

Request for CalHEERS Development and Operations Services

Draft RFP Comments

General					Cosmetic	Reviewer	
ID	Y/N	Section #	Page #	Req #	Description	Y/N	Organization
1	N	1.2	1-1		The solicitation should include functionality for the Basic Health Plan only as a state option to buy, since the BHP is beyond the scope of current state law.	N	Kaiser Permanente
2	N	1.2	1-2		Add to Table 1 "Technology Interface with QHP Issuers" in recognition that Cal-HEERS also must support numerous interactions with issuers related to eligibility, enrollment, and premium payment.	N	Kaiser Permanente
3	N	1.2	1-2		In Table 1, "SHOP Eligibility for Employers" is listed as a state option to buy. It is important to note that, whether as part of this or a subsequent RFP, SHOP Exchange capability, including providing employees with a choice of QHPs from participating issuers within an employer-designated tier, is a requirement of state Exchanges under the ACA.	N	Kaiser Permanente
4	N	1.2	1-2		Table 1 mentions functionality for "pre-enrollment." We applaud this approach as a means to facilitate a significant transition of individuals presently receiving health services through various programs into the Exchange. We strongly encourage that the term "pre-enrollment" also include the ability of issuers to "port" existing membership in the private individual market into the Exchange during the first open enrollment period, presumably beginning October 2013, in partnership with the state to determine eligibility for subsidies. We recommend that the Cal-HEERS RFP include specific requirements to provide this functionality. In addition, we believe this capability will substantially contribute to the success of the Exchange in achieving broad participation if continued on an ongoing basis. Thus, when participating issuers identify individuals wishing to obtain coverage who are likely eligible for subsidies, the issuer should be able to link these individuals to the Cal-HEERS system, taking them through the eligibility determination screens, and "handing them off," perhaps at a point where eligibility information is verified, immediately prior to the point of plan selection.		
5	N	1.4.1	1-8		The "Future Vision" section includes no mention of the benefits of the SHOP exchange. At a minimum, we suggest adding to the bullet "Support consumers to make informed choices" the phrase "including employees of small businesses in the SHOP exchange" and adding a bullet "Providing ease of administration for small employers via the SHOP exchange."	N	Kaiser Permanente
6	N	1.4.2	1-9		Under "Current Environment," modify the final sentence of the first paragraph to encompass ACA-required employee choice capability: "In addition, employer <u>and employee</u> functions necessary for the SHOP Exchange have no directly analogous functions in the public program systems."	Y	Kaiser Permanente
7	N	1.4.3	1-10		Under "Gap Analysis," modify the bullet regarding SHOP functionality to encompass ACA-required employee choice capability, as follows: "Support for SHOP and Employer- <u>and Employee</u> -Related Functions."	Y	Kaiser Permanente

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8	N	1.4.3	1-11		Add a bullet at the conclusion of this section: "Functionality to Support Issuers – New functionality will need to be developed. For members to fully realize the benefits of the Exchange, there must be appropriate integration of Exchange and Issuer systems and business processes."	N	Kaiser Permanente
9	N	4.3	4-32		One option the state appears to be considering would utilize Cal-HEERS for Medi-Cal MAGI enrollment-related activity, while counties would continue to administer Medi-Cal determinations for the non-MAGI population. Under this approach, it is important that there be some integrated interface between these two systems and issuers, so that issuers are talking to one system.	N	Kaiser Permanente
10	N	4.3	4-32		We applaud the development of a premium aggregation function, including the marrying of individual contributions and advanceable federal tax credits (subsidies) to individuals below 400 percent of FPL. This will considerably simplify the experience of consumers and QHP issuers.	N	Kaiser Permanente
11	N	4.3	4-34		Add to Table 10: a category "Enrollment Linkages to Issuers" with sub-categories "Presentation of Carriers' rates and benefits in manner complying with applicable state laws and federal requirements." and "On-Line Application Status," accessible to applicants, and designated assisters, including issuers."	N	Kaiser Permanente
12	N	4.3	4-35		Add to Figure 3 a box under "Plan Management" for "Technical and Business Interface between Exchange and Issuers."	N	Kaiser Permanente
13	N	4.3.1	4-2		Under "Plan Selection," we believe a sub-bullet should be added to ensure the Cal-HEERS system can provide health plan quality ratings from reliable third parties, such as a modified "Medicare Star" rating, NCQA, or perhaps in partnership with entities such as "Consumer Reports."	N	Kaiser Permanente
14	N	4.3.2	4-4		There is a "place-holder" for exchange accounting. We suggest the text include a requirement that the technology support industry-standard protocols 3rd party Administration (TPA) of Premium collection, including segregation of funds and reconciliation with issuers.	N	Kaiser Permanente
15	N	4.3.3	4-6		Add to this section a bullet: "Provide the technical infrastructure to support the business relationship between the Exchange and Issuers, i.e., loading rates, benefits and brochures, passing application data to Issuers and receiving status reports back, notification of eligibility changes, etc..."	N	Kaiser Permanente
16	N	4.3.5	4-8		Add a sub-bullet to "Plan and Benefit Assistance" as follows: "Accurately present each carrier's rates and benefits and create a process for timely updates."	N	Kaiser Permanente

