

Comments from Consumers Union - December 30, 2011

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| ID | General Y/N | Section # | Page # | Req # | Description | c Y/N | Organization | |
| 1 | Y | General | | | Throughout the RFP, the roles of DHCS and MRMIB as Project Sponsors are frequently not reflected in the RFP. For example there are statements made repeatedly about the Exchange exercising an oversight role, without acknowledging the other Project Sponsors. This must be corrected to properly show the governance of CalHEERS. | N | Consumers Union | |
| 2 | Y | General | | | There is insufficient guidance about how phone, mail and in-person applications will be handled. While the RFP rightly provides for consumers to be able to update information numerous ways and get assistance by phone and email, the RFP does not include functionality for the acceptance and processing of mail-in, phone and in-person applications. Functionality should also be included to allow a paper application to be scanned and subsequently processed electronically. | N | Consumers Union | |
| 3 | Y | General | | | When registering and tracking certified Assistors, the system should have a mechanism for linking information to complaints about Assistors. | N | Consumers Union | |
| 4 | Y | General | | | We believe the system should have functions to support a state reporting system in the event that an Assister is found to be committing fraud or is barred from an Exchange for deceptive activities. We hope that Exchanges will oversee their Assister programs carefully enough that this problem will not arise, but in the event that unscrupulous individuals become Assistors, the system needs the capacity to track and monitor. | N | Consumers Union | |
| 5 | Y | General | | | The system should be able to categorize Assistors based on language capacity, not just region, etc. | N | Consumers Union | |
| 6 | Y | General | | | Need mechanism for consumer to designate Assister as the representative to avoid fraud. The specific individual needs to designate the specific Assister and the system needs to be designed with that function enabled and required. | N | Consumers Union | |
| 7 | Y | General | | | It is important to design a "time-out" function, without losing data, for privacy and security purposes. | N | Consumers Union | |
| 8 | Y | General | | | We commend the drafters for anticipating all the different types of reporting for individual and SHOP populations - 4.3.4 and 4.3.7 | N | Consumers Union | |
| 9 | Y | General | | | Public reporting of data collection, in aggregate, including demographic data (page 4-6) is laudable and should be explicitly made available on the website of CalHEERS and/or Program Sponsors. | N | Consumers Union | |
| 10 | Y | General | | | Reporting function should exist to ensure that data is collected and publicly reported on the number of people applying for individual exemptions, the number granted and the number denied. | N | Consumers Union | |
| 11 | Y | General | | | Reporting requirements for the SHOP exchange should be designed to track dependents of employees. While the decision whether or not to cover dependents has not been made, the system should be designed to support the function when/if that decision is made. We would strongly support SHOP employers offering SHOP coverage to dependents. | N | Consumers Union | |

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| 12 | Y | General | | | We urge CalHEERS to require User Acceptance Testing (UAT). The purpose of a UAT is for users to test the system in a pseudo environment to verify that the system is performing to specifications. UAT provides CalHEERS and its Program Partners, as well as California consumers and a wide range of diverse stakeholders - employers, consumer advocates, employees, assisters, issuers - an opportunity to review and accept system components prior to release of the system for public use. It demonstrates that the software meets functional requirements and specifications and accommodates the needs of the variety of users who will interface with the system. UAT should be required throughout the life of the contract when enhancements or modifications to the system are made. | N | Consumers Union |
| 13 | Y | General | | | Privacy and security protections should be spelled out to include a "timed out" function that will ensure that secured information isn't left on a computer screen in a public place once the authorized user has stopped using the system. | N | Consumers Union |
| 14 | Y | General | | | A set of "Consumer and Patient Principles," endorsed by CU and 23 diverse, consumer-oriented groups, cover electronic health information exchange in California. They can be found here: http://www.consumersunion.org/pdf/HIE-Principles-6-10.pdf . We recommend that the security and privacy principles in this solicitation incorporate those principles by reference. | N | Consumers Union |
| 15 | Y | General | | | It is critical that CalHEERS be governed by a comprehensive security and privacy policy and technology framework that protects consumers and Program Sponsors. The Solicitation, however, places the responsibility for developing such a framework on the vendor. The responsibility for developing a strong privacy and security framework should be vested with CalHEERS and not left to the vendor. While the vendor may play a role in helping CalHEERS understand the technical capabilities that are available to support particular policy proposals, the ultimate responsibility for making those choices rests with CalHEERS or the state agency Program Sponsors. | N | Consumers Union |
| 16 | Y | General | | | Existing privacy and security laws do not fully cover the Exchange or certain functions anticipated by the solicitation. Those laws were designed to address particular data flows in the health care system and are an incomplete or poor fit for the data flows required for CalHEERS. Thus, reliance on existing laws is insufficient. In addition, laws that apply to CalHEERS should be consistent with federal ACA requirements governing the collection and use of health information by Exchanges (which limit the collection of personal information, and the use of that information, to what is strictly necessary to operate the Exchange - see Sections 1411(g)(1) and 1411(g)(2) of the ACA). It is critical that Program Sponsors, through a public process, develop a set of privacy and security policies/best practices to govern CalHEERS that support CalHEERS' core functions, fill gaps in applicable law, and build public trust in CalHEERS' operations. The vendor should not design the policies, but rather implement the policies and best practices as part of the contract. The Solicitation needs to expressly acknowledge that CalHEERS and its Program Sponsors will develop policies and best practices, not the vendor. The vendor will participate in that process and ensure CalHEERS complies with those policies and best practices as in effect from time to time. A phased approach on such development by CalHEERS may be necessary here given that these requirements will not be developed by Dec. 30, 2011. | N | Consumers Union |

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| 17 | | 1.1.1 and 1.4.1 | pages 1-1 and 1-9 | | We applaud the requirements that the system be open source, that the vendor be required to proactively monitor other states' developments (though this should be broader than just exchange developments; should include Medicaid and CHIP as well), and that the vendor leverage other states' efforts. | N | Consumers Union |
| 18 | | 1.2 | page 1-2 | | We think the RFP should provide functionality for the system to accept applications initiated through contact with other state agencies that interact with those likely to be uninsured, such as EDD for UI and SDI. We recognize that this capability may evolve over time and may not be fully operational by 1/1/14. But the design of the system needs to anticipate this functionality so that EDD, the courts (divorce, family law), DMV and other state agencies that have contact with individuals more likely to be uninsured can interface and link directly to the CalHEERS system. | N | Consumers Union |
| 19 | | 1.2 | page 1-2 | | We strongly support translation of the web portal into Spanish and the "translation of Forms, Notifications, and IVR in all Threshold Languages" as referenced in the RFP. Forms and notification should be developed using plain language that reflects a fourth and sixth grade level, which is in accordance with recommendations of the National Institutes of Health. Threshold languages should at a minimum be determined by Medi-Cal Managed Care standards, and not the Dymally-Alatorre Bilingual Services Act, as indicated in the RFP. This is especially important since the portal has to be able to process any Medi-Cal application. We urge the state to translate the web portal into Chinese, the third most common language spoken in California. The web portal should be designed to allow for the capability to support other translations at a future date. | N | Consumers Union |
| 20 | | 1.3.2 | page 1-4 | | The Background section of the Solicitation states that the CalHEERS Steering Committee - made up of a representative from the 3 Project Sponsors: DHCS, the Exchange and MRMB - has overall authority for the project. All three of these entities should rightly be integrally involved in the development and oversight of CalHEERS since it will enroll people into Medi-Cal, Healthy Families and the Exchange. However, we recognize the need to provide accountability by holding responsible one overall agency. If the Exchange is the central agency responsible for oversight of CalHEERS, then there must be mechanisms to ensure that DHCS retains ultimate oversight of the Medi-Cal program (DHCS remains the sole state agency for Medicaid) and MRMB over HFP. The role of DHCS in administering the Medi-Cal program and the decisionmaking authority over the portions of CalHEERS administering Medi-Cal should be spelled out in an MOU made public. | N | Consumers Union |
| 21 | | 1.3.2 | page 1-5 | | Change the reference to "Exchange Health Services Programs" to reflect that the health coverage programs include Medi-Cal and Healthy Families by referring to "CalHEERS programs," which includes insurance affordability programs as well as the non-subsidized Exchange coverage. Also make the change in Appendix A: Glossary. | N | Consumers Union |
| 22 | | 1.3.2 | page 1-6 | | The list of Program Partners rightly includes OSI, DMHC, CDI, CTA, CDSS, county welfare departments and the SAWS. We would urge that the Office of the Patient Advocate (OPA) be added to this list to reflect the expanded role of the OPA as serving as a central point for consumer assistance | N | Consumers Union |

