

California Pan-Ethnic Health Network (CPEHN) Comments on Exchange Draft IT California Healthcare Eligibility, Enrollment, and Retention System (CalHEERS) Solicitation 12/30/2011							
ID	General Y/N	Section #	Page #	Req #	Description	Cosmetic Y/N	Reviewer Organization
1	Y	General			CPEHN strongly supports translation of the web portal into Spanish and the translation of forms and notifications in all threshold languages as referenced in the RFP however we raise several concerns and recommendations here that are referenced throughout various sections of the RFP: 1) With respect to the Call Center, the RFP should specify that oral interpretation will be made available in any language as required by Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d et seq.) and codified in California's Health Benefit Exchange law 2) Threshold languages for the web portal, written communications and Interactive Voice Response (IVR) should at a minimum be defined using Medi-Cal Managed Care standards, and not the Dymally-Alatorre Bilingual Services Act, as referenced in the RFP. This is especially important since the portal has to be able to process Medi-Cal eligible recipients and make appropriate referrals for these individuals. 3) The web portal should also be translated into Chinese, the third most common language spoken in California and the state should require translation of vital sections of the web portal, as w		California Pan-Ethnic Health Network (CPEHN)
2	Y	General			Existing privacy and security laws do not fully cover the Exchange or certain functions anticipated by the solicitation. Those laws were designed to address particular data flows in the health care system and are an incomplete or poor fit for the data flows required for CalHEERS. Thus, reliance on existing laws is insufficient. In addition, laws that apply to CalHEERS should be consistent with federal ACA 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). It is critical that Program Sponsors, through a public process, develop a set of privacy and security policies/best practices to govern CalHEERS that support CalHEERS' core functions, fill gaps in applicable law, and build public trust in CalHEERS' operations. The vendor should not design the policies as suggested in this RFP, but rather implement the policies and best practices as part of the contract. The solicitation needs to expressly acknowledge that CalHEERS and its Pro		California Pan-Ethnic Health Network (CPEHN)
3	Y	General			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. We would appreciate more information about the plan for developing these processes.		California Pan-Ethnic Health Network (CPEHN)
4	Y	1.1.1 - 1.4.1	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 the Exchange to include Medicaid and CHIP as well), and that the vendor leverage other states' efforts.		California Pan-Ethnic Health Network (CPEHN)
5	Y	1.2	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 Program" given that DHCS continues to be responsible for administering Medi-Cal and MRMIB Healthy Families and AIM.		California Pan-Ethnic Health Network (CPEHN)
6	Y	1.2	1-2		We strongly support translation of the web portal into Spanish and the "translation of Forms, Notifications in all Threshold Languages" as referenced in the RFP. The web portal should be translated into Chinese. Threshold languages should at a minimum be defined using Medi-Cal Managed Care standards, and not the Dymally-Alatorre Bilingual Services Act, as referenced in the RFP. This is especially important since the portal has to be able to process Medi-Cal applications and make appropriate referrals. The web portal should also be translated into Chinese, the third most common language spoken in California and the state should require translation of vital sections of the web portal, as well as the Interactive Voice Response (IVR), into threshold languages with a clearly delineated timeline for when the translations will be completed (ideally by October 2013), rather than allowing for a state option to purchase translation of the web portal to support threshold languages at some future date. The cost of providing web portal translation in threshold languages should be weighed against the cost of		California Pan-Ethnic Health Network (CPEHN)
7	Y	1.2	1-2		WNOeTaghreei with thfelcl of rel rvti ices/flistetdi herliet and ailreblparticularlthly pleased/to seei the inclusiof nt of h "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 eligibility, 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.		California Pan-Ethnic Health Network (CPEHN)
8	Y	1.2	1-2		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.		California Pan-Ethnic Health Network (CPEHN)
9	Y	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 for UI and SDI. As with horizontal integration with human services programs, we recognize that this capability may evolve over time and may not be fully operational 1/1/14. But it needs to be planned for. EDD, the courts (divorce, family law), even DMV are state agencies that have contact with individuals more likely to be uninsured than those who are not newly unemployed, divorced or moved.		California Pan-Ethnic Health Network (CPEHN)
10	Y	1.2			The RFP should specify the relationship between MEDS clearance verification systems and the 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 discrepancies.		California Pan-Ethnic Health Network (CPEHN)

11	Y	1.3.2	1-4		The Background section of the Solicitation states that the CalHEERS Steering Committee - made up of a representative 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 appl		California Pan-Ethnic Health Network (CPEHN)
12		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 as serving as a central point for consumer assistance		California Pan-Ethnic Health Network (CPEHN)
13		1.3.2	1-7		We look forward to reviewing the CalHEERS organizational chart and think it will be helpful to clearly lay out DHCS's leadership role alongside the Exchange here.		California Pan-Ethnic Health Network (CPEHN)
14	Y	1.3.3	1-7		The CalHEERS IT RFP must 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 a testing process such as 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 will provide 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 can demonstrate 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.		California Pan-Ethnic Health Network (CPEHN)
