select Yes, application will be completed and "No" application will not be completed?	This question pertains to applicants entering the market in Quarters 2-4 and the online software requires all applicants to answer questions within a table. A third option of "Not applicable" has been added.	Yes
6	QHP CCSB	Multiple	Multiple	(Sections 6, 8, 9, 10, 13, 14, 15, 17.3, 17.4)	If applicant is also currently participating in the individual market and completing the 2023 Certification for the individual market, do these sections/questions need to be completed within the CoveredCA for Small Business Certification Application?	Sections 8, 9, 10, 13, and 14 are not required if an applicant has completed the Qualified Health Plan Individual Marketplace Plan Year 2023. Sections 6, 15, and 17.4 are required for CCSB products. Question 17.3 is triggered by how an applicant answers question 16.6. If the Applicant's network is the same for the IND and CCSB markets, Covered California recognizes the responses will be the same or similar for both markets.	No
7	QHP CCSB	Marketing	20	7.4	Did not see Attachment I1 I2 in the PY2023 QHP CCSB Attachments and Appendices.	The attachment has been added to the posting.	No

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8	QDP IND	Financial Requirements	23	8.5	Questions 8.4 and 8.6 are required for currently contracted Applicants, however, section 8.6 is crossed off and seems to be merged with 8.5. Assumption is we need to respond to 8.5 (instead of 8.6)	The numbering has been corrected.	Yes
9	QDP IND	SERFF	29	10.5	Last question 10.3 (Applicant may not make any changes to its SERFF templates once submitted to Covered California) should be numbered as 10.5	The numbering has been corrected.	Yes
10	QDP IND	Networks	53		16.4 Other Network Type -16.4.1 Network Strategy - Instructions state: Questions 16.4.1.1 – 16.4.14. are required for currently contracted Applicants; however, this section only includes Questions 16.4.1.1 - 16.4.1.8; 16.4.14 may have been a typo	The instructions have been corrected.	Yes
11	QHP IND	Administration and Attestation	11-12	2.4	Are policy copies that we need to provide for 2022 or for 2023?	Please submit documentation of policies in effect at the time of application submission. Applicant must maintain the specified coverage in full force and effect during the plan year. If Applicant amends its policies for 2023, Applicant would submit updated information to Covered California through ordinary channels for amending information.	No
12	QHP IND	Licensed and Good Standing	12-13	3.1	Unsure if someone can select 1. and 2. Consider allowing multiple responses as a carrier may be licensed with both DMHC and CDI.	A QHP issuer licensed by DMHC is considered separate from a QHP issuer licensed by CDI. A carrier that has these two separate licenses should apply as two separate QHP issuers.	No
13	QHP IND	General			Some questions have pretty short word response limits. Are you really getting what you are wanting to read and understand with the words limits? Example: 5.1.5 – 10 words.	If applicants need a higher word count, Covered California will take that into consideration.	No
14	QHP IND	Customer Service	19-20	6.7	Only yes/no responses but questions requests number of staff too.	A column for the number of certified bilingual representatives has been added.	Yes
15	QHP IND	Health Evidence Initiative	35	14	Please modify to reflect file layout unless mutually agreed to by Covered California and Contractor.	The cited Appendix H - HEI File Specifications represent the standard set in use by almost all QHP Issuers. A few QHP Issuers and Covered California's HEI Vendor, however, maintain specific format variations. Added the following statement to reflect this reality and provide additional flexibility: "Covered California will consider modifications to the layout when appropriate."	Yes
16	QHP IND	Health Evidence Initiative	37	14.3	We cannot send SSNs if they are not provided to us. Please confirm Covered California takes that into consideration.	Added the phrase "when possible" to the requirement. Applicants should use the "If No or Yes with deviation, explain." column to describe limitations on availability of these identifiers, including Member and Subscriber SSN.	Yes