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| 23 | | 1.3.3 | page 1-7 | | The description only refers to the process between stakeholders and the Exchange (e.g. written and public comments and small group discussions). This should be expanded to include a process for stakeholder input into the design and testing of the IT system for current as well as future modifications. This process should be tied to vendor pay and identified as a metric required to meet the contract. We urge CalHEERS to require User Acceptance Testing (UAT). The purpose of a UAT is for users to test the system in a pseudo environment to verify that the system is performing to specifications. UAT provides CalHEERS and its Program Partners, as well as California consumers and a wide range of diverse stakeholders - employers, consumer advocates, employees, assisters, issuers - an opportunity to review and accept system components prior to release of the system for public use. It demonstrates that the software meets functional requirements and specifications and accommodates the needs of the variety of users who will interface with the system. UAT should be required throughout the life of the contract when enhancements or modifications to the system are made. | N | Consumers Union |
| 24 | | 1.3.3 | page 1-7 | | The description of the stakeholder process only refers to the process between stakeholders and the Exchange (e.g. written and public comments and small group discussions). This should be expanded to include a process for stakeholder input into the design and testing of the IT system. This process should be tied to vendor pay and identified as a metric required to meet the contract. See also our comments on the UAT above in General comments. | N | Consumers Union |
| 25 | | 1.4.1 | page 1-8 | | Important to include the privacy protections that provide for the ability to "time out" the functions to ensure that only those who should be responsible for viewing the account have access to it. | N | Consumers Union |
| 26 | | 1.4.1 | page 1-8 | | We applaud the ability for a user to create an account and apply and manage the account. May need explicit provision allowing for pre-designated assisters to have access to the account as well. | N | Consumers Union |
| 27 | | 1.4.1 | page 1-8 | | We applaud the ability for a user to browse anonymously before providing personal information | N | Consumers Union |
| 28 | | 1.4.1 | page 1-7 | | This provision should be specific in the bullets to test for user accessibility with uninsured and other potential users representing a diverse set of demographics reflective of the population who will benefit from CalHEERS. See comment on section 1.3.3. | N | Consumers Union |

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| 29 | | 1.4.1 | page 1-7 | <p>We support translation of the web portal into Spanish with the ability to be translated into threshold languages. We believe the web portal should also be translated into Chinese, which is spoken by close to one million Californians. Threshold languages, for the purposes of this RFP, should be defined as Medi-Cal Managed Care threshold languages, not based on the Dymally-Alatorre Bilingual Services Act. This is an especially important distinction since the portal has to be able to process or refer Medi-Cal eligible individuals to the appropriate Assistors. Aspects of the web portal content (e.g. Forms, Education Materials, QHP Information and the languages they provide, and Links to Assistors) should be required to be presented in threshold languages in addition to Spanish and English by 2014. A message announcing the general availability of language assistance services and the right to oral interpretation with an 800 number should be provided on the home page and other relevant pages in the top 15 threshold languages. Currently, several government agencies at the federal and state level provide information about the availability of language assistance generally on every notice or correspondence sent to enrollees. For example, the Social Security Administration, through its Multi-language Gateway, translates many of its documents into 15 languages and CMS recently announced plans to translate Medicare forms, including notices, into 15 languages in addition to Spanish. The cost of providing translation in threshold languages should be weighed against the cost of NOT having the full translations/functionality availability - i.e., the ongoing/recurring costs of telephonic interpretation vs. the one-time costs of programming.</p> | N | Consumers Union |
| 30 | | 1.4.1 | page 1-7 | <p>We applaud the Sponsors' inclusion of "expanded integration" with human services programs as part of the future vision for CalHEERS. However, we recommend several changes, described below, to help make this vision more concrete and ensure that integration occurs in a timely manner.</p> | N | Consumers Union |
| 31 | | 1.4.1 | page 1-7 | <p>This provision should be specific in the bullets to test for user accessibility with uninsured and other potential users representing a diverse set of demographics reflective of the population who will benefit from CalHEERS. See comment on section 1.3.3 and General comments on UAT above.</p> | N | Consumers Union |
| 32 | | 1.4.1 | page 1-8 | <p>We support the existence of a feedback loop for persons with disabilities regarding ease of accessibility. A feedback loop should be programmed for all users, including Limited English Proficient (LEP) individuals. The feedback mechanism could include a written comment/complaint function as well as a stakeholder focus groups for the design and testing of the IT functions including future modifications. In addition, we should assure that the site is comprehensible to those with low literacy levels. The RFP should make clear that written documents are required to be in language that reflects a Basic Literacy Level (i.e. fourth-sixth grade level), in accordance with recommendations of the National Institutes of Health.</p> | N | Consumers Union |

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| 33 | | 4.2 | page 4-30 | | The schedule calls for CalHEERS to "be operational to enable early enrollment as early as July 1, 2013 but no later than October 1, 2013." We urge that the Solicitation consistently require, as it does on page 1-15, enrollment functionality which is installed, tested and fully operational by 7/1/13 to allow fixes to any glitches before enrollment starts in October 2013. We further urge concrete timelines for some of the "mandatory optional" functions. As stated below, we don't believe the functionality for health application data used to start public benefits application has to be operational by 2014, but should be operational by 2016 to access the window of the federal allocation waiver. | N | Consumers Union |
| 34 | | 4.3 | page 4-31 | | The functional scope does not explicitly include processing of applications submitted by mail, phone and in-person, all application venues required by the ACA. The functionality for inputting or accepting applications coming through these venues should be spelled out in the Solicitation. | N | Consumers Union |
| 35 | | 4.3 | page 4-32 | | We support the treatment of exemptions as a core/functionality service of the Exchange. Laws that apply to CalHEERS should be consistent with federal ACA requirements governing the collection and use of health information by Exchanges (which limit the collection of personal information, and the use of that information, to what is strictly necessary to operate the Exchange - see Sections 1411(g)(1) and 1411(g)(2) of the ACA). The functionality must ensure the privacy of information is intact and not shared with any other entity or used for any other purpose. See comments on privacy and security below. | N | Consumers Union |
| 36 | | 4.3 | page 4-35 | | While it makes sense for the exemption category to be considered a sub-category of the Eligibility and Enrollment Business Functions of the Exchange, because there are many categories of exemptions (i.e. for financial hardship, religious objections, American Indians, those without coverage for less than three months, undocumented immigrants, incarcerated individuals, those for whom the lowest cost plan option exceeds 8% of an individual's income, and those with incomes below the tax filing threshold), the functionality of the system needs to address how that information will be collected, if not part of the initial eligibility screen. | N | Consumers Union |
| 37 | | 4.3.1 | page 4-1 | | Much of the functionality in the application submission and eligibility and enrollment processes are user-friendly features which we support, including enabling users to save work in the process, consent for pre-population of data and allowing self-attestation of eligibility information. | N | Consumers Union |
| 38 | | 4.3.1 | page 4-1 | BR-38 | The functionality for CalHEERS to determine eligibility for Exchange, MAGI Medi-Cal, Healthy Families and AIM, included in the Business Requirements should also be included in the list of Functionalities/Services. | N | Consumers Union |
| 39 | | 4.3.1 | page 4-1 | | The list of functionalities includes a calculator to compare costs across plan options, but it does not include a calculator for determining eligibility under MAGI. Since MAGI eligibility for premium subsidies will be based on annual income and an applicant may only have information on current weekly or monthly income, there should be a calculator to easily compute annual income and compare to the current income levels for MAGI Medi-Cal, Healthy Families and advanced premium credits. This will be significant for applicants who have had a change in income levels since the MAGI reported from the federal data services hub. | N | Consumers Union |

