

## **Attachment 14. Performance Standards**

During the term of this Agreement, Contractor shall meet or exceed the Performance Standards identified in this Attachment. For those Performance Standards with Penalties, Contractor shall be responsible for payment of penalties for Contractor's failure to meet the Performance Standards in accordance with the terms set forth in Section 6.2 of the Agreement and this Attachment 14. Contractor shall submit the data required by the Performance Standards by the date specified by Covered California. Some of the data required applies to a window of time. Some of the data represents a point in time. This measurement timing is described in more detail in the sections within this Attachment.

Contractor shall monitor and track its performance each month against the Performance Standards and provide Covered California with a detailed Monthly Performance Report in a mutually-agreeable format. Contractor must report on Covered California business only and report Contractor's Enrollees in Covered California for the Individual Exchange separate from Contractor's Enrollees in Covered California for Small Business. Except as otherwise specified below in the Performance Standards Table, the reporting period for each Performance Standard shall be one calendar month. All references to days shall be calendar days and references to time of day shall be to Pacific Standard Time.

If Contractor fails to meet any Performance Standard in any calendar month (whether or not the failure is excused), Covered California may request and Contractor shall (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 Standards; (d) implement and notify Covered California of measures taken by Contractor to prevent recurrences, if the performance failure is otherwise likely to recur; and (e) make written recommendations to Covered California for improvements in Contractor's procedures.

As specified below, certain Performance Standards are subject to penalties. The total amount at risk is equal to five percent (5%) of the total Participation Fee paid by Contractor in accordance with the terms set forth in Section 5.1.3 of the Agreement for the Individual Market (At-Risk Amount). Penalties will be determined on an annual basis at the end of each calendar year, based on Contractor's final year-end data for each Performance Standard, and three percent (3%) of the total Participation Fee that is payable to Covered California in accordance with the terms set forth in Section 5.2.2 for Covered California for Small Business (At-Risk Amount). The amount of penalty will be reduced by any credit Contractor receives. Credits from one category may be used to offset penalties in that category, or applied to offset penalties assessed in another category.

In no event shall the total credits to Contractor exceed the total amount of the performance penalty owed to Covered California by Contractor

Covered California will provide the Contractor an Initial Contractor Performance Standard Evaluation Report, covering preliminary year end data available, which Covered California will send to Contractor for review no later than February 28<sup>th</sup> of the following calendar year.

When the results of the Performance Standards are calculated, Covered California will provide Contractor with a Final Contractor Performance Standard Evaluation Report, along with an invoice, within 60 calendar days of receipt of the Performance Standards data requirements.

Contractor shall remit payment to Covered California within 30 calendar days of receiving the Final Contractor Performance Measurement Evaluation Report and invoice. If Contractor does not agree with either the Initial or the Final Performance Standard Evaluation Report, Contractor may dispute the Report in writing within thirty (30) calendar days of receipt of that Report. The written notification of dispute shall provide a detailed explanation of the basis for the dispute. Covered California shall review and provide a written response to Contractor's dispute within thirty (30) calendar days of receipt of Contractor's notification of dispute. If the Contractor still disputes the findings of Covered California, Contractor may pursue additional remedies in accordance with Section 12.1 of the Agreement.

**Performance Standards Reporting - Group 1 - Customer Service and Group 2 – Operational, Performance Standards 1.1 – 1. 6 and 2.1 – 2.5**

Contractor shall not be responsible for any failure to meet a Performance 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 Covered California'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 Covered California of the problem and uses commercially reasonable efforts to perform and meet the Performance Standards notwithstanding Covered California's failure to perform or delay in performing.

If Contractor wishes to avail itself of one of these exceptions, Contractor must notify Covered California in its response to the performance report identifying the failure to meet such Performance Standard. This response must include: (a) the identity of the Performance Standard that is subject to the exception, and (b) the circumstances that gave rise to the exception in sufficient detail to permit Covered California 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.

The Parties may adjust, suspend, or add Performance Standards from time to time, upon written agreement of the parties, without an amendment to this contract.

Performance Defaults – Failure of the Contractor to meet the performance standards shall grant Covered California the authority to assess penalties where applicable, or require that the Contractor provide and implement a corrective action plan.

Credits – For certain measures of the performance standards set forth in the Performance Standards Table, Contractor will have the opportunity to earn credit for performance that exceeds the Performance Standards. The Credits shall be used to offset (i.e., reduce) any penalties that are imposed during any Contract Year.

