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1a Scope	Y	1.2 and GENERAL	1-1		We agree with the health programs listed under the scope, but urge that they not be called "Exchange Health Services Programs" but rather "CalHEERS Health Services Programs" given that DHCS continues to be responsible for administering Medi-Cal and MRMIB Healthy Families and AIM. Note that non-MAGI Medi-Cal is not listed, and although eligibility determinations for non-MAGI Medi-Cal will remain with the counties, CalHEERS will still have to keep track of screenings/referrals for non-MAGI Medi-Cal. In general, the role of the Exchange in regard to Healthy Families and AIM is a bit unclear throughout the RFP and could be made clearer.		NHeLP [National Health Law Program]
1b		1.2	1-2		We agree with the core services listed here and are particularly pleased to see the inclusion of "Eligibility Transfer (i.e. pre-enrollment, pre-notification, and pre-population of applications)." A key to maximizing enrollment in the Exchange and Medi-Cal will be identifying existing limited-scope health programs or programs with populations with high overlap with Exchange and Medi-Cal eligibilty, e.g. people receiving FamilyPACT services or CalFresh benefits and parents of Healthy Families children to name a few. We urge that the required functionality be further spelled out and included in the RFP Business requirements. Specifically, CalHEERS should have the functionality to receive information from SAWS, MEDS, MAXe2 and other state program databases to, with the consent of the consumer, prepopulate an application for health coverage subsidy programs and process the application, asking for any missing needed information from the consumer.		NHeLP
1c		1.2	1-2		Under Eligibility Transfer, In addition to pre-enrollment, we urge that the RFP include the capacity to accept information from county programs, including not only the LIHPs but programs such as Healthy San Francisco and CMSP, so that individuals receiving county health services can, with their consent, be screened for eligibility and enrolled in the appropriate coverage, either Medi-Cal or the Exchange.		NHeLP
1d		1.2	1-2		We also ask that the RFP provide for the ability to accept applications initiated through contact with other state agencies which interact with those highly likely to be uninsured,such as EDD and the family court system. As with horizontal integration with human services programs, we recognize that this capability may evolve over time and may not be fully operational on 1/1/14. But, there should be feasibility to add it in later, as part of the initial planning.		NHeLP
1e		1.2	1-2		We would urge that the "alternative approach" to case management - having the counties manage all Medi-Cal cases - MAGI and non-MAGI be clearly required in all bids. This approach has several advantages - keeping families cases together when there are MAGI and non-MAGI beneficiaries and keeping a family or person's benefits together when they have CalFresh and/or income support as well as Medi-Cal. In several places (noted elsewhere) there is a lack of clarity about whether the RFP seeks case management of both MAGI and non-MAGI Medi-Cal at the county level.		NHeLP
1f		1.2	1-2		Top bullet point about integration of "other eligibility programs" should specify them and include at least SAWS.		NHeLP

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1f-1		1.4.3 Gap Analysis	1-10		The RFP identifies gaps in existing systems capabilities and those required by CalHEERS. The RFP should also include existing IT requirements in the Affordable Care Act (ACA) that would impact the functionality of CalHEERS and would require coordination with the HHS Office of the National Coordinator for HIT. Some of these provisions include: § 1561- HIT Enrollment Standards and Protocols: (requires the Secretary of HHS and the HIT Policy and Standards Committees to "develop interoperable and secure standards and protocols that facilitate enrollment in Federal and State health and human services programs through methods that include providing individuals and authorized 3rd parties notification of eligibility and verification of eligibility. The Secretary shall notify States of standards and protocols approved by the HIT Policy and Standards Committees. . . "); and § 4302 - Understanding Health Disparities: Data Collection and Analysis (. . ."The Secretary, acting through the National Coordinator for HIT, shall develop national standards for the management of data collected, and develop interoperability and security systems for data management. . .The Secretary shall establish procedures for sharing data collected, measures relating to such data, and analyses of such data, with other relevant Federal and State agencies and centers including those within HHS. The Secretary shall ensure that all data collected is protected under privacy protections that are at least as broad as those that the Secretary applies to other health data under HIPAA regulations and data is protected from all inappropriate internal use by an entity that collects, stores, or receives data, including use of such data in determination of eligibility or continued eligibility in health plans. . . .").		NHeLP
1f-2		1.4.3 Gap Analysis	1-10		The RFP should also include coordination and collaborative efforts with the HHS Office of the National Coordinator for HIT (ONC). ONC is charged with coordinating national efforts to implement and use the most advanced health information technology and electronic exchange of health information.		NHeLP
1g		GENERAL			The functional scope does not explicitly include processing of applications submitted by mail, phone and in person. These are all application venues requried by the ACA; while we recognize that counties and the Call Center may be the entities accepting applications in this way, the functionality for inputting or accepting applications coming through these other venues should be spelled out in the Solicitation.		NHeLP
1h		4.2 Project Schedule	4-30		The schedule calls for CalHEERS to "be operational to enable early enrollment as early as July 1, 2013 but no later than October 1, 2013." We urge that the Solicitation consistently require, as it does on page 1-15, enrollment functionality which is installed, tested and fully operational by 7/1/13 to allow fixes to any glitches before enrollment starts in October 2013. We further urge concrete timelines for some of the "mandatory optional" functions. As stated below we don't believe the functionality for health application data used to start public benefits application has to be operational by 2014 but should be operational by 2016 to access the window of the federal allocation waiver.		NHeLP

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2a Governance		1.3.2	1-4		The Background section of the Solicitation states that the CalHEERS Steering Committee - made up of a rerpresentative from the 3 Project Sponsors, DHCS, the Exchange and MRMIB - has overall authority for the project. All three of these entities should rightly be integrally involved in the development and oversight of CalHEERS since it will enroll people into Medi-Cal and Healthy Families as well the Exchange. However, we recognize the need to provide accountability by holding responsible one overall agency. If the Exchange is this central agency responsible for oversight of CalHEERS, then there must be mechanisms to ensure that DHCS retains ultimate oversight of the Medi-Cal program and MRMIB over HFP. DHCS remains the sole state agency for Medicaid. DHCS must have veto power over decisions affecting Medi-Cal eligibility rules and other program components. Our concern arises out of practical experience including experience of the Single-Point of Entry (SPE) for Medi-Cal and HFP. MRMIB governs the SPE process and vendor contract though the joint children's application is also a Medi-Cal application. The joint application only screened for the Medi-Cal FPL programs - not the Medi-Cal programs for families and for disabled children. This harmed children with disabilities as well as families needing coverage This should not be repeated with CalHEERS. The role of DHCS in administering the Medi-Cal program and therefore having descisionmaking authority over the portions of CalHEERS administering Medi-Cal should be spelled out in an MOU made public. It should specify that DHCS has oversight over any MEDS interface or integration with CalHEERS. Also troubling, the roles of DHCS and MRMIB as project sponsors is frequently not reflected in the RFP where repeatedly statements are made about the Exchagne exercising oversight roles, without acknowledging the other project sponsors (examples below). This must be corrected to properly show the governance of CalHEERS.		NHeLP
2b		4.5 Project Management Scope	4-46		The RFP requires the vendor to work with Exchange staff in managing the project. However, the RFP is clear that CalHEERS is to be managed by the Exchange, DHCS and MRMIB. It is puzzling that the vendor is to work only with Exchange staff. Since this is the Eligibility, Enrollment & Retention System for many eligible for Medi-Cal and Healthy Families as well as the Exchange, DHCS and MRMIB staff should have a role in project management.		NHeLP
2c		4.5.2	4-47		The issue above of oversight being done by the Exchange instead of all three CalHEERS Sponsors is repeated numerous times. For example, under Scope Management, after rightly noting that changes to the requirements will likely be made, the Solicitation refers to final decisions needed by CMS and the Exchange, again ignoring DHCS and MRMIB.		NHeLP
2d	Y				In numerous places, the RFP refers to "Exchange Health Services Programs," which is misleading and confusing. It suggests that the Exchange will have management responsibilities over Medi-Cal, Healthy Families and AIM. While the ACA requires state Exchanges to enroll eligible persons into MAGI Medicaid and CHIP, federal Medicaid law still requires a single state Medicaid agency and California law designates DHCS as that entity for Medi-Cal. A different term should be used to refer to the programs that will be addressed in CalHEERS, which does not indicate, incorrectly, that the Exchange will be managing all these programs. Such term should be defined in the RFP and in the Glossary.		NHeLP

