CalHEERS Solicitation Vendors Conference

January 27, 2012
9:00 A.M. – 12:00 P.M.

Welcome

CalHEERS Partnership

- The California Healthcare Eligibility, Enrollment and Retention System (CalHEERS) project is jointly sponsored between the California Health Benefit Exchange, the Department of Health Care Services, and the Managed Risk Medical Insurance Board, with the assistance of the Office of Systems Integration. The Exchange will serve as the point of contact for the solicitation and manage CalHEERS.

Welcome & Ground Rules

- Purpose of today's Vendor Conference:
  - Provide an forum for the Exchange to share information about the solicitation.
  - Encourage potential vendor questions related to the solicitation and recently released amendment.

Welcome & Ground Rules

- Ground rules
  - Process for Questions
  - Oral Comments and responses not binding
  - Web site for formal Question submission is www.hbexsolicitation@hbex.ca.gov

Agenda

- Welcome & Ground Rules
- Introductions
- Long-term CalHEERS Vision
- Addendum #1
- Cost Schedules
- *--- 15 Minute Break ---*
- Scope of Solicitation
- Vendor Q&A
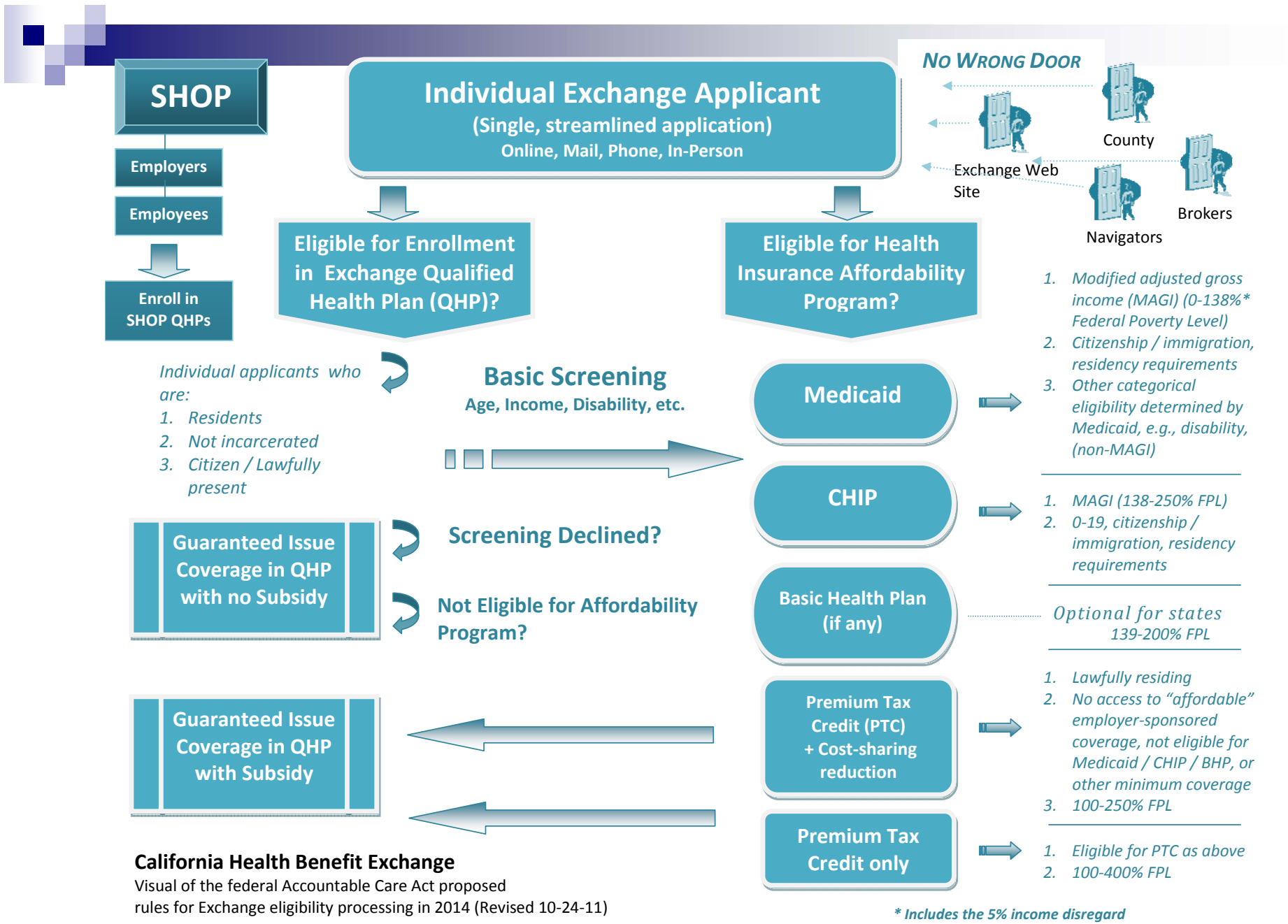- Key Action Dates
- Wrap Up

