

INTRODUCTION

Covered California and Department of Health Care Services (DHCS) have been working to establish the new information technology system that will support eligibility and enrollment for Exchange and Medi-Cal starting in 2014 – California Health Eligibility Enrollment, and Retention System (CalHEERS). On November 16th, we solicited written stakeholder comments on more than 700 business requirements (BRs), SHOP requirements (SRs), usability requirements (URs) and technical requirements (TRs) that will be used to design CalHEERS. They are listed in a document entitled *CalHEERS Requirement Process and Requirements Document*, which is available on the Covered California's [website](#).

The deadline for comments was November 30, 2012. Nine responses were received. These nine responses reflect the comments of 32 separate organizations (see Appendix A). The stakeholder input documents are posted on the Exchange stakeholder web page. The comments fall into nine types, as shown in Table 1. The table defines each type and indicates the number of stakeholder comments. A summary of comments follows.

Covered California and DHCS thank all parties that submitted comments. These comments will be used to inform the continued design and development of CalHEERS.

SUMMARY OF COMMENTS RECEIVED

Comments on the more than 700 requirements published on the Exchange website fell into two primary categories:

- Requests for changes in requirements and/or in the policies underlying the requirements, and
- Questions regarding the meaning and/or implications of the requirements.

CalHEERS is addressing questions and clarification as part of ongoing stakeholder engagement process. While comments were solicited on technical business requirements, in many cases comments related to underlying policy issues. In addition, many of the comments reflect issues already addressed as part of CalHEERS design review processes (see Table 1).

Requests for Change in Requirements/Policies

Six organizations focused their responses on recommending changes to the requirements and/or the policies that led to the development of those requirements. They include:

- California Labor Federation
- California LGBT Health & Human Services Network
- California Primary Care Association
- Consumers Union and Western Center on Law and Poverty (combined comments)
- Greenlining and Consumers Union (combined comments)
- Health Access California

Most of these responders commented on various aspects of the requirements; very few individual requirements elicited comments from more than one responder, and when more than one responder commented on a particular requirement, the concerns expressed were generally quite different.

California Labor Federation

This stakeholder had three comments, all on SHOP requirements, and all three reflected the organization's opposition to screening an employee and his/her family members to determine if they are eligible for subsidized coverage. This organization states that screening employees of small businesses, and their families, allows small employers to shift low-wage workers to public programs, undermines the purpose of employer-sponsored coverage, and shifts the cost of coverage to the public.

California LGBT Health & Human Services Network

This stakeholder is a statewide coalition of approximately 50 organizations that provide health and social services to lesbian, gay, bisexual and transgender (LGBT) Californians. They recommended data collection be improved on sexual orientation and gender identity to reduce health disparities. The organization requested that the Exchange build capacity to collect data about sexual orientation and gender identity, as well as the ability to accurately recognize the myriad types of families that exist in California. Most of the requirements-specific comments requested collection of optional LGBT demographic data. Several comments related to defining the household to include domestic partnerships and to tracking transition-related care.

California Primary Care Association

This stakeholder represents nearly 900 non-profit community clinics and health centers (CCHCs) service more than 4.8 million patients per year. This organization made six comments on the requirements, including one general comment and five comments on the business requirements. The organization's greatest concern is potential for delays in, and barriers to, eligibility and enrollment in the Medi-Cal program, and states that a single, streamlined, real-time eligibility determination enrollment process for MAGI Medi-Cal is its top priority. The organization also recommended listing in-network Essential Community Providers first in each QHP's directory. Finally, this organization expressed concern about the possibility of not being paid for services rendered after the first month of the three-month grace period applicable to non-payment of premiums.

Consumers Union and Western Center on Law and Poverty (combined comments)

This stakeholder provided 166 separate comments on the requirements. These comments, including 17 general comments and 149 requirement-specific comments, were varied and far-ranging. Some of the concerns mentioned most frequently include, but are not limited to, the following:

- Ensuring that consumers can establish and obtain easy access to on-line accounts that contain all required information
- Adopting and implementing policies based on fair information practices with respect to collection, use and storage of personal data, including PII and PHI
- Ensuring that no information is ever provided to an issuer or QHP prior to a consumer's enrollment in the QHP
- Ensuring linguistic competency in all aspects of the program, with the Web Portal, written materials and staff capable of providing information in multiple languages including all Medi-Cal threshold languages
- Tracking of changes and establishing an audit trail
- Identification and use of data sources for verification of eligibility

- Using CalHEERS to determine eligibility for all Insurance Affordability Plan (IAP)s, including Medi-Cal, and to alert all IAP eligibles when renewals are due.
- Data privacy and security, HIPAA, etc.
- Establishing clear data retention policies
- Ensuring that the implications of the amount of APTC taken by the consumer are clearly communicated to the consumer, including potential tax consequences
- Ensuring that cost-sharing requirements and limitations are made clear to the consumer at the time of plan selection

Greenlining and Consumers Union (combined comments)

This stakeholder provided 49 comments on the SHOP requirements. These comments included 4 general comments and 45 requirement-specific comments. Some of the concerns expressed include, but are not limited to, the following:

- Ensuring that the Individual Exchange and SHOP Exchange IT systems are compatible
- Adopting and implementing policies based on fair information practices with respect to collection, use and storage of personal data
- Ensuring that assisters, brokers and agents have their own separate log-on identification number, and that the functionality identified in various requirements be made available to agents and other assisters
- Enabling co-browsing so service center staff, navigators and assisters can see the same screen as consumers
- Ensuring that employees grant consent before any screening is done to determine eligibility for any insurance affordability programs
- Modifying requirements to reflect current law to eliminate reference to tobacco rating in the small group market
- Accessibility and functionality of the SHOP calculator
- Ensuring that no information is ever provided to an issuer or QHP prior to an employee's enrollment in the QHP

Health Access California

This stakeholder provided 52 comments in response to the requirements. Nearly one-third of the comments were related to the issue of privacy, with the organization urging that information related to plan comparison and selection, such as voluntary demographic data, legal presence, quality information, cost comparisons and other similar information, should either not be provided to issuers or should not be provided until after the consumer is enrolled. Other major concerns, also reflected in comments from other stakeholders, include:

- Adding requirements to inform the consumer about the consequences of accepting employer-based coverage
- Providing adequate notification to consumers regarding the tax consequences of changes in income during the year
- Requiring SHOP employees/dependents to be screened to determine eligibility for subsidized coverage
- Providing support only in English and Spanish, and whether other languages will be available in the future, including Medi-Cal threshold language

Questions on Meaning/Implications of Requirements

Comments from three organizations consisted primarily of questions and requests for clarification regarding the meaning of the requirements and the implications for their organizations. These organizations include:

- Anthem Blue Cross
- CIGNA
- Delta Dental of California

Anthem Blue Cross

Anthem states out the outset of its comments that the primary purpose of its response is to obtain additional clarification in order to better understand the requirements and provide further feedback. Almost every one of nearly 50 comments provided by Anthem is either a question or a request for clarification. Further, the questions and clarifications requested appear to be related not to the requirement itself, but to how the implementation of the functionality addressed in the requirement will impact the health plan.

CIGNA

CIGNA provided nearly 40 comments in response to the requirements. As with the Anthem response, nearly all are either a question or a clarification regarding the impact on CIGNA of the functionality addressed in the requirements. For several requirements, CIGNA requests that brokers and navigators be included. CIGNA also identifies three areas where it believes requirements are missing – student status, ability to carve out a dependent, and allowing for separate mailing and billing addresses.

Delta Dental of California

Delta Dental provided 40 comments in response to the requirements. More than half of the comments relate to modifying the requirements to include appropriate references to qualified stand-alone dental plans and using the term “dentist” or “provider” rather than “doctor.” These comments were primarily in response to the SRs. Delta Dental’s remaining comments consist primarily of questions or requests for clarification.

Table 1. Categorization of Comments

Type of Comment on CalHEERS	Definition of Comment Type	Number of
Already identified in CalHEERS Internal Joint Application Design Sessions (“JADs”)	Already identified as a requirement for the CalHEERS system and details noted will be included in the system design discussions.	200
Already identified in JADs and the requirement is being modified	Modified can mean clarified, deleted or deferred. Changes to the requirements are in the process of being presented to the CalHEERS Change Control Board for final approval.	12
Further research required	We will conduct further research to understand and/or address the comment; sufficient details provided to enable research.	61
Additional suggestions for CalHEERS design	Comments that will be taken under advisement when we conduct detailed design sessions.	46
No response required	Commenters expressed appreciation for the wording or inclusiveness of the requirement.	23
Questions and Answers	Questions were asked and we plan to provide answers. Responses to these questions will be posted on the Covered California website by early January.	114
Questions and Answers, plus Design considerations	Questions were asked and will be answered; the nature of the question also requires further consideration during the design process.	7
Service Center Design	Suggestions will be considered during the design of the Service Center.	3
Usability Design	Suggestion will be considered during the Usability design sessions.	15

APPENDIX A: LIST OF ORGANIZATIONS SUBMITTING COMMENTS

Anthem Blue Cross

California Labor Federation

California LGBT Health & Human Services Network

California Primary Care Association

CIGNA

Consumers Union and Western Center on Law and Poverty – comments on behalf of:

- Alliance to Transform CalFresh
- Asian Pacific American Legal Center
- Bay Area Legal Aid
- California Coverage and Health Initiatives
- California Food Policy Advocates
- California Immigrant Policy Center
- California Pan Ethnic Health Network
- California Rural Indian Health Board
- CalPIRG
- Center for Democracy & Technology
- Children Now
- Coalition for California Welfare Rights
- Community Health Councils
- Congress of California Seniors
- Disability Rights Education and Defense Fund
- Maternal and Child Health Access
- National Health Law Program
- Planned Parenthood Affiliates of California
- The Children’s Partnership
- The Greenlining Institute
- Vision y Compromiso
- Youth Law Center

Delta Dental of California

Greenlining and Consumers Union – comments on behalf of:

- Asian Pacific American Legal Center
- California Immigrant Policy Center
- California Pan Ethnic Health Network
- California Rural Indian Health Board
- Center for Democracy & Technology
- Coalition for California Welfare Rights Organizations
- Congress of California Seniors
- Maternal and Child Health Access
- Small Business Majority
- Youth Law Center

Health Access California