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17	QHP IND	Health Equity and Quality Transformation	45	16.2.2.3	"Declined to state":We are concerned that "declined to state" which is an affirmative selection by consumers can negatively impact rates. Please consider removing "declined to state" from both numerator and denominator. Possibly carve out number of "decline to state" consumer count and inquire about strategy to convert those consumers to obtain their self reported race/ethnicity.	There have been no changes to this calculation, it has remained consistent. Members who decline to state either actively or passively remain in the denominator.	No
18	QHP IND	Health Equity and Quality Transformation	56-58	16.4.3	Consider providing requirements of how applicant can identify these consumers in their claims data / HRA, etc. That way all applicants are counting the same way and it's a more consistent report.	Covered California will not amend the recommendation at this time. We will continue to explore your recommendations as we develop and strengthen this reporting requirement.	No
19	QHP IND	General			If Covered California intends to use the Certification Application for AB 929 public reporting, please consider ensuring that the questions that have numbers for reporting be split out since Individual grandfathered and Large Group appears to be out of scope for AB 929. Consider splitting out: Individual On-Exchange, Individual Off-Exchange ACA, Small Group On-Exchange, Small Group Off-Exchange	Covered California does not intend to modify or reformat the Certification Application based on which data elements may appear in AB 929 public reporting. We continue to work separately with QHP Issuers and other stakeholders to identify the content and format of AB 929 public reporting.	No
20	QHP IND	Provider Network	84-85	18.3.1	Consider updating the Guide to V1.12 instead of 1.9. Note: Comment applies to other product sections 19-21	The link has been updated to version 12.	Yes
21	QHP IND	Health Equity and Quality Transformation	59	16.4.5	We request the following change due to the limited number of in-person DPP programs: ...The DPP must be accessible both in-person and or online. Covered California's preference is that DPP is available both in-person and online...	Covered California will not amend the recommendation at this time but have updated the language to align with Attachment 1 and addressed concerns regarding service issues in rural areas. We are committed to ensuring that all Enrollees have access to preventative diabetes care and education. Providing both in-person and online DPP services ensures Enrollees have equitable access to these services and allows Enrollees to choose their preferred choice of modality.	No
22	QHP IND	Health Equity and Quality Transformation	61	16.4.5	"#15. Number of total eligible Covered California enrollees who reached a modest reduction in hemoglobin A1C (HbA1C) of 0.2% using an on-line/virtual Diabetes Prevention Program (use cumulative total of enrollees)." The CDC only recently asked DPP providers to (optionally) collect A1c data. As such, the data set available to plans would be incomplete. Request for Covered CA to provide clarification on how carriers are to complete the response for this item to account for this issue.	Thank you for bringing this information to Covered California. We recognize that this reduction in HbA1C is an optional CDC National DPP outcomes of interest. At this time, we will not amend the recommendation because this outcomes of interest is consistent with our clinical priorities (QTI, QRS, etc.).	No

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23	QHP IND / QHP CCSB	Patient-Centered Information and Support	72 (QHP IND) 70 (QHP CCSB)	16.7.2.3/ 15.7.2.3	The CMS Price Transparency rule applies to the hospital. QHPs do not have direct oversight to enforce this rule on behalf of CMS or under the QHP Contract. As such, we are not able to provide this information. Please remove the newly added section 16.7.2.3 from the QHP Application.	Covered California supports price transparency as a resource for Enrollees to make better informed decisions about their healthcare services. Information collected on network hospitals' compliance with CMS Price Transparency Rule will inform future contract requirements in this area. We do not expect health plans to provide direct oversight of hospital compliance on this rule at this time. We will edit the question to clarify our intentions.	Yes
24	QHP IND / QHP CCSB	Accreditation	41	16.1.1	<p>Currently, the table related to NCQA accreditation looks like the Health Plan Accreditation question includes response options for other unrelated NCQA's accreditation or distinction programs. Recommendation to reformat for clarity and to separate out this question into two sub-questions in a table as shown below.</p> <p>First Response Options for NCQA. NCQA Health Plan Accreditation, including a Yes/No Response option and expiration date.</p> <p>Second Response Options for NCQA. Additional recognition/distinction/accreditations obtained from NCQA, including a Yes/No Response option and expiration date (as applicable).</p>	Covered California has adjusted the response options and rows by separating out the NCQA Health Plan and Health Equity Accreditations from the other NCQA programs.	No

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25	QHP IND / QHP CCSB	Linking Quality and Equity	47	16.2.2.11	<p>Question 16.2.2.11 asks that applicants identify the sources of data used to gather member gender identity for each line of business.</p> <p>Request to confirm that the enrollment forms for Medi-Cal or Covered California contain questions related to gender identity. The plan currently believes that the enrollment forms for both programs do not currently contain this question.</p> <p>Because enrollment forms may not currently have questions related to gender identity, it would be helpful for Covered California to add a statement on the 2023 application that provides the current status of gender identity questions on enrollment forms for both Covered California and Medi-Cal. If Covered California states on the application whether the enrollment forms currently do or do not contain gender identity questions, applicants will not respond that data is used from enrollment forms when, in fact, there are no existing related questions.</p> <p>Recommendation for Covered California to develop questions related to gender identity on enrollment forms that align with the National Committee for Quality Assurance (NCQA) Health Equity distinction. NCQA has listed a minimum set of response options for collecting gender identity data that health plans must use. It would be beneficial if Covered California, Medi-Cal, and commercial plans all use the same minimum set of response options in order to drive statewide consistency. Request for</p>	<p>Covered California will not be revising the certification application demographic data questions related to SOGI data as they are intended to evaluate Applicant current practices. These questions must be completed by all Applicants. Applicants should answer the question on use of enrollment forms based on their current use of the enrollment forms. Enrollment application question and response details can be provided as reference for all Applicants as part of the application process. Covered California will continue to work with QHP issuers and stakeholders on alignment of SOGI data collection best practices.</p>	No
26	QHP IND / QHP CCSB	Patient-Centered Information and Support	72 (QHP IND) 70 (QHP CCSB)	16.7.2.3	<p>The hospital price transparency rule is a federal requirement that applies to hospitals, not health plans, and it would not be appropriate for health plans to make an assessment of hospital compliance with the rule.</p>	<p>Covered California supports price transparency as a resource for Enrollees to make better informed decisions about their healthcare services. Information collected on network hospitals' compliance with CMS Price Transparency Rule will inform future contract requirements in this area. We do not expect health plans to provide direct oversight of hospital compliance on this rule at this time. We will edit the question to clarify our intentions.</p>	Yes