

Request for CalHEERS Development and Operations Services

Draft RFP Comments

General					Cosmetic	Reviewer	
ID	Y/N	Section #	Page #	Req #	Description	Y/N	Organization
1	Y				The RFP in total identifies many requirements beyond the minimum Exchange requirements identified by the ACA and as such creates concerns that all components of the Exchange will not be operational and all carrier interfaces working well by the first open enrollment period. If the Exchange is not working as designed by the first open enrollment period, participation levels by both consumers and QHP issuers may be negatively impacted and result in a lack of confidence from the community that the Exchange is intending to serve. A focus first on the minimum requirements of the Exchange as defined by the ACA, with additional capabilities being added subsequently would seem to reduce the potential of an unsuccessful initial launch.	N	Anthem Blue Cross

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2	N	1.8 & 1.9	1.14 - 1.15		<p>Sections 1.8 & 1.9 creates a concern of the Exchange not meeting their deadlines if the prime vendor selected does not perform as anticipated. The Exchange is offering a 5-year contract to a single entity whose responsibility it will be to build the entire Exchange in just over 1 year (build, subcontract, etc). If the Exchange is relying on the vendor to complete the tasks on time and the Exchange itself does not have appropriate oversight and skills sets to manage the vendor and subcontractors, the Exchange may not operate as anticipated the Exchange may still be obligated to pay the vendor for the 5 year commitment. The termination language of the contract and the Exchange oversight of the vendor is not discussed making it difficult to judge the significance of the reliance solely on the vendor selected.</p>	N	Anthem Blue Cross

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3	Y	1			The proposed process seems to be that potential Prime Vendors will be identified by submitting a Notice of Intent to Respond and that the identified PV's may be invited to a Confidential Meeting. There is no mention of who, other than PV's, if anyone, will be invited. Because there are no detailed requirements and the IT infrastructure will impact issuers, any meeting with PV's should include potential issuers	N	Anthem Blue Cross
4	N	4.3.1 - Eligibility and Enrollment	Page 4-1		There is a lot of language about "Health Services Programs" it is our understanding that this relates to Medi-Cal and other programs not to the Individual Health Benefit Exchange, where the issuers/carriers should be responsible for all Health programs.	N	Anthem Blue Cross
5	N	4.3.1 - Eligibility and Enrollment	Page 4-1		No mention of readability requirements (reading level) for web portal	N	Anthem Blue Cross
6	Y	4.3.1			Should advocate for electronic communications such as welcome kits, notices, and enrollment packets to keep costs down	N	Anthem Blue Cross
7	N	4.3.1			Exemption---what about eligibility for a catastrophic health plan?	N	Anthem Blue Cross

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8	N	4.3.1			Enrollment and disenrollment—only specifying disenrollment due to non payment of premium. Other categories should be allowed...such as disenrollment due to change in residency out of service area, duplicate coverage (such as enrollment in both group and Individual coverage), fraud, product no longer offered, attaining maximum age for eligibility in catastrophic or child only plans, eligible for alternate coverage such as Medicare, Medicaid, or ESI.	N	Anthem Blue Cross
9	N	4.3.1			Renewal—notification to enrollee that the current QHP will no longer be available for the next benefit year so a new QHP selection is required. Verify/require attestation that enrollee and/or dependents are not eligible for ESI.	N	Anthem Blue Cross
10	N	4.3.1			Case Management—asks vendor to retain history of health coverage for 36 months...suggest that this time period align with any requirement to retain tax documents in case someone has to prove they did have coverage.	N	Anthem Blue Cross

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11	N	4.3.1			If auto populating a new enrollment application, last known smoking status should be auto populated as well. Smoking status should travel with each applicant in the same fashion a risk score should travel with him/her.	N	Anthem Blue Cross
12	N	4.3.1			The Exchange should develop a process for addressing situations where individuals enrolled in a QHP did not pay premium owed to the issuer and now that individual is applying for new coverage during open enrollment. The Exchange should be aware of this type of "gaming" and do nothing to enable it by requiring a QHP issuer to accept enrollment for someone who is known to owe a debt to an issuer.	N	Anthem Blue Cross
13	N	4.3.1			The Exchange has to be able to determine and communicate eligibility for special open enrollment periods and for exceptional circumstances open enrollments.	N	Anthem Blue Cross

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ID	Y/N	Section #	Page #	Req #	Description	Y/N	Organization
14	N	4.3.1 - Eligibility and Enrollment	Page 4-2		There should be requirements to enable high proportion of applicants to enroll without requiring phone, chat or other assistance. Since enrollment periods will be short it will be necessary to enroll 70% or more without human assistance or phone lines will jam at exchange and the carrier.	N	Anthem Blue Cross
15	N	4.3.1 - Eligibility and Enrollment	Page 4-2		There should be more emphasis on managing enrollment period requirements and need to comply with enrollment periods as eligibility requirement.	N	Anthem Blue Cross
16	N	4.3.2			An Exchange is required to disclose its own finances to the public via its website.	N	Anthem Blue Cross
17	N	4.3.2			Risk Spreading—enrollee specific risk scores should be collected from prior carrier, transmitted to new carrier at point of enrollment to facilitate the risk adjustment process.	N	Anthem Blue Cross