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| 40 | | 4.3.1 | page 4-1 | | Eligibility determinations will be based on MAGI, which is going to be derived from the most recently filed federal tax return that is available in the federal data services hub. Complicating eligibility determinations will be the fact that current incomes may have changed significantly since the time that the prior tax return was filed. One important functionality will be the opportunity for the applicant to indicate changes in income from the reported MAGI and either attest to or provide verification of current income, so an accurate determination of eligibility can be made. This should be made clear in the list of functionalities. | N | Consumers Union |
| 41 | | 4.3.1 | page 4-1 | | We appreciate the ability of a user to bypass an application for subsidy coverage and go straight to QHP screening. It is unclear whether the ability also exists to jump back and forth throughout the application. If not clearly stated, we would support a system that allows a user to enter data in a non-consecutive format. | N | Consumers Union |
| 42 | | 4.3.1 | page 4-1 | | We applaud the system functions proposed to be able to enter information, save it at any point, restart, and exit without saving. It is important, however, to include a "time-out" function, without losing data, for privacy and security purposes. | N | Consumers Union |
| 43 | | 4.3.1 | page 4-1 | | We appreciate that the proposed system will update and report both to the consumer and Assister. We suggest adding language that requires the Assister to be officially designated as an Assister before the system grants access to personal accounts. | N | Consumers Union |
| 44 | | 4.3.1 | page 4-2 | | See comment above on issues related to collecting exemption category information. This functionality must ensure the privacy of information is intact and not shared with any other entity or used for any other purposes. | N | Consumers Union |
| 45 | | 4.3.1 | page 4-3 | | We support enabling authorized users to manage and update information online. | N | Consumers Union |
| 46 | | 4.3.1 | page 4-3 | | We support allowing the enrollee to choose the method by which s/he will be informed of the annual enrollment or renewal period, and request that s/he be provided the option to select at least 2 methods, e.g. text and mail, to best ensure s/he receives the information. | N | Consumers Union |
| 47 | | 4.3.1 | page 4-3 | | The written notification/request should include functionality that would allow the request to be pre-populated with information known about the beneficiary so s/he only has to add information not otherwise available in databases and/or change incorrect information. | N | Consumers Union |
| 48 | | 4.3.1 | page 4-3 | | Renewal functionality should ensure that consumers have adequate time to respond and change programs without a break in coverage. This goal is articulated in the vision and should similarly be represented in the renewal functionality requirements. | N | Consumers Union |
| 49 | | 4.3.1 | page 4-3 | | Renewal functionality should ensure that consumers are not asked for information which has been established and does not change. For example, once a beneficiary has established her citizenship she should not be asked for that information again. | N | Consumers Union |

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| 50 | | 4.3.1 | page 4-3 | | It is unclear from the draft appeals section which entity is ultimately responsible to manage the appeals to the multiple programs that could be implicated by an eligibility determination (Medi-Cal, CHIP, AIM, HFP, Exchange, etc.). What entity will manage and oversee the entire appeals process, including mandated timelines, hearing decisions, etc.? Will CalHEERS simply forward these appeals to the agency that manages the specific health coverage program (DHCS, MRMIB, the Exchange, etc.)? Appendix H, page 4, states that the Exchange staff will be responsible for "Review and processing of MAGI Medi-Cal, CHIP, APTC and CSR appeals." Won't DHCS and MRMIB, as the agencies responsible for their programs, manage appeals for their respective programs? The appeals section requirements should explain how the relationships will work and what protocols the vendor will need to carry out to effectively link with CalHEERS staff and others on appeals. | N | Consumers Union |
| 51 | | 4.3.1 | page 4-3 | | There appears to be no clear process for how a consumer can appeal a problem with the QHP in the enrollment process or if a QHP does not adhere to Exchange quality standards. Is there no right to appeal such a decision or is this handled elsewhere in the RFP? | N | Consumers Union |
| 52 | | 4.3.1 | page 4-1 thru 4-3 | | We support the RFP requirement that the IT system support online calculation of gross and net premiums of selected plans and notifying individuals of penalties and/or liabilities. We ask that this functionality also allow for online reporting by individuals when they have a change in income or family size outside of regular enrollment and renewal periods. We also ask that the system enable real-time adjustments to eligibility based on reported changes in income or family size, especially for Exchange subsidies which expose individuals to tax penalties. The system should have the ability to calculate projected income based on employment changes (e.g. part-time/full-time) or changes in family size when individuals report a change. The IT system should have the capacity to accept data from EDD re: income/employment of individuals; while we would not expect this to be operational by 2016, similar to horizontal integration with public programs the IT system should have the capacity to add this later. | N | Consumers Union |
| 53 | | 4.3.1 | page 4-2 | | In addition to the fields listed for verification (citizenship, tribal affiliation, incarceration), income should be specified because the use of verification will be particularly important for income. | N | Consumers Union |
| 54 | | 4.3.1 | page 4-2 | | In addition to notifying the customer of the application status and any outstanding items, a key function will be to inform the customer of the ability to correct and the process for correcting any incorrect or outdated information pulled during the verification process. | N | Consumers Union |
| 55 | | 4.3.1 | page 4-2 | | We applaud the collection of voluntarily provided data on race, ethnicity, sex, primary language and disability status. We believe the collection of this data is a requirement under Section 4302 of the Affordable Care Act and will be necessary for the Exchange to accurately measure health disparities. The collection of demographic data, however, should be limited to only that which is minimally necessary and protected by privacy and security measures. It is important to ensure that access to the data does not, in itself, result in adverse selection. Health status information is not minimally necessary information and should not be collected directly from the consumer as part of the enrollment process, as this provision suggests. A statement should be included explaining that any data collected will be used to improve the quality of care. | N | Consumers Union |