15	Y	1.4.1	1-7		We applaud the Sponsors' inclusion of "expanded integration" with human services programs as part of the future vision for CalHEERS. However, we believe expanded integration should not be considered an option to buy, but programmed into the core functionality of CalHEERS to go online by 2015. The state has one opportunity to get this right as part of the initial development process. The benefits in terms of increased enrollment in health and public benefits programs outweighs the cost.		California Pan-Ethnic Health Network (CPEHN)
16	Y	1.4.1	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. It will be especially important to include persons with disabilities, Limited English Proficient (LEP), immigrant populations and advocates in the testing group as they face specific barriers to accessing health coverage. See comment on section 1.3.3 page 1-7.		California Pan-Ethnic Health Network (CPEHN)
17	Y	1.4.1	1-7		Future Vision: 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 and the state should require translation of vital sections of the web portal, as well as the Interactive Voice Response (IVR), into threshold languages with a clearly delineated timeline for when the translations will be completed (ideally by October 2013), rather than allowing for a state option to purchase translation of the web portal to support threshold languages at some future date. The cost of providing web portal translation in threshold languages should be weighed against the cost of NOT having the full translations/functionality available - i.e., the ongoing/recurring costs of telephonic interpretation vs. the one-time costs of programming. Regardless of the state's decision, the web portal should be designed now to allow for the capability to support other translations at a future date. Threshold languages for the purposes of this RFP should be defined a		California Pan-Ethnic Health Network (CPEHN)
18	Y		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 a stakeholder focus groups for the design and testing of the IT functions including future modifications. In addition, we should assure that the site is 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 to sixth grade level, which is in accordance with recommendations of the National Institutes of Health. The Exchange and Project Sponsors should create an approved translation handbook to ensure consistency of translated terminology of terms and literacy levels used in different materials and across the various platforms: phone, mail, internet and in-person.		California Pan-Ethnic Health Network (CPEHN)
19	N		1-8		We commend the specific provisions in this section that relate to the development of a "no-wrong door" service system.		California Pan-Ethnic Health Network (CPEHN)
20		1.4.1	1-8		Low-income individuals may not have access to private computers therefore privacy and security protections should be spelled out to include a "timed out" function that will ensure that secured information isn't left on a computer screen in a public place once the authorized user has stopped using the system.		California Pan-Ethnic Health Network (CPEHN)
21		1.4.1	1-8		We applaud the ability for a user to create an account and apply and manage the account. We think there should be an explicit provision developed in the RFP allowing for pre-designated assisters to have access to the account as well in order to prevent fraud and abuse.		California Pan-Ethnic Health Network (CPEHN)
22		1.4.1	1-8		We applaud the ability for a user to browse anonymously before providing personal information		California Pan-Ethnic Health Network (CPEHN)
23		2.22	2-25		The Solicitation vests final authority to award the contract solely with the Exchange. We would urge that DHCS and MRMIB have a role in making the contract award given that the system will enroll people into Medi-Cal and Healthy Families. We do not want to repeat the problems with SPE that harmed consumers.		California Pan-Ethnic Health Network (CPEHN)

24		4.2	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 particularly for translations into other threshold languages so LEP individuals can access information about the Exchange in a timely manner. We don't believe 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.		California Pan-Ethnic Health Network (CPEHN)
25		4.3	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 ACA 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.		California Pan-Ethnic Health Network (CPEHN)
26		4.3	4-35		Business/Functional Scope: While it makes sense for the Exemption category to be considered a sub-category of the Eligibility 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. The functionality must additionally ensure the privacy of information is intact and not shared with any other entity or used for any other purpose (see comment 4.3 4-32 above).		California Pan-Ethnic Health Network (CPEHN)
27	Y	4.3			The functional scope does not explicitly include processing of applications submitted by mail, phone and in person. These are all application venues required by the ACA and while we recognize that counties and the Call Center may be the parties accepting applications, functionality for inputting or accepting applications coming through these venues should be spelled out in the Solicitation.		California Pan-Ethnic Health Network (CPEHN)
28		4.3.1	4-1	BR 50- BR 58, BR65- 66	We support the provision of information on costs and benefits of plans as well as the inclusion of a calculator to compare plan costs.		California Pan-Ethnic Health Network (CPEHN)
29		4.3.1	4-1	BR-38	The functionality for CalHEERS to determine eligibility for Exchange, MAGI Medi-Cal, HF and AIM, included in the Business Requirements should also be included in the list of Functionalities/Services.		California Pan-Ethnic Health Network (CPEHN)
30	Y	4.3.1	4-1		Much of the functionality in the application submission and eligibility and enrollment 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. Functionality should also be included to allow a paper application to be scanned and subsequently be processed electronically.		California Pan-Ethnic Health Network (CPEHN)
31		4.3.1	4-1		The list of functionalities includes a calculator to compare costs across plan options, but there should also be a calculator screening tool to allow people to enter basic information and see what program or level of subsidy they are eligible for. Additionally, 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.		California Pan-Ethnic Health Network (CPEHN)
