ID	General Y/N	Section #	Page #	Req #	Description	Cosmetic	Reviewer Organizati
1a--Scope	Y	1.2	1-1		While MAGI Medi-Cal is included, nowhere in the Solicitation (except for an oblique, ambiguous reference at p. 4-4 re: Other Health Services) do we see whether and how the following two groups will be screened for non-MAGI Medi-Cal and have their applications/cases forwarded to the county for eligibility review: (a) children and adults ineligible as MAGI but potentially eligible as non-MAGI; and (b) MAGI individuals who are also eligible as non-MAGI, a critical point if the scope of benefits is broader under non-MAGI Medi-Cal. MCHA appreciates that state policy in this area may not yet be settled but urges that the Solicitation incorporate this key issue, at least among the "Alternative Approaches" and "State Options to Buy".		Maternal and Child Health Access
1b		1.2	1-1		MCHA is glad to see AIM's inclusion among the programs, as required by Section 2101(b)(1) of the ACA.		
1c	Y	1.2	1-2		Table 1 does not expressly mention Appeals among the services. Yet elsewhere the Solicitation seems to indicate that CalHEERS will include functionality for appeals in some manner (see, e.g., p. 4-32). Why is this? (Our comments about the Appeals functionality are raised below.)		
1d		1.2	1-2		The Solicitation should clarify in this section and throughout that the "alternative approach" to case management-- i.e., having the counties manage MAGI in addition to non-MAGI Medi-Cal cases-- is required in all vendor bids. This approach keeps the cases of families with MAGI and non-MAGI individuals together and also unites an individual's Medi-Cal case with the file for other public benefits he or she may be receiving.		
1e		1.2	1-2		The "Other Health Services Programs" (as listed at p. 4-3) should be part of the core, mandatory functionality of CalHEERS.		
1f	Y	1.3.2	1-4		The Solicitation announces the creation of the CalHEERS Executive Steering Committee as the main governing entitiy for CalHEERS. We would appreciate hearing more about the state's vision for: how the Executive Committee will interface with the three participating state agencies (Project Sponsors); the timing for decision-making as among the Committee and the three Sponsors; to which entity or entities concerns or comments about the eligibility policies and procedures, business rules, and the implementation of CalHEERS are to be addressed and, crucially, the process for doing so; who or what is ultimately responsible for the programs covered by CalHEERS; and, if responsibility is shared and/or delegated, how so? In sum, how do you intend for the Executive Steering Committee governance structure to impact the existing accoutability structure, in which DHCS is the agency responsible for Medi-Cal and MRMIB for Healthy Families and AIM? Vendors would probably also benefit from having this information.		

1g	Y	1.3.2	1-4		We would also like to know: (a) which consultants the Project Sponsors are working with to assess options for program eligibility rules and enrollment procedures; and (b) how the public can weigh in, in a timely manner, on the consultants' conclusions *before* any of the three Sponsors makes decisions. The issue of how the Sponsors are developing eligibility, enrollment and retention policy and the decision-making process on such policies form the foundation for CalHEERS itself.		
1h		1.3.3	1-7		Could you describe the stakeholder input process for DHCS, which has no public board meetings? We also recommend standing items on the Exchange Board's agenda for the public to raise, and DHCS, MRMIB and the Executive Steering Committee to consider, CalHEERS Medi-Cal, Healthy Families and AIM eligibility and enrollment issues. Consideration should also be given to the adoption of a Bagley-Keane-type open meeting law for DHCS with respect to the Medi-Cal program.		
1i		1.4.1	1-8		Is the appeal functionality just to "[p]rovide subsequent information" about how to appeal? (See third x.) Or is the vendor expected also to present a design for how appeals would be processed through the CalHEERS' portal? For Exchange programs only? Or for Medi-Cal, Healthy Families, AIM and/or the Basic Health Program (BHP) as well? These are major policy issues and stakeholders should be given a meaningful opportunity to comment on options before final policy and related functionality are determined for appeals under CalHEERS.		