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| 56 | | 4.3.1 | page 4-2 | | The process for collecting race/ethnicity data should be consistent with the current U.S. Census methodology. In general, this means that the ethnicity data should be collected first (Hispanic, non-Hispanic), with race collected subsequently (Black, White). Race/ethnicity data collected in the opposite order during previous Census counts resulted in massive undercounts of groups who are ethnically identified. The system should allow an assessment of LEP status at the same time as it collects race/ethnicity data. If someone triggers an indicator that they are LEP, the system should be designed to trigger access to an information resource with access to language services as afforded under law or translation services that suffice. | N | Consumers Union |
| 57 | | 4.3.1 | page 4-2 | | The process for collecting race/ethnicity data be consistent with the current U.S. Census methodology. In general, this means that the ethnicity data should be collected first (Hispanic, non-Hispanic) with race collected subsequently (Black, White). We know that race ethnicity data collected in the opposite order during previous Census results in massive undercounts of groups who are ethnically identified. | N | Consumers Union |
| 58 | | 4.3.1 | page 4-1 | | Need to state up front in the eligibility and enrollment section that the vendor will adhere to the CalHEERS privacy and security provisions articulated in 4.4.8 | N | Consumers Union |
| 59 | | 4.3.1 | page 4-1 | | Functionality requires a calculator to compare costs across plan options, which we support, but there should also be a calculator screening tool to allow people to enter basic information and see what program or level of subsidy they are eligible for. | N | Consumers Union |
| 60 | | 4.3.1 | page 4-4 | | Reference privacy and security of personal information in section 4.4.8 and general comment above | N | Consumers Union |
| 61 | | 4.3.1 | page 4-4 | | Reference privacy and security of personal information in section 4.4.8 and general comment above | N | Consumers Union |
| 62 | | 4.3.1 and 4.3.4 | 4-3, 4-7 | | If CalHEERS will have a role in issuing notices related to external review of plan adverse claims determinations related to medical necessity determinations (e.g. Independent Medical Review) or coverage, that functionality requirement must also be added to the notice requirements. | N | Consumers Union |
| 63 | | 4.3.1 and 4.3.4 | 4-3, 4-7 | | The functionality must be added to require the vendor provide all notices in a manner or format that complies with all state and federal disability laws, including the ADA and Section 504 of the Rehabilitation Act, including any reasonable accommodations necessary. | N | Consumers Union |
| 64 | | 4.3.1 and 4.3.4 | 4-3, 4-7 | | The functionality must be added to provide all notices in threshold languages (and multiple language tag lines) based on the preferred language of the consumer (BR 124). Threshold languages should at a minimum be determined by Medi-Cal Managed Care standards, and not the Dymally-Alatorre Bilingual Services Act, as indicated in the RFP. | N | Consumers Union |
| 65 | | 4.3.1 and 4.3.4 | 4-3, 4-7 | | The functionality must be added to provide all notices by the preferred method of contact (i.e. online, email, mail, phone, etc) as chosen by the consumer. | N | Consumers Union |

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| 66 | | 4.3.1 and 4.3.4 | pages 4-3 and 4-7 | | Additional functionality requirements need to be added under eligibility and enrollment specifically related to notices of an action, and in particular notices of adverse actions, that impact any applicant (or recipient's) eligibility for any public benefit (Medi-Cal, CHIP, etc.), for Exchange eligibility, for APTC or CSR. Because all applications are Medicaid applications, functional capability must meet the federal Medicaid requirements. In addition, the functionality must also include the ability to meet any additional functionality requirements /modifications that will certainly be necessary once the federal regulations governing the Exchange appeals and due process are published. The requirements, while not laid out clearly here, appear to be acknowledged in Business Requirements document (Attachment 3), Rows "BR 88 through BR 95. See below. | N | Consumers Union |
| 67 | | 4.3.2 | page 4-5 | | We applaud inclusion of the system to be able to track application and enrollments via Assisters. | N | Consumers Union |
| 68 | | 4.3.2 | page 4-5 | | We appreciate the requirement that the system include a function to be able to calculate Assister fees. | N | Consumers Union |
| 69 | | 4.3.2 | page 4-5 | | We support tracking applications and enrollments for which Assisters were involved in order to ensure that assisters receive accurate payments for services rendered. We also agree with the need to ensure that CalHEERS can (1) collect and aggregate premiums, (2) electronically collect fees from plans to support the Exchange and (3) electronically provide data needed for reinsurance and risk adjustment calculations. | N | Consumers Union |
| 70 | | 4.3.2 | page 4-4 | | Need privacy and security protections referenced here. Information should be protected by privacy and security provision of 4.3.8 and should limit access to small group of users (role-based security). | N | Consumers Union |
| 71 | | 4.3.2 and 4.3.7 (SHOP) | page 4-5 and 4-12 | | We appreciate the functionality built into the system to issue, track and reconcile Assister fees. | N | Consumers Union |
| 72 | | 4.3.3 | page.4-6 | | Key functionality must include not only rates based on issuer provided information for both individuals and employers, but also information from CDI/DMHC on results of mandatory rate review (e.g. rate reduced by 3%, rate approved, etc.). The system should have the capacity to reflect other information about rates: for example, CDI/DMHC may provide other info such as issuer's refusal to comply with a request to provide data to regulators. | N | Consumers Union |
| 73 | | 4.3.3 | page 4-6 | | Reference privacy and security of personal information in section 4.4.8 and general comment above | N | Consumers Union |
| 74 | | 4.3.3. | page 4-6 | | The system functionality should be designed to capture complaint information and resolution details for Medi-Cal managed care plans and HFP plans as well as QHPs. | N | Consumers Union |
| 75 | | 4.3.4 | 4 - 7 | | CalHEERS needs to create a tracking system to collect data on the number of appeals against a QHP for not meeting established standards. This information should also be available in the reporting section. | N | Consumers Union |

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| 76 | | 4.3.4 | page 4-6 | | Monthly reports on CalHEERS enrollees, including unique individual identifier, plan, type of coverage, rating criteria, demographic data, effective dates - importance of making this information easily accessible to the public on the website of CalHEERS. (This same should be collected for enrollees in the SHOP Exchange and should be referenced in 4.3.7) | N | Consumers Union |
| 77 | | 4.3.5 | page 4-8 | | The term "Assister" may include Navigator, Broker, Agent, County Worker, and MRMIB worker. We note that the term "Assister" does not refer to Exchange staff. The system must have functionality to allow state employees to assist people in applying for and enrolling in health coverage. In addition, the list of Assisters should include languages spoken to ensure that the system provides functionality for any other individual or entity, as identified under policies to be developed, who has sufficient training to assist people in applying for and obtaining coverage. (See also comments on Appendix A: glossary). | N | Consumers Union |
| 78 | | 4.3.5 | page 4-8 | | We support the RFP requirement that customer correspondence and IVR be provided in English, Spanish and other threshold languages. However the thresholds should be based on Medi-Cal Managed Care threshold languages, not on thresholds identified in the Dymally-Alatorre Bilingual Services Act. We applaud the provision in BR123 (see comments below) to allow CalHEERS to record individual preferences (e.g. desired language for written and spoken communication, communication methods (mail, email, telephone, IVR, etc.). We assume that this information is being captured to allow individuals to receive future communications in their primary language. If so, this should be clearly stated as part of the functionality of the RFP. This functionality should apply to employers as well. We believe this provision will greatly increase access to health coverage and information for LEP consumers. | N | Consumers Union |
| 79 | | 4.3.5 | page 4-8 | | Online Help should be able to connect with jurisdictionally-appropriate state agencies and regulators, such as Office of the Patient Advocate, DHCS, MRMIB, DMHC, and CDI. Consumers who enroll via the Exchange website will return when questions or problems arise with their coverage and should be directed to the proper authority or regulator. | N | Consumers Union |
| 80 | | 4.3.5 | page 4-8 | | The list of Assisters should include language to ensure that the system provides functionality for any other individual or entity, as identified under policies to be developed, who has sufficient training to assist people in applying for and obtaining coverage. (See also comments on Appendix A: glossary). Also we are concerned that the system does not appear to have a function that would allow the applicant to officially "designate" an Assister via the web portal, in-person, or by mail. | N | Consumers Union |
| 81 | | 4.3.5 | page 4-9 | | We are concerned about the Assister management placeholder. This is an important issue for consumers. We would like to be able to comment on a draft when it is ready. It is important to design a system that provides a method for authorizing Assisters, that has the capacity for consumers to designate their official Assister representative, and that prevents an Assister from acting on behalf of a user without designation authority. | N | Consumers Union |
| 82 | | 4.3.5 and 4.3.7 (SHOP) | page 4-8 and page 4-14 | | We appreciate the system will be designed for one Assister to have a single sign-on for multiple cases. | N | Consumers Union |
| 83 | | 4.3.6 | page 4-9 | | We support reporting and tracking functions to track high-use/low-use by program and demographic to target outreach. This will be especially important given the diversity of the uninsured and those newly eligible for coverage. | N | Consumers Union |

