

Reference Crosswalk January Discussion Draft Contract Section Crosswalk to April 3, 2013 Updated QHP Draft Model Contract

April 3, 2013

As part of the development of a the Model Contract for Covered California Health Plans, Covered California considered the comments received on the model contract discussion draft previously distributed for public comment in January ("January Discussion Draft"). In order to facilitate the comparison of the comments received and changes made to the January Discussion Draft, the following chart provides a high level cross-walk between (i) the information included in the January Discussion Draft and (ii) the updated structure of the draft QHP Model Agreement issued by Covered California on April 3 for public comment ("April Discussion Draft"). In order to address stakeholder comments, the terms set forth in the April Discussion Draft may, in certain instances, be substantially different from the terms set forth in similarly-titled sections included in the January Discussion Draft. Thus, a direct relationship may not always exist between the sections of the January Discussion Draft and the sections referenced in the revised structure of the April Discussion Draft. For the clearest understanding of the proposed terms, it would be advisable to refer to the table of contents and actual language in the April Discussion Draft.

January Discussion Draft		April Discussion Draft
	Section No. / Description	Section No.
	RECITALS	Recitals
	DEFINITIONS	Article 13
	BUSINESS TERMS	
1	Services to be Provided	1.01, 1.03
2	Term of Agreement	7.01
3	Key Persons and Key Positions	1.07
3	Dedicated Team	1.07
4	Required Notice of Contractor Changes	3.30
5	Insurance Requirements	Art 8
6	No Assignment or Delegation by Contractor	1.08(c)
7	Attorneys' Fees and Costs	12.02
8	Indemnification	8.06

	January Discussion Draft	April Discussion Draft
	Section No. / Description	Section No.
9	Dispute Resolution Process	12.01
10	Rights in Work Product	Art 11
11	Intellectual Property in Deliverables; Intellectual Property Indemnity	Art 11
12	Trademark and Service Marks	Art 11
13	Inspection, Acceptance, and Rejection	Not used
STATE AND FEDERAL REQUIREMENTS		
14	Compliance	3.19
15	Permits and Licenses	3.02, 3.16
16	Books, Records, and Data Retention	Art 10
17	Examination and Audit	10.05
18	Investigations	10.06
19	Account Profit & Loss	3.31
20	Financial Statements	3.31
21	Compliance Plan	3.19
22	HIPAA, HITECH Act, and Other Applicable Provisions	Art 9
23	Protection of Information Assets	Art 10
24	Protection of Personal Information	Article 9
25	Nondiscrimination	3.32
26	Statement of Compliance - Nondiscrimination	3.32
27	Americans with Disabilities Act	3.35
28	National Labor Relations Board Certification	3.35
29	Drug-Free Workplace	3.35
30	Child Support Compliance Act	3.35
31	Domestic Partners	3.35
32	Electronic Waste Recycling Act of 2003	3.35
33	Sweatfree Code of Conduct	3.35
34	Recycling Certification	3.35
35	Benefit Determination Appeals	3.26
	ADMINISTRATIVE & OPERATIONAL RE	QUIREMENTS
36	Service Performance Guarantees	Art 6
37	Disaster Recovery Plan	3.34
38	Fraud and Abuse Detection and Prevention Reporting	3.19
39	Independent Medical Review	3.26
40	Changing Service Area	3.05(b)
41	Liability of Enrollee for Certain Charges	3.15
42	Services Non-Transferable	3.20

	January Discussion Draft	April Discussion Draft
	Section No. / Description	Section No.
43	Submission and Maintenance of Service Area ZIP Code Listing	3.05(b)
44	Association Disclosure	1.08(b)
45	American Indians and Alaska Natives	3.13
46	Customer Service Obligations	3.18
	AGENTS	
47	Agent and General Agent Commissions	3.28, 3.29
48	Agent Appointments	3.27
	NETWORK AND ESSENTIAL COMMUNITY PR	OVIDER ADEQUACY
49	Network Selection	Attachment 7+R[22]C, Article 7
50	Network Disruption Policy	3.05(e)
51	Alternate Arrangements	7.08, 7.09
52	ACA and CA ACA Compliance	1.02
53	Notice Regarding Participating Provider Network Changes	3.05(f)
	COMMUNICATIONS TO ENRO	LLEES
54	Information Mailed to Exchange Enrollees	3.27
55	Grievance Process	3.26
56	Identification Cards	3.27
57	Mailing Responsibility	3.27
58	Mailing Addresses	3.27
59	Evidence of Coverage Booklet on Contractor's Web Site	3.27
60	60 Out-of-Network Services	3.15
	ELIGIBILITY AND ENROLLMENT: GENER	RAL PROVISIONS
61	Enrollment and Eligibility Information	Art 2, 3.20
62	Covered Services and Benefits	Preamble Art 2 & 3
63	Reporting Requirements	10.08
	ENROLLMENT PROVISIONS FOR THE INDIV	VIDUAL EXCHANGE
64	Eligibility for Enrollment	Art 2
65	Conditions of Enrollment	Art 2
66	Commencement of Coverage	3.21, 3.22
67	Individual Termination of Coverage	3.22
68	Special Enrollment Periods	3.20(b)
69	Compliance with State and Federal Eligibility and Enrollment Provisions	3.2
70	Consumer's Enrollment Period Trial Rights	Removed