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2e		1.3.2	1-5		Table 2 lists the Project Sponsors. It should clarify into which health coverage programs the Exchange enrolls individuals. The description of DHCS should spell out that the Medi-Cal program will continue, with the implementation of the ACA, to determine eligibilty for Medi-Cal - both MAGI and non-MAGI. We assume that persons applying for Medi-Cal at the counties will have their MAGI eligiblity determined there (using CalHEERS, if set up that way), rather than being referred to the Exchange. It is unclear what the Exchange's role for determining eligiblity for CHIP and AIM will be. This should be clarified, or, if the division of work between the Exchange and MRMIB has not been determined, the RFP should indicate that and provide that CalHEERS should be set up for either possibility.		NHeLP
2f		1.3.2	1-7		We look forward to reviewing the CalHEERs organizational chart, which hopefully will provide more clarity to the relationships between and the responsibilities of the three agencies. We request that this, along with the other placeholders, be made available for stakeholder comment in sufficient time prior to the adoption of the RFP by the Board.		NHeLP
2h		2.22	2-25		The Solicitation vests final authority to award the contract solely with the Exchange. This seems to contradict the fact that the three agencies…Exchange, MRMIB and DHCS are all project sponsors. It would seem preferable for all three agencies to be given joint final authority, or, at a minimum, for the Exchange be given final authority, but only if MRMIB and DHCS have agreed to the terms of the contract that impact their operations and responsibilities.		NHeLP
2i				PM 37	Exchange staff should be replaced with "CalHEERS staff."		NHeLP
2j		1.3.2	1-6		The list of Program Partners rightly includes OSI, DMHC, CDI, CTA, CDSS, county welfare departments and the SAWS. We would urge that the Office of the Patient Advocate (OPA) be added to this list to reflect the expanded role of the OPA in serving as a central point for consumer assistance.		NHeLP
3 Interface and legacy systems	Y				Though it might not belong in the RFP for the CalHEERs vendor, there needs to be clarity about the plan to update MEDS interfaces with all IT systems as part of implementation of CalHEERS. We recommend that as an additional attachment, more detail about this vision be included. Also, we request that End-to-End transparency of the MEDS modernization and/or interfacing project, timeline, opportunities for stakeholder input, benchmarks and plan for reporting progress be shared by appropriate CalHEERS Sponsoring Partners.		NHeLP
3 Interface and legacy systems		1.2	1-2		The Sponsors state in this section that they desire a baseline system that "integrates with MEDS and other eligiblity programs." First, the RFP should clarify what is meant by "integrates with MEDS." Does it mean full integration into the same IT project with same governance (Exchange or Partners?). Additionally, even though MEDS functionality is an Option to Buy, interfacing with MEDS should not be. Though interfaces are explained in 4.4.7 we think that they should be spelled out earlier in functionality and more clearly. Second, it is unclear what the RFP means by "integrating with other eligiblity programs?" What programs is it referring to? Does it mean pulling other programs into the same IT project with the same governance (Exchange or Partners?).		NHeLP
3a Interface and legacy systems		1.2	1-2		Table One Lists Integration with MEDS as an "Option to Buy." Since this is an Option to Buy, the RFP should list interface with MEDS as a requirement (in this same chart - not just in 4.4.7) and add all the information necessary to ensure that in the Attachment 3 - Requirements.		NHeLP

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3b		1.2	1-2		We support the modernization of MEDS. We also recognize that this is a major IT project in its own right. It would require considerable policy development between the state and counties as well as a detailed and comprehensive list of its own requirements. The CalHEERS RFP contains a paragraph. This is not sufficient. If the Partners would also like the option to integrate and/or modernize MEDS, they should list that as a Mandory Option and Option to Buy, but not unless they also include comprehensive list of requirements and specs for how to achieve this important, but ambitious, goal.		NHeLP
3c		4.3.8	4-15		We share the desire of the Partners to modernize MEDS. We also think that a modernized MEDS would improve the functionality of CalHEERS. However, we are concerned with the lack of specificity of what this project would entail and the absense of a timeline for this endeavor. Additionally, MEDS is currently a project of DHCS, HHS and the counties and it is unclear how integrating MEDS into the CalHEERS IT project would change or influence the governance of MEDS, which should be controlled by the single state agency, DHCS.		NHeLP
3d		4.3.1	4-4	BR 19, 195	Key Functionalities of Eligibility & Enrollment include verifying in real-time whether an individual is already eligible and receiving benefits for subsidized healthcare via MEDS 'interface.' This is also listed as a requirement in Attachment 3 - Business Requirements 19. Additionally, the BR 195 list requirement to track outcomes of referrals to SAWS via MEDS. We request that the RFP add more detail about the MEDS interface (which is not discussed as a mandatory requirement until 4.4.7).		NHeLP
3e		4.4.3.2	4-26		We support RFP assertion that MEDS shall continue to serve as the centralized master data repository for the limited data set of application tracking (i.e., MEDS Application Tracking Database) and enrollment data it manages. We would like RFP to clarify details of interface and that the interface is a requirement of the system (unless integration is purchased).		NHeLP
3f		4.4.7	4-38		Interface with SAWS is confusing. RFP requires a two-way interface with SAWS and with MEDS, but there isn't clarity in the requirements about how this will work. The RFP should make it clear that county workers are able to use SAWS to determine eligiblity for SAWS programs and data can move from SAWS (either through MEDS interface or directly) into CalHEERS. People who come into a county office (or county call center) should not have their information entered into two different systems.		NHeLP
3g	Y				What will be the relationship between MEDS clearance verification systems and Federal Verification HUB? We recommend RFP acknowledges the need for a CalHEERS process that offers clients / application assisters / county workers / etc. a way to resolve discrepencies.		NHeLP
3h		4.4.7	4-37		Vendor is required to design a solution that integrates the CalHEERS functions and provides customers with a secure, comprehensive and unencumbered user experience when dealing with CalHEERS. We agree with this statement, but request that the RFP clarify that it will be the role of the vendor to ensure an IT architechture for ensuring this is true regardless of their point of entry into CalHEERS.		NHeLP
4a Eligibility & Enrollment		4.3.1	4-1		Much of the functionality in the application submission and eligiblity and erollment processes are user-friendly features which we support, including enabling users to save work in the process, consent for pre-population of data and allowing self-attestation of eligibility information.		NHeLP

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4b		4.3.1	4-1	BR-38	BR 38 provides: <<The CalHEERS shall provide the functionality to determine individual eligibility real-time online for MAGI-Medi-Cal, CHIP, AIM, APTC, CSR, and BHP (if enacted), based on verified or attestation allowed application data.>> However, determination of eligibility is absent from the list of functionalities in the RFP on pp. 4-1 to 4-2. Since this a critical function, it should be added. It should also be added to Table 10, on page 4-32. This should also include the function of sending notices to the applicants when eligibility determinations are made.		NHeLP
4c		4.3.1	4-1		The list of functionalities includes a calculator to compare costs across plan options, but it does not include a calculator for determining eligibility under MAGI. Since MAGI eligibility for premium subsidies will be based on annual income and an applicant may only have information on current weekly or monthly income, there should be a calculator to easily compute annual income and compare to the current income levels for MAGI Medi-Cal, Healthy Families and advanced premium credits. This will be significant for applicants who have had a change in income levels since the MAGI reported from the federal data hub.		NHeLP
4d		4.3.1	4-1		Eligibility determinations will be based on MAGI, which is going to be coming from the most recently filed federal tax return that is available in the federal data hub. Complicating eligibility determinations will be the fact that current incomes may have changed significantly since the time that the prior tax return was filed. One important functionality will be the opportunity for the applicant to indicate changes in income from the reported MAGI and either attest to or provide verification of current income, so an accurate determination of eligibility can be made. This should be made clear in the list of functionalities. Although decisions have not yet been made as to for which items attestation may be used as a method of verification, the design of the system should not foreclose the allowability of attestation for verification of as many items as possible (i.e., except for those foreclosed by federal regulations, which, in the proposed federal rules, are citizenship and immigration status.)		NHeLP
4d-1		4.3.1 Eligibility and Enrollment	4-2		The RFP describes several key functionality requirements for application submission and updates. One of these factors is indicated as "collecting optional and voluntarily provided demographic data, including, but not limited to race, ethnicity, primary language, disability, and health status, and other categories identified by project sponsors." However, the ACA makes data collection obligatory for any federally conducted or supported health care or public health , program, activity, or survey. Section 4302 also requires the collection of other demographic data on health disparities, as deemed appropriate by the Secretary of the Department of Health and Human Services. Although CalHEERS will be a state exchange, it will have a sufficient number of federal features (including federal subsidies and sponsorships) to be considered as a federal program. Therefore, the RFP should reflect that data collection efforts should coincide with the ACA's §4302 requirements.		NHeLP
4e		4.3.1	4-4	BR 24	We support linking the current provider application processes, e.g. Prenatal Gateway and CHDP Gateway, into CalHEERS. The requirements language should be strengthened to specify the functionality required - linking these provider application streams into CalHEERS.		NHeLP