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| 84 | | 4.3.6 | page 4-9 | | We applaud the inclusion of tracking high-use/low-use by program and demographic to target outreach. | N | Consumers Union |
| 85 | | 4.3.6 | page 4-9 | | We strongly support functionalities to "create and deliver via email, letter, text or voice mail, multi-lingual mass notices to targeted groups for purposes of outreach, increased awareness, enrollment and participation." This functionality should include at a minimum, Medi-Cal Managed Care threshold languages. This type of targeted outreach and enrollment in other languages will help to ensure the Exchange reaches California's diverse communities. | N | Consumers Union |
| 86 | | 4.3.6 | page 4-9 | | We applaud the reporting and tracking functionality that will allow the Exchange to "Track the source of possible outreach efforts (e.g. TV, radio, online, etc.)." This should include a functionality to track the use of ethnic media as well. | N | Consumers Union |
| 87 | | 4.3.6 | page 4-9 | | We applaud the functionality provision with respect to generating consumer surveys "via online, email, letter, or phone" to "compile and analyze responses of Exchange consumers for the purpose of assessing customer service or other related matters." The survey should be translated into Spanish and English, as well as other threshold languages, and designed to identify and measure effectiveness in enrolling and reaching out to diverse communities. | N | Consumers Union |
| 88 | | 4.3.7 | page 4-14 | | We support the RFP requirement that customer correspondence and IVR be provided in English, Spanish and other threshold languages, however the thresholds should be based on Medi-Cal Managed Care threshold languages not on thresholds identified in the Dymally-Alatorre Bilingual Services Act. To ensure consistency in the information provided to a LEP individual, we recommend that once a LEP individual/employer makes a request for materials in a non-English language, the Exchange should provide all subsequent notices to that person in the non-English language requested as set forth in BR123. | N | Consumers Union |
| 89 | | 4.3.7 | page 4-14 | | Online Help should be able to connect with jurisdictionally-appropriate state agencies and regulators, such as Office of the Patient Advocate, DHCS, MRMIB, DMHC, and CDI. Consumers who enroll via the Exchange website will return when questions or problems arise with their coverage and should be directed to the proper authority or regulator. | N | Consumers Union |
| 90 | | 4.3.7 | page 4-14 | | A message announcing the general availability of language assistance services and the right to oral interpretation with an 800 number should be provided on the Web Portal Online Help page and other relevant pages in the top 15 threshold languages by 2014. | N | Consumers Union |
| 91 | | 4.3.7 | page 4-15 | | While the employee can update her/his own account, it is not clear whether it is a private account of the same account the employer can access. We believe that the system needs to be designed to provide for a SHOP employee to access the system through a separate personal account, in addition to the one for the employer. The account should be protected for use of the employee and only her/his designated Assister. The account should also provide for individual access for all of an employee's covered dependents . | N | Consumers Union |
| 92 | | 4.3.7 | page 4-15 | | This provision should also include the requirement that the system should have the capacity to handle dependents and dependent coverage through the SHOP. | N | Consumers Union |
| 93 | | 4.3.7 | page 4-15 | | The ability to select premiums should envision capacity for individual employees and their dependents. | N | Consumers Union |

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| 94 | | 4.3.7 | page 4-7 | This provision is unclear as written and uncertain if intended to be related to procedural protections inherent to notice in the due process context. For example, the first bullet, "Notify individual of payment discrepancies," may solely be about late payment of premiums but not at all relate to entitlement to a premium tax credit subsidy. Yet if this notice is intended to terminate coverage for failure to pay, it has broader legal consequences. It is imperative that the functionality requirements distinguish informational notices that shall be sent out to applicants or enrollees from those notices of adverse determinations, which are a different and specific type of notice and have different legal implications and requirements. | | |
| 95 | | 4.3.7 | page 4-14 | The term "Assister" may include Navigator, Broker, Agent, County Worker, and MRMIB worker. We note that the term "Assister" does not refer to Exchange staff. The system must have functionality to allow state employees to assist people in applying for and enrolling in health coverage. In addition, the list of Assisters should include language to ensure that the system provides functionality for any other individual or entity, as identified under policies to be developed, who has sufficient training to assist people in applying for and obtaining coverage. (See also comments on Appendix A: glossary). | N | Consumers Union |
| 96 | | 4.3.7 | page 4-12 | It is unclear whether the vision is that some Assisters will manage accounts for small businesses. If so, would there be different system requirements that had to be developed for those that manage accounts? | N | Consumers Union |
| 97 | | 4.3.7 | page 4-14 | The list of Assisters should include language to ensure that the system provides functionality for any other individual or entity, as identified under policies to be developed, who has sufficient training to assist people in applying for and obtaining coverage. (See also comments on Appendix A: glossary). Also we are concerned that the system does not appear to have a function that would allow the applicant to officially "designate" an assister via the web portal, in-person, or by mail. | N | Consumers Union |
| 98 | | 4.3.7 | page 4-10 | The functionality for the application process needs to make clear that one seamless application needs to be made for both the employer and the employee. Further, under the application it lists that an employer will update the employee roster with information regarding demographic, health habits, and family data. This information should be confidentially and voluntarily reported by the employee and not the employer in order to protect the employee's rights to privacy regarding their health status and demographic information that would not otherwise be available to the employer. No employer should be able to access the information an employee provides when enrolling into a QHP. An employer should not have access to the employee's confidential information. | N | Consumers Union |

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| 99 | | 4.3.7 | page 4-10 | | In California, language access can be an issue for employers and business owners as well as employees. We support the development of the web portal into English and Spanish. We strongly encourage the web portal to also be translated into Chinese, the third most spoken language in California, while also creating a system that can be easily translated into other threshold languages at a later time. We also encourage that the website and all notifications for small businesses be accessible in the top 15 threshold languages. We urge the state to consider translating portions of the web portal and other forms and documents (e.g. welcome, FAQs, Forms, links to consumer assistance and other health programs) into other languages as well. Tag lines with an 800 number for consumer assistance including oral interpretation in any language should be provided on the home page and other relevant pages in a minimum of the 15 threshold languages. Further, while the RFP recommends the use of the threshold languages identified in the Dymally-Alatorre Bilingual Services Act, this act does not adequately cover the number of threshold languages in the State and would leave too many small business owners and their employees without adequate access to they SHOP. Therefore, we recommend using the Medi-Cal Managed Care standards for language access to best serve the limited English proficient employers and employees accessing the SHOP. | N | Consumers Union |
| 100 | | 4.3.7 | page 4-10 | | Similar to the individual Exchange, it is important to include time for the testing of the system with stakeholders. The RFP should include a section informing the process by incorporating the need to build in stakeholder engagement to the work plan. (See comments adopting a UAT.) We also recommend a testing of the SHOP before it is fully launched on 1/1/2014. Further, we recommend that the timeline for testing adhere to the same timeline as the individual Exchange with the idea that the launch will occur 7/2/2013 to allow for early enrollment. | N | Consumers Union |
| 101 | | 4.3.7 | page 4-10 | | The application should ask the employee to identify when they have a dependent who is potentially in need of coverage through other health programs and, where that is the case, whether they authorize sharing information with the CalHEERS for purposes of facilitating application/enrollment. | N | Consumers Union |
| 102 | | 4.3.7 | page 4-10 | | Employees must have a mechanism that supports being able to communicate with the system when their employer is not diligently maintaining coverage/protecting their interests. The employee account should support this function. | N | Consumers Union |
| 103 | | 4.3.7 | page 4-10 | | The development of the individual applicant calculator should mirror the calculator in the individual market with the exception that the SHOP calculator should allow for the employee to include the portion of the premium their employer will make. Further, the calculator should have the functionality to determine premium cost and out-of-pocket costs based on the number of dependents an employee would like to also cover under their employer's plan. If the employer does not cover dependents, then the calculator should aid the employee in determining their premium and out-of-pocket costs to also cover the dependent through the individual Exchange. | N | Consumers Union |

