

Cover Page

Qualified Health Plan (QHP) for Individual Market Attachment 3 – Performance Standards and Expectations Response to Comments

The following is the Covered California response to comments received in Round 1 (October 15, 2021 through November 5, 2021) for the release of contract documents:

- 2023-2025 QHP Att X-Performance Standards and Expectations – DRAFT - 10-15-21

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

Response to Comments - Cycle 1 (October 15, 2021 - November 5, 2021)

2023-2025 Qualified Health Plan (QHP) for Individual Market, Attachment 3 - Performance Standards and Expectations

A 14 Item #	A14 Sub-Section #	Comment	Covered California Response
Expectations Introduction pages		If Expectations and Penalties will be two separate documents, please consider reviewing the introduction on 14-1 and 14-2 as there is reference to "penalties". Wonder if use of that terminology is appropriate in Expectations if this will be a separate document.	Both Attachments 2 and 3 have updates to the introductory language to align with the requirements and penalties. There was one reference to "penalties" in Attachment 3 and is has been updated to "scores."
1	3	We feel it is important to note that plans are already required by law to resolve grievances and appeals within 30 days through the Department of Managed Health Care (DMHC) and would encourage raising this to 99% or another de minimis standard.	Covered California is working internally to address your comment.
1	3 & 4	We urge Covered California in addition to tracking data on completeness, consider requiring reporting of qualitative themes and patterns. We note for example that with call abandonment rates still at issue, it would be important for Covered California to review qualitative information from plans and DMHC on the types of grievances, emails and other communications between individuals and plans to make sure individuals are able to access providers through health plan provider directories and other channels. This qualitative data could also help Covered California identify the types of issues health plans may deem as not a grievance to make sure those issues are being addressed appropriately, and to offer a more complete picture of the types of issues consumers are attempting to resolve with their health plans. We wonder how many of these communications involve actual plan questions and how many are instead grievances or attempts to find in-network providers.	Covered California is working internally to address your comment.