24-Month Roadmap's Change Requests

(as of 3/13/2015)

RELEASE	CR NUMBER	TITLE	BRIEF DESCRIPTION	REASON for PROPOSED RELEASE	REASON for REQUEST (DHCS POLICY PERSPECTIVE)	STATUS	Advocate Comments 3/20/2015
R15.5 - Design deadline 1/9/15							
R15.5	9921	SSA - Replace **OPA** Decision Report with a CalHEERS budget calculation display upon request	The MAGI-Based Medi-Cal program will require an individual budget calculation for each member on the application and the APTC/CSR Programs will require a family level budget calculation.	Benefits of the change will be recognized sooner as this CR assist the Counties.	Currently MAGI income/budget data in CalHEERS is not transmitted to SAWS. Counties need this data to effectively case manage Medi-Cal cases. This CR will transmit the MAGI income/budget data to SAWS.	Approved for Implementation	
R15.5	9963	Updates to NOD01 Notice - Not Renewals [Remaining Static Text Changes Only]	This CR will have major text revisions to existing snippets/new snippets including finance (snippet 168 &20), appeals, eligibility redetermination and Update snippet #177 and Add income verification PDF (one static page that will appear just before the cover page). Snippets for Renewal need to generate when a consumer is re-determined eligible for next year.	Benefits of the change will be recognized sooner communication will be improved	NOD01 language has been confusing to consumers, this CR will clarify the language used to improve the consumer experience.	Approved for Implementation	
R15.5	27819	Discontinue/Disenrollment failed citizenship/lawful presence/MEC/SSN/Income over 90 days	The CalHEERS System shall run a Batch and discontinue program eligibility and disenroll (sending 834s) for consumers in a Covered California Plan (CCP) that were Re-Run through the **FDSH** and failed for citizenship, lawful presence, invalid SSN, or MEC (pending specific policy decisions) in an Insurance Affordability Program or an Unsubsidized application that had verification pending over 90 days. As appropriate, CalHEERS shall generate NOD01s. The CalHEERS System shall run a Batch and disenroll (sending 834s) for consumers in a CCP that were Re-Run through the FDSH and failed eligibility with a status of ineligible (for example, transition to MAGI-Medi-Cal) and generate appropriate NOD01s if not generated previously when ineligible status determined. The CalHEERS System shall repeat this Batch run for all re-run cases through the FDSH until all conditional eligibility failed for verification over 90 days have been discontinued/disenrolled (834)/noticed.	This CR was proposed for this release to make incremental process on getting to a full disenrollment process. Improved consumer notification will be realized with this CR. This CR was proposed for this release due to resource availability.	The reasonable opportunity period is currently managed manually without automated ntoicing. This CR will automate the process and provide appropriate noticing to consumers.	Approved for Implementation	Advocates request to see notices that were sent to consumers to inform them that they needed to submit additional evidence of their citizenship or immigration status. We also want additional information about any additional efforts being made to reach out to these people including the opportunity to review Service Center Scripts. Additionally we would like confirmation that the notices will be translated into threshold

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~~R15.7~~ R15.5	30041	Increase Income Levels for M9, M7, M0 and M8 (Pregnancy)	With Senate Bill 857, the income levels for existing pregnancy aid codes M9, M7, M0 and M8 need to be increased. M9 (Pregnant Women: Citizen/Lawfully Present; limited scope) is currently 60-213% FPL which needs to be increased to: Above 138%-213% FPL. M7 (Pregnant Women: Citizen/Lawfully Present; full-scope) is currently 0-60% FPL which needs to be increased to 0-138% FPL. M0 (Pregnant Women: Citizen/Lawfully present; undocumented) is currently 60-213% FPL which needs to be increased to: Above 138-213% FPL. M8 (Pregnant Women: Citizen/Lawfully Present; undocumented) is currently 0-60% FPL which needs to be increased to 0-138% FPL. Enhanced messaging will be needed on the CalHEERS online portal to inform the pregnant women of her options if she falls within the income levels of limited-scope Medi-Cal for pregnant women (above 138%-213% FPL) that she can: 1) remain in limited-scope Medi-Cal (pregnancy-related services); 2) have the option of enrolling in both APTC/CSR and limited-scope Medi-Cal; 3) or choosing only APTC/CSR.	Benefits of the change will be recognized sooner as this CR will provide full scope to beneficiaries. Due to the progress and the availability of CalHEERS capacity, this CR was able to move up to R15.5.	This CR increases the Federal Poverty Limits for pregnancy related aid codes. This is an optional expansion to provide full-scope Medi-Cal to pregnant women.	Approved for Design	We are pleased to see the income changes and also understand the needed "messaging" is in this CR. Advocates would have liked to be part of the design process but since we see it was done in Jan we request to see the messaging ASAP.
~~R15.7~~ R15.5	33930	Annual Update FPL Chart with Estimated FPL	CR is requesting an annual re-occurring update to the FPL tables in OPA that need to be updated on or before January 1, 20XX of each year and may need to be updated with an actual FPL on or before April 20XX of each year if the ACTUAL differs from the ESTIMATE and update the FPL table in April with the ACTUAL FPLs. ttached are the 2015 estimated (monthly/annual) tables for use in CalHEERS when determining financial eligibility under the MAGI coverage groups for the 2015 year. DHCS would like to implement these updated tables, effective 1/1/2015. These tables are not for use in SAWS/counties when determining financial eligibility for the Non-MAGI coverage groups. To have the estimated 2015 FPL tables (Monthly and Annual) => January 1, 2015. · CalHEERS to update the Annual FPL Table in OPA with the Estimated 20XX FPLs on or before January 20XX. . CalHEERS to update the Annual FPL Table in OPA with the Actual 20XX FPLs on or before April 20XX if different from the Estimated FPL Value. · There will be no rounding or changing of this table other than updating the values. · DHCS is not requesting that this updated FPL be used for Renewals but for NEW APPLICATIONS or cases that are run on 1/1/2015 or later.	Benefits of the change will be recognized sooner as this CR will provide more accurate eligibility and coverage for the beneficiaries. Due to the progress and the availability of CalHEERS capacity, this CR was able to move up to R15.5.	This CR is to update the FPL for the 2015 year. This is an annual federal requirement; it ensures applicants and beneficiaris are receive an accurate determination.	Approved for Design	The updated FPLs should be used for renewals immediately upon updating.