- 1) Performance Tables - The Performance Standards are set forth in the tables below, titled Covered California Performance Standards for Contractor.

**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 and 4. The performance period is the 2017 - 2021/2022 contract term. Annual reports for Group 3 and 4 are due by April 30th of the following calendar year. The Annual Narrative Report for Group 5 is due by February 28th of the following calendar year. Contractor shall report Covered California business only and shall report Covered California for the Individual Market separate from Contractor's Covered California Enrollees in Covered California for Small Business.

## Covered California Performance Standards for Contractor

<b>Group 1: Customer Service Performance Standards</b> <b>24% of Total Performance Penalty at Risk or Credit</b> Contractor shall submit all Group 1 data on a monthly basis by the 10 <sup>th</sup> of the following month for the previous month's data.				
	Performance Standard	Individual	Small Business	Performance Requirements
			No penalties or credits will be assessed in 2017 – 2022.	
1.1	<b>Abandonment Rate (%)</b>  4% of total performance penalty for this Group.  Measurement Period <u>January 1, 2022-December 31, 2022</u>	X	X	Divide number of abandoned calls by the number of calls offered to a phone representative.  <u>Expectation:</u> No more than 3% of incoming calls abandoned in a calendar month.  <u>Performance Level:</u> >3% abandoned: 4% performance penalty. 2-3% abandoned: no penalty. <2% abandoned: 4% performance credit.
1.2	<b>Service Level</b>  4% of total performance penalty for this Group.  Measurement Period <u>January 1, 2022-December 31, 2022</u>	X	X	<u>Expectation:</u> 80% of calls answered in 30 seconds or less.  <u>Performance Level:</u> <80%: 4% performance penalty. 80%-90%: no penalty. >90%: 4% performance credit.

**Group 1: Customer Service Performance Standards  
24% of Total Performance Penalty at Risk or Credit**

Contractor shall submit all Group 1 data on a monthly basis by the 10<sup>th</sup> of the following month for the previous month's data.

	<b>Performance Standard</b>	<b>Individual</b>	<b>Small Business</b> No penalties or credits will be assessed in 2017 – 2022.	<b>Performance Requirements</b>
<b>1.3</b>	<p><b>ID Card Processing Time</b></p> <p>If carrier uses a no-card eligibility verification system: the time frame 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> <p>4% of total performance penalty for this Group.</p> <p>Contractor shall submit this data monthly by the 10<sup>th</sup> of the following month for the previous month's data.</p> <p>Measurement Period <u>January 1, 2022-December 31, 2022</u></p>	X	X	<p><u>For Covered California for the Individual Market:</u> <u>Expectation:</u> 99% of ID cards issued within 10 business days of receiving complete and accurate enrollment information and binder payment for a specific consumer(s).</p> <p><u>For Small Business:</u> <u>Expectation:</u> 99% of ID cards issued within 10 business days of receipt of complete and accurate enrollment information for a specific consumer.</p> <p><u>Performance Level:</u> &lt;99%: 4% performance penalty.</p>
<b>1.4</b>	<p><b>Initial Call Resolution</b></p> <p>4% of total performance penalty for this Group.</p> <p>Measurement Period <u>January 1, 2022-December 31, 2022</u></p>	X	X	<p><u>Expectation:</u> 85% of Covered California enrollee issues will be resolved within one (1) business day of receipt of the issue.</p> <p><u>Performance Level:</u> &lt;85%: 4% performance penalty. 85-95%: no penalty. &gt;95%: 4% performance credit.</p>
<b>1.5</b>	<p><b>Grievance Resolution</b></p> <p>4% of total performance penalty for this Group.</p>	X	X	<p><u>Expectation:</u> 95% of Covered California enrollee grievances resolved within 30 calendar days of initial receipt.</p>

**Group 1: Customer Service Performance Standards**  
**24% of Total Performance Penalty at Risk or Credit**

Contractor shall submit all Group 1 data on a monthly basis by the 10<sup>th</sup> of the following month for the previous month's data.

