

## Attachment 14. Performance ~~Measurement~~ Standards

~~In the event that the reporting requirements identified herein include Personal Health Information, Contractor shall provide the Exchange only with de-identified Personal Health Information as defined in 45 C.F.R. Section 164.514. Contractor shall not be required to provide the Exchange any data, information or reports that would violate peer review protections under applicable laws and regulations.~~

During the term of this Agreement, Contractor shall meet or exceed the Performance ~~Measurement~~ Standards identified in this Attachment. ~~Contractor shall be liable responsible for payment of penalties that may be assessed by the Exchange with respect to Contractor's failure to meet or exceed the Performance Standards in accordance with the terms set forth at Section 6.1 of the Agreement and in this Attachment. The parties will meet and confer on the results of the Contractor's Performance Measurement Standards. The Exchange, in its sole discretion, may use some or all of the Performance Measurement Standards set forth in Attachment 14 as part of its Recertification and Decertification process in subsequent years.~~

~~The assessment of the penalties by the Exchange shall be determined on an annual basis in accordance with the computation methodology set forth in this Attachment. In no event shall be based on the following conditions: (i) the total amount at risk with respect to Contractor's failure to comply with the Performance Standards shall not exceed five percent (5%) of the total Participation Fee that is payable to the Exchange in accordance with the terms set forth in Section 5.1.3 of the Agreement for the Individual Market, and fourthree percent (3%) for Covered California for Small Business;. Additionally, the amount of Contractor's penalty shall be offset by any credit that is provided in the event that Contractor exceeds a Performance Standard in a separate category. Credits from one group may be used to offset penalties in that group, or applied to offset penalties assessed in another group.~~

~~The Exchange will calculate penalties and credits at the end of each calendar year, based on the Contractor's final year-end data. The Exchange will calculate penalties and credits for Group 1 and 2 and provide Contractor with a Final Contractor Performance Standard Evaluation Report by February 28<sup>th</sup> of the following calendar year. An invoice for any penalties assessed will be mailed to the Contractor within 30 calendar days of Contractor's receipt of the Final Contractor Performance Standard Evaluation Report. In no event shall the total credits to Contractor exceed the total amount of the performance penalty owed to the Exchange by Contractor.~~

~~Any amounts collected as performance penalties under this Attachment must be used to support Exchange operations.~~

### 1. ~~Call Center Operations~~

~~(a) ~~800 Numbers:~~ Contractor shall make information available regarding the Exchange pursuant to Contractor's toll-free hotline (i.e., 1-800 number) that shall be available to enrollees of Contractor both inside and outside the Exchange. The hotline and information services shall be staffed and operated in accordance with the Customer Service Standards set forth at Section 6.1 to provide support to Exchange Enrollees and in a manner designed to assure compliance with these Performance Measurement Standards.~~

~~(b) Reporting: Contractor shall provide the following minimum reports to the Exchange at the specified time and frequency at no additional charge to the Exchange:~~

- ~~• Performance Measurement Standards reporting: Customer Service, Operational and Quality, Network Management and Delivery System Reform; monthly, quarterly and annually.~~
- ~~• Monthly accumulative monitoring scoring.~~

**Performance Measurement Standards Reporting - Group 1 - Customer Service and Group 2 – Operational, Performance Standards 1.1 – 1.105 and 2.1 – 2.57**

**~~2. Performance Measurement Standards Reporting Requirements Group 1 – Customer Service, Group 2 – Operational, Group 3 – Dental Quality Alliance (DQA) Pediatric Measure Set and Utilization Measures for Adult Dental, and Group 4 – Quality and Delivery System Performance Measurement Standards.~~**

**Monthly Performance Report:** Beginning January 1, 201~~67~~, Contractor shall monitor and track its performance each month against the Performance ~~Measurement~~ Standards set forth in Group 1 and 2. Contractor shall provide detailed supporting information (as mutually agreed by the parties) for each Monthly Performance Report to the Exchange in electronic format. Contractor shall report Exchange business only and shall report Contractor’s Exchange Enrollees in the Individual Exchange separate from Contractor’s Exchange Enrollees in Covered California for Small Business.

**Performance Standards Reporting – Group 3 – Dental Quality Alliance (DQA) Pediatric Measure Set, Group 4 – Utilization Measures for Adult Dental, Group 5 - Quality and Delivery System Reform**

**Annual Performance Report:** An annual report will be required for the performance measurement data in Group 3, 4 and ~~45~~. The performance period is the 201~~67~~ contract term. Annual report for Group 3 and 4 is due on April 30, 201~~78~~ and the Narrative Report for Group ~~45~~ is due on February 28, 201~~78~~. Contractor shall report Exchange business only and shall report Individual Exchange separate from Contractor’s Exchange Enrollees in Covered California for Small Business.