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4f				UR 12	This requires the vendor to offer the widest variety of coverage options available based on the consumer's eligibility information. We agree that consumers should be evaluated for all programs, but vendor requirements should specify the "hierarchy" of health coverage programs. Under the law, someone who is eligible for no-cost Medi-Cal is not eligible for Healthy Families or premium subsidies in the Exchange. Accordingly, this requirement should be modified to reflect those steps. If this is not done, consumers will be harmed by being required to pay premiums when they were eligible for no-cost Medi-Cal. This would replicate the problems with SPE in which kids with disabilities and kids in working families were not appropriately screened for all Medi-Cal programs. It also violates federal law.		NHeLP
4g		Appendix H	5		The section regarding "Existing Eligibility Systems" does not acknowledge that county welfare offices will receive in-person applications from individuals who are eligible for MAGI Medi-Cal. We recommend that the RFP clarify the counties' role in the MAGI Medi-Cal eligibility determination process. We are concerned that it is not clear how Medi-Cal applications will be determined for eligiblity under MAGI when applicants walk in to the county welfare offices. Because these will generally be persons who are unable to conduct the application process through internet or other remote means, contact with such persons must be in person and there would be undue delay if such persons were then referred to the Exchange for processing under MAGI. Unless any delay can be avoided, we believe that the county welfare offices should be able to determine eligibility, in real time, under MAGI.		NHeLP
4h		Appendix A	G-8		The definition of MAGI is confusing and differs from the federal definition found in Internal Revenue Code Sec. 36B(d)(2)(b), which states that Modified Adjusted Gross Income is Adjusted Gross Income plus exempt foreign interest, interest exempt from taxation and, now, Social Security income.		NHeLP
4i	Y				There is insufficient guidance about how phone, mail and in-person applications will be handled. While the RFP rightly provides for consumers to be able to update information numerous ways and get assistance by phone and email, the RFP does not include functionality for the acceptance and processing of mail-in, phone and in-person applications. Functionality should also be included to allow a paper application to be scanned and subsequently be processed electronically.		NHeLP
5 Account Management		1.4.1	page 1-8		It is important to include the ability to "time out" the functions to ensure that only those who should be responsible for viewing the account have access to it.		NHeLP
5a		1.4.1	page 1-8		We support the ability for a user to create an account and apply and manage the account. The system should allow pre-designated assisters to have access to the account as well.		NHeLP
5b		1.4.1	page 1-8		We support the ability for a user to browse annonymously before providing personal information		NHeLP
5c		4.3.1	page 4-1		We appreciate the ability of a user to bypass an application for subsidy coverage and go straight to QHP screening. However, the system should provide sufficient information aobut the opportunity for premium credit subsidies, or for eligiblity for Medicaid, Healthy Families or other subsidized health care programs, so that the applicant electing to bypass the application for subsidy coverage has been given the opportunity to make an informed choice. It is unclear whether the ability also exists to jump back and forth throughout the application. If not clearly stated, we would support a system that allows a user to enter data in a non-consecutive format.		NHeLP

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5d		4.3.1	page 4-1		We support the system functions proposed to enable applicants to enter information, save it at any point, restart, and exit without saving. It is important, however, that a "time-out" function be included, without loss of data, for privacy and security purposes.		NHeLP
5e		4.3.1	page 4-1		We appreciate that the proposed system will allow both the consumer and the assister to update and report changes to their case information. We suggest adding language that requires the assister to be officially designated as an assister before the system grants access.		NHeLP
5f		4.3.7	page 4-15		While the employee can update her/his own account, it is not clear whether it is a private account of the same account the employer can access. We believe that the system needs to be designed to provide for a SHOP employee to access the system through a separate personal account, in addition to the one for the employer. The account should be protected for use of the employee and only her/his designated assister. The account should also provide for individual access for all of an employee's covered dependents. No personal health information should be available to the employer.		NHeLP
5i		4.3.9	page 4-19		We support the provision requiring the system to have the capacity to prepopulate information.		NHeLP
5j		4.3.9	page 4-19		We support the requirement that system will notify the consumer regarding her/his data saves, mandatory fields and expiration of incomplete applications. In regard to the latter, however, the system should provide for an advance warning to the applicant that its application will expire for lack of completeness, so that the applicant has a sufficient opportunity to complete his/her application.		NHeLP
5k		4.3.9	page 4-19		We support the requirement for the system to provide consumers and assisters the ability to navigate between multiple related input screens without losing information - and print screen capability		NHeLP
6 Exemptions		4.3	page 4-32		Business/Functional Scope: We support the treatment of exemptions as a core/functionality service of the Exchange. Laws that apply to CalHEERS should be consistent with federal ACAs requirements governing the collection and use of health information by Exchanges (which limit the collection of personal information, and the use of that information, to what is strictly necessary to operate the Exchange - see Sections 1411(g)(1) and 1411(g)(2) of the ACA). The functionality must ensure the privacy of information is intact and not shared with any other entity or used for any other purpose.		NHeLP
		4.3	page 4-35		Business/Functional Scope: While it makes sense for the Exemption category to be considered a sub-category of the Eligiblity and Enrollment Business Functions of the Exchange, because there are many categories of exemptions (i.e. for financial hardship, religious objections, American Indians, those without coverage for less than three months, undocumented immigrants, incarcerated individuals, those for whom the lowest cost plan option exceeds 8% of an individual's income, and those with incomes below the tax filing threshold), the functionality of the system needs to address how that information will be collected if not part of the initial eligibility screen.		NHeLP
		4.3.1	page 4-2		The Exemption – Key functionality which includes: ☐ Receiving and verifying individual exemption renewals. ☐ Processing individual application exemption requests (i.e., new and renewal) and notifying CMS - makes sense. See comment above on issues related to collecting exemption category information. This functionality must ensure the privacy of information is intact and not shared with any other entity or used for any other purposes.		NHeLP