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| 104 | | 4.3.7 | page 4-11 | | This provision should include functionality to provide notification to an employee when their employer is taking steps to discontinue SHOP or disenroll the employee and/or their dependents. This notification should provide the employee with an ability to learn about their options and provide a link to other coverage options (e.g., Exchange, Medi-Cal or Healthy Families) | N | Consumers Union |
| 105 | | 4.3.7 | page 4-12 | | While the overall process for payment by employers looks good, it is unclear as to the process employees will go through to pay their portion, if any, of the premium. We would recommend that the same system being established for the employer, also be established for the employee through the employee's private account. | N | Consumers Union |
| 106 | | 4.3.7 | page 4-12 | | To ensure consistency in the information provided to a LEP individual, we recommend that once a LEP individual makes a request for materials in a non-English language, the SHOP should provide all subsequent notices to the claimant in the non-English language. | N | Consumers Union |
| 107 | | 4.3.7 | page 4-13 | | We applaud the effort to collect data on the SHOP and generate reports to evaluate and understand enrollment trends, costs, Assisters, etc. We recommend that in addition to reports being generated for the Exchange and policymakers, that all data and reports be public information. We recommend that CalHEERS have the functionality to generate reports based on appeals and complaints of a QHP issued by an employer or employee. | N | Consumers Union |
| 108 | | 4.3.7 | page 4-14 | | We applaud the effort to create consumer assistance functionality that is "user-friendly, web-based, self-service and provide online assistance to all customer user types via a range of web browsers and various mobile applications." We also support the functionality to provide real-time guidance, navigation, and help for customers. A robust consumer assistance platform is imperative for the SHOP to work. The term Assister should be expanded to include any other individual or entity as provided under the policies to be developed who has sufficient training to assist individuals in enrolling in coverage. Last, the web portal needs to share information for consumer Assisters with tag lines in at least 15 languages to help employers and employees identify an Assister for help. | N | Consumers Union |
| 109 | | 4.3.7 | page 4-14 | | The system should have the ability to track by employer the lack of affordability of premiums. Additionally, this provision should include the ability to collect data about dependent coverage. While the decision whether or not to cover dependents has not been made, the system should be designed to support the function when/if that decision is made. We would strongly support SHOP employers offering SHOP coverage to dependents. | N | Consumers Union |
| 110 | | 4.3.7 | page 4-15 | | While the employee can update her/his own account, it is not clear whether it is a private account or the same account the employer can access. We believe that the system needs to be designed to provide for a SHOP employee to access the system through a separate personal account, in addition to the one for the employer. The account should be protected for use of the employee and only her/his designated Assister. The account should also provide for individual access for all of an employee's covered dependents. | N | Consumers Union |

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| 111 | | 4.3.7 | page 4-13 | | Data should be collected on the employer, if any, of adults enrolled. This should be collected in order to monitor for compliance with the employer responsibility requirements, as well as affordability of employment-based coverage. Additionally, this provision should include the ability to collect data about dependents. While the decision whether or not to cover dependents has not been made, the system should be designed to support the function for when that decision is made. We strongly support SHOP employers offering SHOP coverage to dependents. | N | Consumers Union |
| 112 | | 4.3.7 | page 4-10 | | Need to state up front in the eligibility and enrollment section that the vendor will adhere to the CalHEERS privacy and security provisions articulated in 4.4.8 | N | Consumers Union |
| 113 | | 4.3.7 (SHOP) | page 4-7 | | Reports on employer applications received, those enrolled and timeframe from application to enrollment should include the ability to collect data about dependents. While the decision whether or not to cover dependents has not been made, the system should be designed to support the function when/if that decision is made. We would strongly support SHOP employers offering SHOP coverage to dependents. | N | Consumers Union |
| 114 | | 4.3.9 | page 4-19 | | We appreciate the consideration that the system will have the capacity to pre-populate information. | N | Consumers Union |
| 115 | | 4.3.9 | page 4-19 | | We appreciate the consideration that the system will notify the consumer regarding her/his data saves, mandatory fields and expiration of incomplete applications | N | Consumers Union |
| 116 | | 4.3.9 | page 4-19 | | We appreciate the consideration that the system will provide consumers and Assistors the ability to navigate among multiple, related input screens without losing information - and providing "print screen" capability. | N | Consumers Union |
| 117 | | 4.3.9 | page 4-18 | | We applaud the inclusion of strong language with respect to disability access. We commend the mention of health literacy and language access however we would like to see this provision strengthened by including references to federal and state law. Specifically ACA Title V Subtitle A, definition of health literacy; Section 1557 of the Patient Protection and Affordable Care Act (ACA) and Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d et seq.) which expressly prohibit discrimination on the basis of race, color, or national origin under any program or activity receiving Federal financial assistance from the Department of Health and Human Services. Section 1557 and Title VI of the Civil Rights Act require the provision of oral language assistance in any language to all LEP applicants and enrollees. Exchanges are subject to both Title VI of the Civil Rights Act of 1964 (since they will receive federal funds) and Section 1557 of the ACA (since they will receive federal funds and are an entity created under Title I of the ACA). | N | Consumers Union |
| 118 | | 4.3.9 | page 4-18 | | We support the requirement that CalHEERS be accessible from smart mobile device applications. | N | Consumers Union |

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| 119 | | 4.3.9 | page 4-19 | <p>We support providing web portal content in English and Spanish with regards to:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Website text, instructions, and navigation guidance <input type="checkbox"/> Education Materials <input type="checkbox"/> Online Assistance <input type="checkbox"/> Online Chat <input type="checkbox"/> Web-Videos <input type="checkbox"/> Frequently Asked Questions (FAQs) <input type="checkbox"/> Guided Self Help Tools <input type="checkbox"/> QHP Information <input type="checkbox"/> Forms <input type="checkbox"/> Information and links to other health benefit programs. Aspects of the web portal content (e.g. Forms, Education Materials, QHP Information and the languages they provide, and Links to application Assisters) should be required to be presented in threshold languages in addition to Spanish and English by 2014. | N | Consumers Union |
| 120 | | 4.3.9 | page 4-19 | <p>We support the key functionalities under "Ease of Use." However the system must include a "time-out" function for those accessing the Exchange at a public site such as a library etc. to protect consumer information.</p> | N | Consumers Union |
| 121 | | 4.3.9 | 4-19-4-20 | <p>We support the key functionalities related to format. To ensure cultural and linguistic access there should be a feedback loop and stakeholder engagement in the design and testing process for current and future modifications. Please see comments above for 1.3.3. Additionally, Exchange terminology (as well as color, symbols, and forms etc.) should be culturally and linguistically appropriate and in language that reflects a fourth and sixth grade level, which is in accordance with recommendations of the National Institutes of Health. The Exchange should create an approved translation handbook to ensure consistency of translated terminology used with different materials and across the various platforms: phone, mail, internet and in-person.</p> | N | Consumers Union |
| 122 | | 4.4 | page 4-20 | <p>It is critical that the Exchange, DHCS, and MRMIB, through a public process, develop a set of privacy and security policies and best practices to govern CalHEERS that support CalHEERS' core functions, fill any gaps in applicable law, and build public trust in CalHEERS' operations. The vendor should then be required to support these policies and best practices as part of the contract. As noted above, the Solicitation now gives the Vendor the responsibility for developing the privacy and security "framework" and relies too heavily on ensuring compliance with existing law. The Solicitation needs to expressly acknowledge that the Program Sponsors will be developing further policies and best practices for CalHEERS and the vendor will be required to participate in that process and comply with those policies and best practices as in effect from time to time.</p> | N | Consumers Union |
| 123 | | 4.4 and 4.5.9 | pages 4-22 and 4-49 | <p>We strongly support the requirement that the CalHEERS IT architecture be sufficiently flexible and agile to respond quickly to changes. This is critical given that there are sure to be changes in the rules and system requirements.</p> | N | Consumers Union |

