



Peter V. Lee, Executive Director, Health Benefits Exchange  
Toby Douglas, Director, Department of Healthcare Services  
Jeanette Casillas, Executive Director, MRMIB

January 25, 2012

**Re: Revised CalHEERS IT Solicitation**

Dear Directors,

As consumer advocates we have been tracking closely the development of the CalHEERS IT Solicitation. Our organizations all submitted detailed comments on the draft solicitation released in December and wish to offer some high level comments on the version released January 18, 2012.

You have made an excellent product even better adding several components to ensure that the system truly provides a first-rate user experience. In particular we applaud:

- The required 60 days of “User Acceptance Testing;”
- The functionality to officially designate an Assistor and other requirements regarding the Assistor Program;
- The many additions to health plan and benefit selection options;
- The ability of consumers to update their information and have their eligibility redetermined at any time;
- The requirement that the web content be at a 6<sup>th</sup> grade reading level;
- The many enhancements included under “Ease of Use;”
- Strong requirements for a centralized provider directory;
- The addition of the smart mobile device and fax interfaces to the Architecture requirements;
- Inclusion of the privacy improvement of a "time out function;"
- Specific business requirements for the MEDS functions to be built into CalHEERS; and
- Additional detail about the CalHEERS project team.

Despite these numerous improvements we still have some concerns with the Solicitation. We know that the vendor contract will be developed through an iterative process which will allow the Program Sponsors to modify the functionalities as the contract is finalized. We request the following changes.

## ***Letter on Revised CalHEERS IT Solicitation***

### Clarification on Language Access Standard

We appreciate the clarification in the updated Cal-HEERS IT Solicitation that written translations will be provided in Medi-Cal Managed Care Threshold languages as required by AB 1296 (Bonilla) and not the Dymally-Alatorre Bilingual Services Act. Pages 1-8 & 4-18. Additionally, we strongly applaud the inclusion of links to online chat, phone and IVR assistance in Medi-Cal Managed Care Threshold languages. These key changes to the IT RFP will greatly improve access for Limited-English-Proficient (LEP) Californians to the health programs served by the CalHEERS including Medi-Cal, the Exchange, and Healthy Families. We do however, request further clarification with regards to links to phone assistance as it pertains to access to oral interpretation. As mentioned in a previous letter, California's Health Benefit Exchange law "requires that the Exchange provide oral interpretation in any language and written translations in prevalent languages."<sup>[1]</sup> Exchanges, Medicaid and CHIP programs are additionally 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) which recognize that oral communication with LEP enrollees must be in a language that they understand. We request that the CalHEERS RFP clarify that while *written* links to phone assistance will be provided only in the Medi-Cal Managed Care Threshold languages, the CalHEERS will make available oral language assistance to all LEP applicants and enrollees in any language. This should be reflected in the CalHEERS RFP along with references to California Government Code section 100503(y), Title VI of the Civil Rights Act of 1964, and Section 1557 of the ACA in Attachment 2 – Usability, as well as in all future Call Center solicitations.

### Governance

We appreciate a number of changes in the Solicitation that reinforce the role that all three of your agencies, as the Program Sponsors, will have in managing the CalHEERS project and the statements that DHCS and MRMIB will "continue to administer and oversee [their] programs and ensure Medi-Cal determinations are consistent with federal and state requirements." Page 1-6. There is also greater clarity about the central oversight role Exchange staff will play in the contract procurement, project management, and administration of the vendor contract. As we have previously stated, 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 and MRMIB over HFP and AIM. Specifically, we request that the role of DHCS in administering the Medi-Cal program and therefore having decisionmaking authority over the portions of CalHEERS administering Medi-Cal be spelled out in an MOU made public. It should specify that DHCS has oversight over any MEDS interface or integration with CalHEERS. We appreciated that Director Lee indicated at the January 17 meeting that your agencies were working on such MOUs and hope that will address the issues we have raised.

---

<sup>[1]</sup> California Government Code section 100503(y).

## *Letter on Revised CalHEERS IT Solicitation*

### Horizontal Integration

We appreciate some strengthening of the language in the solicitation regarding horizontal integration of social services programs. Specifically we applaud that vendors must include the build out of the technology for horizontal integration of CalWORKs and CalFresh as part of the “Expanded System” and that if the state chooses to purchase this it must be completed by December 31, 2015. This will allow California to take best advantage of the federal allocation waiver for federal funds. We also appreciate the strengthened language about horizontal integration being part of the state’s state strategic vision. However, we are disappointed that this piece is at the state’s option to buy and not necessarily part of this contract. We agree it should be done in the Expanded System and done at a later date, but urge that implementation by 2015 be in the original bid and pricing structure.

### Pre-Enrollment

As our organizations commented on the draft solicitation, we are pleased that it includes references to pre-enrollment of consumers into CalHEERS. However, we are disappointed that the revised solicitation does not include greater specificity. Since these pre-enrollment activities must be completed in the fall of 2013 and are so critical to maximizing enrollment in the Exchange, Medi-Cal and Healthy Families alike, we hope that during the contracting period this can be developed more fully.

### Smoking Data

Under pending legislation, smoking is not a permissible rating factor and most of our organizations strongly oppose smoking as a rating factor in the individual and small group markets. Pending enactment of revised individual and small group market rules, it is premature to plan to collect data on smoking as Requirement SR 61 calls for. We ask that this be removed

### Posting Comments on Draft Solicitation

We note that while three letters related to the CalHEERS Solicitation were posted with the Meeting Materials for the January 17 meeting of the Exchange Board, neither the “Board Meeting” tabs nor the “Solicitations” tab of the Exchange website include the detailed comment matrices submitted by us and many other stakeholders on the draft solicitation. We request that those be posted.

Thank you for your consideration of our comments.

Sincerely,

Elizabeth Landsberg & Jessica Bartholow  
Western Center on Law & Poverty

Julie Silas & Betsy Imholz  
Consumers Union

Cary Sanders  
California Pan-Ethnic Health Network

Beth Capell & Anthony Wright  
Health Access