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18	N	4.3.2			Plan assessment fees---these should not be mixed with premium payments...these should be considered the separate and distinct transactions that they are. Premium billing and reconciliation should be a function of QHP issuers and not an exchange function. Individuals should remit their premiums directly to the plan issuer. The plan issuer should receive subsidies directly from CMS and be responsible for premium aggregation and reconciliation based on eligibility data supplied by the exchange.	N	Anthem Blue Cross

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19	N	4.3.5	8-Apr		There is mention of" assister fees" (commissions?) for agents, but no mention of the role of agents to act as a proxy for applicant and assist in enrollment. The system should be configured so proxy's can log in and coach applicants through the enrollment process using a collaborative web session. Assisters should also be able to enroll individuals who have no online capability and mail documents to applicant for signature. There should be a system for recording broker of record, and passing this information to issuers for commission payment. Commissions to brokers should be paid by plan issuers to the broker of record.	N	Anthem Blue Cross

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20	N	4.3.5	4-8		QHP Issuers should be added as “Assisters”. Individuals have asked and will continue to ask their insurance carriers for advice regarding the benefits that best suit them and they will expect that their carriers should be able to assist them in the future if they so desire. Participation levels on the Exchange may decrease as a result of consumer dissatisfaction if Individuals are not allowed to utilize their QHP Issuers as assisters to purchase on the Exchange.	N	Anthem Blue Cross
21	N	4.3.5 - Consumer Assistance	Page 4-8		No mention of readability requirements (reading level) for web portal - on line assistance	N	Anthem Blue Cross
22	N	4.3.6 - Education and Outreach	Page 4-9		No mention of readability requirements (reading level) for survey requirements	N	Anthem Blue Cross

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23	N	4.3.7	4 - 14		QHP issuers should be added as “Assisters”. Employers have asked and will continue to ask their insurance carriers for advice regarding the benefits that best suit them and they will expect that their carriers should be able to assist them in the future if they so desire. Participation levels on the Exchange may decrease as a result of consumer dissatisfaction if Employers are not allowed to utilize their QHP Issuers as assisters to purchase on the Exchange.	N	Anthem Blue Cross
24	N	4.3.7			Premium billing and reconciliation should be a function of QHP issuers and not an exchange function in the employer choice SHOP model. Groups should remit their premiums directly to the plan issuer.	N	Anthem Blue Cross
24	N	4.3.7			SHOP should find out from employers at the point of application whether or not they provide dependent coverage and ensure this info is available for Individual Exchange eligibility determinations.	N	Anthem Blue Cross

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25	N	4.3.7			Verification—Exchange should determine whether or not an employee has other coverage and ensure the non ESI coverage is terminated while ensuring that no gaps in coverage occur.	N	Anthem Blue Cross
26	N	4.3.7			Disenrollment—if employer terminates coverage, ensure employees are provided with notification and alternate coverage options.	N	Anthem Blue Cross
27	N	4.3.8.1			Ensuring the Medi-Cal is the payer of last resort, where feasible, by: The second bullet suggest interfacing with insurance companies to ID private health coverage available to Medi-Cal eligible recipients and providing that info to Medi-Cal providers on eligibility inquiries....why is this a required function? If the person is eligible for Medi-Cal, why would a provider need this info?	N	Anthem Blue Cross
28	N	4.3.9			Will they need to be able to archive web pages?	N	Anthem Blue Cross
29	N	4.3.9			Will the system be available 24/7? Any downtime for scheduled maintenance?	N	Anthem Blue Cross

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30	N	4.3.9			Ease of use: pre populate screens including tobacco use. -the document says "start coverage in real time." Won't the issuer be able to do any kind of verification or at least be able to acknowledge the enrollment info? How does coverage start in "real time."	N	Anthem Blue Cross
31	N	4.3.9 - Usability - Format	Page 4-18		User friendly format requirements (reading level) do not address readability requirements	N	Anthem Blue Cross
32	Y	Requirements: Business			In reviewing the documentation there did not seem to be any description of how the Exchange will interface with the existing state system IEVS/SAVES and MEDS. This information is needed craft capabilities responses. Additionally if there are any other existing systems that the exchange will have to interface with these will also need to be outlined.	N	Anthem Blue Cross
33	y	Requirements: Business			Reporting requirements are included however file layouts and frequency are not. Can these be included?	N	Anthem Blue Cross
34	N	Elig/Enroll		BR57	How will (even if in general) benefit "surprises" be defined?	N	Anthem Blue Cross
35	N	Elig/Enroll		BR58	How is "generous" defined?	N	Anthem Blue Cross