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R15.7 - Design deadline 3/6/15							
R15.7	4920	Reconciliation: IRS, CMS, Carrier, Consumer, Financial	The original design of the Carrier reconciliation process was reviewed by the carriers. At that time, changes were recommended to account for terminations and cancelations during the month. Since that time, CMS has issued an updated reconcilaiton format, which includes second 834 file that includes terminations and cancelations. The design and documentation for the reconciliation needs to be modified to include both an active enrollment 834 and termination and cancelations 834 files. This is needed by December for testing so that the first reconciliation can be done in January.	This proposed release is to line up with CMS requirements.	CMS is requiring states to move from the interim payment process, to the formal monthly 834 reporting.	Approved for Design	
R15.7	7098	Enhance Eligibility Transaction History Table to Display All Consumer Eligibility Transactions	The purpose of this change request is to expand the Transaction History Table in the CalHEERS system to accurate show ALL Eligiblity transactions with sufficient detail to support the eligibllity determined by the BRE. It is intended that this transaction history end with the action that initiates Plan Selection. Plan Selection results and Enrollment History (including carrier transactions) will be developed using CR 29022 "Add Automation, Monitoring, and Alerting to the Inbound and Outbound 834/820/GI Batch Processes" (see immediate below for brief description).	Benefits of the change will be recognized sooner as this CR assist in more effective and quality eligibiity determination.	This CR will improve the view of the transactions made within CalHEERS. This will be for administrative users only and will enable users to more effectively resolve eligiblity issues/problems, as well as, assist quality control reviewers in analyzying eligibility determinations and case management.	Approved for Design	Advocates would like to know who will have this admin access at the counties and will Covered CA R&R and appeals unit be able to view the Med-Cal eligibility transactions even if the case is with the county.
R15.7	7169	Expedited/Flexible Application Entry for Service Center Representatives (SCRs)	Covered CA discovered that during the process of entering Paper Applications, SCRs had to revisit applications multiple times because the Consumer failed to enter needed information. In an effort to reduce the time it takes to complete the paper application process, Covered CA would like for Service Center Representatives (SCRs) and/or any designated role, to be able to skip required fields and continue entering the information provided by the Consumer. The system must be able to notify the Consumer of needed missing information and task the Service Center Representative when the missing information is received via mail, fax, or document upload. Covered California and DHCS reviewed and approved options from the initial JAD (Option 2 plus Add On's) as detailed CR supporting documents. Confirmation of option have been received from both Sponsors.	Cost savings will be recognized sooner.	This CR is needed to faciliate efficiencies and cost savings in entering data from paper applications to CalHEERS to submit for eligibility.	Approved for Implementation	How will the system notify paper applicants of missing info? Will a notice be generated from CalHEEERS or will they need to create an online account to get notifications? Also need to make it easy for SCRs to scan and identify additional paper documents that come in from paper applicants so that it can be easily connected to the consumer's case.

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R15.7	7536	MEDS Error Handling	Modify CalHEERS to send MEDS SOAP Faults from Online HX18 and HX20 transactions to a user friendly console. CalHEERS submits in real time HX18 Create Application and HX20 Create Eligibility transactions to MEDS. MEDS processes the transactions and returns SOAP faults if they error out. The SOAP faults fall into two broad categories. The first is the transaction submitted to MEDS does not adhere to the XML contract agreement between CalHEERS and MEDS. The second is that the data submitted in the transactions do not meet MEDS business rules (e.g., There is a discrepancy on the birthdate and SSN being sent in these applicants that is conflicting with the data that exists in MEDS, there is a discrepancy between the CIN and SSN that is being sent by CalHEERS in the HX18 and the record with the same CIN in MEDS). While CalHEERS is able to handle both types, the expectation from DHCS is that CalHEERS treat the data/business rule errors as Alerts and submit them directly to the CalHEERS tool, similar to the Alerts that are identified as part of the CalHEERS batch transactions (HX12, HX20, HX34, HX40).	**B**enefits of the change will be recognized sooner as this CR assist in more effective and quality eligibiity determination.	Current transaction errors to MEDS are not visible to the admin users and as a result it is time consuming to troubleshoot failures in transactions. This functionality will provide all errors and alerts in one central place. From policy perspective, this funtion will help identify errors in eligibility transaction, correct the error and resubmit so that the consumer has eligiblity.	Approved for Design	This CR will be very helpful in fixing wrong eligibilty determinations. Please ensure access to this new screen is provided to both SCRs as well as counties.
R15.7	8754	Plan Portal Presentation Changes (deductibles, benefits, and hover text)	Feedback from Covered CA, carriers and advocates would like the deductible display made clearer, and some benefits need the description to be changed and added clarification for the Bronze and Catastrophic plans. Several plans have voiced their concerns for misleading hover text as well as misleading benefit display.		Covered CA CR	Approved for Design	We are concerned about the hover text and would appreciate having a chance to review the hover text in context - perhaps even pointing out the ones where others have raised concern - and the misleading benefit display. Please share those concerns with advocates.
R15.7	28702	Long Term Negative Action	This CR is enabling negative action functionality for the long term and identifying system requirements for CalHEERS implementation in addition to those referenced in CR 7900 "Negative Action".	Earliest implementation will ensure the department maintain program integrity and be fiscally responsible.	This automated functionality does not currently exist and will allow all systems to execute and communicate denials and discontinuances for Medi-Cal consumers, including mixed households.	Approved for Design	We know this critical functionality needs to be done as soon as possible.