	<b>Performance Standard</b>	<b>Individual</b>	<b>Small Business</b> No penalties or credits will be assessed in 2017 – 2022.	<b>Performance Requirements</b>
	Measurement Period <u>January 1, 2022-December 31, 2022</u>			<u>Performance Level:</u> <95% resolved within 30 calendar days of initial receipt: 4% performance penalty. 95% or greater resolved within 30 calendar days of initial receipt: no penalty. 95% or greater resolved within 15 calendar days of initial receipt: 4% performance credit.
<b>1.6</b>	<b>Covered California member Email or Written Inquiries Answered and Completed</b>  4% of total performance penalty for this Group.  Measurement Period <u>January 1, 2022-December 31, 2022</u>	X	X	<u>Expectation:</u> 90% of Covered California member email or written inquiries answered and completed within 15 business days of the inquiry. Does not include appeals or grievances.  <u>Performance Level:</u> <90%: 4% performance penalty. 90-95%: no penalty. >95%: in 15 days 4% performance credit.

Group 2: Operational Performance Standards 35% of Total Performance Penalty at Risk				
Performance Standard		Individual	Small Business	Performance Standards
2.1	<p><b>834 Processing</b></p> <p><b>Measurement Period:</b> Plan Year 2022, 834 transactions will begin with renewals. October 1, 2021 – December 31, 2022 5% of total performance penalty for this Group.</p>	X		<p><u>Expectation:</u> Covered California will receive a TA1 or 999 file, or both as appropriate within three business days of receipt of the 834 file 95% of the time.</p> <p><u>Performance Level</u> &lt;95% below expectation: 5% performance penalty. Assessing for</p>
2.2	<p><b>834 Generation – Effectuation and Cancellation Transactions</b></p> <p><b>Measurement Period:</b> Plan Year 2022, 834 transactions will begin with renewals. October 1, 2021 – December 31, 2022 5% of total performance penalty for this Group.</p>	X		<p><u>Expectation:</u> Covered California will successfully receive and process effectuation and cancellation 834 transactions within 60 days from either the coverage effective date or transaction timestamp, whichever is later 95% of the time..</p> <p><u>Performance Level</u> &lt;95%: 2.5% performance penalty.</p>
2.3	<p><b>834 Generation – Termination Transactions</b></p> <p><b>Measurement Period:</b> Plan Year 2022 834 transactions will begin with renewals. October 1, 2021 – December</p>	X		<p><u>Expectation:</u> Covered California will receive termination 834 transactions within ten days of the grace period expiration 95% of the time.</p> <p><u>Performance Level</u> &lt;95%:</p>

<b>Group 2: Operational Performance Standards 35% of Total Performance Penalty at Risk</b>			
<b>Performance Standard</b>	<b>Individual</b>	<b>Small Business</b>	<b>Performance Standards</b>
<p>31, 2022</p> <p>5% of total performance penalty for this Group.</p>			2.5% performance penalty.
<p><b>2.4 Reconciliation Process</b></p> <p><b>10% of total performance penalty for this Group.</b></p> <p>Measurement Period <u>January 1, 2022-December 31, 2022</u></p>	X		<p><u>Expectation:</u> Covered California shall receive a comparison reconciliation extract in accordance with the file validations and resolution timelines, as mutually agreed upon in the Reconciliation Process Guide (Extranet, Data Home, Contractor's folder) 90% of the time for accuracy and timeliness.</p> <p><u>Performance Level:</u> &lt;90%: below expectation: 10% performance penalty</p>
<p><b>2.5 Data Submission specific to contract Section 3.4.4 Provider Directory and Attachment 7, Article 2, Section 2.02 Data Submission Requirements.</b></p> <p>10% of total performance penalty for this Group.</p> <p>Measurement Period <u>January 1, 2022-December 31, 2022</u></p> <p>Definitions for Performance Standard 2.5 Incomplete: A file or part of a file is missing, or critical data elements are not provided. Irregular: Unexpected file or data element formatting, or record volumes or data</p>	X	X	<p><u>Expectation:</u> Full and regular submission of data according to the standards outlined in the Attachment 7 citations. The Contractor must work with Covered California and HEI Vendor to ensure accuracy of data variables on an ongoing basis.</p> <p>a) <u>Performance Level:</u> Incomplete, irregular, late or non-useable data submission: 5% penalty of total performance requirement. Full and regular submission according to the formats specified and useable by Covered California located at: (Extranet, Plan Home, Resources, Provider Directory Resources. Covered California</p>