	January Discussion Draft	April Discussion Draft		
	Section No. / Description	Section No.		
	ENROLLMENT PROVISIONS FOR SHOP			
69	Eligibility for Enrollment	2.01		
70	Conditions of Enrollment	2.01		
71	Initial Group Applications	2.01		
72	Commencement of Coverage	3.21(b)		
73	Termination of Coverage	3.22(b)		
74	Minimum Participation Rates	3.23		
75	Federal and Cal-COBRA	1.04		
76	Off-Cycle Changes	1.09		
	GENERAL FINANCIAL PROVI	SIONS		
77	Tax Reporting	10.08		
78	Funding Provisions	5.04		
79	Charges to Enrollees	3.15, 3.24		
80	Delinquency and Termination Warnings and Notices	3.22		
	FINANCIAL PROVISIONS FOR THE INDIVIDUAL EXCHANGE			
81	Schedule of Rates	5.01		
82	Collection and Remittance	5.01		
83	Consequences of Non-Payment of Premium	5.01, 3.21, 3.22		
	FINANCIAL PROVISIONS FOR	SHOP		
84	Schedule of Rates	5.02		
85	Collection and Remittance	5.02		
86	Grace Period	5.02, 3.21, 3.22		
	QUALITY IMPROVEMENT AND DELIVERY	SYSTEM REFORM		
87	Primary Care and Preventive Services	Attachment 7,		
88	Enrollees with Existing Medical Needs	Attachment 7, Article 3		
89	Reporting Quality of Care Assessment	Attachment 7, Article 4		
90	Patient-Centered Care Initiatives and Enrollee Communication	Attachment 7, Article 6		
91	Quality and Access	Attachment 7, Article 7; 3.05		
92	Drug Formulary Changes	Attachment 7, Article 8		
93	HEDIS Effectiveness of Care Performance Rates	Attachment 7, Article 1		
94	CAHPS and HEDIS Score Reporting	Attachment 7, Article 1		
95	Accreditation: National Committee on Quality Assurance or Utilization Review Accreditation Commission	Attachment 7, Article 2		
96	Health Information Technology Implementation Reporting	Removed		

	January Discussion Draft	April Discussion Draft	
	Section No. / Description	Section No.	
97	Health Assessment	Attachment 7, Article 5	
98	Changes Related to Quality of Care	Attachment 7	
MARKETING REQUIREMENTS AND PLAN PARTNERSHIP			
99	Branding Documents	3.27	
100	Review of Marketing Materials	3.27	
101	Marketing Plan	3.26	
102	Exchange's Partnership Responsibilities	1.05	
103	Contractor's Partnership Responsibilities	1.05	
	RECERTIFICATION AND DECERTI	FICATION	
104	Decertification on Expiration Date	7.08	
105	Decertification for Default	7.03	
106	Remedies in Case of Contractor Default	7.05	
107	Additional Issues Relating to Contractor Default	7.04	
108	Contractor Insolvency	7.06	
109	Assurance Upon Decertification	7.08	
110	Effective of Decertification	7.07	
111	Coverage upon Decertification, Non-Recertification, or Reduction to the Term of this Agreement	7.09	
112	Recertification	7.02	
	PARTICIPATION FEE		
113	Participation Fee for Individual Exchange	5.03	
114	Participation Fee for SHOP	5.03	
115	Roll Over Program	3.36	
116	Liquidated Damage	6.02	
	REPRESENTATIONS AND WARF	RANTIES	
117	No Conflicts or Consents	3.37	
118	Due Organization	3.37	
119	Power and Authority	3.37	
120	Signature Authorization	3.37	
121	Assignment of Antitrust Actions	Removed	
122	Provider Licenses	3.16	
123	Provider Insurance	3.16	
124	Physician/Hospital and Staff Turnover	3.05(d)	
125	Credentialing	3.16	
126	Utilization Review	3.17	
CONTRACTOR INTEGRITY AND PROCESS INTEGRITY ISSUES			
127	No Benefit from Recommendations	3.33	

	January Discussion Draft	April Discussion Draft
	Section No. / Description	Section No.
128	Conflict of Interest	3.33
129	Gift and Political Contributions Disclosure	3.33
130	Use of State Funds and Facilities	3.33
131	Upstreaming of Funds	Not used
132	Collection	3.25
	GENERAL PROVISIONS	
133	Entitled Enrollees	3.2
134	Creditable Coverage Certifications	Art 9 (HIPAA)
135	Cumulative Remedies	7.05
136	Amendments	12.04
137	Time is of the Essence	12.05
138	Independent Contractor	1.08(a)
139	Subcontractors	1/08(c)
140	Provision of Services	1.08(b)
141	Notice of Proceedings	12.03, 10.06
142	Legal Actions	10.06
143	Notices	12.03
144	Publicity	12.05
145	Force Majeure	12.07
	Additional Documents	12.07
146		
147	Evaluation of Contractor	1.08(c)
148	Binding Effect	12.09
149	Titles/Section Headings	12.10
150	Severability	12.11
151	Entire Agreement/Incorporated Documents/Order of Precedence	12.12
152	Waivers	12.13
153	Incorporation of Amendments to Applicable Laws	12.14
154	Choice of Law, Jurisdiction, and Venue	12.15
155	Counterparts	12.16
156	Days Ambiguities Not Hold Against Drofter	12.17 12.18
157 158	Ambiguities Not Held Against Drafter Clerical Error	12.18
159	Administration of Agreement	12.19
160	Joint and Several Liability	1.06(b)
161	Cooperative Effort	1.06, 1.08