32	N	4.3.1	4-1 thru 4-3		With regards to the calculator functionality mentioned above 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.		California Pan-Ethnic Health Network (CPEHN)
33		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.		California Pan-Ethnic Health Network (CPEHN)
34		4.3.1	4-1		We appreciate the ability of a user to bypass an application for subsidy coverage and go straight to QHP screening. 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.		California Pan-Ethnic Health Network (CPEHN)
35		4.3.1	4-1		We applaud the system functions proposed to be able to enter information, save it at any point, restart, and exit without saving. Important, however, to include a "time-out" function, without losing data, for privacy and security purposes.		California Pan-Ethnic Health Network (CPEHN)
36		4.3.1	4-1		We appreciate that the proposed system will update and report both to the consumer and assister. We suggest adding language that requires the assister to be officially designated as an assister before the system grants access.		California Pan-Ethnic Health Network (CPEHN)
37		4.3.1	4-1		Need to state up front in the eligibility and enrollment section that the vendor will adhere to the CalHEERS privacy and security provisions articulated in 4.4.8		California Pan-Ethnic Health Network (CPEHN)

38	Y	4.3.1	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. An additional statement explaining that the collection of this data will be used to improve the quality of care should be included as part of this functionality as it has been shown to encourage this type of self-reported data.		California Pan-Ethnic Health Network (CPEHN)
39	Y	4.3.1	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 written translations and oral language services as required by state and federal laws.		California Pan-Ethnic Health Network (CPEHN)
40		4.3.1	4-2		The collection of demographic data 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. Information about health status is not minimally necessary information and should not be collected directly from the consumer as part of the enrollment process, as this provision suggests.		California Pan-Ethnic Health Network (CPEHN)
41		4.3.1	4-2		We think it makes sense for key functionality to include: 0 Receiving and verifying individual exemption renewals. 0 Processing individual application exemption requests (i.e., new and renewal) and notifying CMS - makes sense. As with other aspects of the RFP, this functionality must ensure that the privacy of information is intact and not shared with any other entity or used for any other purposes as required under Section 1411 (g) and 1411(g)(2) of the ACA.		California Pan-Ethnic Health Network (CPEHN)
42		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.		California Pan-Ethnic Health Network (CPEHN)
43		4.3.1	4-2		In addition to notifying the customer of the application status and any outstanding items, a key function should 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.		California Pan-Ethnic Health Network (CPEHN)
44		4.3.1	4-3		We support enabling authorized users to manage and update information online.		California Pan-Ethnic Health Network (CPEHN)
45		4.3.1	4-3		We support allowing the enrollee to choose the method by which they 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.		California Pan-Ethnic Health Network (CPEHN)
46		4.3.1	4-3		The written notification/request should be pre-populated with information known about the beneficiary so they only have to add information not otherwise available in databases and change incorrect information.		California Pan-Ethnic Health Network (CPEHN)
47		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.		California Pan-Ethnic Health Network (CPEHN)
48		4.3.1	4 - 3		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 to the agency that manages the program (DHCS, MRMI, 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. Additionally, the RFP should specify the process it will use to ensure there is adequate language assistance throughout the Appeals process as required by state and federal laws.		California Pan-Ethnic Health Network (CPEHN)
49		4.3.1	4 - 3		There appears to be no clear process for how a consumer can appeal a problem with the QHP in the enrollment process or if a QHP does not adhere to Exchange quality standards. Is there no right to appeal such a decision or is this handled elsewhere in the RFP.		California Pan-Ethnic Health Network (CPEHN)
50		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 their citizenship status they should not be asked for that information again.		California Pan-Ethnic Health Network (CPEHN)
51		4.3.1 and 4.3.4	4-3, 4-7		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. Additionally, the RFP should specify the process it will use to ensure there is adequate language assistance throughout the Appeals process as required by state and federal laws. The Exchange and Project Sponsors should identify and provide the vendor with a list of the vital forms and documents that will be translated so the vendor can develop the functionality to generate and post		California Pan-Ethnic Health Network (CPEHN)
52		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.	s	California Pan-Ethnic Health Network (CPEHN)
53		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 alternative formats, and any reasonable accommodations necessary.		California Pan-Ethnic Health Network (CPEHN)

54		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. Additionally there should be a translated message in at least 15 different languages notifying the consumer that oral interpretation is available in any language.		California Pan-Ethnic Health Network (CPEHN)
55		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. We appreciate the development of functionality that will allow the user to specify a preferred language for future communications.		California Pan-Ethnic Health Network (CPEHN)
56		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) the specific regulations relied on, 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	N e	California Pan-Ethnic Health Network (CPEHN)
57		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.		California Pan-Ethnic Health Network (CPEHN)