**Group 2: Operational Performance Standards  
35% of Total Performance Penalty at Risk**

Performance Standard	Individual	Small Business	Performance Standards
<p>element counts / sums deviate significantly from historical submission patterns for the data supplier.</p> <p>Late: Data is submitted on a date later than the supplier's agreed-upon submission date (i.e., between the 5th and 15th of the month) plus five business days.</p> <p>Non-Usable: HEI Vendor cannot successfully include submitted data in its database build, or HEI Vendor's or Covered CA's analysts determine that critical components of the submitted data cannot be used or relied upon in subsequent analytic work.</p>			<p>Provider Data Submission Schedule_ Current year): no penalty</p> <p>b) Incomplete, irregular, late or non-useable submission of HEI data: 5% penalty of total performance requirement. Failure to submit required financials (e.g., allowed, copay, coinsurance, and deductible amounts) or dental claims covered under medical benefits constitutes incomplete submission. Full and regular submission according to the formats specified and useable by Covered California within 5 business days of each monthly reporting cycle: no penalty.</p>

Total performance penalty at risk or credit is below 100% in 2022 due to deletions and additions of performance standards resulting in a net loss to the total. The total percent at risk in 2022 will be 59%.

**Group 3: Dental Quality Alliance (DQA) Pediatric Measure Set**  
**Contractor shall annually submit the required Covered California data for Group 3. No penalties or credits will be assessed for Group 3 in 2022. Pilot Period January 1, 2021 – December 31, 2022**

	<b>Measure</b>	<b>Description</b>	<b>Numerator</b>	<b>Denominator</b>	<b>QDP Performance Rate</b>	<b>Expectation</b>
<b>3.1</b>	Utilization of Services	Percentage of all enrolled children aged 0 - 1 who received at least one dental service within the reporting year.	Unduplicated number of enrolled children aged 0 – 1 who received at least one dental service.	Unduplicated number of all enrolled children aged 0 - 1.	NUM/DEN	10%
<b>3.2</b>	Utilization of Services	Percentage of all enrolled children aged 2 - under age 19 who received at least one dental service within the reporting year.	Unduplicated number of enrolled children aged 2 – under 19 who received at least one dental service.	Unduplicated number of all enrolled children aged 2 - under age 19.	NUM/DEN	50%
<b>3.3</b>	Oral Evaluation	Percentage of enrolled children under age 19 who received a comprehensive or periodic oral evaluation within the reporting year.	Unduplicated number of enrolled children under age 19 who received a comprehensive or periodic oral evaluation as a dental service.	Unduplicated number of enrolled children under age 19.	NUM/DEN	50%
<b>3.4</b>	Sealants in 10 year olds	Percentage of enrolled children, who have ever received sealants on a permanent first molar tooth: (1) at least one sealant and (2) all four molars sealed by 10 <sup>th</sup> birthdate.	Unduplicated number of enrolled children who ever received sealants on a permanent first molar tooth: (1) at least one sealant and (2) all four molars sealed.	Unduplicated number of enrolled children with their 10 <sup>th</sup> birthdate in measurement year. Exclude children who received treatment (restorations, extractions, endodontic, prosthodontic, and other dental treatments) on all four first	NUM1/DEN; NUM2/DEN (after exclusions)	40%

**Group 3: Dental Quality Alliance (DQA) Pediatric Measure Set**  
**Contractor shall annually submit the required Covered California data for Group 3. No penalties or credits will be assessed for Group 3 in 2022. Pilot Period January 1, 2021 – December 31, 2022**

	Measure	Description	Numerator	Denominator	QDP Performance Rate	Expectation
				permanent molars in the 48 months prior to the 10 <sup>th</sup> birthdate.		
3.5	Sealants in 15 year olds	Percentage of enrolled children, who have ever received sealants on a permanent second molar tooth: (1) at least one sealant and (2) all four molars sealed by the 15 <sup>th</sup> birthdate.	Unduplicated number of enrolled children who ever received sealants on a permanent second molar tooth: (1) at least one sealant and (2) all four molars sealed.	Unduplicated number of enrolled children with their 15 <sup>th</sup> birthdate in measurement year. Exclude children who received treatment (restorations, extractions, endodontic, prosthodontic, and other dental treatments) on all four second permanent molars in the 48 months prior to the 15 <sup>th</sup> birthdate.	NUM1/DEN; Num2/DEN (after exclusions)	40%
3.6	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 enrolled children aged 1 – 18 years who have 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	50%

**Group 3: Dental Quality Alliance (DQA) Pediatric Measure Set**  
**Contractor shall annually submit the required Covered California data for Group 3. No penalties or credits will be assessed for Group 3 in 2022. Pilot Period January 1, 2021 – December 31, 2022**