Introductions

- ## Today's Speakers
  - Peter Lee, Exchange Executive Director
  - Toby Douglas, Department of Health Care Services Director
  - Janette Casillas, Managed Risk Medical Insurance Board
  - Wendy Battermann, Solicitation Support Vendor
  - David Maxwell-Jolly, Exchange Chief Operations Officer
  - Chris Cruz, Department of Health Care Services Chief Information Officer

Long-Term CalHEERS Vision

- Peter Lee
- Toby Douglas
- Janette Casillas

SHOP

Employers

Employees

Enroll in SHOP QHPs

Individual Exchange Applicant
(Single, streamlined application)
Online, Mail, Phone, In-Person

NO WRONG DOOR

County

Exchange Web Site

Brokers

Navigators

Eligible for Enrollment in Exchange Qualified Health Plan (QHP)?

Eligible for Health Insurance Affordability Program?

Individual applicants who are:
1. Residents
2. Not incarcerated
3. Citizen / Lawfully present

Basic Screening
Age, Income, Disability, etc.

Medicaid

1. Modified adjusted gross income (MAGI) (0-138%* Federal Poverty Level)
2. Citizenship / immigration, residency requirements
3. Other categorical eligibility determined by Medicaid, e.g., disability, (non-MAGI)

Guaranteed Issue Coverage in QHP with no Subsidy

Screening Declined?

Not Eligible for Affordability Program?

CHIP

1. MAGI (138-250% FPL)
2. 0-19, citizenship / immigration, residency requirements

Basic Health Plan (if any)

Optional for states 139-200% FPL

Guaranteed Issue Coverage in QHP with Subsidy

Premium Tax Credit (PTC) + Cost-sharing reduction

1. Lawfully residing
2. No access to "affordable" employer-sponsored coverage, not eligible for Medicaid / CHIP / BHP, or other minimum coverage
3. 100-250% FPL

Premium Tax Credit only

1. Eligible for PTC as above
2. 100-400% FPL

California Health Benefit Exchange
Visual of the federal Accountable Care Act proposed rules for Exchange eligibility processing in 2014 (Revised 10-24-11)

* Includes the 5% income disregard

Addendum #1 Information

- **Released January 26, 2012 and includes:**
    - ☐ Cost Schedules
    - ☐ Model Contract and Service Level Agreements
    - ☐ Metrics
    - ☐ Miscellaneous Document Changes
    - ☐ Key Action Date Changes

Cost Schedules

- **Tie to the Solicitation's request for services:**

  - **A Baseline System** that includes all Core Functionality and Services

  - **An Expanded System** that includes Core Enhancement Functionality and Services to Support the Core Functionality and Services and the State's strategic vision for CalHEERS

  - **State Option to Buy** fall into the Baseline and Expanded System Functions

Cost Schedules

- Go to Attachment 8 presentation.

Scope of Solicitation

- CalHEERS will provide a "one-stop shop" to determine eligibility for non-subsidized coverage for individuals in the Exchange and subsidized coverage for individuals eligible for the following Applicable State Health Subsidy Programs:

Scope of Solicitation

- Modified Adjusted Gross Income (MAGI) Medi-Cal

- Non-MAGI Medi-Cal (for screening to a Statewide Automated Welfare System)

- Children's Health Insurance Program (CHIP)

- Access for Infants and Mothers (AIM)

- Advanced Premium Tax Credit (APTC)

- Cost Sharing Reductions (CSR)