58	N	4.3.1	4-4		With respect to the first sub-bullet under "Other Non-Health Services Programs" (notifying applicants they may be eligible for other programs and directing them to appropriate links), we recommend that this function be considered a Core Functionality Service, with delivery required by January 1, 2014, rather than a Mandatory Optional Functionality Service. With respect to the second sub-bullet in this section (collecting and sending application data to another system to "complete the application process"), we recommend that this bullet be revised as follows: "Collecting and sending the basic application data to the system of record for that program to continue the application process and track the result of that process, with this functionality to be delivered on or before December 31, 2015.		California Pan-Ethnic Health Network (CPEHN)
59	Y	4.3.1	4-4		When registering and tracking certified Assistors, the system should have a mechanism for linking information to complaints about Assistors.		California Pan-Ethnic Health Network (CPEHN)
60	Y	4.3.1	4-4		We believe the system should have functions to support a state reporting system in the event that an Assistor is found to be committing fraud or is barred from an Exchange for deceptive activities. We hope that Exchanges will oversee their Assistor programs carefully enough that this problem will not arise, but in the event that unscrupulous individuals become Assistors, the system needs the capacity to track and monitor		California Pan-Ethnic Health Network (CPEHN)
61	Y	4.3.1	4-4		The system should be able to categorize Assistors based on language capacity, not just region, etc.		California Pan-Ethnic Health Network (CPEHN)
62	Y	4.3.1	4-4		Need mechanism for consumer to designate Assistor as the representative to avoid fraud. The specific individual needs to designate the specific Assistor and the system needs to be designed with that function enabled and required.		California Pan-Ethnic Health Network (CPEHN)
63	Y	4.3.1	4-4		Accolades for anticipating all the different types of reporting for individual and SHOP populations - 4.3.4 and 4.3.7		California Pan-Ethnic Health Network (CPEHN)
64	Y	4.3.1	4-4		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.		California Pan-Ethnic Health Network (CPEHN)
65	Y	4.3.1	4-4		A 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.		California Pan-Ethnic Health Network (CPEHN)
66	Y	4.3.1	4-4		Reporting requirements for the SHOP exchange should be designed to track dependents of employees. 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.		California Pan-Ethnic Health Network (CPEHN)
67		4.3.2	4-4		Need privacy and security protections referenced here. Information should be protected by privacy and security provisions and should limit access to small groups of users via role-based security.		California Pan-Ethnic Health Network (CPEHN)
68		4.3.2	4-5		We applaud inclusion of the system to be able to track application and enrollments via assistors.		California Pan-Ethnic Health Network (CPEHN)
69		4.3.2	4-5		We support tracking applications and enrollments for which assistors were involved in order to ensure that assistors receive accurate payments for services rendered. We also agree with the need to ensure that CalHEERS can (1) collect and aggregate premiums, (2) electronically collect fees from plans to support the Exchange and (3) electronically provide data needed for reinsurance and risk adjustment calculations.		California Pan-Ethnic Health Network (CPEHN)
70		4.3.2 and 4.3.7 (SHOP)	4-5 and 4-12		We appreciate the functionality built into the system to calculate, issue, track and reconcile Assistor fees.		California Pan-Ethnic Health Network (CPEHN)
71	y	4.3.3	p.4-6		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.		California Pan-Ethnic Health Network (CPEHN)

72	y	4.3.3.	6-Apr		Monitoring and compliance should include the capture of complaint information and resolution details for Medi-Cal managed care plans and HFP plans as well as QHPs.		California Pan-Ethnic Health Network (CPEHN)
73		4.3.4	4-6		We applaud the functionality to generate 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 information should be collected for enrollees in the SHOP Exchange and should be referenced in 4.3.7.		California Pan-Ethnic Health Network (CPEHN)
74		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 including standards related to language access. This information should also be available in the reporting section and consumers should have access to the information.		California Pan-Ethnic Health Network (CPEHN)
75	N	4.3.5	4-8		The term "Assister" may include Navigator, Broker, Agent, County Worker, and MRMIB worker. We note that the term "Assister" in the RFP refers to Navigator, Broker, Agent, County Worker, and MRMIB worker but 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.		California Pan-Ethnic Health Network (CPEHN)
76		4.3.5	4-8		Language should be added to the definition of the term "Assister" 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).		California Pan-Ethnic Health Network (CPEHN)
77		4.3.5	4-8		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.		California Pan-Ethnic Health Network (CPEHN)
78	N	4.3.5	4-8		We support the RFP requirement that customer correspondence and IVR must be provided in English, Spanish and threshold languages. Thresholds for written translations should be based on Medi-Cal Managed Care threshold languages not on thresholds identified in the Dymally- Alatorre Bilingual Services Act. Additionally We applaud 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/employees as well. We believe this provision will greatly increase access to health coverage and information for Limited-English-Proficient consumers.		California Pan-Ethnic Health Network (CPEHN)
79	N	4.3.5	4-8		Functionality should be created so that Online Help can 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.		California Pan-Ethnic Health Network (CPEHN)
80	Y	4.3.5	4-8		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 stiffling 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.		California Pan-Ethnic Health Network (CPEHN)
81	Y	4.3.5	4-8		A draft IVR plan (including how it will interact with call center) must be made available for advocates and Call Center staff review and comment and the final plan should be maintained and updated publically.		California Pan-Ethnic Health Network (CPEHN)