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17	N	4.3.5	4-8		Add to 4.3.5 a requirement that CalCHEERS will support multiple interfaces with the technology and business processes of various assisters, including issuers. If a new prospective applicant's first contact comes via an assistor or an issuer, the CalHEERS site should provide assistors and issuers the technology tools to seamlessly transfer an applicant into the HIX enrollment process. All links should be secure, and allow transfer of data entered into an assistor's site to CalHEERS. The requirement should include telephone transfers, and the ability of appointed outside agents and issuers to assist applicants on the CalHEERS enrollment process.	N	Kaiser Permanente
18	N	4.3.5	4-8		Add a requirement that during the initial open enrollment, CalHEERS will support the seamless transfer of existing members who are newly eligible for subsidies into the enrollment process. All links should be secure, and allow transfer of data from issuer to CalHEERS. The requirement should include telephone transfers, and the ability of issuers to assist members on the CalHEERS enrollment process.	N	
19	N	4.6.3.1	4-57		In Table 13, "QHP Issuers" should be added to the list of Cal-HEERS users.	N	Kaiser Permanente
20	N	Attachment 3		BR52-56	These requirements might be inconsistent with federal guidelines, which require that Exchanges provide "easy comparison of available plan options based on price, benefits and services, and quality." In addition, the ACA's imposes requirements by standardizing presentation of rate and benefit information under the Summary of Benefits and Coverage. We believe BR52-56 should be replaced with the following three requirements: 1) The CalHEERS shall determine plan availability and determine the premiums and benefits, including the cost-sharing requirements, based on the standards set forth in the Summary of Benefits and Coverage, required under the ACA. 2) The CalHEERS shall display, for each plan quoted, one or more quality indicators and one or more customer service indicators, as determined by the Exchange. 3) CalHEERS shall allow prospective applicants to select multiple QHPs and sort the results by premium, deductible amount, out of pocket limits, quality indicators, and customer service indicators, for easy comparison shopping.	N	
21	N	Attachment 3		SR106	The functionality should allow employers to set their contribution either as a fixed percentage applying to any employee-selected QHP within an employer-designated tier, or an employer-defined contribution of a fixed dollar amount, also applied to any employee-selected QHP within an employer-designated tier.	N	Kaiser Permanente
22	N	Attachment 3		SR109	This functionality is critically important, and is necessary if the SHOP is to add value to the market not easily obtained elsewhere.	N	Kaiser Permanente
23	N	Attachment 3		SR110	This functionality is critically important, and is necessary if the SHOP is to add value to the market not easily obtained elsewhere.	N	Kaiser Permanente
24	N	Attachment 3		SR119	This functionality is critically important, and is necessary if the SHOP is to add value to the market not easily obtained elsewhere.	N	Kaiser Permanente

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25	N	Attachment 3		SR120	Quality ratings are another element that allows the SHOP to add value to the market and shift competition toward quality and price. NCQA and modified "Medicare Star" ratings should also be considered. An approach with "Consumer Reports" should also be considered.	N	Kaiser Permanente
26	N	Attachment 3		SR128	Functionality should be considered for a default entry in the event employees to not elect a choice -- perhaps an employer-designated QHP.	N	Kaiser Permanente
27	N	Attachment 3		SR164	Functionality should be included to allow issuers to pay broker commissions, or, preferably, the Cal-HEERS should provide information to allow the State Controller directly pay broker commissions.	N	Kaiser Permanente
28	N	Attachment 3		SR24	The functionality should allow employers to set their contribution either as a fixed percentage applying to any employee-selected QHP within an employer-designated tier, or an employer-defined contribution of a fixed dollar amount, also applied to any employee-selected QHP within an employer-designated tier.	N	Kaiser Permanente
29	N	Attachment 3		SR25	Criteria for available plans should include employee/employer zip code to determine QHP service area match.	N	Kaiser Permanente
30	N	Attachment 3		SR26	This requirement, among others, allows employers to limit the choice of QHPs available to consumers. The ACA and draft final rule require employee choice to be offered via the SHOP, and allows the SHOP to also offer employer-restricted choice at a state's option. This requirement should be modified to be consistent with the ACA requirement that employee choice of carriers be provided, as required by the ACA, and therefore should allow employers to constrain only the tier of QHPs (and geography). If functionality to allow employers to also restrict employee choice to certain carriers is sought, the RFP should list it as a separate state-option-to-buy element, giving the Board the ability to determine whether there is value in this additional functionality not required by the ACA or state law.	N	Kaiser Permanente
31	N	Attachment 3		SR28	This requirement might be modified slightly to allow an employee to easily "port" his/her account information to a new SHOP-participating small employer.	N	Kaiser Permanente
32	N	Attachment 3		SR57	This requirement, among others, allows employers to limit the choice of QHPs available to consumers. The ACA and draft final rule require employee choice to be offered via the SHOP, and allows the SHOP to also offer employer-restricted choice at a state's option. This requirement should be modified to be consistent with the ACA requirement that employee choice of carriers be provided, as required by the ACA, and therefore should allow employers to constrain only the tier of QHPs (and geography). If functionality to allow employers to also restrict employee choice to certain carriers is sought, the RFP should list it as a separate state-option-to-buy element, giving the Board the ability to determine whether there is value in this additional functionality not required by the ACA or state law.	N	Kaiser Permanente