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		4.6.3.1	page 4-58		CalHEERS Users: Eligibility workers (which may include County Workers, MRMIB workers and Exchange staff) will review and approve exemption applications following strict privacy protocols (see above).		NHeLP
		4.8.6.1	page 4-72		Call Center: Should include a link to help regarding exemptions.		NHeLP
			BR34		The provision that CalHEERS provides the functionality to process individual exemption requests sounds appropriate.		NHeLP
			BR35		The CalHEERS shall provide the functionality to process, verify and track individual exemption request information. While we support this, the functionality clearly needs to address the many reasons that exemptions can be granted. Those include: financial hardship, religious objections, American Indians, those without coverage for less than three months, undocumented immigrants, incarcerated individuals, those for whom the lowest cost plan option exceeds 8% of an individual's income, and those with incomes below the tax filing threshold). Will the system be able to track all of these reasons or categories?		NHeLP
			BR36		The CalHEERS shall provide the functionality to initiate an automated process for determining Individual Exemption if an individual has indicated an exemption condition based on the submission of a completed application. While we support this idea, more detail should be provided on how this will work, including all the categories of exemptions that need to be looked at.		NHeLP
			BR37		The CalHEERS shall provide the functionality to notify CMS of verified exemption requests with monthly reports. These reports must be subject to the same privacy protections noted above.		NHeLP
			BR84		Add requirement to auto enroll in existing plan if still eligible and data is verified. Verify / add requirement to opt out of Exchange coverage. Notify them of coverage requirements and exemption application.		NHeLP
			BR86		We support the CalHEERS providing the functionality to process individual exemption renewal.		NHeLP
			BR204		We support the CalHEERS tracking and reporting the number of exemptions from coverage and reason.		NHeLP
7a Case Management		4.3.1	4-3		We support enabling authorized users to manage and update information online.		NHeLP
7b		4.3: Table 10	4-32		Table 10 should be amended to include eligibility determination as one of the core business functions. The RFP requires bids to include centralized case management of MAGI Medi-Cal cases and may use an alternate approach of managing all Medi-Cal cases within the SAWS systems. We urge that bids be required to include both options with an analysis of the advantages and disadvantages from a consumer & family perspective.		NHeLP
7.5a Renewals		4.3.1	4-3		We support allowing the enrollee to choose the method by which she will be informed of the annual enrollment or renewal period, but ask that she be able to select at least 2 methods, e.g. text and mail, to best ensure she receives the information.		NHeLP
7.5b		4.3.1	4-3		The list of key renewal functionality includes "annual, periodic and ongoing (trolling)automatic redetermination" based on data matches. We agree that ex parte review of information for annual renewal should be included but oppose unlimited trolling of information. This is unnecessary, costly and could disrupt coverage. Ongoing "trolling" may be appropriate only for persons receiving advance premium tax credits who may experience an increase in income, in order to avoid unnecessary recoupment.		NHeLP

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7.5c		4.3.1	4-3		The written notification/request should be pre-populated with information known about the beneficiary so she only has to add information absolutley necessary not otherwise available in databases and change incorrect information.		NHeLP
7.5d		4.3.1	4-3		Renewal functionality should ensure that consumers have adequate time to respond and change programs without a break in coverage. This goal is articulated in the vision and should similarly be represented in the renewal functionality requirements.		NHeLP
7.5e		4.3.1	'4-3		Renewal functionality should ensure that consumers are not asked for information which has been established and does not change. For example, once a beneficiary has established her citizenship she may not be asked for that information again.		NHeLP
10 Notices and Appeals		4.3.1 and 4.3.4	4-3, 4-7		Notices: Additional functionality requirements need to be added under Eligibility and Enrollment specifically related to notices of an action, and in particular notices of adverse actions, that impact any applicant (or recipient's) eligibility for any public benefit (Medi-Cal, CHIP, etc.), for Exchange eligibility, for APTC or CSR. While the Appeals section does specifically address written notice of an appeal decision, it doesn't go beyond that. The capability will need to account for cases requiring multiple notices or single notices with multiple parts, in some cases. Because all applications are Medicaid applications, functional capability must meet the federal Medicaid requirements to include specific action taken, the specific reasons for the action taken (factual basis) and specifically include the hearing or other appeal rights that the applicant has. In addition, the functionality must also include the ability to meet any additional functionality requirements /modifications that will certainly be necessary once the federal regulations governing the Exchange appeals and due process are published. The requirements, while not laid out clearly here, appear to be acknowledged in Business Requirements document (Attachment 3), Rows "BR 88 through BR 95. See below. The "notices" paragraph under the Reporting Section (4.3.7) is unclear as written and uncertain if intended to be related to procedural protections inherent to notice in the due process context. For example, the first bullet, "Notify individual of payment discrepancies," may solely be about late payment of premiums but not at all relate to entitlement to a premium tax credit subsidy. Yet if this notice is intended to terminate coverage for failure to pay, it has broader legal consequences. It is imperative that the functionality requirements distinguish informational notices that shall be sent out to applicants or enrollees from those notices of adverse determinations, which are a different and specific type of notice and have different legal implications and requirements.	N	NHeLP
10a		4.3.1 and 4.3.4	4-3, 4-7		If the Exchange vendor will have a role in issuing notices related to external review of plan adverse claims determinations related to medical necessity determinations (e.g. Independent medical review) or coverage (e.g. rescission), that functionality requirement must also be added to the notice requirements.		NHeLP
10b		4.3.1 and 4.3.4	4-3, 4-7		The functionality must be added to require the vendor provide all notices in a manner or format that complies with all state and federal disability laws, including the ADA and Section 504 of the Rehabilitation Act, including any reasonable accommodations necessary.		NHeLP
10c		4.3.1 and 4.3.4	4-3, 4-7		The functionality must be added to provide all notices in threshold languages (and multiple language tag lines) based on the preferred language of the consumer (BR 124). Threshold languages should at a minimum be determined by Medi-Cal Managed Care standards, and not the Dymally-Alatorre Bilingual Services Act, as indicated in the RFP.		NHeLP

ID	General Y/N	Section #	Page #	Req #	Description	Cosmetic Y/N	Reviewer Organization
10d		4.3.1 and 4.3.4	4-3, 4-7		The functionality must be added to provide all notices by the preferred method of contact (i.e. online, email, mail, phone, etc) as chosen by the consumer. Consumers should be allowed to designate more than one method of contact, to assure receipt of notices.		NHeLP
10e		4.3.1	4 - 3		APPEALS: It is unclear from the draft appeals section which entity is ultimately responsible to manage the appeals to the multiple programs that could be implicated by an eligibility determination (Medi-Cal, CHIP, AIM, HFP, Exchange, etc.). Will this vendor manage and oversee the entire Appeals process, including mandated timelines, hearing decisions, etc., or simply hand these appeals over the the agency that manages the program (DHCS, MRMIB, etc.)? Appendix H, page 4, states that the Exchange staff will be responsible for "Review and processing of MAGI Medi-Cal, CHIP, APTC and CSR appeals." The appeals section requirements should explain how that relationship will work and what protocols the vendor will need to carry out to effectively link with Exchange staff on Appeals.		NHeLP
10f		4.3.1	4 - 3		There appears to be no clear process for how a consumer can appeal a problem with the QHP, including failure to adhere to quality standards, either in the enrollment process or during ongoing participation. Is there no right to appeal such issues or is this handled elsewhere in the RFP?		NHeLP
10g		4.3.4	4 - 7		The HBEx needs to create a tracking system to collect data on the number of appeals against a QHP for not meeting established standards. This information should also be available in the reporting section.		NHeLP
10h		Attachment 3		BR124	The Business Requirements (Attachment 3) should be amended to require that: (1) the appeals notice be made available in Medi-Cal threshold languages as selected under individual preferences (see BR 124), (2) that CalHEERS include functionality that will ensure applicants and recipients be notified of appropriate appeals process (Exchange Process, Medi-Cal Process, CHIP Process, etc.) by prominent placement on the web portal and with a notification via their 'preferred communication method' (see BR 18) each time there is an adverse action, (3) that a BR be added to state that "CalHEERS shall have the functionality to track and record QHP-connected appeals and make this information available via monthly reports." These contents should reflect what is in the narrative found under Eligibility and Enrollment 4.3.1; Appeals 4-3.		NHeLP
12 Service/ Consu-mer Assis-tance	Y	1.2	page 1-2		We strongly support translation of the web portal into Spanish and the "translation of Forms, Notifications, and IVR in all Threshold Languages" as referenced in the RFP. Forms and notification should be developed using plain language that reflects a fourth and sixth grade level, which is in accordance with recommendations of the National Institutes of Health. Threshold languages should at a minimum be determined by Medi-Cal Managed Care standards, rather than the Dymally-Alatorre Bilingual Services Act, as indicated in the RFP. This is especially important since the portal has to be able to process any Medi-Cal application. We urge the state to translate the web portal into Chinese, the third most common language spoken in California. The web portal should be designed to allow for the capability to support other translations at a future date.		NHeLP