- Basic Health Program (BHP), if enacted

Scope of Solicitation

Preliminary Planning Estimates	Oct 2014	Oct 2015	Oct 2016
Enrollment – MAGI Medi-Cal	1.37	1.60	1.77
Enrollment – Healthy Families	0.53	0.55	0.57
Individuals –Exchange Subsidized	0.93	1.07	1.20
Individuals – Exchange Non-Subsidized	0.74	0.77	0.80
Employees – Exchange SHOP	0.13	0.25	0.38

Notes:
1. Numbers are expressed in Millions.
2. **Numbers are preliminary, are under review, will be revised and shared with the Vendor community when available, and subject to change based on future estimates.**

Scope of Solicitation

- **A Baseline System** that includes all Core Functionality and Services.

- Establishes the technical and Functional foundation to accommodate the integration of the Medi-Cal Eligibility Data System (MEDS) and other eligibility programs.

- Begin enrollment as early as **July 1, 2013**, but no later than **September 28, 2013**.

- Be fully Operational on **January 1, 2014**.

Scope of Solicitation

- **An Expanded System** that includes**:**
  - ☐ Core Enhancement Functionality and Services to Support the Core Functionality and Services
  - ☐ The State's strategic vision for CalHEERS.

- Is expected by **December 31, 2015** and **must not** jeopardize the federally imposed dates identified with Baseline System delivery.

Scope of Solicitation

- ■ **State Option to Buy**

  - ☐ Allows the Exchange to make informed decisions about the overall scope for CalHEERS and this solicitation.

  - ☐ Options to Buy fall into the Baseline and Expanded System Functions.

Scope of Solicitation

Functionality/Service	State Option to Buy
Development & Operations of Core Functionality (meet the 1/1/14 deadline)	
Eligibility and Enrollment	
Financial Management	
Plan Management	
Consumer Assistance	
Education and Outreach (surveys, tracking and reporting)	
Forms, Notifications, IVR in Threshold Languages	
Eligibility Transfer (i.e., pre-enrollment, pre-notification, and pre-population of applications)	
Functional and Technical Foundation to accommodate the integration of MEDS and other eligibility program Functionality	
Provider Directory with Linkages to Plan Selection	

Scope of Solicitation

Functionality/Service	State Option to Buy
Development & Operations of Core Functionality (meet the 1/1/14 deadline)	
Individual Premium Aggregation	✓
Assister Management	✓
Small Business Health Options Program (SHOP)	✓
Organizational Change Management	✓
Service Center Hardware, Software, and Facilities	✓
Alternative Approach for Case Data Management	✓

Scope of Solicitation

Functionality/Service	State Option to Buy
Development and Operations of CalHEERS Core Enhancement Functionality (to meet the December 31, 2015 target)	
Centralized Provider Directory Database	✓
Integration of Other Health Services Programs (e.g., CHDP, BCCTP)	✓
Integration of Other Non-Health Social Services Programs (e.g., CalFresh)	✓
MEDS Integration	✓

Meds Integration

- Rational as an optional approach is for the state to gain an understanding of approaches the Vendor community is considering.

- Would provide data, information, and strategies to consider if a second MEDS-specific procurement is entertained.

- Leverage reusable functionality that is build in the core system (Client Index, Eligibility and Enrollment) to reduce redundancy.

- Needs to be updated to leverage new technology advancements in order to support the ACA requirements and to meet the terms and conditions for applying for 90/10 funding.

CMS Conditions and Standards

- The CMS 7 "Conditions and Standards" are requirements for all states to meet in order to gain the benefits of the 90/10 match rate. They relate to system design and development and are:

1. Modularity Standard - Requires the use of a modular, flexible approach to system development, including the use of open interfaces.

CMS Conditions and Standards

2. MITA Condition - Requires states to align and advance increasingly in MITA maturity for business, architecture, and data.

3. Industry Standards Condition - Including HIPAA, privacy and transaction standards, incorporation of these standards in requirements, development, and testing phases.

4. Leverage Condition - Promote sharing, leverage, and reuse of Medicaid technologies and systems within and among states.

CMS Conditions and Standards

5. Business Results Condition - Support accurate and timely processing of claims, including claims of eligibility, adjudications, and effective communications with providers, beneficiaries, and the public.