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33	N	Attachment 3		SR59	This requirement, among others, allows employers to limit the choice of QHPs available to consumers. The ACA and draft final rule require employee choice to be offered via the SHOP, and allows the SHOP to also offer employer-restricted choice at a state's option. This requirement should be modified to be consistent with the ACA requirement that employee choice of carriers be provided, as required by the ACA, and therefore should allow employers to constrain only the tier of QHPs (and geography). If functionality to allow employers to also restrict employee choice to certain carriers is sought, the RFP should list it as a separate state-option-to-buy element, giving the Board the ability to determine whether there is value in this additional functionality not required by the ACA or state law.	N	Kaiser Permanente
34	N	Attachment 3		SR60	Functionality should include display of employee cost, net of an employer's defined contribution base amount.	N	Kaiser Permanente
35	N	Attachment 3		SR63	This requirement, among others, allows employers to limit the choice of QHPs available to consumers. The ACA and draft final rule require employee choice to be offered via the SHOP, and allows the SHOP to also offer employer-restricted choice at a state's option. This requirement should be modified to be consistent with the ACA requirement that employee choice of carriers be provided, as required by the ACA, and therefore should allow employers to constrain only the tier of QHPs (and geography). If functionality to allow employers to also restrict employee choice to certain carriers is sought, the RFP should list it as a separate state-option-to-buy element, giving the Board the ability to determine whether there is value in this additional functionality not required by the ACA or state law.	N	Kaiser Permanente
36	N	Attachment 3		SR65	This requirement, among others, allows employers to limit the choice of QHPs available to consumers. The ACA and draft final rule require employee choice to be offered via the SHOP, and allows the SHOP to also offer employer-restricted choice at a state's option. This requirement should be modified to be consistent with the ACA requirement that employee choice of carriers be provided, as required by the ACA, and therefore should allow employers to constrain only the tier of QHPs (and geography). If functionality to allow employers to also restrict employee choice to certain carriers is sought, the RFP should list it as a separate state-option-to-buy element, giving the Board the ability to determine whether there is value in this additional functionality not required by the ACA or state law.	N	Kaiser Permanente

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37	N	Attachment 3		SR67	This requirement, among others, allows employers to limit the choice of QHPs available to consumers. The ACA and draft final rule require employee choice to be offered via the SHOP, and allows the SHOP to also offer employer-restricted choice at a state's option. This requirement should be modified to be consistent with the ACA requirement that employee choice of carriers be provided, as required by the ACA, and therefore should allow employers to constrain only the tier of QHPs (and geography). If functionality to allow employers to also restrict employee choice to certain carriers is sought, the RFP should list it as a separate state-option-to-buy element, giving the Board the ability to determine whether there is value in this additional functionality not required by the ACA or state law.	N	Kaiser Permanente
38	N	Attachment 3		SR68	This requirement, among others, allows employers to limit the choice of QHPs available to consumers. The ACA and draft final rule require employee choice to be offered via the SHOP, and allows the SHOP to also offer employer-restricted choice at a state's option. This requirement should be modified to be consistent with the ACA requirement that employee choice of carriers be provided, as required by the ACA, and therefore should allow employers to constrain only the tier of QHPs (and geography). If functionality to allow employers to also restrict employee choice to certain carriers is sought, the RFP should list it as a separate state-option-to-buy element, giving the Board the ability to determine whether there is value in this additional functionality not required by the ACA or state law.	N	Kaiser Permanente
39	N	Attachment 3		SR83	Functionality should be considered for a default entry in the event employees to not elect a choice -- perhaps an employer-designated QHP.	N	Kaiser Permanente
40	N	Appendix A	G-3		An "assistant" should include appropriately trained employees of a health plan assisting current or prospective enrollees in obtaining coverage via the Exchange. We recognize that the role of health plan employees must be defined, but health plans have the potential to be tremendous allies to the Exchange as it seeks to reach individuals eligible for subsidies and enroll them in coverage. We believe this is a crucial element to the long-term stability and success of the Exchange.	N	Kaiser Permanente
41	Y				A critical area for further specificity is the ability of Cal-HEERS to support the Exchange business relationship with its contracting issuers, including functionality for the issuers related to eligibility, enrollment, and premium reconciliation.	N	Kaiser Permanente

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42	Y				The Exchange should consider the ability of issuers to bring enrollees to the Exchange "doorstep," possibly to the point of reviewing eligibility determination information, immediately preceding plan selection, as an important element in achieving broad participation. Cal-HEERS should support this interface, as part of the concept of "pre-enrollment." We believe this is important to the success of the Exchange on ongoing basis; it is of critical importance during the first open enrollment period in late 2013, when tens of thousands of existing individual market enrollees will become eligible for subsidies.	N	Kaiser Permanente