1j	Y	1.4.1	1-8		The ACA protects "point-in-time" and "source of" income review for Medi-Cal eligibility (see, Section 2002(a), adding paragraph (14(H) to 42 USC Section 1396a(e)). It is therefore critical that CalHEERS be capable not only of granting real-time eligibility but also of granting presumptive eligibility (PE)/accelerated enrollment (AE) and/or other preliminary eligiblity during a "reasonable opportunity" period to resolve discrepancies between up-to-date information the applicant has provided and out-of-date information collected from the prior year's tax return or wage or other databases used in the real-time eligibility verification process (see 3rd bullet). MCHA strongly recommends clearly adding this functionality to the Solicitation's requirements.		
1k	Y	1.4.1	1-8		Re: eligibility for non-MAGI Medi-Cal cases being determined by the county (3rd bullet), see comment 1a, above.		

1l		1.4.1	1-8		Not only existing state and federal privacy policies and laws must be implemented but gaps in those policies and laws must be addressed to ensure that the privacy and confidentiality of consumers using CalHEERs are protected (see 6th bullet). MCHA has had serious, bad experiences with One-e-App, a public-private partnership which feeds directly into DHCS' and MRMIB's Health-e-App for Medi-Cal and Healthy Families, allowing sensitiive, personal information (e.g., names, SSNs) to be viewed by unauthorized assisters outside of the applicant's authorized assisting agency. The steady stream of press accounts about major security breaches of various types affecting private as well as government-funded enterprises also underscores how important it is that the strongest and most rigorous privacy and confidentiality protections be devised and robustly implemented in CalHEERS.		
1m		1.4.2	1-9		Re: real-time eligibility determinations, see comment 1j, above.		
1n		1.4.2.1	1-10		The description of Health-e-App should be corrected: Health-e-App is currently used not only for Healthy Families but for Medi-Cal for children, pregnant women and other family members as well.		
1o		1.4.2.1	1-10		Add One-e-App: this public-private partnership, which includes DHCS, MRMIB, and participating counties in their respective capacities as administrators of the Medi-Cal and Healthy Families programs, feeds data directly into Health-e-App and, in some counties, also into CalWIN, for the purpose of making eligibility determinations for Medi-Cal, Healthy Families and other health programs. If One-e-App is to continue operating, the CalHEERS governance structure must oversee it and ensure that it is both transparent and accountable. MCHA has had serious, bad experiences with One-e-App using incorrect eligibility rules resulting in preliminary screening determinations of ineligibility for eligible persons who are then discouraged from submitting their applications through Health-e-App or otherwise.		
1p		1.4.3	1-10		Re: real-time eligibility determinations, see comment 1j, above.		
2a--Vendor Scope of Work	Y	4	4-29		The vendor scope does not address processing applications submitted by mail, phone or in-person. These methods for applying are requiried by the ACA. While it appears that your intent is only for the counties to continue to receive in-person applications, CalHEERS must have functionality for accepting and processing in-person applications forwarded to the Exchange and/or MRMIB by the counties; in addition, CalHEERS (e.g., its Call Center) must be able to receive and process applications submitted to it directly by mail or phone.		

2b		4.2	4-29		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." This statement should be clarified to conform to the one at page 1-15 requiring the enrollment functionality to be installed, tested and fully operational by July 1, 2013, to allow time for fixes to any glitches before early enrollment starts in October 2013. Systems changes of the magnitude contemplated by this Solicitation are certain to run into unanticipated challenges, as experienced with comparable state technology projects involving the Health and Human Services Agency in recent years: *see, e.g.* , *Child Support Enforcement Program: The Procurement of a Single, Statewide Automated Child Support System is Taking Longer Than Initially Estimated, With Several Challenges Remaining* (State Auditor, Report # 99028.1, Dec. 11, 2002); *see also,* http://www.modbee.com/2011/02/18/v-print/1562307/dan-walters-technology-saga-adds.html (posted on Fri, Feb. 18, 2011)("Not all state technology programs are failing. But state agencies appear to have particular difficulty with large, complex projects, especially when they are statewide in scope and involve local agencies . . . One previous debacle was a statewide child support collection system.") Without the July 1, 2013 target for readiness, repeating this history will be even more difficult to avoid.		