~~(a) Measurement Rules: Except as otherwise specified below in the Performance Measurement Standards table, the reporting period for each Performance Standard shall be one calendar month; all references to time of day shall be to Pacific Standard Time; all references to hours will be actual hours during a calendar day; and all references to days, months, and quarters shall be to calendar days, calendar months, and calendar quarters, respectively.~~

**Performance ~~Measurement~~ Standards:**

- 1) General - The Performance ~~Measurement Standards~~ Table sets forth the categories of Performance ~~Measurement~~ Standards and their associated measurements. In performing its services under this Agreement, Contractor shall use commercially reasonable efforts to meet or exceed the Performance ~~Measurement~~ Standards.
- 2) Root Cause Analysis/Corrective Action - If Contractor fails to meet any Performance ~~Measurement~~ Standard in any calendar month (whether or not the failure is excused), Contractor

shall promptly (a) investigate and report on the root cause of the problem; (b) develop a corrective action plan (where applicable); (c) to the extent within Contractor's control, remedy the cause of the performance failure and resume meeting the affected Performance ~~Measurement~~ Standards; (d) implement and notify the Exchange of measures taken by Contractor to prevent recurrences if the performance failure is otherwise likely to recur; and (e) make written recommendations to the Exchange for improvements in procedures.

3) Performance ~~Measurement~~ Standard Exceptions - Contractor shall not be responsible for any failure to meet a Performance ~~Measurement~~ Standard if and to the extent that the failure is excused pursuant to Section 12. 7 of the Agreement (Force Majeure) or the parties agree that the lack of compliance is due to the Exchange's failure to properly or timely perform (or cause to be properly or timely performed) any responsibility, duty, or other obligation under this Agreement, provided that Contractor timely notifies the Exchange of the problem and uses commercially reasonable efforts to perform and meet the Performance ~~Measurement~~ Standards notwithstanding the Exchange's failure to perform or delay in performing.

If Contractor wishes to avail itself of one of these exceptions, Contractor shall indicate in the applicable performance report delivered in the ~~second month first report~~ following the failure to meet such Performance ~~Measurement~~ Standard: (a) the identity of the Performance ~~Measurement~~ Standard that is subject to the exception, and (b) the circumstances that gave rise to the exception in sufficient detail to permit the Exchange to evaluate whether Contractor's claim of exception is valid. Notwithstanding anything to the contrary herein, in no event shall any failure to meet a Customer Satisfaction Performance Standard fall within an exception.

4) Agreed Adjustments/Service Level Relief - In addition, the Parties may agree on Performance ~~Measurement~~ Standard relief or adjustments to Performance ~~Measurement~~ Standards from time to time, including, the inclusion of new ~~and~~/or temporary Performance ~~Measurement~~ Standards.

~~5) \_\_\_\_\_ Performance ~~Measurement~~ Defaults -- Failure of the Contractor to meet the performance standards shall grant the Exchange the authority to assess penalties where applicable, or require that the Contractor provide and implement a corrective action plan. If the Exchange elects to assess sanctions for failure to meet Performance ~~Measurement~~ Standards, it will so notify Contractor in writing following the Exchange's receipt of the Monthly Performance Report setting forth the performance level attained by Contractor for the calendar quarter to which the sanctions relate. If Contractor does not believe it is appropriate for the Exchange to assess sanctions for a particular calendar quarter or calendar year (as applicable), it shall so notify the Exchange in writing within thirty (30) days after receipt of the Exchange's notice of assessment and, in such event, the Exchange will meet with Contractor to consider, in good faith, Contractor's explanation of why it does not believe the assessment of sanctions to be appropriate; provided, however, that it is understood and agreed that the Exchange, acting in good faith, will make the final determination of whether or not to assess the sanctions.~~

~~6)5) \_\_\_\_\_ Performance ~~Measurement~~ Standards Tables - The Performance ~~Measurement~~ Standards are set forth in the below tables, -Covered California Performance Standards and Reporting Requirements for Contractor:~~

**Group 1: ~~Covered California~~ Customer Service Performance Measurement Standards and Reporting Requirements  
Customer Service  
24% of Total Performance Penalty At Risk or Credit**