82	Y	4.3.5	4-8		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.		California Pan-Ethnic Health Network (CPEHN)
83		4.3.5	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. Important is 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.		California Pan-Ethnic Health Network (CPEHN)
84	Y	4.3.6	4-9		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.		California Pan-Ethnic Health Network (CPEHN)
85	Y	4.3.6	4-9		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.).		California Pan-Ethnic Health Network (CPEHN)
86	Y	4.3.6	4-9		RFP should identify key functions of IVR (how many lines, 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.)		California Pan-Ethnic Health Network (CPEHN)
87		4.3.5 and 4.3.7	4-8 and 4-14		We appreciate the system will be designed for one Assister to have a single sign-on for multiple cases.		California Pan-Ethnic Health Network (CPEHN)
88	N	4.3.6	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.		California Pan-Ethnic Health Network (CPEHN)
89	N	4.3.6	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." Written communications should be provided at a minimum in 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.		California Pan-Ethnic Health Network (CPEHN)
90	N	4.3.6	4-9		We applaud 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 outreach efforts in other languages and to identify specific mainstream and ethnic media sources.		California Pan-Ethnic Health Network (CPEHN)

91	N	4.3.6	4-9		We applaud 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 populations.		California Pan-Ethnic Health Network (CPEHN)
92	Y	4.3.7	4-7		The development of the SHOP requirements in the RFP are a good start in developing language for how employers and employees will access the SHOP. The individual calculator for both the employer and employees, the website assistant tools and real time notification of eligibility are all good steps in helping the consumer make an educated decision on which QHP to enroll into. However, some areas of the SHOP development are unclear in how the employer and/or employee will access the necessary information.		California Pan-Ethnic Health Network (CPEHN)
93	Y	4.3.7	4-7		We endorse the definition of both employers and employees as consumers for purposes of SHOP (in the "consumer assistance" section). In accordance with that concept, a SHOP employee should have the ability to access information and manage his/her SHOP coverage through their employee account. This account should be established in a manner that preserves privacy and confidentiality with respect to the employee.		California Pan-Ethnic Health Network (CPEHN)
94	Y	4.3.7	4-7		In California, language access can be an issue 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 and the state should require translation of vital sections of the web portal, as well as the Interactive Voice Response (IVR), into threshold languages with a clearly delineated timeline for when the translations will be completed rather than allowing for a state option to purchase translation of the web portal to support threshold languages at some future date. The cost of providing web portal translation in threshold languages should be weighed against the cost of NOT having the full translations/functionality available - i.e., the ongoing/recurring costs of telephonic interpretation vs. the one-time costs of programming. A written message with an 800 number for consumer assistance and oral interpretation in any language should be provided on the home page and other relevant communications in a minimum of 15 different languages. Further		California Pan-Ethnic Health Network (CPEHN)
95	Y	4.3.7	4-7		Testing of the system and stakeholder engagement: Similar to the individual Exchange, it is important to include time for the testing of the system with stakeholders. The RFP should include a section informing the process by incorporating the need to build in stakeholder engagement to the work plan. We also recommend a testing of the SHOP before it is fully launched on 1/1/2014. Further, we recommend that the timeline for testing adhere to the same timeline as the individual Exchange with the idea that the launch will occur 7/2013 to allow for early enrollment. The testing must include a diverse group of stakeholders reflective of the population who will utilize the SHOP.		California Pan-Ethnic Health Network (CPEHN)
96	Y	4.3.7	4-7		The application should ask the employee to identify when they have a dependent who is potentially in need of coverage in the Exchange Health Services Programs and, where that is the case, whether they authorize sharing information with the EHSP for purposes of facilitating application/enrollment.		California Pan-Ethnic Health Network (CPEHN)
97		4.3.7	4-7		Reports on ER applications received, those enrolled and timeframe from application to enrollment 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.		California Pan-Ethnic Health Network (CPEHN)
98	N	4.3.7	4-10		The functionality for the application process needs to make clear that one seamless application needs to be made for both the employer and the employee. Further, under the application it lists that an employer will update the employee roster with information regarding demographic, health habits, and family data. This information should be confidentially and voluntarily reported by the employee and not the employer in order to protect the employee's rights to privacy regarding their health status and demographic information that would not otherwise be available to the employer. No employer should be able to access the information an employee provides when enrolling into a QHP. An employer should not have access to the employee's confidential information.		California Pan-Ethnic Health Network (CPEHN)
99	Y	4.3.7	4 - 10		Enrollment of employees should be separate from enrollment in the individual exchange because the requirements for eligibility are different. For example, some individuals who would be ineligible for enrollment in the individual exchange may be employees of small businesses.		California Pan-Ethnic Health Network (CPEHN)
100	N	4.3.7	4 - 10		Employees must have a mechanism that supports them in being able to communicate with the system when their employer is not diligently maintaining coverage/protecting their interests. The employee account should support this function.		California Pan-Ethnic Health Network (CPEHN)