2c		4.2	4-30		Same as comment 2b re: timeline chart in Tables 7 & 8.		
2d	Y	4.3	4-31		The statement (in the 6th boxed bullet) "based on verified application data" should be modified to reflect that CalHEERS' core functionality must include not only real-time eligibility determinations but also enrollment pending resolution of e-verification discrepancies, e.g., through granting PE/AE and/or accomodating a "reasonable opportunity" period.		
2e	Y	4.3	4-32		Table 10 should reflect the additional core functionality for PE/AE and/or "reasonable opportunity" for necessary verifications.		
2f		4.3	4-32		What is the Appeal functionality? Is it simply to "provide subsequent information" about how to appeal? Or will CalHEERS be involved in processing appeals in some way? For Exchange coverage only? Or for Medi-Cal, Healthy Families, AIM and/or the BHP as well? These weighty policy issues and related functionality require robust stakeholder in-put before being finalized. (See same comment in 1i.)		
2g		4.3	4-32		The "Other Health Services Programs" (as listed at p. 4-3) should be part of the core, mandatory functionality of CalHEERS.		
2h	Y	4.3	4-32		Add functionality for screening and forwarding to the counties for: (a) non-MAGI Medi-Cal individuals; and (b) MAGI Medi-Cal individuals who may be eligible under non-MAGI Medi-Cal rules when the scope of benefits is broader under non-MAGI Medi-Cal. (See comment 1a).		

2i	Y	4.3.1	4-1		The description of Eligibility and Enrollment process should include screening and forwarding to the county non-MAGI Medi-Cal individuals and MAGI Medi-Cal individuals who may be eligible under non-MAGI Medi-Cal. The description should also include enrollment through PE/AE and/or "reasonable opportunity" when real-time eligibility is not possible due to discrepancies between the application data and the e-verification databases.		
2j		4.3.1	4-1		MCHA strongly supports the requirement that the customer's consent be requested before the application is pre-populated with information from multiple sources (see 3rd bullet). The Solicitation should also clarify that: (a) the request for the consent will describe the multiple sources from which the data for pre-population is to be drawn; and (b) the consent must be obtained before pre-population occurs.		
2k		4.3.1	4-1		MCHA also strongly supports allowing consumers to control and correct information about them drawn from the databases that CalHEERS will use, especially since the wage data base is always at best at least a full quarter behind. As drafted, the Solicitation would allow customers to "update or report changes" but only "to their case information" (See 6th bullet).The following core functionalities should be added: (a) allowing applicants who consent to pre-population to change, in real-time, any of the information pre-populated on their applications if they believe the information is out-of-date or otherwise not correct; and (b) allow applicants to, in real-time, correct, or at least initiate the process for correcting, databases from which out-of-date or otherwise incorrect information about them was drawn to pre-populate their applications.		
2l	Y	4.3.1	4-1		The Solicitation indicates that MEDS will be integrated into CalHEERS (see, e.g., p. 4-32, last row of Table 10). CalHEERS' core functionality should include allowing Medi-Cal recipients to update and to correct errors in "Other Health Coverage" (OHC) coding; out-of-date and erroneous OHC codes are a major barrier to Medi-Cal access.		
2m		4.3.1	4-1		How will customers be informed that they have the option to bypass the application for subsidized health coverage and go directly to the Exchange QHP screening questions? (See 4th bullet.) Do you mean that Medi-Cal, the BHP, AIM, and Healthy Families could also be by-passed? Or just the premium tax credits and cost-sharing reductions for Exchange products? It will be critical to clearly and fully explain customer's rights and the consequences of their choices on these issues.		
2n		4.3.1	4-2		MCHA strongly supports the self-attestation function (1st bullet).		
2o					MCHA also strongly supports providing customers with information about whether necessary information and/or documentation needed for their applications has been received (2nd bullet). This provision should be made more clear in the Solicitation and should also be extended to the renewal process.		