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R15.7	29022	Add Automation, Monitoring, and Alerting to the Inbound and Outbound 834/820/GI Batch processes	1) Implement AUTOSYS to automate both Inbound and Outbound processes, including notifications to the Accenture Ops team, CalHEERS Plan Management and Technical teams in order to address issues in a timely manner and avoid downstream issues with the Carriers. a. Define all the reasons why the failure can occur and log them in the database; b. Implement error logging at the file validation and business validation level; c. Report the errors (Inbound and Outbound) via the application portal and the BI reports; d. Make the carrier-specific errors available to the carriers. e. Send a daily 8AM email notification to Carriers detailing exceptions that have occurred during Inbound file processing and include the Carrier File Control number on this notification. f. Add the Carrier File Control number to the 999 files that are sent to the Carriers. 2) Implement an Incident Reporting process and a daily touch-base meeting with the Plan Management and Technical team. 3) A Batch Schedule report should be produced daily. 4) Provide Incident Reports detailing data quality, file integrity, and reconciliation issues. 5) Review existing SLA's to ensure proper severity is applied to the 834 processes.	Benefits of this change will be realized sooner as this CR will improve the ability to resolve member enrollment concerns.	This CR will provide visibility for the techncial teams and service center for the enrollment transactions that are exchanged with carriers. It will improve the quality of the enrollment transactions.	Approved for Design	
R15.7	32297	Reduce NOAs sent to the Consumer	Determine the Business solution to reduce the number of notices sent to the consumer.	Benefits of the change will be recognized sooner as this CR will aid in mitigating confusions to the consumers/beneficiaries as well as cost avoidance for the department.	This CR implements functionality to reduce the number of MAGI Medi-Cal notices to a consumer. Currently, CalHEERS sends a notice for every time the county runs eligibility; however, this CR will limit such notices to initial determination and if there is a change in eligibility.	Approved for Design	Appreciate CalHEERS investigation into the cause of multiple notes and fixing the problem, eliminating some of the consumer confusion. We are anxious to hear if the fix has eliminated 100% of the problem or if there are still some multiple notices produced.

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R15.7	33625	Leader Replacement System (LRS) Integration with CalHEERS Planning and Execution	In order to successfully implement the LEADER Replacement System (LRS) in Los Angeles County, the LRS Project must successfully test its interface with the CalHEERS and ensure that an implementation plan is mutually agreed upon and in place prior to LRS pilot and the five waves of LRS roll out in Los Angeles County. Following the stabilization of the 3.0 schema updates at C-IV and CalHEERS, and after the open enrollment period is complete, LRS will integrate the 3.0 schema and related changes made by C-IV. It is anticipated that this integration will be completed by late February. When LRS completes the integration of the C-IV 3.0 schema and related changes, LRS will require a testing environment at CalHEERS with the 3.0 schema functionality to complete its LRS/CalHEERS interface testing. This effort is in addition to and it does not replace the existing SAWS (C-IV, CalWIN and LEADER)/CalHEERS interface/integration testing. The LRS Project has provided to CalHEERS a list of detailed scope of work including testing requirements, and testing time frames for all planned test phases (e.g. System Test, UAT, Converted Data test) so that CalHEERS can determine the level of effort and testing environments necessary to support LRS testing, and to determine additional funding that is required to support the LRS rollout and integration with CalHEERS. CalHEERs needs to plan the LRS eHIT interface partner integration. The plan needs to include all aspects of implementation with the new SAWS eHIT interfacing partner: - Planning the effort (approach, testing strategy and scope, LRS rollout and conversion from LEADER to LRS testing, timeline, environments and infrastructure and support) - OTech network connectivity establishment and testing - Testing environments procurement and set up - Interface Code Updates/Development - Integrated System Test execution		CalHEERS CR	Approved for Implementation	

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R15.7	36110	Add APTC Effective Date to 834 Transactions	APTC Changes are not being uniformly applied by the carriers. In order for these transactions to be applied the same across all partners a date needs to be added to the 834 transaction. This Change Request is cross-functional and requires input from both Eligibility and Carrier management teams. This CR also includes correct APTC proration across months when a change in APTC occurs.	Benefits will be realized sooner by correctly applying changes in APTC for consumers	This CR is needed to correctly calculating and apply APTC for consumers who report a change impacting APTC during the benefit year.	Approved for Design	We are concerned about this and hope the changes approved will ensure that consumers are obtaining the correct APTCs through the plans. Troubling that the changes were not being applied uniformly across plans. Is there a reason this change is limited to APTC calculations during the year? Are all carrier transactions for APTC calculations at initial app and renewals now accurate? Has testing been done to make sure APTC pro-rating and sharing with carriers is accurate? Advocates also request that these transactions to carriers are correct when appeals staff need to change the APTC amount to resolve the appeal or comply with a hearing decision.

R15.9 - Design deadline 5/15/15

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~~R16.2~~ R15.9	3066	Former Foster Care	Current CalHEERS design is to mandatorily refer to counties for eligibility evaluation, all attested Former Foster Care (FFC) individuals. The ACA FFC coverage group is mandatory categorically needy. All ACA-related mandatory categorically needy coverage groups eligibility rules must be programmed in CalHEERS. Eligibility criteria to be programmed into CalHEERS includes: 1. Under age 26 2. Were enrolled in foster care under the responsibility of the State (any state) or tribe and enrolled in Medicaid under the State's Medicaid State Plan or 1115 demonstration waiver upon obtaining age 18, or at such higher age at which the State's or Tribes foster care assistance ends under title IV-E of the Act. 3. No income test The system must verify enrollment in foster care and Medicaid in accordance with the CMS verification plan, which is to verify foster care and Medicaid enrollment through the county social services offices, post-eligibility determination and enrollment.	Due to postponement of Medi-Cal Plan Selection, DHCS has evaluated the current proposed release (R16.2) set for this CR and determined to move to, at the latest, R15.9 implementation. This proposal needs to be evaluated and reach consensus with CalHEERS and DHCS business partners (CWDA, Counties, and SAWS).	This CR programs Former Foster Youth eligibility into CalHEERS to ensure they are assigned the correct aid code. Currently, erroneous eligibility determinations are being performed on this population resulting in unnecessary costs or being placed in less beneficial programs.	Accenture Assess Impact	Advocates are pleased that this critical eligibility functionality has been moved up, but it's critical that this be implemented ASAP and sooner than 15.9 given the erroneous eligibility determinations. Also, advocates want to be part of the design and to understand the verification procedures.