Performance Standard		Individual	Small Business	Performance Requirements
1.1	<del>Inbound Call Volume - Total number of calls received by the ACD. Covered California Calls Only</del>	<del>X</del>	<del>X</del>	<del>Reporting Required Only. No penalty or credit. Volume will be used in calculation of performance standards 1.3 and 1.4 Total number of calls received by the IVR.</del>
1.2	<del>Number of Covered California Calls offered to Phone Representatives</del>	<del>X</del>	<del>X</del>	<del>Reporting Required Only. No penalty or credit.  Do not include any calls terminated in the IVR or self-serviced in the IVR.</del>
1.32	<del>Number of Covered California Calls Abandoned-Call Volume</del> Number of calls offered to the service center by the ACD, but terminated by the person originating the call outside the Service Level.	<del>X</del>	<del>X</del>	<del>Reporting Required Only. No penalty or credit.  Volume will be used in calculation of performance standards 1.3 and 1.4 Do not include calls abandoned in 10 seconds or less.</del>
1.43	<del>Telephone Abandonment Rate (%)</del> Percentage of calls abandoned, calculated by dividing the Abandon Call Volume by the Inbound Call Volume.  4% of total performance penalty for this Group.	<del>X</del>	<del>X</del>	<del>Divide number of abandoned calls by the number of calls offered to a phone representative.  Expectation: No more than 3% of incoming calls abandoned in a calendar month.  Performance Level: &gt;3% abandoned: 4% performance penalty. below expectation: 2-3% abandoned: meets expectation no penalty. &lt;2% abandoned: exceeds expectation 4% performance credit.</del>
1.54	<del>Call Answer Timeliness Average Speed of Answer</del>  4% of total performance penalty for this Group. The percentage of calls answered within a defined period of time (i.e., 80% of calls answered within 30 seconds)	<del>X</del>	<del>X</del>	<del>Expectation: 80% of calls answered in 30 seconds or less.  Performance Level: &lt;80%: 4% performance penalty- below expectation. 80%-90%: meets expectation no penalty.</del>

				>90%: <del>exceeds expectation</del> 4% performance credit.
<del>1.65</del>	<b>Average Handling Time</b> <del>The average number of minutes of talk time, hold time, and wrap time necessary to complete the interaction</del>	<del>X</del>	<del>X</del>	<del>Reporting Required Only.</del> <del>No penalty or credit performance level.</del>  <del>This includes talk time, hold time, and after call wrap up time.</del>
<del>1.76</del>	<b>Number of Binder Payment Notices Generated</b> <del>For the Individual Exchange only, the number of binder payment notices generated and mailed to the consumer.</del>	<del>X</del>		<del>Reporting Required Only.</del> <del>No performance level penalty or credit.</del>
<del>1.87</del>	<b>Binder Payment Processing Time</b> <del>For the Individual Exchange only, the time elapsed from the date the binder payment invoice was mailed for a specific consumer(s) through the date the carrier received the binder payment from the consumer.</del>	<del>X</del>		<del>Reporting Required Only.</del> <del>No performance level penalty or credit.</del>
<del>1.98</del>	<b>Number of Binder Payments Processed</b> <del>For the Individual Exchange only, the number of binder payments paid in full and processed</del>	<del>X</del>		<del>Reporting Required Only.</del> <del>No performance level penalty or credit.</del>
<del>1.109</del>	<b>ID Cards Processing Time</b> <del>For the Individual Exchange: The time elapsed from receipt of complete and accurate enrollment information and binder payment for a specific consumer through the date carrier mails the ID card to that consumer. For Small Business: Time elapsed from the receipt of complete and accurate enrollment information for a specific consumer through the date a carrier mails the ID card to that consumer.</del> If carrier uses a no-card eligibility verification system: the time frame from receipt of binder payment or complete and accurate enrollment	<del>X</del>	<del>X</del>	For the Individual Exchange: Expectation: 99% of ID cards issued within 10 business days of receiving complete and accurate enrollment information and binder payment for a specific consumer(s).  For Small Business: Expectation: 99% of ID cards issued within 10 business days of receipt of complete and accurate enrollment information for a specific consumers.  Performance Level: <99%:

	<p>information through the date consumer receives carrier communication regarding use of no-card eligibility verification system.</p> <p><u>4% of total performance penalty for this Group.</u></p>			<p><u>4% performance penalty. below expectation.</u></p>
1.110	<p><b>Number of ID Cards Processed</b>  <del>Number of initial ID cards processed and issued to the consumer.</del>          If carrier uses a no-card eligibility verification system: the time elapsed from receipt of binder payment or complete and accurate enrollment information through the date consumer receives carrier communication regarding use of no-card eligibility verification system.</p>	X	X	<p><u>Reporting Required</u> <del>Only, no performance level penalty or credit.</del></p>
1.124	<p><b>Initial Call Resolution</b>  <del>Number of calls where the Enrollee's issue is resolved within one business day of receipt of the issue.</del>  <u>4% of total performance penalty for this Group.</u></p>	X	X	<p><u>Expectation:</u> 85% of <u>Covered California</u> enrollee issues will be resolved within one (1) business day of receipt of the issue.</p> <p><u>Performance Level:</u> &lt;85%: <u>below expectation 4% performance penalty.</u> 85-95%: <del>meets expectation no penalty.</del> &gt;95%: <del>exceeds expectation 4% performance credit.</del></p>
1.132	<p><b>Grievance Resolution</b>  <del>Percentage of enrollee grievances resolved within 30 calendar days of initial receipt.</del>  <u>4% of total performance penalty for this Group.</u></p>	X	X	<p><u>Expectation:</u> 95% of <u>Covered California</u> enrollee grievances resolved within 30 calendar days of initial receipt.</p> <p><u>Performance Level:</u> &lt;95% resolved within 30 calendar days of initial receipt: <u>below expectation 4% performance penalty.</u> 95% or greater resolved within 30 calendar days of initial receipt: <del>meets expectation no penalty.</del> 95% or greater resolved within 15 calendar days of initial receipt: <del>exceeds expectation 4% performance credit.</del></p>

1.143	<b>Covered California Member Email or Written Inquiries</b> <del>Total number of member email or written inquiries received.</del>	<u>X</u>	<u>X</u>	<del>Reporting Required Only. Volume will be used in calculation of performance measurement 1.14. No penalty or credit. Volume will be used in calculation of performance standard 1.15.</del>  Total number of Covered California member email or written inquiries received.
1.154	<b>Covered California Member Email or Written Inquiries Answered and Completed</b> <del>Percentage of member email or written inquiries answered within 15 business days of the inquiry. Does not include appeals or grievances. 4% of total performance penalty for this Group.</del>	<u>X</u>	<u>X</u>	Expectation: 90% of Covered California member email or written inquiries answered <u>and completed</u> within 15 business days of the inquiry. <u>Does not include appeals or grievances.</u>  Performance Level: <90%: 4% performance penalty. 90-95%: no penalty. >95%: in 15 days 4% performance credit.

**Group 2: ~~Covered California~~Operational Performance ~~Measurement Standards and Reporting~~  
Requirements  
Operational Performance Standards 10% of Total Performance Penalty at Risk**

Performance Standard		Individual	Small Business	Performance Standards
2.1	<b>Payment Reconciliation</b> Contractors participating in the individual exchange shall report full or partial premiums to the Contractor. The schedule shall include a record of all notifications, including phone calls and letters, if applicable, to participants of delinquent accounts.	X		Report suspended until 7/1/2016.
2.2	<del>Enrollment and payment transactions</del> <u>834 Processing</u>	X		Expectation: The Exchange will receive <u>a TA1 or the 999 file, or both as appropriate</u> within two to three business days of receipt of the 834 file <u>895%</u> of the time.  Performance Level < <u>895%</u> below expectation
2.3	<del>Reconciliation of Pended Status Enrollee(s)</del> <u>834 Generation</u>	X		Expectation: The Exchange will <u>successfully receive and process the effectuation, cancellation and termination</u> 834 files within 60 days from <u>either the coverage effective date or transaction timestamp, of member whichever is later</u> <u>905%</u> of the time.  Performance Level < <u>950%</u> below expectation
<del>2.43-1</del>	<b>Reconciliation Process</b>	X		Expectation: <del>For non-payment t</del> The Exchange <del>will</del> shall receive <u>a comparison reconciliation extract in accordance with the file validations and resolution timelines, as mutually agreed upon in the reconciliation process guide</u> an 834 cancellation file within 60 days of the <del>member's intended effective date</del> <u>90%</u> of the time.

