

**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	4.3.1		BR49	Recommend require "functionality to record user's plan preferences and apply those preferences to display QHP options and plan attributes per those preferences."	N	Pacific Business Group on Health
2	Y	4.3.1		BR49	Recommend adopt a generic term to describe the aspects of plan choice (premium, OOP cost, quality, coverage, etc.) such as "plan attributes" or "choice dimensions" or "elements of plan choice" etc. , use this term throughout rfp and require vendor to explain the functionality it provides for each of the cited choice attributes	N	Pacific Business Group on Health
3	N	4.3.1		BR52	The CalHEERS shall determine plan availability, calculate plan cost and display their results, including premium costs, estimate out of pocket, net costs, gross costs (net savings) and at risk costs.	N	Pacific Business Group on Health
4	N	4.3.1		BR52	Recommend that the cost calculator be a component of the user preferences functionality. It should not be located in a "toolbox" that is positioned as a resource, rather it needs to be integrated into core steam of plan choice experience.	N	Pacific Business Group on Health
5	N	4.3.1		BR52	Recommend consolidate BR52 and BR65 as they overlap; or clarify distinctive requirements.	N	Pacific Business Group on Health
6	N	4.3.1		BR52	Recommend "The CalHEERS shall provide a premium calculator for user to estimate Advanced Premium tax Credit (APTC). Vendor shall provide functionality to separately display: a) gross premium, b) user's premium cost (net of any subsidy), and c) the subsidy amount. Functionality should be flexible to support consolidated versus unbundled displays (e.g., hide/unhide subsidy amount). Functionality shall support display of premium costs on annual and monthly/other basis."	N	Pacific Business Group on Health

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7	N	4.3.1		BR54	Recommend: "The CalHEERS shall calculate and display alternative (e.g., low, average, high) estimated annual costs for each QHP. The functionality should calculate these annual costs by: a) user selection of pre-defined utilization scenarios, and/or b) user dynamically reported utilization for key services (e.g., office visits, prescriptions etc.)." BR56 appears to be redundant with BR54.	N	Pacific Business Group on Health
8	N	4.3.1		BR59	Recommend: "The CalHEERS shall provide provider search functionality, based on aggregation of all QHP provider directories, for user to search for a specific doctor or facility. The search functionality shall include a name type-down/other mechanism to present user with best potential matches and user in turn selects among those candidate doctors/facilities. The search result (e.g., doctor name or "doctor not found") shall be displayed in the plan comparison.	N	Pacific Business Group on Health
9	Y	4.3.1			Recommend: The CalHEERS shall provide user default functionality for each plan choice attribute (e.g., cost, quality, coverage etc.). This functionality can be used, in the preferences functionality, to pre-select a plan choice attribute and in real-time the user has option to remove this pre-set default.		
10	N	4.3.1		BR55	Recommend: The CalHEERS shall display all of the QHP covered services and user cost-sharing amount in the plan comparison. The covered services topics shall include deductible amounts, accumulation limits such as the annual or per service out-of-pocket cost maximums and any plan-funded amounts for personal account plans.	N	Pacific Business Group on Health
11	N	4.3.1		BR57	Recommend consolidate BR57 and BR58: "The CalHEERS shall provide functionality to highlight covered services/other differences among selected plans. Rules allow flexibility in determining meaningful differences (e.g., dollar amount). The user can open/close this display (e.g., 'show plan differences')."	N	Pacific Business Group on Health
12	Y	4.3.1			Recommend: "The CalHEERS shall provide functionality to set the number of plans to be compared concurrently in a plan compare display. The user can modify this setting and expand/reduce the number of plans compared."		

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13	Y	4.3.1			Recommend: "The CalHEERS shall provide a plan comparison information hierarchy that supports layering the plan comparison information in several tiers. This hierarchy shall enable HBX to position certain plan choice attributes at top layer of the plan comparison and other plan choice attributes at subsequent layers of plan comparisons." The user, through preferences functionality, has option to modify the default positions of plan choice attributes to elevate attributes to the top layer etc."	N	Pacific Business Group on Health
14	N	4.3.1		BR63	Recommend: "The CalHEERS, in the preferences functionality, provides the user with option to designate the importance (e.g., "checkbox selection" or "assign weight" to the quality measures categories such as the availability of quality doctors, wellness resources offered, customer service, claims handling, etc. in the plan comparison."	N	Pacific Business Group on Health
15	N	4.3.1			Recommend: "The CalHEERS, in the preferences functionality, shall provide user with a "choice of doctor/provider flexibility" plan attribute. This attribute and accompanying functionality distinguishes among plans on basis of choice of doctor requirements including: a) PCP selection, b) specialty care referrals, and c) specialty care programs such as behavioral health.	N	Pacific Business Group on Health
16	N	4.3.1		BR61	Recommend add following: "The quality ratings information must meet the needs of lower numeracy skilled individuals. As such, The CalHEERS shall provide functionality to convert numerical scores and scores differences into performance categories (e.g. star ratings).	N	Pacific Business Group on Health