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| 124 | | 4.4.10 | page 4-44 | | At a minimum vendor deliverables should be tied to stakeholder input in the design and testing, including future modifications. See General comments about UAT above. | N | Consumers Union |
| 125 | | 4.4.12 | page 4-45 | | While we strongly applaud these metrics and appreciate them being included as reporting measures from the vendor, perhaps the Solicitation should spell out where the data would come from and how collection would be implemented. | N | Consumers Union |
| 126 | | 4.4.3.3 | page 4-29 | | We support the requirement of a centralized business rules repository to store the eligibility and enrollment rules in a format readable by people, not just computers. We request that the RFP require that this repository be made publicly available - posted on the CalHEERS website. | N | Consumers Union |
| 127 | | 4.4.3.6 | page 4-32 | | We support the general functionalities of the presentation layer to the end user including the development of a mobile application which will greatly increase access to the Exchange for California's diverse communities. We strongly believe that translations of lists of navigators, agents, or brokers (including interactive maps and directions) and related web portal content should be required to be translated in threshold languages by 2014 in addition to Spanish and English. | N | Consumers Union |
| 128 | | 4.4.3.6 | page 4-32 | | We support the general functionalities of the presentation layer to the end user including the development of a mobile application that will greatly increase access to the Exchange for California's diverse communities. We strongly believe that translations of lists of navigators, agents, or brokers (including interactive maps and directions) and related web portal content should be required to be translated in threshold languages by 2014 in addition to Spanish and English. | N | Consumers Union |
| 129 | | 4.4.3.6 | page 4-32 | | As drafted, the RFP requires the vendor to evaluate UX2014 and other similar interfaces, choose what elements to adopt, and inform the Exchange of its approach and how it will deliver a first-class user experience. We appreciate the focus on the first-class user experience and urge that the Solicitation spell out, by way of example, elements that comprise such so the vendor uses the right criteria, including: design appeal, as demonstrated by focus group and/or usability testing by diverse audiences; ease of use; availability of consumer decision aids; a default pathway that allows speedy plan selection; reliable, vetted plan information so that it is trusted; strong consumer privacy standards; and commitment to continuous improvement. We agree that UX2014 should be evaluated, as well as any similar interfaces, but urge that the CalHEERS Steering Committee, rather than the vendor, have the final say on what the front-end interface is. Federal HHS will issue an electronic application and it and other options should be evaluated, but CalHEERS should maintain ultimate decisionmaking authority over this key decision. If the state uses an application that differs from the federal one, it must be approved, requiring state agency involvement. This is critical as state agencies develop the paper and phone applications as well. Finally, unlike the draft language, which gives only the Exchange consultation authority over the interface, the authority should be shared by all 3 CalHEERS Steering Committee partners since the online application will equally be an application for Medi-Cal, Healthy Families and the Exchange. | N | Consumers Union |

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| 130 | | 4.4.8 | page 4-38 | | The Solicitation should be clear that the vendor will be required to develop functionalities to support privacy and security policies developed by the Program Sponsors. Requiring express adherence (vendor "shall ensure") to the policies listed on pages 4-39 to 4-40 may be premature, particularly for those laws that do not necessarily apply to the CalHEERS by their terms (such as HIPAA and HITECH). The Solicitation should leave discretion to CalHEERS and Program Sponsors to make determinations on applicable law (where there is authority for discretionary judgment). | N | Consumers Union |
| 131 | | 4.4.8 | page 4-39 | | Add language that requires the vendor to build the system to be adaptable to new technology and security threats. | N | Consumers Union |
| 132 | | 4.4.8 | page 4-43 | | We strongly agree with the need to develop policies, best practices and "protections" for CalHEERS based on the identified privacy principles. However, the responsibility for developing the framework should not rest with the vendor. The Solicitation needs to be clarified so that the ultimate responsibility for developing appropriate policies, practices and protections is with CalHEERS and/or the Program Sponsors and that the job of the vendor is to assist in this process and to ensure that CalHEERS is designed to comply with the requirements. | N | Consumers Union |
| 133 | | 4.4.8 | page 4-44 | | The Solicitation notes that the vendor takes the lead role and is responsible for ensuring business associate agreements are in place in order to exchange PII and PHI, "following DHCS policies, best practices, and HIPAA regulations." The section further notes that DHCS functions as Subject Matter Expertise support on this requirement. We agree that a state agency should be in the position of determining when business associate agreements need to be executed and with whom, and the substance of what those agreements should cover. The role of the vendor should be to execute these determinations. The Solicitation needs to be made more clear on this point, similar to our comments above about the respective roles of state agencies and the vendor. | N | Consumers Union |
| 134 | | 4.4.12 | page 4-45 | | Strong role-based security measures should be in place in order to ensure real-time monitoring protects privacy, including a "time-out" function. | N | Consumers Union |
| 135 | | 4.5 | page 4-46 | | The RFP requires the vendor to work with Exchange staff in managing the project. This provision must be changed to recognize that the Exchange, DHCS and MRMIB staff should have a role in project management. | N | Consumers Union |
| 136 | | 4.5.2 | page 4-47 | | After rightly noting that changes to the requirements will likely be made, the Solicitation refers to final decisions needed by CMS and the Exchange, ignoring DHCS and MRMIB. The language should be changed to reflect all three Project Sponsors' responsibility, as noted above in General comments. | N | Consumers Union |
| 137 | | 4.5.6 | page 4-48 | | The quality management methodology should require more specificity to ensure the user satisfaction incorporates a diverse set of stakeholders and a robust process. See UAT General comments above. | N | Consumers Union |
| 138 | | 4.6.1.1.1 | page 4-54 | | We support the requirement that the development and implementation facility be located within 30 miles from the State Capitol and that the data center and service center be located within California. | N | Consumers Union |

