

PY 2022 - PUBLIC COMMENT SUMMARY

Issue #	Application	Section	Issue Area	Consolidated Comment	Covered California Response	Change Incorporated
1	QHP Individual	Audits	9.2	This section numbering was updated, however the reference to 9.2.2 was not and appears to need to be updated to 9.2.1.	Corrected	Yes
2	QHP Individual	Sales Channels	14.4	Section was renumbered and 14.4 is now a new question asking for a copy of AOR policy and procedures if changed; this is not an issue for returning carriers, however we normally provide a response to what is now 14.5 on Commission Rates and that is no longer required - please confirm not required for returning carriers. 14.7 was added for returning carriers to provide their AOR processes, please confirm this is being required for returning carriers and wasn't meant to be 14.5 for commissions.	The instructions have been updated to reflect the change in numbering and new questions. Questions 14.4, 14.5, 14.7, and 14.8 are required for currently contracted Applicants. Question 14.1 is required for new entrant Applicants.	Yes
3	QHP Individual	Quality	18.8	Since this is reporting the percent of providers shouldn't the denominator be the total providers across all networks and not membership?	Thank you for the comment and correction. The language will be updated to reflect "all networks" and not membership.	Yes
4	QHP Individual	Quality	18.9	Question 18.9.7 is the same information that was provided as a contract requirement every January, why is it also required in the Certification Application for returning carriers?	Covered California is removing this question from the annual January contract reporting and placing it in the Certification Application to allow for efficient tracking of quality standards.	No
5	QHP Individual	Quality	18.12	Question 18.12.1 doesn't include a response box (in the redline or clean version).	Thank you for the correction. Covered California will add a response box for this question	Yes
6	QHP Individual	Benefit Design - Attachment B	5	Bronze Plan is listed twice columns O-P and cloumns W-X	Corrected	Yes
7	QHP Individual	QIS - Attachment E	19	"19.2.2.1, 19.2.3.1 (HMO, PPO, EPO), 19.2.3.2, 19.2.3.3, 19.2.4.1 (HMO, PPO, EPO), - For reapplying Applicants, enter the percentage reported in the Certification Applications for 2017, 2018, and 2019 as well." Should the statement above be updated to 2020, as well as the grid red box including 5/2/2020 for entry?	Covered California has updated Attachment E to reflect additional years. The new version of Attachment E was posted on Friday December 4, 2020.	No
8	QHP Individual	QIS - Attachment E	19	"19.2.5.2, 19.2.5.3, 19.2.6.1 (HMO, PPO, EPO), 19.2.6.2 (HMO, PPO, EPO) - For currently contracted Applicants, enter the percentage reported in the Certification Applications for 2016, 2017, 2018, 2019, and 2020 as well. Applicants should report complete measurement year data for 2019 (not point in time)." Should the "applicants should report complete meausrement year data for 2019 (not point in time)" be updated to 2020, as well as the grid red box including 5/2/2020 for entry?	Covered California has updated Attachment E to reflect additional years. The new version of Attachment E was posted on Friday December 4, 2020.	No
9	QHP Small Business	Quality	17	Why is this now being required for those that completed the Individual Marketplace QHP application for 2021, these are the same questions and information already being collected under that application?	This section is not required if the Applicant will be completing the PY 2022 Individual Marketplace QHP Application.	Yes
10	QHP Small Business	QIS	18	Why is this now being required for those that completed the Individual Marketplace QHP application for 2021, these are the same questions and information already being collected under that application?	This section is not required if the Applicant will be completing the PY 2022 Individual Marketplace QHP Application.	Yes
11	QHP Small Business	Benefit Design - Attachment B	5	Included plans that are not offered via CCSB such as CSR plans (column Q - V), Catastrophic Plan (column AA-AB) and missing CCSB Silver HDHP. Also Bronze is listed twice Column O-P and W-X.	Corrected	Yes