101	N	4.3.7	4 - 10		The development of the individual applicant calculator should mirror the calculator in the individual market with the exception that the SHOP calculator should allow for the employee to include the portion of the premium their employer will make. Further, the calculator should have the functionality to determine premium cost and out of pocket cost based on the number of dependents an employee would like to also cover under their employer's plan. If the employer does not cover dependents, then the calculator should aid the employee in determining their premium and out of pocket costs to also cover the dependent through the individual Exchange.		California Pan-Ethnic Health Network (CPEHN)
102		4.3.7	4-10		The RFP should state up front in the eligibility and enrollment section that the vendor will adhere to the CalHEERS privacy and security provisions articulated in 4.4.8		California Pan-Ethnic Health Network (CPEHN)
103		4.3.7	4 - 11		The functionality should include the ability to provide notification to an employee when their employer is taking steps to discontinue SHOP or disenroll the employee and/or their dependents. This notification should provide the employee with an ability to learn about their options and provide a link to other coverage options (Exchange/EHSP) at a minimum in threshold languages.		California Pan-Ethnic Health Network (CPEHN)
104		4.3.7	4 -12		Small Business Premium Payment Financial Transactions: While the overall process for payment by employers looks good, it is unclear as to the process employees will go through to pay their portion, if any, of the premium. We would recommend that the same system being established for the employer, also be established for the employee through the employee's private account.		California Pan-Ethnic Health Network (CPEHN)
105		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 as spelled out in BR 123.		California Pan-Ethnic Health Network (CPEHN)

106		4.3.7	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?		California Pan-Ethnic Health Network (CPEHN)
107		4.3.7	4-13		We applaud the effort to collect data on the SHOP and generate reports to evaluate and understand enrollment trends, cost, assisters, etc. We recommend that in addition to reports being generated for the HBEX and policymakers, that all data and reports be public information while adhering to state and federal privacy laws. We recommend that CalHEERS have the functionality to generate reports based on appeals and complaints of a QHP issued by an employer or employee.		California Pan-Ethnic Health Network (CPEHN)
108		4.3.7	4-13		Data should be collected by employer on the number, 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.		California Pan-Ethnic Health Network (CPEHN)
109	N	4.37	4-14		We support the RFP requirement that customer correspondence and IVR be provided in English, Spanish and other threshold languages however the translations must be required (not optional) in threshold languages. The standard for threshold languages should be based on Medi-Cal Managed Care threshold languages not on thresholds identified in the Dymally-Alatorre Bilingual Services Act. To ensure consistency in the information provided to a LEP individual, we recommend that 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 and in our comments above.		California Pan-Ethnic Health Network (CPEHN)
110	N	4.37	4-14		A functionality should be included so Online Help can connect with jurisdictionally-appropriate state agencies and regulators, such as Office of the Patient Advocate, DHCS, MRMB, 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.		California Pan-Ethnic Health Network (CPEHN)
111	N	4.37	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 and other relevant pages in a minimum of 15 different languages. This functionality should be tested and complete by October 2013 so LEP consumers can access this information during the entire enrollment period. Additionally, the web portal should link to a page with a list of Assisters and their language capacity so consumers can identify Assisters capable of helping them in navigate the Exchange in their primary language.		California Pan-Ethnic Health Network (CPEHN)
112		4.3.7	4-14		We applaud the effort to create consumer assistance functionality that is "user-friendly, web-based, self-service and provide online assistance to all customer user types via a range of web browsers and various mobile applications." We also support the functionality to provide real-time guidance, navigation, and help for customers. A robust consumer assistance platform is imperative for the SHOP to work.		California Pan-Ethnic Health Network (CPEHN)
113		4.3.7	4-14		The term Assister should be expanded to include any other individual or entity as provided under the policies to be developed who has sufficient training to assist individuals in enrolling in coverage. The system must also have functionality to allow state employees to assist people in applying for and enrolling in health coverage. (See also comments on Appendix A: glossary). 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.		California Pan-Ethnic Health Network (CPEHN)
114		4.3.7	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.		California Pan-Ethnic Health Network (CPEHN)
115		4.3.7	4-15		This provision should also include the requirement that the system should have the capacity to handle dependents and dependent coverage through the SHOP. The account should also provide for individual access for all of an employee's covered dependents. The ability to select premiums should envision capacity for individual employees and their dependents.		California Pan-Ethnic Health Network (CPEHN)
116	N	4.3.9	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. Specifically ACA Title V Subtitle A, definition of health literacy; Section 1557 of the Patient Protection and Affordable Care Act (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. The Health Benefit Exchange is 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) as well as California Government Code section 100503(y) which "requires that the Excha		California Pan-Ethnic Health Network (CPEHN)
117			4-18		We support the requirement that CalHEERS be accessible from smart mobile device applications.		California Pan-Ethnic Health Network (CPEHN)
