

Cover Page

Covered California for Small Business (CCSB) Qualified Health Plan Attachment 1 Response to Comments

The following is the Covered California response to “Second Round” comments received for the draft 2023 QHP CCSB Attachment 1.

All documents will be posted to the Plan Management HBEX webpage:
<https://hbex.coveredca.com/stakeholders/plan-management/>.

Article-Section No.	Article-Section Title	Comment Date	Comment	Response
2	2.02.1	12/6/21	<p>We recommend specifying that the depression screening tool data is collected by primary care providers. The intent of the PHQ-2 and PHQ-9 tools is for them to be used by a primary care provider as a screening. Once the member is seeing a Behavioral Health provider, they do a comprehensive assessment which is not synonymous with screening.</p> <p>In addition, we recommend adding the option to report data collected by a vendor to the requirement. There are behavioral health support tools that use this screening assessment that the member then brings to the provider. Suggested language:</p> <p><i>Contractor must work with its contracted vendors or primary care providers to collect Depression Screening and Follow-Up Plan (NQF #0418) measure results for its Enrollees and report results in the annual application for certification. Contractor must engage with Covered California to review its performance.</i></p>	<p>Covered California will revise the language to "...work with its contracted providers, including primary care providers, to collect..." We understand that depression screening can be completed by several types of providers in addition to primary care providers.</p>
3	3.02.2	12/6/21	<p>We recommend removing part 3 of this requirement to develop a corrective action plan. It is important to collect data to establish a baseline for expected rates among Covered CA QHP issuers before implementing this type of requirement.</p>	<p>Covered California will adjust the contract language to clarify our intent in regards to the corrective action plan. Our intent is to hold plans accountable and understand the processes in place to address a potential gap in DPP utilization.</p>
4	4.03.4	12/17/21	<p>In Section 4.03.4, related to Hospital Value, the draft sets up annual reports for health plans that must include federal requirements from the Centers for Medicare and Medicaid Services' (CMS) Hospital Price Transparency rule. We recommend that this section be modified to:</p>	<p>Article 4.03, including 4.03.4, is waived for Covered California Small Business.</p>
			<ul style="list-style-type: none"> Provide an "out" clause from the shoppable service requirement for hospitals that do not provide one or more of CMS' 70 shoppable services, and as such are not displaying information pertaining to the service. 	
			<ul style="list-style-type: none"> Replace "machine-readable file" with "consumer-friendly format" in the text below, copied from the attachment. This change more accurately reflects CMS' requirements, which specifically state "consumer-friendly format." 	

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			b.i) The number and percent of network hospitals by region that provide information on the 70 CMS-specified shoppable services in a consumer-friendly format or b.ii) a price estimator tool that provides consumers with an individualized estimate of their out-of-pocket costs and the number and percent of network hospitals that b.iii) do not provide price information for shoppable services.	