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~~R16.4~~ R15.9	4497	MAGI 5% Income Disregard	This Change Request is submitted to program the MAGI 5% income disregard when determining eligibility under the ACA Parent/Caretaker Relative coverage group for certain non-pregnant adults who are not eligible for enrollment in the ACA New Adult coverage group. Current CalHEERS programming does not apply the 5% MAGI disregard when determining income eligibility under the ACA Parent/Caretaker Relative coverage group. In accordance with 42 CFR, Section 435.603(d)(4), the 5% MAGI disregard applies when determining income eligibility under the ACA eligibility group with the highest income standard under which the individual may be determined eligible using the MAGI methodology. Non-pregnant parents and caretaker relatives not eligible for enrollment in the ACA New Adult group shall have the 5% MAGI disregard applied when determining their eligibility under the ACA Parent/Caretaker Relative group. For pregnant parents and caretaker relatives, the 5% disregard applies when determining eligibility under the ACA Pregnant Women coverage group and therefore does not apply when determining eligibility under the Parent/Caretaker Relative group. The likely scenarios in which the MAGI 5% disregard applies to determining eligibility under the ACA Parent/Caretaker Relative group is when the non-pregnant parent or caretaker relative is: · Enrolled for coverage under Medicare Parts A or B · 65 years-old or older · When the child linking the individual is not enrolled in minimum essential coverage (MEC).	DHCS is currently evaluating the proposed release set for this CR (R16.2) and considering moving to R15.9 implementation. This proposal needs to be analyzed and evaluated by CalHEERS and DHCS business partners (CWDA, Counties, and SAWS).	This CR will update the eligiblity requirement for the parent/caretaker relative coverage group by applying a 5% income disregard according to Federal regulations.	Approved for Design	Advocates strongly support moving up this CR as it is needed to implement a basic eligibilty rule and without it some adults eliglble for MC are being wrongly determined eligible for APTCs instead. As a result, low-income adults are paying for health insurance that they should be getting for free.
~~R16.9~~ R15.9	4846	CCHIP Interface and Integration (3 counties)		Due to postponement of Medi-Cal Plan Selection, DHCS has evaluated the current proposed release (R16.9) set for this CR and determined to move to R15.9 implementation. This proposal needs to be evaluated and reach consensus with CalHEERS and DHCS business partners (CWDA, Counties, and SAWS).	Federal regulations require CHIP children to have a MAGI determination. This update will include the business rules to determine eligibility for this program in the three counties specified. (Related to CR 33378 regarding data extract for same program.)	Approved for Design	What have we been doing for this population up until now?

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~~R16.9~~ R15.9	8415	Servicing County and Case Management County	This change request is for functionality to support Servicing Counties and Case Management Counties when a consumer is placed in one county and case management is the responsibility of another county.	DHCS is currently evaluating the proposed release set for this CR (R16.9) and considering moving to R15.9 implementation. This proposal needs to be analyzed and evaluated by CalHEERS and DHCS business partners (CWDA, Counties, and SAWS).	This CR implements functional ability for the systems to recognize that a consumer although residing in one county, may be receiving care in a different county. This is an important enhancement that could affect consumers in foster care and long term care.	Approved for Design	Advocates support prioritizing this CR.
~~R16.9~~ R15.9	8517	Medi-Cal Access Program (formerly known as AIM) Integration	Through the Assembly Bill 1296 forum, this CR will integrate MAGI rules into CalHEERS.	Due to postponement of Medi-Cal Plan Selection, DHCS has evaluated the current proposed release (R16.2) set for this CR and determined to move to R15.9 implementation. This proposal needs to be evaluated and reach consensus with CalHEERS and DHCS business partners (CWDA, Counties, and SAWS).	Due to postponing of Medi-Cal Plan Selection, DHCS has evaluated the current proposed release (R16.9) set for this CR and determined to move to, at the latest, R15.9 implementation. This proposal needs to be evaluated and reach consensus with CalHEERS and DHCS business partners (CWDA, Counties, and SAWS).	New	This is fundamental eligibility programming that should be implemented ASAP. Advocates request to be part of the design process.
R15.9	10804	Use Administration Verification from SAWS to Grant Full Eligibility Determination	Per federal regulations, a full eligibility determination cannot be granted at the first call to the Federal Data Services Hub if all data elements are "administratively verified" by the eligibility worker at the county level. The only data element that CalHEERS accepts, process, and stores in the first run is the California residency verification. This change request will allow the following verification elements, if administratively verified, to be granted a full eligibility determination at the first call to the BRE. These administrative verifications include the following verification elements: California Residency Verification, Social Security Verification, Citizenship Verification, Lawful Presence Verification, Not Receiving Minimal Essential Coverage Verification, Not Dead Verification, Not Incarcerated Verification, Income Verification, and Authorized Representative.	This CR was proposed for this release due to resource availability and capacity constraints.	This CR enables eligibility determinations to be made using verifications from SAWS data in a more efficient manner than is currently possible and minimizes applicants being in pending status.	Approved for Design	

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R15.9	11708	Do Not Display non-MAGI Screen and Citizenship/Immigration Questions For Non-Applying Household Members	Update CalHEERS functionality to ensure the following questions will not appear for household members not seeking benefits: · The non-MAGI screening question related to disability, long-term care and Medicare; · All Citizenship and immigration questions.	This CR was proposed for this release due to resource availability and capacity constraints.	CMS request to not display certain questions to a consumer that is not applying for health insurance. Premise is that the non-applying member does not need to provide certain information not needed for the eligiblity of other members in the household. This change is related to SPA approval.	Approved for Design	Advocates strongly support prioritizing this CR and thought this had already been programmed in CalHEERS. Non-applicants should also not be asked for SSN until income section of application and should be marked as optional. Advocates would like to see test screen shots of this fix.
R15.9	28807	Add Dental Health Services	Covered California has contracted with a new Dental Carrier (Dental Health Services) for 2015. This change will enable code, file transfer, table updates, etc., required to support this new carrier.	This CR was proposed for this release due to resource availability and capacity constraints.	This CR will support making Family Dental available for 2016 Open Enrollment.	Approved for Design	
R15.9	29911	Employer Notification of Employee APTC	This change will require consumers to answer questions about their employer (name and address). It will generate a notice to be sent to any employer when an employee has been determined eligible for APTC.	CC is currently evaluating the proposed release set for this CR (R15.9) and considering postponing to an early 2016 release due to resource constraints.	This CR will bring Covered California into alignment with federal requirements to notice employers.	Approved for Design	Advocates would support a delayed release, as this would not be a priority as compared to other eligibility and enrollment issues. Advocates would like input on design. These questions should be asked but it is not clear why they must be required. We recommend not desginating these fields as mandatory in order for consumer to complete the application and if fields left blank, add a pop up reminder to consumer that they will need to provide this info later (if it is required).