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12	QDP Individual	Sales Channels	14.5	Is question 14.5 Commissions no longer required for returning Applicants?	Corrected	Yes
13	QDP Individual	Benefit Design	5.4	The Dental Matrix (Matrix) requirement is part of a regulation package that is not yet finalized.	Removed the reference to the matrix	Yes
14	QDP Small Business	Benefit Design	5.4	The Dental Matrix (Matrix) requirement is part of a regulation package that is not yet finalized.	Removed the reference to the matrix	Yes
15	QDP Individual / Small Business	Attachment V	5	The Dental Matrix (Matrix) requirement is part of a regulation package that is not yet finalized.	Removed the reference to the matrix	Yes
16	QHP Individual	Quality	18.11.7	Please clarify the reporting year/time period for this section.	The language in the Certification Application will be updated to reflect the reporting year/time period for this section.	Yes
17	QHP Individual	Quality	18.11.8	Please clarify the reporting year/time period for this section.	The language in the Certification Application will be updated to reflect the reporting year/time period for this section.	Yes
18	QHP Individual	Quality	18.9.7	Recommend changing "The DPP must be accessible both in-person and online" to "either in-person and/or online." Plans have provided similar feedback that in-person may not be feasible, and based on the Covered CA Plan Management meeting on 12/09, they will be reviewing whether to change this requirement.	Covered California is committed to equitable access to healthcare services for all Enrollees. Having a DPP available in both in-person and online format ensures that all Enrollees have equitable access to diabetes preventative services, such as the DPP.	No
19	QHP Individual	Quality	18.9.3	New Question: Percent of California members who completed a smoking cessation program. Comment: Generally, only the rates of participation in a program are known, but the rates of completion are not as the claims payments are not directly tied to completion of a program (the plan pull data from claims/encounters database). Recommend to report participation rates.	The language in the Certification Application will be updated to reflect participation rates rather than completion rates.	Yes
20	QHP Individual	Quality	18.9.3	New Question: Percent of Covered California members who completed a smoking cessation program. Comment: Generally, only the rates of participation in a program are known, but the rates of completion are not as the claims payments are not directly tied to completion of a program (the Plan pulls data from claims/encounters database). Recommend to report participation rates.	The language in the Certification Application will be updated to reflect participation rates rather than completion rates.	Yes
21	QHP Individual	Quality	18.9.5	New Question: Indicate how Applicant identifies members with unhealthy body weight. Comment: The plan historically reviews data from several different sources to identify members with BMIs of 30 or greater (obese members). Recommend question to ID "obese" members.	Covered California is committed to using inclusive and patient-centered language. The language in the Certification Application will be updated to define "unhealthy body weight as a BMI>30", consistent with CDC and industry standards.	No
22	QHP Individual	Quality	18.9.5	New Question: Percent of California members who completed a weight management program. Comment: the Plan tracks participation and members who achieved their 6 months weight loss goals, not completion rates as the program utilizes telephonic counseling and members set their own goals and individual needs for counseling may vary. Recommend to report participation rates.	The language in the Certification Application will be updated to reflect participation rates rather than completion rates.	Yes
23	QHP Individual	Quality	18.9.5	New Question: Percent of Covered California members who completed a weight management program. Comment: the Plan tracks participation and members who achieved their 6 months weight loss goals, not completion rates as the program utilizes telephonic counseling and members set their own goals and individual needs for counseling may vary. Recommend to report participation rates.	The language in the Certification Application will be updated to reflect participation rates rather than completion rates.	Yes

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24	QHP Individual	Quality	18.9.7	New Question: Percent of total eligible Covered California enrollees who completed the Diabetes Prevention Program. Comment: The DPP program is year-long and enrollment is on a rolling basis. Completion rates would only be available for those enrolled in Jan and completed in Dec. All other participants enrolled throughout the year would not have completed the program. Recommend to use CDC weight loss goal of 5% for all members enrolled in the program thus far, not just in a single year.	The language in the Certification Application will be updated to reflect percent of participants who met the CDC goal of 5% weight loss in the program instead of completion rates.	Yes
25	QHP Individual	Quality	18.7.5	Recommend to provide/include Collaborative Care Model claims codes to ensure consistency across plans.	Covered California will add a list of Collaborative Care Model claims codes (G0444, 99420 with relevant diagnosis, Standard CPT codes: 99484, 99492, 99493, 99494) to the Certification Application.	Yes
26	QHP Individual	Quality	18.12.2	Can you please provide specifics on what Covered California is looking for in regards to the use of Centers of Excellence (ie, a policy, procedure, utilization)	Covered California is initially looking for information on utilization of Centers of Excellence with the aim towards better understanding outcomes for enrollees with applicable conditions. In addition, we are interested in better understanding the impact of inclusion criteria and promotion methodology on utilization and outcomes. All of this is to better inform future policy.	No
27	QHP Individual	QIS	19.2.1.2	Can you please define what Covered California means by value? (example: is it cost, quality of care? What is the criteria for 'value'?)	Value incorporates cost and quality of care; more specifically it can be defined as the health outcomes achieved per healthcare dollar spent.	No