2p	Y	4.3.1	4-2		This Application Verification section specifically mentions several items for which the verification functionality will be required but is conspicuously silent on income verification. Why? Given the lag time in the wage database (i.e., always at least one quarter behind), we hope that serious consideration is being given to policies and related functionality that will prevent real-time eligibility denials for individuals who are eliglbe based on their self-attested income pending resolution of any discrepancies with the wage or other databases. The related functionality needs to be addressed in this solicitiation.		
2q		4.3.1	4-3		Delete "trolling" redeterminations from functionality (4th bullet), as we understand this to mean that CalHEERS would be constantly scouring databases to see whether information exists to show that eligbility has ended or otherwise changed. No state law or policy allows for such fishing expeditions; to the contrary, specific periodic times for redetermination are established for each of the programs at issue. Outside of the set redetermination times, customers' eligibility will be redetermined when they report changes.		
2r		4.3.1	4-3		The Solicitation should specify that written notifications/requests to individuals to verify key information at annual eligibility redeterminations, etc., will be issued only if the necessary information cannot be verified through databases for which the individual has given consent.		
2s		4.3.1	4-3		The Solicitation doesn't clearly describe what the Appeal functionality is (see comment 1i). Will CalHEERS process appeals only for the Exchange? If so, how? Will appeals re: DHCS programs also be included (as seems to be indicated at p. 4-3)? If so, what will be different from the current system for appeals from Medi-Cal and other DHCS programs? What about Healthy Families, AIM and the BHP? Because appeals are so important, MCHA recommends that stakeholders be given an opportunity for robust comment on the underlying policy decisions for appeal functionality for all of CalHEERS programs before decisions are made.		
2t		4.3.1	4-3		Re: the Case Management functionality, what does the term "Exchange Health Services Programs" include? To the Case Management functionality for "real-time, online eligibility" determinations, the Solicitation should add: (a) screening and forwarding to the county non-MAGI Medi-Cal individuals and MAGI Medi-Cal individuals who may be eligible under non-MAGI Medi-Cal rules if the scope of benefits is broader under the latter; and (b) enrollment through PE/AE and/or "reasonable opportunity" when real-time eligibility is not possible due to discrepancies between the application data and the e-verification databases.		

2u		4.3.1	4-3		MCHA strongly supports the requirement in the Case Management functionality that "health coverage history" be retained for 36 months. The Solicitation should clarifty that this includes the entire application and renewal case record and that there will be an easy process for applicants/recipients to obtain access to their entire files, including historical records of the past 36 months.		
2v		4.3.1	4-3		Other Health Services: MCHA strongly supports inclusion of functionality for the Prenatal Gateway, CHDP Gateway, BCCTP, FPACT, Newborn (Hospital) Gateway, Deemed Infants, Medi-Cal Inmate Eligibility, and PE. We recommend also including Accelerated Enrollment (AE), which is a PE for children. These should all be mandatory, core functions.		
2w	Y	4.3.1	4-3		Under Other Health Services, the Solicitation mentions functionality to "[s]creen for non-MAGI". As noted above (see, e.g., comment 1a), this major issue should be addressed more broadly with respect to CalHEERS as a whole.		
2x		4.3.2	4-3		The Financial Management functionality should also include tracking deductibles and co-payments made by consumers, notifying them monthly of the monthly and year-to-date totals they have paid and of how much more they would have to pay before reaching the maximum cost-sharing permitted by the health program in which they are enrolled. The monthly Medicare Part D precsription drug notices could serve as an example for this functionality.		
2y		4.3.5	4-9		MCHA looks forward to reviewing the text for the "placeholder" section on Assister Management. In the meantime, we note that the Consumer Assistance/Assister Management functionality should also include a mechanism for assistors to report, and track CalHEERS' responses to reports of, errors in and other problems with the eligibility rules or procedures of any of the health coverage programs included in the business rules.		