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~~R16.9~~ R15.9	33378	Data Extract for MAGI for C-CCHIP	Children applying for coverage through Covered CA and eligible for the CCHIP are currently not being informed or enrolled into the program. CCHIP is administered by the local counties and enrolled into a county contracted health plan. Eligibility is not being determined using the CalHEERS MAGI rules as required by federal regulations under 42 CFR, Section 457.315. CCHIP counties do not have direct interface with CalHEERS. Until CCHIP is fully integrated into CalHEERS, under a separate Change Request (CR4846 "CCHIP Interface & integration into CalHEERS"), this workaround would be for Covered CA to provide counties with a data file of children who are determined eligible for APTC/CSR within the established CCHIP income range for counties to inform families of their children's eligibility for CCHIP. CCHIP counties will use Certified Enrollment Counselors (CEC) to assist families with their applications using the Covered CA's online application portal and the applications will be processed by CalHEERS. Requirements: 1. Counties: San Francisco, San Mateo and Santa Clara 2. Children ages 0 to up to age 19 3. Household income above 266% and up to 317% of Federal Poverty Level Weekly county eligible file will be transferred via secured FTP.	Due to postponement of Medi-Cal Plan Selection, DHCS has evaluated the current proposed release (R16.2) set for this CR and determined to move to R15.9 implementation. This proposal needs to be evaluated and reach consensus with CalHEERS and DHCS business partners (CWDA, Counties, and SAWS).	This CR requests for a report that shows which children were determined eligible for APTC/CSR that would have otherwise be eligible for the CCHIP Programs in the three identified counties. This will enable DHCS to take corrective action per CMS Mitigation plan to place children in the correct program if program functionality not in CalHEERS. (Related to CR 4846 "CCHIP Interface and Integration")	New	Advocates support the effort to program it into CalHEERS at an earlier release date so as not to require a work-around. How many children are impacted by the programming error at this time? Until permanent fix in place, recommend that this CR also ensure that eligibility results for these children indicate they may be eligible for lower-cost health insurance and that they may be contacted by the CCHIP program in the county. Recommend a snippet be added in the NOA for these children regarding potential eligibility in another program and a contact for more info. Advocates would like to review language.

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R15.9	34345	Fed Hub Renewal	The Renewal and Redetermination Verification (RRV) Composite (bulk) Service (RRV) provides a method for Medicaid/CHIP annual renewals and Requester annual APTC/CSR redeterminations for verification of the following information: * Indication of death * Disability indication * Income (i.e., IRS annual, SSA Title II annual, SSA Title II monthly, and current) * Medicare Part A eligibility This document addresses responsibilities and interactions between Requesters (Federally Facilitated Marketplace (FFM), State-Based Marketplace (SBM), and State Medicaid/CHIP agencies) through the Federal DSH, or the Hub, to and from Equifax, Medicare, the Internal Revenue Service (IRS) and SSA. Equifax provides current income (Tier 1 - current within 45 days of request/query). IRS provides annual household income. Federal DSH RRV Composite BSD - Draft April 2014 3 Use or disclosure of data in this document is subject to restriction. Medicare provides a Medicare Part A eligibility indicator and effective start and end dates. SSA provides Title II income (monthly/annual), indication of death, and a disability indicator. Requesters may find it useful to reference the following synchronous service BSDs for any additional details about any TDS-specific details not described in this document: * Federal DSH Verify Annual Household Income and Family Size Business Service Definition (BSD) * Federal DSH Social Security Administration (SSA) Composite Business Service Definition (BSD) * Federal DSH Verify Current Income Business Service Definition (BSD) * Federal DSH Verify Non-Employer Sponsored Insurance Minimal Essential Coverage (Verify Non-ESI MEC) Business Service Definition (BSD)		CalHEERS CR	New	Advocates would like to understand better what this new requirement means and the impact of it on eligibility and programming. Will this CR allow verification via the FDSH when consumers report a change of circumstance during the year as well or is this only for renewals? What NOAs will be generated to consumer about the verification results or if info is not reasonably compatible?
R15.9	34757	Family Dental Plans	Covered California would like to explore alternate solutions for the implementation of Family Dental Plan Selection for the 2015 Open Enrollment Period.	This CR was proposed for this release as an alternative approach to 28807 in order to make Family Dental avaialbe for 2016 Open Enrollment.	This CR is a placeholder for an alternate approach to implement family dental.	Approved for Design	

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~~R16.4~~ R15.9	35331	Update Income Hourly, daily frequency to mandatory	Update portal pages for instances when a consumer enters "HOURLY" and / or "DAILY" Income types the Frequency must be mandatory eHit updates. Conversion of existing data when the value is missing for Frequency.	DHCS is currently evaluating the proposed release set for this CR (R16.4) and considering moving to R15.9 implementation. This proposal needs to be analyzed and evaluated by CalHEERS and DHCS business partners (CWDA, Counties, and SAWS).	This CR will enable applicants to report income in CalHEERS in additional frequencies and result in more accurate eligiblity determinations.	New	Advocates support expediting this CR.
R15.9	37032	Refine BRE Change Reporting Rules	This Change Request is a placeholder and will be updated to support the changes to the BRE being evaluated by Covered California.	This CR was proposed for this release due to resource availability and capacity constraints.	This is a placeholder CR in anticipation to add any enhancements to the business rules engine. This was opened by Covered CA but may also affect Medi-Cal change reporting.	New	We look forward to understanding more about this CR when it is defined. Unless someone is no longer eligible for a particular CSR plan, it is unlawful to terminate enrollment in a QHP due solely to reported changes in income.
R15.9	37033	Enhancement Income for Open Enrollment	This CR is to update CalHEERS to enhancement income for Open Enrollment.	This CR was proposed for this release due to resource availability and capacity constraints.	This is a placeholder change request to add any prioritized income changes that would be needed prior to deploying other program related change requests. Current efforts underway to identify income changes needed.	New	
R15.9	37034	UI Improvements	This CR is to enhance the user interface to improve transition and capture of information in the CalHEERS Portal.	This CR was proposed for this release due to resource availability and capacity constraints.	This CR is for portal changes to enhance the user interface. DHCS strives to make the portal as user friendly as possible. Updates to the user interface support the policy of providing an eligiblity determinationa s soon as possible. Enhancing user messaging on the portal supports the self service channels.		There is insufficient information to analyze; advocates would like to be part of making sure the interface is user-friendly, to review what messaging is available for self-service channels, and to ensure that superfluous and unnecessary information or requests are removed.