				Performance Level: <90%: below expectation
2.4	<del>Reconciliation of confirmed status enrollees</del>	<del>X</del>		<del>Expectation: For non-payment the Exchange will receive an 834 termination file within 30 days of the last premium paid date 90% of the time.</del>
2.5	<b>Billing Detail – Discrepancy Report</b> Contractors participating in the Individual Exchange shall use the billing discrepancy template to communicate disputed or contested PM/PM (per member, per month) billed amounts to the Exchange. Contractors shall use PM/PM billing detail, as provided by the Exchange, to reconcile and identify discrepancies with their roster of covered lives. Discrepancies are defined as member duplication, individual cancelled, individual terminated, calculation error, individual missing or other.	X		
2.6	<b>Data Submission specific to contract Section 3.4.4 and Attachment 7, Section 2.02</b>  <u>5% of total performance penalty for this Group.</u>	X	X	<u>Expectation:</u> Full and regular submission of data according to the standards outlined.  <u>Performance Level:</u> Incomplete, irregular, late or non-useable data submission: <u>5% penalty of total performance requirement below expectation</u> - Full and regular submission according to the formats specified and useable by Covered California within <u>30-5 business days of each monthly reporting cycle: no penalty after each quarter end: meets expectation</u>

<p><b><u>2.7</u></b></p>	<p><b><u>Agent of Record Exception Reports</u></b></p> <p><u>5% of total performance penalty for this Group.</u></p>	<p><u>X</u></p>		<p><u>Expectation: The Exchange shall receive the required Agent of Record exception reports referenced in Section 2.2.56(f) and (g) within 7 business days of the due date.</u></p> <p><u>Performance Level: Incomplete, irregular, late or non-useable data submission: 5% performance penalty. Complete monthly submissions within 7 business days of each monthly reporting cycle: no penalty.</u></p>
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**Group 3: Dental Quality Alliance (DQA) Pediatric Measure Set**

<b>Measure</b>	<b>Description</b>	<b>Numerator</b>	<b>Denominator</b>	<b>QDP Performance Rate</b>	<b>Expectation</b>
Utilization of Services	Percentage of all enrolled children under age 19 who received at least one dental service within the reporting year.	Unduplicated number of children who received at least one dental service.	Unduplicated number of all enrolled children under age 19.	NUM/DEN	75%
Oral Evaluation	Percentage of enrolled children under age 19 who received a comprehensive or periodic oral evaluation within the reporting year.	Unduplicated number of children who received a comprehensive or periodic oral evaluation as a dental service.	Unduplicated number of enrolled children under age 19.	NUM/DEN	75%
Sealants in 6 to 9 years	Percentage of enrolled children in the age category of 6-9 years at "elevated" risk (i.e., "moderate" or "high") who received a sealant on a permanent first molar tooth within the reporting year.	Unduplicated number of all enrolled children age 6-9 years at "elevated" risk (i.e., "moderate" or "high") who received a sealant on a permanent first molar tooth as a dental service.	Unduplicated number of enrolled children age 6 - 9 years at "elevated" risk (i.e., "moderate" or "high").	NUM/DEN	75%
Sealants in 10 to 14 years	Percentage of enrolled children in the age category of 10-14 years at "elevated" risk (i.e., "moderate" or "high") who received a sealant on a permanent second molar tooth within the reporting year.	Unduplicated number of enrolled children age 10-14 years at "elevated" risk (i.e., "moderate" or "high") who received a sealant on a permanent second molar tooth as a dental service.	Unduplicated number of enrolled children age 10-14 years at "elevated" risk (i.e., "moderate" or "high").	NUM/DEN	75%

Topical Fluoride for Children at Elevated Caries Risk	Percentage of enrolled children aged 1-18 years who are at “elevated” risk (i.e. “moderate” or “high”) who received at least 2 topical fluoride applications within the reporting year.	Unduplicated number of children at “elevated” risk (i.e. “moderate” or “high”) who received at least 2 topical fluoride applications as a dental service.	Unduplicated number of enrolled children aged 1-18 years at “elevated” risk (i.e. “moderate” or “high”).	NUM/DEN	75%
Ambulatory Care Sensitive Emergency Department Visits for Dental Caries in Children	Number of emergency department (ED) visits for caries-related reasons per 100,000 member months for all enrolled children.	Number of ED visits with caries-related diagnosis code among all enrolled children.	All member months for enrollees 0 through 18 years during the reporting year.	(NUM/DEN) x 100,000	< 15%
Follow-Up After ED Visit by Children for Dental Caries	The percentage of caries-related emergency department visits among children 0 through 18 years in the reporting year for which the member visited a dentist within 7 days of the ED visit.	Number of caries-related ED visits in the reporting year for which the member visited a dentist within 7 days (NUM) of the ED visit.	Number of caries-related ED visits in the reporting year.	NUM/DEN	75%
Follow-Up After ED Visit by Children for Dental Caries	The percentage of caries-related emergency department visits among children 0 through 18 years in the reporting year for which the member visited a dentist within 30 days of the ED visit.	Number of caries-related ED visits in the reporting year for which the member visited a dentist within 30 days (NUM) of the ED visit.	Number of caries-related ED visits in the reporting year.	NUM/DEN	90%