6. Reporting Condition - Produce transaction data, reports, and performance information that could contribute to program evaluation, continuous improvement in business operations, and transparency and accountability.

CMS Conditions and Standards

7. Interoperability Condition - Systems must ensure seamless coordination and integration with the Exchange, and allow interoperability with health information exchanges, public health agencies, human services programs, and community organizations providing outreach and enrollment assistance services.

Key System and Delivery Elements

- A Standards-Based Enterprise Architecture, MITA/SOA-based
- Enterprise Service Bus
- Cloud technology encouraged
- High speed low cost
- Real time transfer of data

Key System and Delivery Elements

- Leverage use of current assets (which would include MIS/DSS)

- Emphasis on Security and Identity Access Management

- Centralized Business Rules Engine

- Interoperability with SAWS and MEDS

Vendor Qualifications

- Ability and commitment to meet the required California and federal timelines.

- Experience **developing, implementing and maintaining** large-scale statewide or multiple entity government systems.

- Experience **establishing, implementing, maintaining and operating** large-scale statewide or multiple entity Call Centers or Service Centers.

- Use of Subcontractors to meet qualifications allowed.

Vendor Qualifications

- # Key Staff
  - ☐ Solicitation identifies several required key staff
  - ☐ Vendors encouraged to propose its organization

Key Milestones and Dates

CalHEERS Key D&I Milestones for Baseline System	Expected Completion
Vendor Starts Work	04/18/12
Mandatory Milestone: Project Baseline Review (PBR)	Vendor Proposed
Mandatory Milestone: Preliminary Design Review (PDR)	Vendor Proposed
Mandatory Milestone: Detailed Design Review (DDR)	Vendor Proposed
Mandatory Milestone: Final Detailed Design Review (FDDR)	Vendor Proposed
Mandatory Milestone: Pre-Operational Readiness Review (PORR)	Vendor Proposed
Mandatory Milestone: Operational Readiness Review (ORR)	Vendor Proposed
Launch Comparison Tool with Pricing Information	07/01/13
Launch Enrollment Functionality	07/01/13
First Effective Date of Coverage	01/01/2014

Proposing Realistically

- Proposals must sufficiently assure the Exchange that the Vendor **can and will perform** the work as described in this Solicitation within the proposed price and Schedule.

- Proposals must reflect a realistic job to be performed at a price within the limits described herein.

Proposing Realistically

- The Exchange emphasizes the importance of the best-value approach to this Solicitation process, and expects proposals that clearly demonstrate the following:

  - An understanding of the needs of the Exchange and its stakeholders

  - Proven experience in effectively designing, developing, implementing, operating and maintaining similar systems

Proposing Realistically

☐ An understanding of the needs of the Exchange and its stakeholders

☐ Proven experience in effectively designing, developing, implementing, operating and maintaining similar systems

☐ Critical success factors, assumptions, risks and plans for mitigating risk areas

☐ A clear plan for meeting the aggressive Schedule

☐ Realistic and well considered costs reflective of the proposed solution

Vendor Q&A Session

- Written question cards
- Questions from the floor

Key Action Dates

- **Revised: Deadline to Schedule Confidential Concept Discussions 01/27/2012**

- Confidential Concept Presentations - 01/30 - 02/3/2012

- Deadline to Schedule Confidential Model Contract Discussions - 01/31/2012

- New: Cost Schedules Webinar – 02/01/2012

- Model Contract Discussions - 02/6 - 02/10/2012

- Possible Addendum Released - 02/8 - 02/13/2012

- Last day to submit Written Questions - 02/14/2011

Key Action Dates

- Last day to respond to Questions on Solicitation - 02/16/2011

- **Proposal Submission Deadline - 02/24/2012**

- Earliest Start of Key Staff Interviews and Oral Presentation Period -03/05/2012

- Release of Notice of Intent to Enter into Negotiations (tentative) - 04/04/2012

- Contract Award (tentative) -04/17/2012

- **Vendor Start** (tentative) - **04/18/2012**

Wrap Up

- Please Remember:

  ☐ **Oral comments and answers are not binding.**

  ☐ Written answers to written questions will be posted.

  ☐ Use the web site to submit formal inquires.

  ☐ Today's presentation will be posted on the website, along with a list of today's Conference Attendees.

  ☐ Thank you for attending.