ID	General Y/N	Section #	Page #	Req #	Description	Cosmetic Y/N	Reviewer Organization
12a	Y	1.3.3	page 1-7		The description of the stakeholder process only refers to the process between stakeholders and the Exchange (e.g. written and public comments and small group discussions). This should be expanded to include a process for stakeholder input into the design and testing of the IT system for current as well as future modifications. This process should be tied to vendor pay and identified as a metric required to meet the contract. We urge CalHEERS to require User Acceptance Testing (UAT). The purpose of a UAT is for users to test the system in a pseudo environment to verify that the system is performing to specifications. UAT provides CalHEERS and its Program Partners, as well as California consumers and a wide range of diverse stakeholders - employers, consumer advocates, employees, assisters, issuers - an opportunity to review and accept system components prior to release of the system for public use. It demonstrates that the software meets functional requirements and specifications and accommodates the needs of the variety of users who will interface with the system. UAT should be required throughout the life of the contract when enhancements or modifications to the system are made.		NHeLP
12b	Y	1.4.1	page 1-7		This provision should be specific in the bullets to test for user accessibility with uninsured and other potential users representing a diverse set of demographics reflective of the population who will benefit from CalHEERs. See comment on section 1.3.3.		NHeLP
12c	Y	1.4.1	page 1-7		Future Vision: 1) We support translation of the web portal into Spanish with the ability to be translated into threshold languages. We believe the web portal should also be translated into Chinese, which is spoken by close to one million Californians. 2) Threshold languages for the purposes of this RFP should be defined as Medi-Cal Managed Care threshold languages not based on the Dymally-Alatorre Bilingual Services Act. This is an especially important distinction since the portal has to be able to process or refer Medi-Cal eligible individuals to the appropriate Assisters 3) Aspects of the web portal content (e.g. Forms, Education Materials, QHP Information and the languages they provide, and Links to Assisters) should be required to be presented in threshold languages in addition to Spanish and English by 2014. 4) A message announcing the general availability of language assistance services and the right to oral interpretation with an 800 number should be provided on the home page and other relevant pages in a minimum of 15 different languages. Currently, several government agencies at the federal and state level provide information about the availability of language assistance generally on every notice or correspondence sent to enrollees. For example, the Social Security Administration, through its Multilanguage Gateway, translates many of its documents into 15 languages and CMS recently announced plans to translate Medicare forms, including notices, into 15 languages in addition to Spanish. 5) The cost of providing translation in threshold languages should be weighed against the cost of NOT having the full translations/functionality availability - i.e., the ongoing/recurring costs of telephonic interpretation vs. the one-time costs of programming.		NHeLP

ID	General Y/N	Section #	Page #	Req #	Description	Cosmetic Y/N	Reviewer Organization
12d	Y		page 1-8		We support the existence of a feedback loop for persons with disabilities regarding ease of accessibility. A feedback loop should be programmed for all users, including Limited English Proficient (LEP) individuals. The feedback mechanism could include a written comment/complaint function as well as stakeholder focus groups for the design and testing of the IT functions including future modifications. In addition, the site should be designed to be comprehensible to those with low literacy levels. The RFP should make clear that written documents are required to be in language that reflects a fourth and sixth grade level, which is in accordance with recommendations of the National Institutes of Health.		NHeLP
12e	N		page 1-8		We commend the specific provisions in this section that relate to the development of a "no-wrong door" service system.		NHeLP
12f	N	4.3.1	page 4-1 thru 4-3		We support the RFP requirement that the IT system support online calculation of gross and net premiums of selected plans and notifying individuals of penalties and/or liabilities. 1) We ask that this functionality also allow for online reporting by individuals when they have a change in income or family size outside of regular enrollment and renewal periods. 2) We also ask that the system enable real-time adjustments to eligibility based on reported changes in income or family size, especially for Exchange subsidies which expose individuals to tax penalties. 3) The system should have the ability to calculate projected income based on employment changes (e.g. part-time/full-time) or changes in family size when individuals report a change. 4) The IT system should have the capacity to accept data from EDD re: income/employment of individuals: not expect this to be operational by 2016 but similar to horizontal integration with public programs the IT system should have the capacity to add this later. 5) The system should also be able to calculate MAGI eligibility for Medi-Cal based on income information received from the federal interface.		NHeLP
12g	N	4.3.5	page 4-8		The term "Assister" may include Navigator, Broker, Agent, County Worker, and MRMIB worker. We note that the term "Assister" does not refer to Exchange staff. The system must have functionality to allow state employees to assist people in applying for and enrolling in health coverage. In addition, the list of Assisters should include language to ensure that the system provides functionality for any other individual or entity, as identified under policies to be developed, who has sufficient training to assist people in applying for and obtaining coverage. (See also comments on Appendix A: glossary).		NHeLP
12g-1	N	4.3.5	page 4-8		On-Line Help: On-line help could be provided by having each screen on the website clearly indicate how consumers can reach help during every stage of the process. An example of a clear way to do that uses a right navigation bar on each page that shows frequently-asked questions, a toll-free number for assistance, an e-mail link to send feedback or questions, talk-now options to have customer service call the consumer immediately or chat online, and a locator function for a local navigator.		NHeLP
12g-2	Y	4.3.5	.page 4-8		Website Accesibility: The RFP should clearly require that the website developed for CalHEERS be accessible; an accessible website employs language, design elements, coding, and architecture that makes the site accessible to all of its users, including those who do not speak the language fluently, or are not able to see, hear, move or process certain types of information. See, e.g., Transcend, Inc.'s list of features required to make the Website accessible to as many people as possible: http://www.transcent.net/services/webAccessibility.html. The RFP could require that the contractor review and consider these requirements, just as it requires review of the UX2014 project.		NHeLP

ID	General Y/N	Section #	Page #	Req #	Description	Cosmetic Y/N	Reviewer Organization
12h	N	4.3.5	page 4-8		We support the RFP requirement that customer correspondence and IVR be provided in English, Spanish and other threshold languages. However the thresholds should be based on Medi-Cal Managed Care threshold languages, not on the higher thresholds identified in the Dymally-Alatorre Bilingual Services Act. We support the provision in BR123 (see comments below) to allow CalHEERS to record individual preferences (e.g. desired language for written and spoken communication, communication methods (mail, email, telephone, IVR, etc.). We assume that this information is being captured to allow individuals to receive future communications in their primary language. If so, this should be clearly stated as part of the functionality of the RFP. This functionality should apply to employers as well. We believe this provision will greatly increase access to health coverage and information for Limited-English-Proficient consumers.		NHeLP
12i	N	4.3.5	page 4-8		Online Help should be able to connect with jurisdictionally-appropriate state agencies and regulators, such as Office of the Patient Advocate, DHCS, MRMIB, DMHC, and CDI. Consumers who enroll via the Exchange website will return when questions or problems arise with their coverage and should be directed to the proper authority or regulator.		NHeLP
12j	N	4.3.6	page 4-9		We support reporting and tracking functions to track high-use/low-use by program and demographic to target outreach. This will be especially important given the diversity of the uninsured and those newly eligible for coverage.		NHeLP
12k	N		page 4-9		We strongly support functionalities to "create and deliver via email, letter, text or voice mail, multi-lingual mass notices to targeted groups for purposes of outreach, increased awareness, enrollment and participation." This functionality should include at a minimum, Medi-Cal Managed Care threshold languages. This type of targeted outreach and enrollment in other languages will help to ensure the Exchange reaches California's diverse communities.		NHeLP
12l	N		page 4-9		We support the reporting and tracking functionality that will allow the Exchange to "Track the source of possible outreach efforts (e.g. TV, radio, online, etc.)". This should include a functionality to track the use of ethnic media as well.		NHeLP
12m	N		page 4-9		We support the functionality provision with respect to generating consumer surveys "via online, email, letter, or phone" to "compile and analyze responses of Exchange consumers for the purpose of assessing customer service or other related matters." The survey should be translated into Spanish and English as well as other threshold languages and designed to identify and measure effectiveness in enrolling and reaching out to diverse communities. The survey should be designed to effectively reach a sufficient sample to achieve its intended results.		NHeLP
12n	N	4.3.7	page 4-14		The term "Assister" may include Navigator, Broker, Agent, County Worker, and MRMIB worker. We note that the term "Assister" does not refer to Exchange staff. The system must have functionality to allow state employees to assist people in applying for and enrolling in health coverage. In addition, the list of Assisters should include language to ensure that the system provides functionality for any other individual or entity, as identified under policies to be developed, who has sufficient training to assist people in applying for and obtaining coverage. (See also comments on Appendix A: glossary).		NHeLP