2z		4.3.8.1	4-17		The Solicitiation mentions that MEDS processes death information from various sources to terminate eligibility (3rd bullet). MCHA recommends that functionality be added to MEDS to collect and process birth information to enroll deemed eligible infants into Medi-Cal, when the mother's Medi-Cal eligibility on the infant's date of birth is recorded in MEDS, and to enroll other infants into Medi-Cal, Healthy Families or the Exchange, as appropriate.		

2aa		4.3.8.1	4-17		The Solicitation also mentions that MEDS "provides verification of. . .other health coverage. . ." (7th and 9th bullets). As previously noted (see comment 2l, above), MEDS' OHC coding is often inaccurate and incomplete, creating barriers to Medi-Cal access. The new MEDS functionality should address this. CMS' new Scope of Benefits and Coverage template and database, being prepared under the ACA, could serve as an example of how some of the missing information about an individual Medi-Cal recipient's actual scope and cost-sharing under OHC could be collected and accessed by MEDS through appropriate interface(s).		
2bb		4.3.8.2	4-18		The Solicitation provides data for many of the update transactions from other interfaces processed by MEDS (2nd bullet). MCHA recommends adding similar data for OHC transactions and updates processed by MEDS.		
2cc		4.3.9	4-18		MCHA commends the express inclusion of "presumptive eligbility" in the CalHEERS Usability section.		
2dd		4.3.9	4-19		The Ease of Use section says CalHEERS functionality will "[p]re-populate screens whenever the consumer information already exists in the CalHEERS solution." This must be modified to reflect the policy that applications will be pre-populated only after the consumer has given consent (see comment 2j, above.)		
2ee		4.3.9	4-19		Missing from the Usability section are functionality for: (a) screening and forwarding to the county non-MAGI Medi-Cal individuals and MAGI Medi-Cal individuals who may be eligible under non-MAGI Medi-Cal rules if the scope of benefits is broader under the latter; (b) enrollment through PE/AE and/or "reasonable opportunity" when real-time eligibility is not possible due to discrepancies between the application data and the e-verification databases; and (c) consumers to update and otherwise correct, or at least begin the process for updating/correcting, databases on which CalHEERS draws to pre-populate and/or verify application information. As noted above, MCHA strongly recommends that all of these functionalities be added.		
2ff		4.6.4.3	4-59		The Solicitation indicates that the vendor is to provide training on how to use CalHEERS. MCHA strongly urges that: (a) training for Application Assisters not be limited to on-line sessions and that in-person trainings be included; and (b) the vendor demonstrate (through proposed subcontracts, if necessary) that trainers will include experts in Medi-Cal eligibility.		

2gg		4.8.3	4-69		The Application Maintenance Scope section should clarify that Fixes and Enhancements will also be required of the vendor *after* CalHEERS is implemented. In addition, the following should be added to the Application Maintenance Scope section as examples of events that will trigger the need for timely Fixes and Enhancements after CalHEERS is implemented: (a) changes in laws, regulations and other governing legal policies affecting eligibility; (b) errors in the business rules the vendor has been given by the state; and (c) inaccurate or other improper implementation of the business rules.		
2hh		4.8.3	4-69		The Solicitation should expressly require that the vendor demonstrate the capacity to implement Fixes and Enhancements in a *timely* manner after CalHEERS is implemented and should include timely response to instructions on Fixes and Enhancements among performance standards for the vendor. Timely response should be defined; when the Fix or Enhancement involves a change expanding eligibility, the time for response should be no more than 10 business days or the comparable industry standard for an IT fix of similar scope. The Solicitation should also expressly require that the vendor have the capacity to ensure that individuals affected by the need for Fixes and Enhancements have their cases corrected.		
2ii		4.8.3	4-69		The Solicitation should also expressly state that there will be a routine mechanism for stakeholders to report the need for a Fix and/or Enhancement, precisely where the report goes, what state agency is responsible for responding, what the procedure or mechanism will be for such reports, and how progress on taking corrective action can be tracked.		
2jj		4.8.5	4-70		The Solicitation's Release Management section should expressly require that the vendor provide reasonable notice to all systems users of changes affecting eligiblity rules and/or procedures both before and after such changes occur.		