**Group 34: Covered California Performance ~~Measurement~~ Standards and Reporting Requirements  
Utilization Measures for Adult Dental**

Utilization Measures	Performance <del>Measurement</del> Standards Covered California will work with contractors as appropriate to adjust measure sets where a contractor does not have all of the specific Utilization measures.				
<p>Annual Dental Visit (ADV)</p> <p>Measure includes all members ages 19 years and older as of December 31, 2016 (denominator) who had at least one dental visit in 2016 (numerator). Measure include members enrolled for at least 11 of the 12 months in 2016.</p>	<table border="1" data-bbox="683 562 1122 667"> <thead> <tr> <th data-bbox="683 562 846 632">Age Group</th> <th data-bbox="846 562 1122 632">Expectation</th> </tr> </thead> <tbody> <tr> <td data-bbox="683 632 846 667">19+</td> <td data-bbox="846 632 1122 667">75%</td> </tr> </tbody> </table>	Age Group	Expectation	19+	75%
Age Group	Expectation				
19+	75%				
<p>Preventive Dental Services (PDS).</p> <p>Measure includes members enrolled for at least 11 of the 12 months in 2016 (denominator) who received any preventive dental service (D1000-D1999) in 2016 (numerator).</p>	<table border="1" data-bbox="683 835 1122 940"> <thead> <tr> <th data-bbox="683 835 846 905">Age Group</th> <th data-bbox="846 835 1122 905">Expectation</th> </tr> </thead> <tbody> <tr> <td data-bbox="683 905 846 940">19+</td> <td data-bbox="846 905 1122 940">75%</td> </tr> </tbody> </table>	Age Group	Expectation	19+	75%
Age Group	Expectation				
19+	75%				
<p>Use of Dental Treatment Services (UDTS).</p> <p>Measure includes members enrolled for at least 11 of the 12 months of 2016 (denominator) who received any dental treatment other than diagnostic or preventive services (D2000-D9999) in 2016 (numerator).</p>	<table border="1" data-bbox="683 1077 1122 1182"> <thead> <tr> <th data-bbox="683 1077 846 1146">Age Group</th> <th data-bbox="846 1077 1122 1146">Expectation</th> </tr> </thead> <tbody> <tr> <td data-bbox="683 1146 846 1182">19+</td> <td data-bbox="846 1146 1122 1182">75%</td> </tr> </tbody> </table>	Age Group	Expectation	19+	75%
Age Group	Expectation				
19+	75%				

## Group 45: Covered California Performance Standards for Contractor: Quality and Delivery System Reform

The following questions support the narrative reporting requirement for Performance Measurement Standards. In performing its services under this agreement, Contractor shall use commercially reasonable efforts to meet or exceed the Performance Measurement Standards. Group 45 expectations apply equally to individual and small group lines of business and should be reported separately. The completed questions are to be submitted to Covered California by February 28, 2017~~8~~ in electronic format to be determined by Covered California.

### 45.1 Attachment 7, 1.03(b) Reducing Health Disparities and Assuring Health Equity

45.1.1 Identify the sources of data used to gather members' race/ethnicity, primary language, and disability status. The response "enrollment form" pertains only to information reported directly by members or passed on by CalHEERS.

Data Element	Data Collection Method (Select all that apply)	Percent of Covered California membership for whom data is captured
Race/ethnicity	<ul style="list-style-type: none"> <li><input type="radio"/> Enrollment form</li> <li><input type="radio"/> Oral health risk assessment</li> <li><input type="radio"/> Information requested upon website registration</li> <li><input type="radio"/> Inquiry upon call to customer service</li> <li><input type="radio"/> Indirect method such as surname or zip code analysis</li> <li><input type="radio"/> Other (please explain)</li> <li><input type="radio"/> Data not collected</li> </ul>	
Primary language	<ul style="list-style-type: none"> <li><input type="radio"/> Enrollment form</li> <li><input type="radio"/> Oral health risk assessment</li> <li><input type="radio"/> Information requested upon website registration</li> <li><input type="radio"/> Inquiry upon call to customer service</li> <li><input type="radio"/> Indirect method such as surname or zip code analysis</li> <li><input type="radio"/> Other (Please explain)</li> <li><input type="radio"/> Data not collected</li> </ul>	
Disability	<ul style="list-style-type: none"> <li><input type="radio"/> Enrollment form</li> <li><input type="radio"/> Oral health risk assessment</li> <li><input type="radio"/> Information requested upon website registration</li> <li><input type="radio"/> Inquiry upon call to customer service</li> <li><input type="radio"/> Indirect method such as surname or zip code analysis</li> <li><input type="radio"/> Other (Please explain)</li> <li><input type="radio"/> Data not collected</li> </ul>	