118	N		4-19		We support providing web portal content in English and Spanish for the functionalities below. Key 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 0 Website text, instructions, and navigation guidance 0 Education Materials 0 Online Assistance 0 Online Chat 0 Web-Videos 0 Frequently Asked Questions (FAQs) 0 Guided Self Help Tools 0 QHP Information 0 Forms		California Pan-Ethnic Health Network (CPEHN)
119	N		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.		California Pan-Ethnic Health Network (CPEHN)

120		4.3.9	4-19		We appreciate the consideration that the system will have the capacity to repopulate information.		California Pan-Ethnic Health Network (CPEHN)
121		4.3.9	4-19		We appreciate the consideration that the system will notify the consumer regarding her/his data saves, mandatory fields and expiration of incomplete applications.		California Pan-Ethnic Health Network (CPEHN)
122		4.3.9	4-19		We appreciate the consideration that the system will provide consumers and assisters the ability to navigate between multiple related input screens without losing information - and print screen capability		California Pan-Ethnic Health Network (CPEHN)
123	N	4.3.9	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.		California Pan-Ethnic Health Network (CPEHN)
124	Y	4.4	4-20		It is critical that the Exchange, DHCS, and MRMIB, through a public process, develop a set of privacy and security policies and best practices to govern CalHEERS that support CalHEERS' core functions, fill any gaps in applicable law, and build public trust in CalHEERS' operations. The vendor should then be required to support these policies and best practices as part of the contract. As noted elsewhere, the solicitation now gives the Vendor the responsibility for developing the privacy and security "framework" and relies too heavily on ensuring compliance with existing law. The solicitation needs to expressly acknowledge that the Program Sponsors will be developing further policies and best practices for CalHEERS and the vendor will be required to participate in that process and ensure CalHEERS complies with those policies and best practices as in effect from time to time.		California Pan-Ethnic Health Network (CPEHN)
125		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.		California Pan-Ethnic Health Network (CPEHN)
126		4.4.10	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.		California Pan-Ethnic Health Network (CPEHN)
127		4.4.12	4-45		There is a good list of coverage metrics including affordability and comprehensiveness, access to care, consumer experience, consumer feedback, assister support, technology platform and security. While we strongly applaud the list of 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. We would also like to understand how the metrics will measure access to language assistance.		California Pan-Ethnic Health Network (CPEHN)
128		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.		California Pan-Ethnic Health Network (CPEHN)
129	N	4.4.3.6	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 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 in addition to Spanish and English by 2014.		California Pan-Ethnic Health Network (CPEHN)
130		4.4.3.6	4-32		As drafted, the RFP requires the vendor to evaluate UX2014 and other similar 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 appli		California Pan-Ethnic Health Network (CPEHN)
131	N	4.4.3.7	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.		California Pan-Ethnic Health Network (CPEHN)
132		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 architecture for ensuring this is true regardless of their point of entry into CalHEERS.		California Pan-Ethnic Health Network (CPEHN)
133		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 eligibility 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.		California Pan-Ethnic Health Network (CPEHN)
134		4.4.8	4-38		The solicitation should be clear that the vendor will be required to develop functionalities to support privacy and security policies developed by the Program Sponsors. Requiring express adherence (vendor "shall ensure") to the policies listed on pages 4-39 to 4-40 may be premature, particularly for those laws that do not necessarily apply to the CalHEERS by their terms (such as HIPAA and HITECH). The solicitation should leave discretion to CalHEERS and Program Sponsors to make determinations on applicable law (where there is authority for discretionary judgment).		California Pan-Ethnic Health Network (CPEHN)

135		4.4.8	4-39		Add language that requires the vendor to build the system to be adaptable to new technology and security threats.		California Pan-Ethnic Health Network (CPEHN)
136		4.4.8	4-43		We strongly agree with the need to develop policies, best practices and "protections" for CalHEERS based on the identified privacy principles. However, the responsibility for developing the framework should not rest with the vendor. The solicitation needs to be clarified so that the ultimate responsibility for developing appropriate policies, practices and protections is with CalHEERS and/or the Program Sponsors and that the job of the vendor is to assist in this process and to ensure that CalHEERS is designed to comply with the requirements.		California Pan-Ethnic Health Network (CPEHN)
137		4.4.8	4-44		The solicitation notes that the vendor takes the lead role and is responsible for ensuring business associate agreements are in place in order to exchange PII and PHI, "following DHCS policies, best practices, and HIPAA regulations." The section further notes that DHCS functions as Subject Matter Expertise support on this requirement. We agree that a state agency should be in the position of determining when business associate agreements need to be executed and with whom, and the substance of what those agreements should cover. The role of the vendor should be to execute these determinations. The solicitation needs to be made more clear on this point. This should also be a model for revising the solicitation to reflect our comments above about the respective roles of state agencies and the vendor.		California Pan-Ethnic Health Network (CPEHN)
138		4.4.8	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.		California Pan-Ethnic Health Network (CPEHN)