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12o	N		page 4-14		We support the RFP requirement that customer correspondence and IVR be provided in English, Spanish and other threshold languages. However, the thresholds should be based on Medi-Cal Managed Care threshold languages, rather than on thresholds identified in the Dymally-Alatorre Bilingual Services Act. To ensure consistency in the information provided to a LEP individual, once a LEP individual/employer makes a request for materials in a non-English language, the Exchange should provide all subsequent notices to that person in the non-English language requested, as set forth in BR123.		NHeLP
12p	N		page 4-14		Online Help should be able to connect with the appropriate state agencies and regulators, such as Office of the Patient Advocate, DHCS, MRMIB, DMHC, and CDI. Consumers who enroll via the Exchange website will return when questions or problems arise with their coverage and should be directed to the proper authority or regulator.		NHeLP
12q	N		page 4-14		A message announcing the general availability of language assistance services and the right to oral interpretation with an 800 number should be provided on the Web Portal Online Help page and other relevant pages in a minimum of 15 different languages by the time that the Exchange starts accepting applications for eligiblity in the latter part of 2013.		NHeLP
12r	N	4.3.9	page 4-18		We applaud the inclusion of strong language with respect to disability access. We commend the mention of health literacy and language access; however, we would like to see this provision strengthened by including references to federal and state law: ACA Title V Subtitle A, definition of health literacy; Section 1557 of the ACA and Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d et seq.) which expressly prohibit discrimination on the basis of race, color, or national origin under any program or activity receiving Federal financial assistance from the Department of Health and Human Services. Section 1557 and Title VI of the Civil Rights Act require the provision of oral language assistance in any language to all LEP applicants and enrollees. Exchanges are subject to both Title VI of the Civil Rights Act of 1964 (since they will receive federal funds) and Section 1557 of the ACA (since they will receive federal funds and are an entity created under Title I of the ACA).		NHeLP
12s	N		page 4-19		We support providing web portal content in English and Spanish with regards to: ☐ Website text, instructions, and navigation guidance ☐ Education Materials ☐ Online Assistance ☐ Online Chat ☐ Web-Videos ☐ Frequently Asked Questions (FAQs) ☐ Guided Self Help Tools ☐ QHP Information ☐ Forms ☐ Information and links to other health benefit programs. Aspects of the web portal content (e.g. Forms, Education Materials, QHP Information and the languages they provide, and Links to applicaton Assisters) should be required to be presented in threshold languages in addition to Spanish and English by 2014.		NHeLP

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12t	N		page 4-19		We support the key functionalities under Ease of Use. However the system must include a time-out function for those accessing the Exchange at a public site such as a library etc. to protect consumer information.		NHeLP
12u	N		4-19-4-20		We support the key functionalities related to format. To ensure cultural and linguistic access, there should be a feedback loop and stakeholder engagement in the design and testing process for current and future modifications. Please see comments above for 1.3.3. Additionally, Exchange terminology (as well as color, symbols, and forms etc.) should be culturally and linguistically appropriate and in language that reflects a fourth to sixth grade level, which is in accordance with recommendations of the National Institutes of Health. The Exchange should create an approved translation handbook to ensure consistency of translated terminology used with different materials and across the various platforms: phone, mail, internet and in-person.		NHeLP
12v	N	4.4.3.6	page 4-32		We support the general functionalities of the presentation layer to the end user including the development of a mobile application which will greatly increase access to the Exchange for California's diverse communities. We strongly believe that translations of lists of navigators, agents, or brokers (including interactive maps and directions) and related web portal content should be required to be translated in threshold languages by 2014 in addition to Spanish and English.		NHeLP
			page 4-32		As drafted, the RFP requires the vendor to evaluate UX2014 and other simlar interfaces, choose what elements to adopt, and inform the Exchange of its approach and how it will deliver a first-class user experience. We appreciate the focus on the first-class user experience and urge that the solicitation spell out, by way of example, elements that comprise such so the vendor uses the right criteria, including: design appeal, as demonstrated by focus group and/or usability testing by diverse audiences; ease of use; consumer decision aids; a default pathway that allows speedy plan selection; reliable, vetted plan information so that it is trusted; strong consumer privacy standards; and commitment to continuous improvement. We agree that UX2014 should be evaluated, as well as any similar interfaces, but urge that the CalHEERS Steering Committee, rather than the vendor, have the final say on what the front-end interface is. Federal HHS will issue an electronic application and it and other options should be evaluated, but CalHEERS should maintain ultimate decisionmaking authority over this key decision. If the state uses an application that differs from the federal one, it must be approved, requiring state agency involvement. This is critical as state agencies develop the paper and phone applications as well. Finally, unlike the draft language, which gives only the Exchange consultation authority over the interface, the authority should be shared by all 3 CalHEERS Steering Committee partners since the online application will equally be an application for Medi-Cal, Healthy Families and the Exchange.		NHeLP
12w	N	4.4.3.7	page 4-33		We agree that the system must send appropriate notices in multiple languages to support the core services of the Exchange. Notices must be translated at a minimum into Medi-Cal Managed Care threshold languages. We would like to know where the list of languages in BR221 was generated from in order to make sure they are the most relevant languages for translation.		NHeLP

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12x	N	4.8.6.1	page 4-72		1) This appears to have been written prior to the decision to pull out the Service Center discussion into a separate process. 2) The draft RFP is unclear whether it seeks a bid for the vendor to operate a call center or whether the RFP requests the IT necessary to support a call center. We suggest that the IT RFP should be plainly limited to the IT to support the call center and that consistent with Exchange Board Action on 12/20/11, the RFP should be modified so that it is plainly limited to IT to support a call center.		NHeLP
12y	N	4.8.6.1	page 4-72		CalHEERS must be able to connect with existing state agencies and other offices (DHCS, OPA, etc.) that provide assistance functions to beneficiaries, as Exchange products will have significant crossover. There should be a link to assistance for help with exemption requests.		NHeLP
12z	N	4.8.6.2	page 4-73		A translated message should be provided on the outside of the envelope of outgoing mail with an 800 number to call for language assistance.		NHeLP
12aa	N			BR123	We strongly support the inclusion of a provision to allow CalHEERS to record individual preferences (e.g. desired language for written and spoken communication) and communication methods (mail, email, telephone, IVR, etc.). We assume this information will be used to ensure that future communications are in an individual's spoken language. We think it would be helpful to state that clearly in the RFP so vendors can develop the appropriate functionality to enable this to happen. We believe this provision will greatly increase access to health coverage and information for Limited-English-Proficient consumers.		NHeLP
12bb	N			BR221	We support translation of the web portal into Spanish and translation of the toll number threshold languages. Threshold languages should at a minimum be determined by Medi-Cal Managed Care standards, and not the Dymally-Alatorre Bilingual Services Act. We would like to know where this list of languages in BR221 was generated from (Spanish, Arabic, Armenian, Cambodian, Chinese, Farsi, Hmong, Korean, Russian, Tagalog and Vietnamese) in order to make sure they are the most relevant languages for translation. We think it is also important for consumer assistance functionality to include a message on the web portal home page and other relevant pages in at least 15 different languages notifying consumers of their right to oral interpretation in any language along with a toll free number for consumer assistance.		NHeLP
13 Call Center/IVR	Y				We are glad to see IVR development under same contract (or subcontract) as the CalHEERS, but would like more detail. IVR is just as important a public face as the online portal. RFPs for IVRs are usually quite lengthy. IVRs can be very stifling to access if they are done poorly. We would like more detail about the IVR Specifications and Business Requirements, Timelines, Integration with Call Center and Plan to Include Stakeholder input.		NHeLP
13 Call Center/IVR	Y				It isn't clear if IVR is for CalHEERS or for Exchange? It says IVR will "interface" with CalHEERS. That suggests that only for Exchange? Please make it clear in the RFP.		NHeLP
13 Call Center/IVR	Y				RFP says "IVR should be threshold languages" (p. 8) and "IVR Should be Dymally-Alatore" (pg. 49) and "IVR should be English and Spanish" (pg 55)		NHeLP
13 Call Center/IVR	Y				Draft IVR plan (including how it will interact with call center) must be made available for advocate and call center staff review and comment and that the final plan be maintained and updated publicly.		NHeLP
13 Call Center/IVR	Y				Business requirements (on attachment three) pertaining to the IVR should be added. Currently, the only mention of the IVR is that there should be an interface to CalHEERS.		NHeLP