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R15.9	37095	Super User Role for Admin Capacity to Modify/Correct Records	This CR is to define Super Admin User functionality (Manual Eligibilty) that will allow for overriding business rules in order to provide access to care for consumers.	The benefits of this CR will be realized with implementation.	This CR will support the ability of Covered California to mange complex cases and respond to appeals. This includes supporting the ability to split APTC in a single household which is needed to address appeals.		Advocates support prioritizing this CR.
R15.9	39912	Modify PMPM Invoicing Criteria for 2016 Enrollment Period	This CR is to modify the logic used to invoice carriers per member per month from enrolled net cancellations to ENROLLED for 2016 Coverage.	This CR was proposed for this release due to resource availability and capacity constraints.	This CR will bring Covered California carrier billing into alignment with actual market practice.	State Assess Impact	
~~R16.4~~ R15.9	40758	Use lower income	As part of the Single Streamlined Application (CR 6933, implemented in release 15.3 on March 2, 2015), CR 3161 "SSA - Add Projected Annual Income and Reasonably Predicted Future Changes to income" provides the following functionality for determining MAGI individual household monthly income: * The sum of projected annual income amount (PAI) for each person in the MAGI household, divided by 12 (if PAI is available). * If PAI is unavailable, all countable income minus the 5% income disregard amount if applicable (California opted to add the disregard to the FPL), and minus any deductions. In accordance with W&I Code, Section 14005.65, the intent of this request is to implement the following additional MAGI individual household monthly income functionality when both current monthly income and PAI are available: * If current monthly income and PAI are both available, divide PAI by 12, compare PAI divided by 12 with currently monthly income, then use the lower of the two (PAI divided by 12 or current monthly income).	DHCS is currently evaluating the proposed release set for this CR (R16.4) and considering moving to R15.9 implementation. This proposal needs to be analyzed and evaluated by CalHEERS and DHCS business partners (CWDA, Counties, and SAWS).	This CR is to provide policy clarification on the use of Projected Annual Income. The current functionality would be enhanced to comply with State statute.	NEW - critical income related CR	Advocates strongly support prioritizing this CR which implements income rules that were supposed to be effective Jan 2014

R16.2 - Design deadline 9/25/15

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~~R15.9~~ R16.2	2967	Continuous Eligibility for Children (CEC)	The CEC program protects children from negative actions based on a change in circumstance. For example, if a child would be found ineligible for Medi-Cal based on a change in circumstance, the CEC program would keep the child in his or her existing aid code until the child's next annual redetermination. When information about a change in circumstances is reported to CalHEERS, CalHEERS will run the business rules engine to see if the reported change affects eligibility. If eligibility is affected, CalHEERS will process the resulting change. The only way to ensure that CalHEERS does not act on a negative change to a child's Medi-Cal eligibility is to ensure that the CEC business rules are built into CalHEERS. Changes in circumstance can be reported to CalHEERS as early as January 1, 2014; therefore, the CEC programming must be implemented prior to January 1, 2014.	DHCS is currently evaluating the proposed release set for this CR (R15.9) and considering postponing to an early 2016 release due to pre-requisit implementation of income related CRs for CPPs.	This CR is needed to ensure children receive benefits as they did prior to implementaion of the ACA. Not implementing this change is a MOE issue and may risk federal funding.	Approved for Design	Advocates had understood that CEC could continue to function in SAWS and want to understand how this is working today.

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R16.2	2968	DMV State Residency Verification	The March 23, 2012, Medicaid final rule grants states the option to require verification for state residency. If a state requires verification, it must verify through electronic means unless the state can prove that such information cannot be electronically verified. DHCS has concluded that it will elect to verify state residency for all Medi-Cal applicants through an electronic interface with the DMV. CalHEERS shall work the DMV to establish a secure electronic interface that will share information between the two systems on a real-time basis. CalHEERS shall send information to DMV requesting state residency verification from the DMV and the DMV shall send information back to CalHEERS stating whether the information was “verified” or “un-verified”. CalHEERS shall also update their verification procedures to ensure that all applications are checked against the DMV for state residency verification.	This CR was proposed for this release due to resource availability and capacity constraints.	This CR is to implement functionality to enhace the use of State sources to verify State residency. The service supports the policy to electronically verify CA residency to the greatest extent possible without requesting additional information from the consumer which may delay eligibility determinations.	Proposed	Advocates support a change in policy to continue the current policy of suspending residency verifications and not building this interface. We oppose any additional CalHEERS programming resources used to enable this functionality while there are more pressing eligibility and enrollment issues not functioning. If implemented, advocates would like to a) know what other databases can be checked if consumer's state residency can't be verified via the DMV and b) review text of eligibility results screen or NOA snippet informing individuals their state residency could not be electronically verified.

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~~R15.9~~ R16.2	2972	Transition Medi-Cal (TMC)	The TMC program protects families terminated from Medi-Cal because of increased earnings or hours of employment, loss of earned income. The TMC program consists of two six month periods. Beneficiaries who earn TMC for the first six month period are granted a second six month period if their income is below 185% FPL at the conclusion of the first six month period. When information about a change in circumstances is reported to CalHEERS, CalHEERS will run the business rules engine to see if the reported change affects eligibility. If eligibility is affected, CalHEERS will process the resulting change. Families that qualify for TMC are protected from any negative changes through the TMC program. The only way to ensure that CalHEERS does not act on a negative change is to ensure that the TMC business rules are built into CalHEERS. Changes in circumstance can be reported to CalHEERS as early as January 1, 2014; therefore, the TMC programming must be implemented prior to January 1, 2014.	DHCS is currently evaluating the proposed release set for this CR (R15.9) and considering postponing to an early 2016 release due to pre-requisit implementation of income related CRs for CPPs.	This CR implements functionality to ensure that Medi-Cal beneficiaries are afforded protection if their earned income increases. The program has two 6 month periods. The first period is automatically and the second period is dependent on income at or below 185% and the submittal of reports.	Approved for Design	Advocates support postponing this CR as TMC rules exists in SAWS today and other CRs are more critical.