	<b>Measure</b>	<b>Description</b>	<b>Numerator</b>	<b>Denominator</b>	<b>QDP Performance Rate</b>	<b>Expectation</b>
<b>3.7</b>	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	Monitoring until claims data is received
<b>3.8</b>	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	Monitoring until claims data is received
<b>3.9</b>	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	Monitoring until claims data is received

<b>Group 4: Covered California Performance Standards and Reporting Requirements</b> <b>Utilization Measures for Adult Dental</b> <b>Contractor shall annually submit the required Covered California data for Group 4. No penalties or credits will be assessed for Group 4 in 2022. Pilot Period January 1, 2021 – December 31, 2022</b>					
<b>Performance Standards</b> <b>Covered California will work with contractors as appropriate to adjust measure sets where a contractor does not have all of the specific Utilization measures.</b>					
<b>Utilization Measures</b>					
<b>4.1</b> Annual Dental Visit (ADV) Measure includes all members ages 19 years and older as of December 31, in the prior calendar year (denominator) who had at least one dental visit in 2018 (numerator). Measure include members enrolled for at least 11 of the 12 months in the prior calendar year.	<table border="1"> <thead> <tr> <th>Age Group</th> <th>Expectation</th> </tr> </thead> <tbody> <tr> <td>19+</td> <td>65%</td> </tr> </tbody> </table>	Age Group	Expectation	19+	65%
Age Group	Expectation				
19+	65%				
<b>4.2</b> Preventive Dental Services (PDS). Measure includes members enrolled for at least 11 of the 12 months in the prior calendar year (denominator) who received any preventive dental service (D1000-D1999) in the prior calendar year (numerator).	<table border="1"> <thead> <tr> <th>Age Group</th> <th>Expectation</th> </tr> </thead> <tbody> <tr> <td>19+</td> <td>50%</td> </tr> </tbody> </table>	Age Group	Expectation	19+	50%
Age Group	Expectation				
19+	50%				
<b>4.3</b> Use of Dental Treatment Services (UDTS). Measure includes members enrolled for at least 11 of the 12 months in the prior calendar year (denominator) who received any dental treatment other than diagnostic or preventive services (D2000-D9999) in the prior calendar year (numerator).	<table border="1"> <thead> <tr> <th>Age Group</th> <th>Expectation</th> </tr> </thead> <tbody> <tr> <td>19+</td> <td>Reporting only</td> </tr> </tbody> </table>	Age Group	Expectation	19+	Reporting only
Age Group	Expectation				
19+	Reporting only				

## Group 5: 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 5 expectations apply equally to Covered California for the Individual Market and small group lines of business and shall be reported separately.

The completed questions are to be submitted to Covered California by February 28 of the contract year in electronic format to be determined by Covered California.

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

5.1.1 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
Age	<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>	
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> </ul>	

	<ul style="list-style-type: none"> <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>	
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**5.1.2** If the Contractor answered “data not collected” in the data elements (5.1.1) above, please discuss how the plan is making progress on collecting data elements to support improving health equity.

**5.1.3** 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

**5.1.4** If the Contractor answered “data not collected” in the data elements (5.1.1) above, please discuss how the plan is making progress on using data elements to support improving health equity.

## **5.2 Attachment 7, 2.05 Risk Assessment**

**5.2.1** 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

**5.2.2** 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

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

### **5.3 Attachment 7, 2.06 Reporting to and Collaborating with Covered California Regarding Health Status**

**5.3.1** 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

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

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

**5.4.1** 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

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

**5.4.3** If Contractor indicated that any of the activities in 5.4.1 are used to encourage use of diagnostic and preventive services, please upload as an attachment screenshots and/or materials demonstrating these activities.

**5.4.4** 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)



- o No current activities used to encourage oral health self-care

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

**5.4.6** If Contractor indicated that any of the activities in 5.4.4 are used to communicate oral health and wellness, please upload as an attachment screenshots and/or materials demonstrating these activities.

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

**5.5.1** 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	

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

**5.6.1** 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	

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

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

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

**5.7.1** 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

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

**5.7.3** 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	

## **5.8 Attachment 7, 5.01 Provider Cost and Quality**

**5.8.1** 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

**5.8.2** 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.

**5.8.3** 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

**5.8.4** 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

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

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

**5.9.1** 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