ID	General Y/N	Section #	Page #	Req #	Description	Cosmetic Y/N	Reviewer Organization
13 Call Center/IVR	Y				Will the IVR be used for outbound calling, texting, etc as part of the outreach & enrollment campaign or to remind customers of upcoming deadlines? If so, this should be mentioned in the RFP as a necessary component of the IVR either as optional mandatory and or optional buy-in.		NHeLP
13 Call Center/IVR	Y				RFP should ask for vendors to detail the types of IVR reports they will make available and how these will be made available to call center management and CalHEERS Sponsoring Partners (i.e. language selected, service selected, drop offs/disconnects, etc.).		NHeLP
13 Call Center/IVR	Y				RFP should identify key functions of IVR - i.e. how many linens, outbound calls, caller id, connections to other state or county agencies, identification of local county office or app assister by zip look-up, cloud / web based system for easy changes to recording, configuration, etc. by authorized call center staff.		NHeLP
Assister Interface 14a		4.3.2	page 4-5		We applaud inclusion of the system to be able to track application and enrollments via assisters.		NHeLP
14b					We appreciate the requirement that the system include a function to be able to calculate assister fees.		NHeLP
14c				BR-139, BR 197, BR 198 and BR 199	We appreciate the functionalities required in the system to track applications by Assisters, as well as the system's ability to identify applications by Assister and the follow-up required to determine the number of individuals enrolled or not enrolled by Assister, which would allow for oversight by the Exchange to ensure Assisters are achieving the goals associated with the Assister role.		NHeLP
14d		4.3.2 and 4.3.7 (SHOP)	page 4-5 and 4-12		We appreciate the functionality built into the system to issue, track and reconcile Assister fees.		NHeLP
14e		4.3.5	page 4-8		The list of Assisters should include language to ensure that the system provides functionality for any other individual or entity, as identified under policies to be developed, who has sufficient training to assist people in applying for and obtaining coverage. (See also comments on Appendix A: glossary). We are also concerned that the system does not appear to have a function that would allow the applicant to officially "designate" an Assister via the web portal, in-person, or by mail.		NHeLP
14g		4.3.5 and 4.3.7 (SHOP)	page 4-8 and page 4-14		We appreciate the system will be designed for one Assister to have a single sign-on for multiple cases.		NHeLP
14h		4.3.5	page 4-9		We are concerned about Assister management placeholder. This is an important issue for consumers. We would like to be able to comment on a draft when it is ready. It is important to design a system that provides a method for authorizing Assisters, that has the capacity for consumers to designate their official Assister representative and prevents an Assister from acting on behalf of a user without designation authority.		NHeLP
14i		4.3.7	page 4-12		It is unclear whether the vision is that some Assisters will manage accounts for small businesses. If so, would there be different system requirements that had to be developed for those that manage accounts?		NHeLP

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14j		4.3.7	page 4-14		The list of Assisters should include language to ensure that the system provides functionality for any other individual or entity, as identified under policies to be developed, who has sufficient training to assist people in applying for and obtaining coverage. (See also comments on Appendix A: glossary). Also we are concerned that the system does not appear to have a function that would allow the applicant to officially "designate" an assister via the web portal, in-person, or by mail.		NHeLP
14k		4.6.3.1	page 4-58		In Table 14, we are assuming that there will be a training program for Assisters. The IT system should be designed with the capacity to support the training system, when the decision has been made whether to do so. This would be a function that would provide an infrastructure to support a training module/s on the substance necessary to become an Assister.		NHeLP
14l		4.7.2	page 4-66		The table listing Training materials needs to include language to ensure that the system provides functionality for any other individual or entity, as identified under policies to be developed, who has sufficient training to assist people in applying for and obtaining coverage. (See also comments on Appendix A: glossary).		NHeLP
14m		Appendix A: Glossary			The list of Assisters should include language to ensure that the system provides functionality for any other individual or entity, as identified under policies to be developed, who has sufficient training to assist people in applying for and obtaining coverage. (See also comments on Appendix A: glossary).Also we are concerned that the system does not appear to have a function that would allow the applicant to officially "designate" an assister via the web portal, in-person, or by mail.		NHeLP
14n	Y	General			When registering and tracking certified Assisters, the system should have a mechanism for linking information to complaints about Assisters.		NHeLP
14o	Y	GENERAL			We believe the system should have functions to support a state reporting system in the event that an Assister is found to be committing fraud or is barred from an Exchange for deceptive activities. We hope that Exchanges will oversee their Assister programs carefully enough that this problem will not arise, but in the event that unscrupulous individuals become Assisters, the system needs the capacity to track and monitor them.		NHeLP
14p	Y	GENERAL			The system should be able to categorize Assisters based on language capacity, not just region, etc.		NHeLP
14q	Y	General			Need mechanism for consumer to designate Assister as the representative to avoid fraud. The specific individual needs to designate the specific Assister and the system needs to be designed with that function enabled and required.		NHeLP
14r				BR 179 and BR 180	We applaud the inclusion of a function that would track individuals viewing a person's personally identifiable information and/or personal health information and allow an applicant to view his/her record to see who viewed the record, what items were viewed, and a time stamp to indicate when the record was viewed.		NHeLP
16a Data Verification		4.3.1	'4-2		In addition to the fields listed for verification (citizenship, tribal affiliation, incarceration), income should be specified because the use of verification will be particularly important for income.		NHeLP
16b		4.3.1	'4-2		In addition to notifying the customer of the application status and any outstanding items, a key function will be to inform the customer of the ability to correct and the process for correcting any incorrect or outdated information pulled during the verification process.		NHeLP
17 QHP Functionality	y	4.3.3.	p.4-6		monitor compliance: include capture of complaint information and resolution details for Medi-Cal managed care plans and HFP plans as well as QHPs		NHeLP

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17b	y	4.3.3	p.4-6		rate review: key functionality must include not only rates based on issuer provided information for both individuals and employers but also information from CDI/DMHC on results of mandatory rate review (e.g. rate reduced by 3%, rate approved, etc.). System should have capacity to reflect other information about rates: for example, CDI/DMHC may provide other info such as issuer refused to comply with request to provide data to regulators.		NHeLP
17d				BR 50-BR 58, BR65-BR66	In addition to comparison of plans, consumers should have the opportunity to compare if changes in circumstance, such as job loss/gain or divorce. E.g. if I am unemployed for four months and then go back to work at old salary, what is the impact?		NHeLP
17e				BR59-BR64, BR67-BR69	Plan comparison information: We support this. It should be clear that the system should be flexible so that it can be updated and modified as appropriate.		NHeLP
18a SHOP - Language Access	Y	4.3.7			Language Access can be a concern for employers and business owners as well as employees. We support the development of the web portal into English and Spanish. We strongly encourage the web portal to also be translated into Chinese, the third most spoken language in California, while also creating a system that can be easily translated into other threshold languages at a later time. We also encourage that the website and all notifications for small businesses be accessible in the top 15 threshold languages. We urge the state to consider translating portions of the web portal and other forms and documents (e.g. welcome, FAQs, Forms, links to consumer assistance and other health programs) into other languages as well. Tag lines with an 800 number for consumer assistance including oral interpretation in any language should be provided on the home page and other relevant pages in a minimum of 15 different languages. Further, the RFP recommends the use of the threshold languages identified in the Dymally-Alatorre Bilingual Services Act; this act does not adequately cover the number of threshold languages in the State and would leave too many small business owners and their employees without adequate access to they SHOP. Therefore, we recommend using the Medi-Cal Managed Care standards for language access to best serve the limited English proficient employers and employees accessing the SHOP.		NHeLP
18b SHOP - Language Access		4.3.7	4 - 12		Notices: To ensure consistency in the information provided to a LEP individual, we recommend that once a LEP individual makes a request for materials in a non-English language, the SHOP should provide all subsequent notices to the claimant in the non-English language.		NHeLP
Human Services Integration 20e	N			BR 46	We recommend that the following requirement be inserted after the current BR46: "The CalHEERS shall provide the functionality to collect and send basic application data for other non-health services programs to the system of record in order to continue the application process and track the result of that process, with this functionality to be delivered on or before December 31, 2015."		NHeLP
21 Monitoring, Reporting, Evaluation	Y	GENERAL			Generally, it is important that the RFP throughout reference privacy and security standards, including time-out function to protect publicly located data screens..		NHeLP

