

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	4.3.5	4-8		Recommend parallel portal and plan/benefit assistance for brokers and navigators. Support issues around rate quotes and SHOP support would be different than general Consumer Assistance	N	Pacific Business Group on Health
2	N	4.3.5	4-8		Inconsistent spelling of Assister and Assistor (in the consumer Assistance buttons on p 4-35, 4-8)	Y	Pacific Business Group on Health
3	Y	4.3.6	4-9		Reporting and tracking should include fulfillment requests (collateral materials, etc.)	N	Pacific Business Group on Health
4	Y	4.3.1/4.3.7	4-3, 4-13		Section 4.3.1 speaks to case mgmt and appeals (itemized in Table 10), but not tracking/monitoring such as 1st call resolution rates, % grievances and appeals resolved in 2, 5, 10, 30 days, etc.) "Appeals Trends and Outcomes" are listed at the bottom of the 4.3.7 SHOP-Reports bullet, but in the context of policymaker reports rather than operational reporting (both within and outside of SHOP). The table on customer service metrics is more transactional tracking, not troubleshooting or problem-monitoring.	N	Pacific Business Group on Health
5	Y	4.3.3	4-5		Plan Management - unclear if this is intended to capture information limited to eligibility and enrollment functions or if it is intended to include supplier management functions. Certification and compliance monitoring imply broader oversight and performance management scope that would include quality performance, performance metrics or guarantees, and regulatory management, reporting and corrective action. If it is intended that this system capture information about plan services and features that would support consumer information for plan selection, that should be clarified. Operational Data and Rate Review seem to oversimplify the potential requirements. For example, is Operational Data intended to include health plan geographic zip code availability, provider directories (specific parameters such as specialty, office hours, practice accepting new patients, provider ID or medical group enrollment if HMO, etc.). Rate Review is described as employer renewal notification but may need to specify plan submission formats and geographic specificity for regional rating. Additional functionality could include benchmarking and analytics for program management, and integration of risk adjustment rate modifiers.	N	Pacific Business Group on Health
6	Y	4.3.4, 4.3.7(Reports), 4.4.12	4-6, 4-13, 4-45		Recommend additional tabular display of reporting requirements that characterizes report content and intended audiences		Pacific Business Group on Health