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~~R15.9~~ R16.2	3043	Soft Pause - Create Pending Status for MAGI-Medi-Cal Adverse Action	This CR is update CalHEERS BRE to make MAGI Medi-Cal Discontinuance or MAGI Medi-Cal no Premium to Premium Status of "Pending" and make updates to eHIT DER transaction to pass Pended MAGI Medi-Cal Discontinuances/ no Premium to Premium changes to SAWS. It will also have updates to include specific individuals to include (Parents, Caretakers, Pregnant Women and Children). The implementation will create the ability for CEW's/SAWS to lift the Soft Pause and create a flag that identifies a case that is being protected by Soft Pause for CEW's / SAWS to view. NOTE: Part 1: Soft Pause for Parents and Children has been implemented. NOTE: Part 2: Soft Pause for Caretakers Relatives and Pregnant Women has NOT been implemented, as well as adds the ability to lift the soft pause.	DHCS is currently evaluating the proposed release set for this CR (R15.9) and considering postponing to an early 2016 release due to pre-requisit implementation of income related CRs for CPPs.	This CR is to implement functionality to capture Medi-Cal beneficiaries that would otherwise be discontinued for changes in circumstances. This will allow the Medi-Cal eligiblity to remain while the county is re-evaluating eligiblity for other Medi-Cal programs before the consumer is evaluated for subsidies.	Approved for Design	This is important eligibilty functionality that should not be postponed any further and should be retained in 15.9 release or earlier. Advocates would like to review NOA snippets that explain this soft pause to consumers at the eligibility results screen. Note that this CR should not prevent a consumer from getting APTCs if they are over 65 as there are consumers who should remain eligible for APTC even if they are over 65 and categorically eligible for non-MAGI but will be over income or over resources for non-MAGI eligiibility.

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~~R15.9~~ R16.2	3065	Continuous Eligibility (CE) for Pregnant Women	This CR will implement CE for Pregnant Women. Those eligible are: • Medi-Cal eligible pregnant women enrolled under the 185 or 200 percent program with no SOC who with the increase in income would otherwise have eligibility to the pregnancy program. • Pregnant women in the Medically Needy or Medically Indigent program who with an increase in income have a SOC or a higher SOC. • Pregnant women on public assistance (PA) or other PA (SSI/SSP) who due to an increase in income lose PA eligibility and zero SOC cash-based Medi-Cal. Qualification requirements: To qualify for CE a pregnant woman must be "eligible for and receiving" Medicaid benefits at the time of the income increase. This means that the pregnant woman must have met her share-of-cost (SOC)(been certified) at least once during her pregnancy, prior to or in the same month of the income increase in order for her (and later her infant) to qualify for CE/DE. DE is for infants, CE for pregnant women.	DHCS is currently evaluating the proposed release set for this CR (R15.9) and considering postponing to an early 2016 release due to pre-requisit implementation of income related CRs for CPPs.	This CR is to protect eligibility of pregnant women from changes in their circumstances through the end of the month of their 60th day after the end of the pregnancy.	Approved for Design	We understand CE for Pregnant Women is continuing to function in the SAWS.
~~R15.9~~ R16.2	3067	4-Month Continuing MAGI based Medi-Cal for Parent/Caretaker Relatives	This CR is to design Four-Month Continuing MAGI-Based M/C for parent/caretaker relatives that become MAGI-Based M/C ineligible due to increased alimony. If this change request is not prioritized for R3 then a workaround will need to be established.	DHCS is currently evaluating the proposed release set for this CR (R15.9) and considering postponing to an early 2016 release due to pre-requisit implementation of income related CRs for CPPs.	This CR ensures that Medi-Cal beneficiaries are afforded protection if their child or spousal support income increases and is consistent with pre-ACA policies.	Approved for Design	Advocates would like to understand what the workaround is for this.

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R16.2	3068	PRUCOL	PRUCOL statuses cannot be verified through the FDSH Step 1 process. An applicant does not currently have the ability to self-attest to a PRUCOL category on the single streamlined application. CalHEERS needs to add up to two additional PRUCOL questions, to be determined later by DHCS, to collect PRUCOL data. The applicant(s) will get a conditional determination for the specific MC category, provided all other required data and verifications qualify them for Medi-Cal. Step 2 or Step 3 lawful presence verification will process the PRUCOL cases offline. The CMS Frequently Asked Questions indicates that any status can be verified using the G-845 Supplement-PRUCOL form. What we do not know is what the responses will look like. When the Step 2 or Step 3 responses are sent back in an offline manor, including the potential processing of the G845 Supplement-PRUCOL form, the rules will run again with the verification results, and the eligibility will be updated accordingly. CalHEERS needs to add two (2) additional questions to the single streamlined application: 1. Is this applicant a PRUCOL Alien? Y/N if yes - 2. Which category _____(drop-down) Administrative verification process when returned. SAWS will update and send to CalHEERS BRE. If this change request is not prioritized CalHEERS will not be able to accurately determine eligibility for this population and a workaround will need to be established.	This CR was proposed for this release due to resource availability and capacity constraints.	This CR is to implement functionality to provide PRUCOL consumers to identify themselves and proper eligiblity determinations to be made.	Approved for Design	Advocates agree that individuals eligible for full-scope Medi-Cal as PRUCOL are properly screened by CalHEERS. But advocates are OPPOSED to adding the 2 additional questions in this CR to identify PRUCOL individuals. PRUCOL applicants are able to self-attest to PRUCOL when they answer Yes to the questions "Do you have satisfactory immigration status?" or "Are you an eligible immigrant?" Most consumers will not know what PRUCOL is to correctly answer such a question. To help identify potential PRUCOL individuals, recommend adding additional categories in the drop down menu of lawfully present individuals. Currently the list is limited to those who are lawfully present for purposes of APTC