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21a	Y	GENERAL			The RFP does a good job of anticipating all the different types of reporting for individual and SHOP populations - 4.3.4 and 4.3.7		NHeLP
21b	Y	GENERAL			Public reporting of data collection, in aggregate, including demographic data (page 4-6) is laudable and should be explicitly made available on the website of CalHEERS and/or Program Sponsors.		NHeLP
21c	Y	GENERAL			Reporting function should exist to ensure that data is collected and publicly reported on the number of people applying for individual exemptions, the number granted and the number denied, and the reason for the denials.		NHeLP
21d		4.3.1	page 4-2		We applaud the collection of voluntarily provided data on race, ethnicity, sex, primary language and disability status. We believe the collection of this data is a requirement under Section 4302 of the Affordable Care Act and will be necessary for the Exchange to accurately measure health disparities. The collection of demographic data however, should be limited to only that which is minimally necessary and protected by privacy and security measures. It is important to ensure that access to the data does not, in itself, result in adverse selection. Health status information is not minimally necessary information and should not be collected directly from the consumer as part of the enrollment process, as this provision suggests. A statement should be included explaining that any data collected will be used to improve the quality of care.		NHeLP
21e		4.3.1	page 4-2		The process for collecting race/ethnicity data should be consistent with the current U.S. Census methodology. In general, this means that the ethnicity data should be collected first (Hispanic, non-Hispanic) with race collected subsequently (Black, White). We know that race ethnicity data collected in the opposite order during previous Census counts resulted in massive undercounts of groups who are ethnically identified. The system should allow an assessment of LEP status at the same time as it collects race/ethnicity data. If someone triggers an indicator that they are LEP the system should be designed to trigger access to an information resource where people are provided with access to language services as afforded under law or translation services that suffice.		NHeLP
21n		4.3.4	page 4-6		Monthly reports on HBEX enrollees, including unique individual identifier, plan, type of coverage, rating criteria, demographic data, effective dates - importance of making this information easily accessible to the public on the website of CalHEERS. This same should be collected for enrollees in the SHOP Exchange and should be referenced in 4.3.7.		NHeLP
21r		4.3.7	page 4-13		Data should be collected on the employer, if any, of adults enrolled. This should be collected in order to monitor for compliance with the employer responsibility requirements, as well as affordability of employment-based coverage. Additionally, this provision should include the ability to collect data about dependents. While the decision whether or not to cover dependents has not been made, the system should be designed to support the function when/if that decision is made. We would strongly support SHOP employers offering SHOP coverage to dependents.		NHeLP
21s			page 4-14		The system should have the ability to track by employer the lack of affordability of premiums. Additionally, this provision should include the ability to collect data about dependent coverage. While the decision whether or not to cover dependents has not been made, the system should be designed to support the function when/if that decision is made. We would strongly support SHOP employers offering SHOP coverage to dependents.		NHeLP

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21t		4.4.10	page 4-44		Performance requirements are quite weak and leave too much discretion with the vendor. On our review, there was nothing in Attachment 3 identifying performance metrics. At a minimum vendor deliverables should be tied to stakeholder input in the design and testing, including future modifications. JS to check to see what other states may have said		NHeLP
21u		4.4.12	page 4-45		Reports and reporting - good list of coverage metrics, affordability and comprehensiveness, access to care, consumer experience, consumer feedback, assister support, technology platform and security - while we strongly applaud these metrics and appreciate them being included as reporting measures from the vendor, we are confused about where the data would come from and how collection would be implemented.		NHeLP
21v			page 4-45		Strong role-based security measures should be in place in order to ensure real-time monitoring protects privacy, including a time-out function.		NHeLP
21w		4.5.6	page 4-48		The quality management methodology should require more specifity to ensure the user satisfaction incorporates a diverse set of stakeholders and a robust process.		NHeLP
21x		4.6.1.3	page 4-55		More standards should be included here that require stakeholder engagement for development and testing. The process should be tied to vendor pay and identified as a metric required to meet the contract.		NHeLP
21y		4.7.2	pages 4-62 thru 4-63		More standards should be included here that require stakeholder engagement for development and testing. The process should be tied to vendor pay and identified as a metric required to meet the contract.		NHeLP
21z		4.7.2	pages 4-64 - 4-66		More standards should be included here that require stakeholder engagement for development and testing. The process should be tied to vendor pay and identified as a metric required to meet the contract.		NHeLP
21aa		6.2	page 6-16		The evaluation team should be expanded to include a person with contract evaluation experience and a person with a strong consumer focus.		NHeLP
21ab		6.3.2	page 6-17		Consider adding in the proposal review an interview of a state agency, business or other organization that did not award a contract to the vendor/applicant to learn more about why another entity may have chosen not to contract with the vendor in the past.		NHeLP
21ac		6.3.2	page 6-17		Applicants should not be evaluated strictly on a "past performance" basis, but rather the evaluation should also evaluate what other vendor contracts are currently in place or up for consideration.		NHeLP
21ad		6.3.2	page 6-17		We would recommend a tiered interview process that would allow the evaluation team to have a second interview of the top finalists before the vendor choices are presented to the Exchange Board for selection. The knowledge of senior contracting staff, including their accessibility and ability to communicate, can be a critical determinate to success.		NHeLP
21ae		6.4	page 6-18		The evaluation should be broadened to look at experience not only for state and governmental entities, but also for the business and non-governmental sector.		NHeLP
21af		6.4	page 6-18		We applaud the inclusion of evaluation of sub-contractors as a critical element in choosing a vendor.		NHeLP
21ag		6.4	page 6-18		Under project management and staffing, there should be explict mention of the details of reporting Requirements and accountability to CalHEERS and Project Sponsors, if the vendor is selected. This may be assumed, but we believe it should be explicitly stated here.		NHeLP

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21ah		6.4	page 6-18		In order to ensure that low cost does not drive the decision, given the complexity and importance of this contract, we would favor a pass/fail or equivalent scoring on cost - in other words, if three bidders come in around the same cost, they should be rated as "good value" or "met cost targets." If a bidder comes in at a considerably lower cost than all others, the evaluation team should be extra careful in the evaluation of their alleged proficiencies in the submission under the business/technical components of the proposal.		NHeLP
23 System Requirements		1.1.1 Solicitation Objectives 1.4.1 Future Vision	1.1, 1.9		We applaud the requirements that the system be open source, that the vendor be required to proactively monitor other states' developments (though this should be broader than just exchange developments; should include Medicaid and CHIP as well), and that the vendor leverage other states' efforts.		NHeLP
23b			4-18		We support the requirement that CalHEERS be accessible from smart mobile device applications.		NHeLP
24c		4.4, 4.5.9	4-22, 4-49		We strongly support the requirement that the CalHEERS IT architecture be sufficiently flexible and agile to respond quickly to changes. This is critical given that there are sure to be changes in the rules and system requirements.		NHeLP
24 d		4.4.3.3	4-29		We support the requirement of a centralized business rules repository to store the eligibility and enrollment rules in a format readable by people, not just computers. We request that the RFP require that this repository be made publicly available - posted on the CalHEERS website.		NHeLP
24 e		4.4.3.6 Presentatio	4-32		We support the general functionalities of the presentation layer to the end user including the development of a mobile application which will greatly increase access to the Exchange for		NHeLP
24g		4.3.1	4-1		Functionality requires a calculator to compare costs across plan options, which we support, but there should also be a calculator screening tool to allow people to enter basic information		NHeLP
25 Facility		4.6.1.1.1	'4-54		We support the requirement that the development and implementation facility be located within 30 miles from the State Capitol and that the data center and service center be located within California.		NHeLP