139		4.5	4-46		The RFP requires the vendor to work with Exchange staff in managing the project. 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. This should be made unambiguously clear to potential vendors.		California Pan-Ethnic Health Network (CPEHN)
140		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 and is quite troubling. 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.		California Pan-Ethnic Health Network (CPEHN)
141		4.5.6	4-48		The quality management methodology should require more specificity to ensure the user satisfaction incorporates a diverse set of stakeholders and a robust process.		California Pan-Ethnic Health Network (CPEHN)
142		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.		California Pan-Ethnic Health Network (CPEHN)
143		4.6.1.3	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.		California Pan-Ethnic Health Network (CPEHN)
144	N	4.6.1.3.1	4-56		This section does not appear to directly address the issue of "pre-enrollment," despite the fact that the "Eligibility Transfer" row in Table 10 (p. 4-34) indicates that pre-enrollment will be described in Section 4.6.1.3.1. We recommend that this section include a description of pre-enrollment, including both what it means and how it is intended to work.		California Pan-Ethnic Health Network (CPEHN)
145		4.6.3.1	4-58		We agree that it makes sense for eligibility workers (which may include County Workers, MRMIB workers and Exchange staff) to review and approve exemption applications following strict privacy protocols.		California Pan-Ethnic Health Network (CPEHN)
146		4.6.3.1	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.		California Pan-Ethnic Health Network (CPEHN)
147		4.7.2	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).		California Pan-Ethnic Health Network (CPEHN)
148		4.7.2	4-62 - 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.		California Pan-Ethnic Health Network (CPEHN)
149		4.8.6.1	4-72		Call Center: Should include a link to help regarding exemptions.		California Pan-Ethnic Health Network (CPEHN)
150	N	4.8.6.1	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.		California Pan-Ethnic Health Network (CPEHN)
151	N	4.8.6.1	4-72		Functionalities should be developed so it is possible to connect with existing state agencies and offices (DHCS, OPA) 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. A message notifying consumers of the availability of these assistance functions should be provided in at least 15 different languages.		California Pan-Ethnic Health Network (CPEHN)
152	N	4.8.6.2	4-73		A translated message in at least 15 different languages should be provided on the outside of the envelope of outgoing mail with an 800 number to call for language assistance.		California Pan-Ethnic Health Network (CPEHN)
153	N	Appendix A	G-11		The glossary does not include a definition of "pre-enrollment." We recommend that such a definition be added.		California Pan-Ethnic Health Network (CPEHN)

154		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.		California Pan-Ethnic Health Network (CPEHN)
155		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.		California Pan-Ethnic Health Network (CPEHN)
156		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.		California Pan-Ethnic Health Network (CPEHN)
157	N	Attachment 3		SR 38	Federal law does not require the checking of employee SSNs with the Federal Data Hub. We strongly oppose the development of an IT system that allows for this function. It unnecessarily duplicates the role of employers.		California Pan-Ethnic Health Network (CPEHN)
158	N	Attachment 3		SR63, SR65, SR 68	The RFP assumes that employers will be able to limit choice of plans available to employees. We oppose this policy. We recognize that employers will set employer share of premium but we support employee choice of plans, including ability to pay more to get more comprehensive coverage. This is a policy decision, not a IT requirement.		California Pan-Ethnic Health Network (CPEHN)
159				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?		California Pan-Ethnic Health Network (CPEHN)
160				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.		California Pan-Ethnic Health Network (CPEHN)
161				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 and in Section 1411(g)(1) and 1411(g)(2) of the ACA.		California Pan-Ethnic Health Network (CPEHN)
162	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."		California Pan-Ethnic Health Network (CPEHN)
163				BR 50- BR 58, BR65- BR66	Comparison of Plans: In addition consumers should have the opportunity to compare if changes in circumstance, such as job loss/gain or divorce will impact cost and which plans a consumer can choose from.		California Pan-Ethnic Health Network (CPEHN)
164				BR59- BR64, BR67- BR69	Plan comparison information: The RFP should include the functionality to provide the capacity to update/redesign this section (e.g. language access added to HEDIS by OPA)		California Pan-Ethnic Health Network (CPEHN)
165				BR84	We support the following provisions including adding a requirement to auto enroll in an existing plan if a person is still eligible and data is verified, verifying and adding a requirement to opt out of Exchange coverage and notifying an individual of coverage requirements and the exemption application. A consumer should be able to navigate directly to exemption functionalities.		California Pan-Ethnic Health Network (CPEHN)
166				BR86	We support the CalHEERS providing the functionality to process individual exemption renewal.		California Pan-Ethnic Health Network (CPEHN)
167	N			BR123	We strongly applaud the inclusion of a provision 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 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. This provision should be extended to employers as well. We believe this provision will greatly increase access to health coverage and information for Limited-English-Proficient consumers.		California Pan-Ethnic Health Network (CPEHN)
168		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) and be available in alternative formats for persons with disabilities, (2) that CalHEERS include functionality that will ensure applicant 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 content should reflect what is in the narrative found under Eligibility and Enrollment 4.3.1; Appeals 4-3.		California Pan-Ethnic Health Network (CPEHN)
169				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.		California Pan-Ethnic Health Network (CPEHN)