**45.1.2** If the dental plan answered “data not collected” in the data elements (45.1.1) above, please discuss how the plan is making progress on collecting data elements to support improving health equity.

**45.1.3** Indicate how race/ethnicity, primary language, and disability status data are used to address quality improvement and health equity. Select all that apply.

- Assess adequacy of language assistance to meet members’ needs
- Calculate dental quality performance measures by race/ethnicity, language, or disability status
- Calculate member experience measures by race/ethnicity, language, or disability status
- Identify areas for quality improvement
- Identify areas for health education/promotion
- Share provider race/ethnicity/language data with member to enable selection of concordant dentists
- Share with dental network to assist them in providing language assistance and culturally competent care
- Set benchmarks or target goals for reducing measured disparities in preventive or diagnostic care
- Analyze disenrollment patterns
- Develop outreach programs that are culturally sensitive (please explain)
- Other (please explain)
- Race/ethnicity data not used for quality improvement or health equity
- Language data not used for quality improvement or health equity
- Disability data not used for quality improvement or health equity

**45.1.4** If the Contractor answered “data not collected” in the data elements (45.1.1) above, please discuss how the plan is making progress on using data elements to support improving health equity.

## **45.2 Attachment 7, 2.03 Risk Assessment**

**45.2.1** Indicate features of the oral health risk assessment to determine enrollee oral health status. Select all that apply.

- Oral health risk assessment offered online or in print
- Oral health risk assessment offered through telephone interview with a live person
- Oral health risk assessment offered in multiple languages
- Upon completion of oral health risk assessment, risk-factor education is provided to member based on member-specific risk, e.g. if member reports tobacco use, education is provided on gum disease risk
- Personalized oral health risk assessment report is generated with risk modification actions
- Member is directed to interactive intervention module for behavior change upon risk assessment completion
- Email on self-care generated based on enrollee responses
- Email or phone call reminders to schedule preventive or diagnostic visits generated based on enrollee responses
- Oral health risk assessment not offered

**45.2.2** Does the Contractor collect information on enrollee oral health status using any of the following sources of data? Select all that apply.

- Oral health risk assessment

- Claims data
- Other (please explain)
- Data on oral health status not collected

**45.2.3** Discuss any planned activities to build capacity or systems to determine enrollee oral health status.

### **45.3 Attachment 7, 2.04 Reporting to and Collaborating with the Exchange Regarding Health Status**

**45.3.1** Does the Contractor use any of the following sources of data to track changes in oral health status among Plan Enrollees? Select all that apply.

- Oral health risk assessment
- Claims data
- Other (please explain)
- Data on oral health status not used

**45.3.2** Discuss any planned activities to build capacity or systems to track changes in enrollee oral health status.

### **45.4. Attachment 7, 3.01 Health and Wellness Services**

**45.4.1** Which of the following activities are used by the Contractor to encourage use of diagnostic and preventive services?

- Mailed printed materials about preventive services with \$0 cost-share to members (oral exam, cleaning, X-rays)
- Emails sent to membership about preventive services with \$0 cost-share to members (oral exam, cleaning, X-rays)
- Automated outbound telephone reminders about preventive services with \$0 cost-share to members (oral exam, cleaning, X-rays)
- Other (please explain)
- No current activities used to encourage use of preventive services

**45.4.2** Discuss any planned activities to encourage use of diagnostic and preventive services.

**45.4.3** If Contractor indicated that any of the activities in 45.4.1 are used to encourage use of diagnostic and preventive services, please upload as an attachment screenshots and/or materials demonstrating these activities.

**45.4.4** Which of the following activities are used by the Contractor to communicate oral health and wellness (i.e. self-care for maintaining good oral health)?

