COVERED CALIFORNIA: Stakeholder Questions
CalHEERS Requirements

COVERED CALIFORNIA welcomes your comments on the CalHEERS requirements that will be used to develop the system. Please use the table below to provide your input. Please submit your comments to the Exchange at info@hbex.ca.gov by close of business Friday, November 30, 2012. The principles and options are laid out in a Board options paper available on the Exchange website. Please use the table below to provide your input . Please submit your comments to the Exchange at info@hbex.ca.gov by close of business Friday, November 30, 2012.

Name	Organization	Email	Phone
James Mullen	**Delta Dental of California**	**jmullen@delta.org**	**916-861-1668**

Requirement Number	Comment
General Comments	We appreciate the opportunity to provide input on these important Exchange business requirements in relation to the build of the Covered California Health Exchange Enrollment, Eligibility and Retention System (CalHEERS). Dental is unique in many ways, so we would appreciate the opportunity to participate in any JAD or IT/Operations planning sessions as the system is being developed. Short of that, any opportunities to be more involved in the process through whatever transparent avenues exist would be very helpful.
BR8	It will be helpful to know how the Exchange plans to communicate the CIN and the format.
BR18	Will these account changes be communicated to the carrier? Or is this restricted to communication between the Exchange and the consumer?
BR37	For consistency among the Exchange and all carrier participants who also collect demographic data under existing language assistance regulations, it is recommended that the Exchange utilize U.S. census formats and selection categories for the collection of demographic data including race and ethnicity.
BR95	Add after the word comparison the following: “including the separately allocated out-of-pocket maximum that applies for qualified stand-alone dental plans.”
BR99	Will there be a method by which the Exchange can link to the carrier directory that is maintained on the carrier’s site?
BR111	It will be important for carriers to know the frequency and format of this data transfer.
BR114	Insert corresponding reference to qualified stand-alone dental plans.
BR117	Insert corresponding reference to qualified stand-alone dental plans.

COVERED CALIFORNIA

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BR172	Insert corresponding reference to qualified stand-alone dental plans.
BR182 thru BR186	We assume these are placeholder business requirements to enable the Exchange to aggregate premiums in the Individual Exchange in the future, as the Board approved the recommendation that carriers conduct premium collection in the initial year(s) of the Exchange.
BR187.2	Cost-sharing reductions do not apply to the pediatric dental benefit when it is supplied by a stand-alone dental plan under 1402(c)(5), so its inclusion as a business requirement is not necessary. Also, there may not be a second-lowest cost silver plan specific to qualified stand-alone dental plans because of the proposed high/low structure that would untether stand-alone dental plans from the metal tiers.
BR238	Recommend replacing the acronym QDP with stand-alone dental plan for consistency, as QDP is not defined or used elsewhere in the document.
BR248	It will be important for carriers to know the frequency and format of this data transfer.
BR305	In relation to the UX2014 Project, the design as currently depicted lacks critical consumer shopping features that are necessary to ensure consumers can easily see, compare and purchase a stand-alone dental option in addition to other health plan options. This inability to adequately view dental plan details results in a lack of transparency that could create confusion regarding the unique way dental coverage is offered in the Exchange. We therefore support the suggestion that the web portal exceed the current consumer experience and framework defined by the UX2014 project.
SR17	It will be important for carriers to have input on the content of the small employer application when developed.
SR19	For consistency among the Exchange and all carrier participants who also collect demographic data under existing language assistance regulations, it is recommended that the Exchange utilize U.S. census formats and selection categories for the collection of demographic data including race and ethnicity.
SR21	It will be important for carriers to understand how the validation engine will address the prevention of fraud.
SR27	Add after QHPs the following: "including a high/low option for the pediatric dental benefit when it is supplied by a qualified stand-alone dental plan."
SR31	Replace the word "employer" with "QHP and/or qualified stand-alone dental plan."
SR71	Insert corresponding reference to qualified stand-alone dental plans.
SR78.1 and SR78.2	Add the following: and, allow the employer and/or employee to choose between the high or low

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	option for a qualified stand-alone dental plan.
SR84	Insert corresponding reference to qualified stand-alone dental plans.
SR89.1	Insert corresponding reference to qualified stand-alone dental plans.
SR89.2	Insert corresponding reference to qualified stand-alone dental plans.
SR92	Add after the word comparison the following: “including the separately allocated out-of-pocket maximum that applies for qualified stand-alone dental plans.”
SR103	Insert corresponding reference to qualified stand-alone dental plans.
SR112	Recommend adding reference to dentists or using more generic descriptor “provider.”
SR114	Recommend adding reference to dentists or using more generic descriptor “provider.”
SR138	Insert corresponding reference to qualified stand-alone dental plans.
SR139	Insert corresponding reference to qualified stand-alone dental plans.
SR140	Insert corresponding reference to qualified stand-alone dental plans.
SR148	Insert corresponding reference to qualified stand-alone dental plans.
SR149	Insert corresponding reference to qualified stand-alone dental plans.
SR207	Insert corresponding reference to qualified stand-alone dental plans.
SR223	Insert corresponding reference to qualified stand-alone dental plans.
SR225	Insert corresponding reference to qualified stand-alone dental plans.
SR235	Insert corresponding reference to qualified stand-alone dental plans (see BR266).
SR253	If the SIC code is not allowed as a rating factor, will this data still be collected and/or made avaialable?
TR108	Insert corresponding reference to qualified stand-alone dental plans.