ID	General Y/N	Section #	Page #	Req #	Description	Cosmetic Y/N	Reviewer Organization		
Ensure the Success of Health Reform by Enrolling as Many Californians as Possible Through the Exchange and Setting a Firm Deadline of July 1, 2013, for Call									
1	Y				<b>Overarching comment:</b> The draft RFP recognizes that a range of enrollment efforts, including pre-enrollment of certain populations, will be needed to help ensure that the largest possible number of Californians enroll in coverage as quickly as practicable through CalHEERS. As described below, we recommend changes that we believe will more effectively facilitate enrollment and thereby help to ensure the success of health reform. We also recommend that the RFP consistently require that the new system be tested and functioning on or before July 1, 2013, in order to allow time to fix any identified problems before enrollment begins on October 1, 2013.	N	California Budget Project		
2	N	1.2 Scope of the Solicitation	1-2		We applaud the broad scope of the core CalHEERS services listed in Table 1. We are particularly pleased to see the inclusion of the "Eligibility Transfer" functionality. A key to maximizing enrollment in Medi-Cal and other programs that Californians will access through CalHEERS will be to identify populations already known to the state who are likely to be eligible for coverage through the Exchange (e.g., FamilyPACT enrollees, CalFresh recipients, and parents of children enrolled in Healthy Families). We urge that the required functionality be further spelled out and included in the RFP's Business Requirements so that pre-enrollment can occur as soon as possible during 2013.	N	California Budget Project		
3	N	1.2 Scope of the Solicitation	1-2		We ask that the draft RFP include the ability to accept applications from various state agencies that interact with Californians who are likely to be uninsured (e.g., the Employment Development Department, which administers unemployment insurance benefits). As with "horizontal integration" with human services programs, we recognize that this capability may evolve over time and may not be fully operational on January 1, 2014.	N	California Budget Project		
4	N	1.2 Scope of the Solicitation	1-2		We urge that the RFP include the capacity to accept information from county programs, including Low-Income Health Programs, so that individuals receiving county health services can, with their consent, be screened for eligibility and enrolled in the appropriate coverage.	N	California Budget Project		
5	N	4.3.1 Eligibility and Enrollment	4-4	BR 24	We support linking the current "authorized provider" application processes (e.g., Prenatal Gateway, CHDP Gateway, Newborn Gateway, Deemed Infants, etc.) to CalHEERS. However, the requirements language should be strengthened to specify the functionality required to achieve this linkage.	N	California Budget Project		
6	N	4.6.1.3.1 System Development (Conversion)	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.	N	California Budget Project		
7	N	Appendix A	G-11		The glossary does not include a definition of "pre-enrollment." We recommend that such a definition be added.	N	California Budget Project		

8	N	1.10 Availability 4.1 Overview	1-15, 4-29	The Overview (p. 4-29) calls for CalHEERS "to be available for coverage enrollment as early as July 1, 2013, but no later than September 28, 2013, and fully operational on January 1, 2014." However, this statement conflicts with 1.10 (p. 1-15), which indicates the system must be "fully operational on or before July 1, 2013." We urge that the draft RFP consistently require enrollment functionality to be installed, tested, and fully operational by July 1, 2013, in order to allow time to fix any identified problems before enrollment begins in October 2013.	Ν	California Budget Project
Clarify the Co	ounties'	Role in Medi-C	al Eligibilit	y Determinations		
9	Y			<b>Overarching comment:</b> We are concerned that the draft RFP presupposes that counties will have no role in assessing Californians' eligibility for MAGI Medi-Cal. This is a policy decision that should be made by the Legislature, not the Exchange Board. We recommend that the RFP require vendors to bid on both a <i>centralized</i> approach and a <i>county-based</i> approach to MAGI Medi-Cal eligibility determination in order to compare the costs and benefits of each. Given the large number of families who will have members enrolled in both MAGI and non-MAGI Medi-Cal, we believe there is a strong argument for having counties assess both MAGI and non-MAGI Medi-Cal eligibility as well as manage all Medi-Cal cases. In addition, this county-based approach would facilitate integrated eligibility determination for all health and human services programs.	Ν	California Budget Project
10	N	4.3 Scope (Table 10) 5.5.2.8 Proposal Requirements	4-32, 5-11	The draft RFP designates <i>centralized</i> management of MAGI Medi-Cal cases and <i>county</i> management of non-MAGI Medi-Cal cases as a "core business service." In addition, the RFP requires vendors to propose an "alternative approach," in which counties would manage <i>both</i> MAGI and non-MAGI Medi-Cal cases. However, this alternative approach does not appear to be described in sufficient detail for vendors to develop proposals. We urge that the RFP provide additional details.	N	California Budget Project
11	N	4.4.7 Technical Scope (Interfaces)	4-37	The interface with SAWS is confusing. The draft 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 clarify that county workers must be able to use SAWS to determine eligiblity for SAWS programs and that data can move from SAWS (either through the MEDS interface or directly) into CalHEERS. People who come into a county office (or who call a county call center) should not have their information entered into two different systems.	Ν	California Budget Project
12	N	Appendix H	5	The section of Appendix H regarding "Existing Eligibility Systems" does not acknowledge counties will receive in-person applications from individuals eligible for MAGI Medi-Cal.	Ν	California Budget Project
Lay the Grou	Indwork	for Californian	s to Enroll	in Human Services Programs Through CalHEERS		
13	Y			<b>Overarching comment:</b> Health reform provides an unprecedented opportunity to provide Californians with a seamless connection to a range of services that promote families' health and well-being. Therefore, we support the draft RFP's vision of integrating human services programs into CalHEERS. However, we recommend that vendors be required to complete this process no later than December 31, 2015, in order to ensure that California is able to take full advantage of enhanced federal funding for "horizontal integration" that expires at the end of 2015.	Ν	California Budget Project

14	N	4.3.1 Eligibility and Enrollment	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 emplete continue the application process and track the result of that process, with this functionality to be delivered on or before December 31, 2015."	Ν	California Budget Project
15	N			We recommend that the following requirement be inserted after the current BR46: " <u>The</u> <u>CalHEERS shall provide the functionality to collect and send basic application data for other</u> <u>non-health services programs to the system of record in order to continue the application</u> <u>process and track the result of that process, with this functionality to be delivered on or before</u> <u>December 31, 2015.</u> "	Ν	California Budget Project