- Mailed printed materials about oral health self-care
- Emails sent to membership about oral health self-care
- Other (please explain)
- No current activities used to encourage oral health self-care

**45.4.5** Discuss any planned activities to communicate oral health and wellness information to Enrollees.

**45.4.6** If Contractor indicated that any of the activities in 45.4.4 are used to communicate oral health and wellness, please upload as an attachment screenshots and/or materials demonstrating these activities.

**45.5 Attachment 7, 3.02 Community Health and Wellness Promotion**

**45.5.1** Please indicate the type of initiatives, programs, and projects the Contractor supports and describe how such activities specifically promote community health and/or address health disparities. Select all that apply and provide a narrative report in the “details” describing the activity.

Type of Activity	Details
Internal facing, member-related efforts to promote oral health (e.g. oral health education programs)	
External facing, high-level community facing activities (e.g. health fairs, attendance at community coalitions, participation in health collaboratives)	
Engaged with non-profit health systems or local health agencies to conduct community risk assessments to identify high priority needs and health disparities related to oral health	
Community oral health effort built on evidence-based program and policy interventions, and planned evaluation included in the initiative	
Funded community health programs based on needs assessment or other activity	
Plan is currently planning a community health promotion activity	
Plan does not conduct any community health initiatives	

**45.6 Attachment 7, 4.02 Promoting Development and Use of Care Models**

**45.6.1** If applicable to the QDP Issuer’s delivery system, please report the number of Covered California enrollees who have been assigned a primary care dentist.

Number of Covered California enrollees who have been assigned a primary care dentist	
Number of Covered California enrollees	

**45.6.2** If assignment to a primary care dentist is not required, describe how Contractor encourages member’s use of dental home.

**45.6.3** If assignment to a primary care dentist is not required, describe how Contractor encourages contracted providers to retain patients for continued care.

**45.7 Attachment 7, 4.03 Identification and Services for At-Risk Enrollees**

**45.7.1** How does the Contractor currently identify at-risk enrollees, which may include members with existing or newly diagnosed needs for dental treatment or members with co-morbid conditions?

- Claims data

- Website registration prompts self-report of existing/newly diagnosed need for dental treatment and/or co-morbid conditions
- Oral health risk assessment
- Other (please explain)
- Plan does not currently identify at-risk enrollees

**45.7.2** Discuss any planned activities to identify at-risk enrollees.

**45.7.3** Please report the number of Covered California enrollees who have been identified as “at-risk.”

Number of Covered California enrollees who have been identified as “at-risk”	
Number of Covered California enrollees	

**45.8 Attachment 7, 5.01 Provider Cost and Quality**

**45.8.1** Indicate how the Contractor provides members with cost information for network providers. Select all that apply.

- Web site includes a cost calculator tool for dental services (e.g. crowns, casts, endodontics, periodontics, etc.)
- Web site provides information on average regional charges for dental services (e.g. crowns, casts, endodontics, periodontics, etc.)
- Cost information on provider-specific contracted rates available upon request through Web site or customer service line
- Members directed to network providers to request cost information
- Other (please explain)
- Cost information not provided to membership

**45.8.2** If the plan does not currently provide members with cost information, please report how the Contractor intends to make provider-specific cost information available to members.

**45.8.3** To what extent does the Contractor encourage use of high quality network dental providers?

- Auto-assign members to high-performing dental providers
- Identify high-performing providers through the provider directory or other web site location
- Customer service referral to dental provider
- Other (please explain)
- Contractor does not encourage use of high-performing dental providers

**45.8.4** If the Contractor encourages use of high-performing dental providers, what criteria does the Contractor use to identify high-performing providers?

- Dental quality measures
- Health improvement initiatives
- Preventive services rendered
- Patient satisfaction
- Low occurrence of complaints and grievances
- Other (please explain)
- Contractor does not encourage use of high-performing dental providers

**45.8.5** If the plan does not currently identify or encourages use of high-performing dental providers, please report how the Contractor intends to identify high-performing dental providers.

## **45.9 Attachment 7, 5.03 Enrollee Benefit Information**

**45.9.1** Indicate how the plan provides plan enrollees with current information regarding annual out-of-pocket costs, status of deductible, status of benefit limit if applicable, and total oral health care services received to date. Select all that apply.

- Status of deductible, out-of-pocket costs, and oral health services received to date provided through member login to the dental plan website
- Status of deductible, out-of-pocket costs, and oral health services received to date provided by mailed document upon request
- Status of deductible, out-of-pocket costs, and oral health services available upon member request to customer service
- Other (please explain)
- Status of deductible, out-of-pocket costs, and oral health services received to date not provided