FACT SHEET

Building the System – Acquiring a Systems Integrator

What is the purpose of the California Healthcare Eligibility, Enrollment and Retention System (Cal-HEERS)?

The Patient Protection and Affordable Care Act of 2010 requires states to create a simple way for individuals and small businesses to obtain affordable health care coverage. Starting in January 2014, millions of Californians will be eligible for coverage, often with substantial subsidies. The California Health Benefit Exchange, California Department of Health Care Services, and Managed Risk Medical Insurance Board, collectively serving as Sponsoring Partners, plan to build Cal-HEERS, an information technology (IT) system that will:

- Serve as the consolidated IT support for eligibility, enrollment, and retention for the Exchange, Medi-Cal and Healthy Families
- Help improve Californians' access to affordable health care coverage options
- Help make health care coverage more affordable
- Help improve the quality of health care
- Help people make informed choices among health plan options

How will the HBEx, DHCS and MRMIB select an IT partner to implement the California Healthcare Eligibility, Enrollment and Retention System?

The Sponsoring Partners are launching a competitive solicitation to help it identify an IT system integrator to design, develop, and implement a system that will support the operations of the Exchange and the enrollment and eligibility processes for Medi-Cal and Healthy Families. A formal Request for Proposal (RFP) will spell out what Cal-HEERS should do (including potential alternatives and enhancements) and how the selected IT partner will be expected to support it.

Cal-HEERS SOLICITATION KEY DATES

Release Draft RFP – TUE 12/20/11

Public Comments Due – 5:00 PM FRI, 12/30/11

Release Final RFP – WED, 1/18/12

Award Contract – TUE, 4/17/12

How can the public provide feedback?

The Sponsoring Partners welcome comments on the solicitation and the requirements we're developing to specify Cal-HEERS' functions, as well as your comments and feedback on how we can maximize the enrollment and retention of individuals eligible for Exchange services. Please let us know what you think!

- ***Comment on the development of the RFP.*** The Draft RFP will be released on December 20, 2011 along with an official Draft RFP Comment Form. Comments are welcome on system design elements. Members of the public will have ten days to provide feedback on the draft; public comments are due to info@hbex.ca.gov by 5:00 PM on Friday, December 30, 2011.
- ***Provide feedback on enrollment, eligibility, and retention issues important to you.*** The Sponsoring Partners have been seeking and will continue to solicit background information, observations, and ideas on the full range of issues and activities associated with marketing, enrollment, outreach, consumer assistance, and IT for the Exchange, Medi-Cal, and Healthy Families. The form with Sponsoring Partners' questions and the general feedback form can be found on the Stakeholders page of the Exchange's website at http://www.healthexchange.ca.gov/StakeHolders/Pages/Default.aspx.

What key functions will the California Healthcare Eligibility, Enrollment and Retention System have?

The following are highlights of functions that will be included:

- Functionality for eligibility determination, enrollment, and renewal in the Exchange, Healthy Families, Access for Infants & Mothers (AIM) Program, and Modified Adjusted Gross Income (MAGI) Medi-Cal for individual and small business consumers, including:
  - Single rules engine for MAGI-related eligibility determination
  - Coordination with county Statewide Automated Welfare System (SAWS) systems for non-MAGI eligibility determination
  - Single application
  - On-line verification
  - Support for selecting among offered health plans, such as:
    - ✓ Identification of qualified health plans as bronze, silver, gold, or platinum levels
    - ✓ Premium and cost sharing information, including available subsidies
    - ✓ Results of enrollee satisfaction survey
    - ✓ Quality ratings
    - ✓ Medical loss ratio information
    - ✓ Provider directories
- Functionality for plan management, including certification of issuers
- Functionality for financial management, including data collection and accounting processes
- Functionality for consumer assistance online, over the phone, and by mail
- On-line support for service and financial transactions for those assisting in enrolling consumers (e.g. Navigators or Agents)

California Healthcare Eligibility, Enrollment and Retention System Proposed Essential Program Goals

1. "No Wrong Door" service system that provides a consistent consumer experience through all entry points
2. Culturally and linguistically appropriate oral and written communications which also ensure access for persons with disabilities
3. Seamless and timely transition among health programs
4. Reduces the burden to consumers of establishing and maintaining eligibility
5. Ensures security and privacy of consumer information
6. Enables real-time eligibility determination
7. Ensures transparency and accountability
8. Ensures no gaps in coverage
9. Enables consumers to make informed choices