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| 139 | | 4.6.1.3 | page 4-55 | | More standards should be included here that require stakeholder engagement for development and testing. The process should be tied to vendor pay and identified as a metric required to meet the contract. See UAT General comments above. | N | Consumers Union |
| 140 | | 4.6.1.3.1 | pages 4-56, 4-57 | | 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 | Consumers Union |
| 141 | | 4.6.3.1 | page 4-58 | | In Table 14, we are assuming that there will be a training program for Assisters. The IT system should be designed with the capacity to support the training system, when the decision has been made whether to do so. This would be a function that would provide an infrastructure to support a training module/s on the substance necessary to become an Assister. | N | Consumers Union |
| 142 | | 4.7.2 | page 4-66 | | The table listing Training materials needs to include language to ensure that the system provides functionality for any other individual or entity, as identified under policies to be developed, who has sufficient training to assist people in applying for and obtaining coverage. (See also comments on Appendix A: glossary). | N | Consumers Union |
| 143 | | 4.7.2 | pages 4-62 thru 4-63 | | More standards should be included here that require stakeholder engagement for development and testing. The process should be tied to vendor pay and identified as a metric required to meet the contract. See UAT General comments above. | N | Consumers Union |
| 144 | | 4.7.2 | pages 4-64 - 4-66 | | More standards should be included here that require stakeholder engagement for development and testing. The process should be tied to vendor pay and identified as a metric required to meet the contract. See UAT General comments above. | N | Consumers Union |
| 145 | | 4.8.6.1 | page 4-72 | | The call center functionality should include a link to help individuals regarding exemptions. | N | Consumers Union |
| 146 | | 4.8.6.1 | page 4-72 | | This appears to have been written prior to the decision to pull out the Service Center discussion into a separate process. The draft RFP is unclear whether it seeks a bid for the vendor to operate a call center or whether the RFP requests the IT necessary to support a call center. The IT RFP should be plainly limited to support of the call center so that it is consistent with Exchange Board Action on 12/20/11. The RFP should be modified so that it is plainly limited to IT to support a call center. | N | Consumers Union |
| 147 | | 4.8.6.1 | page 4-72 | | There must be functionality to connect with existing state agencies and offices (DHCS, OPA) that provide assistance functions to beneficiaries, as Exchange products will have significant crossover. There should be a link to assistance for help with exemption requests. | N | Consumers Union |
| 148 | | 4.8.6.2 | page 4-73 | | A translated message should be provided on the outside of the envelope of outgoing mail with an 800 number to call for language assistance. | N | Consumers Union |
| 149 | | 6.2 | page 6-16 | | The evaluation team should be expanded to include a person with contract evaluation experience and a person with a strong consumer focus. | N | Consumers Union |
| 150 | | 6.3.2 | page 6-17 | | Consider adding in the proposal review an interview of a state agency, business or other organization that did not award a contract to the vendor/applicant to learn more about why another entity may have chosen not to contract with the vendor in the past. | N | Consumers Union |
| 151 | | 6.3.2 | page 6-17 | | Applicants should not be evaluated strictly on a "past performance" basis, but rather should also assess what other vendor contracts are currently in place or up for consideration. | N | Consumers Union |

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| 152 | | 6.3.2 | page 6-17 | | We would recommend a tiered interview process that would allow the evaluation team to have a second interview of the top finalists before the vendor choices are presented to the Exchange Board for selection. The knowledge of senior contracting staff, including their accessibility and ability to communicate, can be a critical determinate of success. | N | Consumers Union |
| 153 | | 6.4 | page 6-18 | | The evaluation should be broadened to look at experience not only for state and governmental entities, but also for the business and non-governmental sector. | N | Consumers Union |
| 154 | | 6.4 | page 6-18 | | We applaud the inclusion of evaluation of sub-contractors as a critical element in choosing a vendor. | N | Consumers Union |
| 155 | | 6.4 | page 6-18 | | Under project management and staffing, the reporting requirements and accountability to CalHEERS and Project Sponsors should be detailed, if the vendor is selected. This could also be spelled out in the vendor contract, but we believe it should be explicitly stated here. | N | Consumers Union |
| 156 | | 6.4 | page 6-18 | | In order to ensure that low cost alone does not drive the decision, given the complexity and importance of this contract we would favor a pass/fail or equivalent scoring on cost - in other words, if three bidders come in around the same cost, they should be rated as "good value" or "met cost targets." If a bidder comes in at a considerably lower cost than all others, the evaluation team should be extra careful in the evaluation of their alleged proficiencies in the submission under the business/technical components of the proposal. | N | Consumers Union |
| 157 | | Appendix A: Glossary | G-11 | | The glossary does not include a definition of "pre-enrollment." We recommend that such a definition be added. | N | Consumers Union |
| 158 | | Appendix A: Glossary | | | The list of Assisters should include language to ensure that the system provides functionality for any other individual or entity, as identified under policies to be developed, who has sufficient training to assist people in applying for and obtaining coverage. (See also comments on Appendix A: glossary). Also we are concerned that the system does not appear to have a function that would allow the applicant to officially "designate" an Assister via the web portal, in-person, or by mail. | N | Consumers Union |
| 159 | | Attachment 3 | | BR124 | The Business Requirements (Attachment 3) should be amended to require that: (1) the appeals notice be made available in Medi-Cal threshold languages as selected under individual preferences (see BR 124), (2) that CalHEERS include functionality that will ensure applicants and recipients be notified of the appropriate appeals process (Exchange Process, Medi-Cal Process, CHIP Process, etc.) by prominent placement on the web portal and with a notification via their 'preferred communication method' (see BR 18) each time there is an adverse action, (3) that a BR be added to state that "CalHEERS shall have the functionality to track and record QHP connected appeals and make this information available via monthly reports." The content of the requirements should reflect what is in the narrative found under Eligibility and Enrollment 4.3.1; Appeals 4-3. | N | Consumers Union |
| 160 | | Attachment 3 | | SR 38 | Federal law does not require checking employee SSNs with the federal data services hub. We strongly oppose the development of an IT system that allows for this function in the SHOP. It unnecessarily duplicates the role of employers. | N | Consumers Union |

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| 161 | | Attachment 3 | | | We recommend that the following requirement be inserted after the current BR46: "The CalHEERS shall provide the functionality to collect and send basic application data for other non-health services programs to the system of record in order to continue the application process and track the result of that process, with this functionality to be delivered on or before December 31, 2015." | N | Consumers Union |
| 162 | | | | UR 12 | We agree that consumers should be evaluated for all programs, but vendor requirements should specify the "hierarchy" of health coverage programs. Under the law, someone who is eligible for no-cost Medi-Cal is not eligible for Healthy Families or premium subsidies in the Exchange. Accordingly, this requirement should be modified to reflect those steps to ensure that consumers will not be required to pay premiums when they are eligible for no-cost Medi-Cal. | N | Consumers Union |
| 163 | | | BR35 | | The functionality clearly needs to address the many reasons that exemptions can be granted. Those include: financial hardship, religious objections, American Indians, those without coverage for less than three months, undocumented immigrants, incarcerated individuals, those for whom the lowest cost plan option exceeds 8% of an individual's income, and those with incomes below the tax filing threshold. The system needs to be designed to track all of the legally acceptable reasons or categories. | N | Consumers Union |
| 164 | | | BR36 | | While we support using application information to determine individual exemptions, more detail should be provided on how this will work, including all the categories of exemptions that need to be considered. | N | Consumers Union |
| 165 | | | BR37 | | These reports must be subject to the same privacy protections noted above and in 4.4.8. | N | Consumers Union |
| 166 | | | BR86 | | We support the CalHEERS providing the functionality to process individual exemption renewal. | N | Consumers Union |
| 167 | | | BR204 | | We support the CalHEERS tracking and reporting the number of exemptions from coverage and reasons therefore. | N | Consumers Union |
| 168 | | | | BR123 | We strongly applaud the inclusion of a provision to allow CalHEERS to record individual preferences (e.g. desired language for written and spoken communication, communication methods--mail, email, telephone, IVR, etc.). We assume this information will be used to ensure that future communications are in an individual's spoken language. It would be helpful to state that clearly in the RFP so vendors can develop the appropriate functionality to enable this to happen. We believe this provision will greatly increase access to health coverage and information for LEP consumers. | N | Consumers Union |
| 169 | | | | BR-139, BR 197, BR 198 and BR 199 | We appreciate the functionalities required in the system to track applications by Assisters, as well as the system's ability to identify applications by Assister and the follow-up required to determine the number of individuals enrolled or not enrolled by Assister, which would allow for oversight by the Exchange to ensure Assisters are achieving the goals associated with the Assister role. | N | Consumers Union |

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