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R16.2	3123	Pregnancy Wrap	Welfare & Institutions Code 14148.65 and 14148.67 creates an affordability and benefit program for pregnant women with incomes above 139 percent and up to 213 percent of the Federal Poverty Level (FPL) who are currently enrolled in a Qualified Health Plan (QHP) through Covered California. This program would provide pregnant women with no share of cost health benefits so that pregnant women may receive a benefit package equal to full-scope, comprehensive benefits that are provided for Medi-Cal beneficiaries who are pregnant. Under proposed statute, DHCS will pay for both the premiums and the cost sharing components of the beneficiary's QHP coverage if the pregnant woman is eligible for pregnancy-related and postpartum services and is currently enrolled in a QHP. The CalHEERS system will determine potential eligibles for the pregnant women affordability program. Similar to the affordability wrap program for Newly Qualified Immigrants (NQIs), pregnant women eligible for the affordability wrap will be assigned two aid codes: (1) Exchange aid code reflecting APTC/CSR coverage; and (2) a limited-scope Medi-Cal aid code to serve as an indicator for wrap coverage. CalHEERS will maintain case management for the APTC/CSR components of the case and the SAWS will maintain case management of the Medi-Cal aid code. Infants born to mothers within the pregnant women affordability program shall be deemed as Medi-Cal infants at birth by the SAWS system. The affordability program shall be made available at November 2014 Covered California open enrollment with eligibility coverage to commence January 1, 2015.		State statute established an affordability and benefit programs for pregnant women. This program would provide no cost covereage for women in a QHP through their pregnancy and 60 day postpartum period. Please Note: If the Centers for Medicare and Medicaid Services determines that Medi-Cal pregnancy-related services is Minimal Essential Coverage, DHCS will not be implmenting the Pregnancy Wrap Program	Approved for Design	Advocates agree this should be a priority if CMS determines pregnancy Medi-Cal is not MEC. Advocates would like to review text notifying women of their potential dual eligibility and choices.

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R16.2	3124	Non-Qualifying Immigrants (NQI) Medi-Cal Affordability Wrap	Welfare & Institutions Code 14102 establishes an affordability program to cover the premium and cost-sharing charges for any individual who is 21 years of age or older, who does not have minor children eligible for Medi-Cal benefits and would be eligible for Medi-Cal benefits but for the five-year eligibility limitation under Section 1613 of Title 8 of the United States Code. This population is referred to as non-qualifying immigrants (NQI). Per this statute, DHCS will pay for both the cost sharing and the premium costs for the individual's Qualified Health Plan (QHP) in the Exchange. This program becomes operative January 1, 2014. NQI adults subject to the five-year bar will be identified by the federal hub since the Verify Lawful Presence (VLP) interface (version 33), CR 6933, was installed in R15.3 on March 2, 2015. CalHEERS functionality is needed to identify these individuals at Covered California open enrollment and place them, if eligible, into the Medi-Cal Benefits and Affordability Wrap program. NQI adults eligible for the affordability wrap are provided two aid codes: (1) Exchange aid code reflecting APTC/CSR coverage; and (2) a state-only, full-scope Medi-Cal aid code to serve as an indicator for wrap coverage. CalHEERS will maintain case management for the APTC/CSR components of the case and the SAWS will maintain case management of the Medi-Cal aid code. The affordability program shall be made available at November 2014 Covered California open enrollment with eligibility coverage to commence January 1, 2015.	This CR was proposed for this release due to resource availability and capacity constraints.	State statute established an affordability programs for non-qualifying immigrants over the age of 21 without qualifying children. This program would cover premium and cost sharing charges for an individual in a QHP.	Approved for Design	Advocates support delaying implementation of the NQI wrap to ensure other programming priorities are inputed first.
~~R16.9~~ R16.2	4180	Begin/End Dates on eHIT	Enhance CalHEERS to track begin and end dates for data elements like income, expenses, addresses, etc. This additional changes to the portal to capture and then send with the system interfaces with SAWS.	DHCS is currently evaluating the proposed release set for this CR (R16.9) and considering moving to R16.2 implementation. This proposal needs to be analyzed and evaluated by CalHEERS and DHCS business partners (CWDA, Counties, and SAWS).	This CR will implement enhacements to further refine the values to communicate begin and end dates for various values between SAWS and CalHEERS. Current functionality tracks begin and end dates for income. Enhancing these values will increase the accuracy of eligibility determinations.	Proposed	Advocates support earlier release if possible as this functionality is important for accurate eligibility determinations

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~~R16.4~~ R16.2	4304	Modify Income Limit for Children Ages 6-19 for Aid Code P5 & P6	The income limit for children age 6-19 enrolling for mandatory categorically needy coverage under the ACA children's group, aid codes P5 and P6, is 133% of the federal poverty level as referenced in 42 CFR 435.118(b)(2)(i). The MCED ACA Aid code list incorrectly identifies the income limit for ACA aid codes P5 and P6 as 108% FPL. This CR request CalHEERS to program income eligibility standard for enrollment in ACA aid codes P5 and P6 from 0% FPL up to 133% FPL. Implementing this system functionality will create an income eligibility overlap in the income range of 108% -133% FPL between aid codes P5/P6 and M5/M6. Aid codes P5/P6 follow the Medicaid rules and do not consider other health coverage as eligibility criteria. M5/M6 follow CHIP rules and do consider other health coverage as eligibility criteria. Therefore, children with income between 108%-133% FPL who are uninsured, do not have other health coverage, are aided in the CHIP aid codes M5/M6, while children who do have other health coverage are aided in the Medicaid aid codes P5/P6.	DHCS is currently evaluating the proposed release set for this CR (R16.4) and considering moving to R16.2 implementation. This proposal needs to be analyzed and evaluated by CalHEERS and DHCS business partners (CWDA, Counties, and SAWS).	Update to the eligiblity of children is based on whether there is other health care coverage. This enhacement will clarify funding for the specific children categories.	Approved for Design	Shouldn't the MAGI 5% disregard apply to these children? Thus, the income levels should change to 138% not 133%? Or is the 5% disregard applied after?
R16.2	4469	State Inmate Program	First Level Request: Implement the State Inmate Program in CalHEERS. DHCS Staff will enter the application(s) into CalHEERS access channel. DHCS will be responsible for case management. If the "First Level Request" is not viable for Release 3 then please see "Second Level Request" below. (Based on discussion 4/24/2014 change request development will be first request implementation). Second Level Request: - Add the Inmate Program Aid Codes to the "Manual" drop-down list in the admin environment so DHCS Staff can override the CalHEERS Eligibility Determination Aid Code with the appropriate "Inmate Program Aid Codes" via a manual work-around process. DHCS would be responsible for case management. Add the ability to suppress Notices of Action.	This CR was proposed for this release due to resource availability and capacity constraints.	Current process is manual. This CR will enhancing the business rules engine to recognize the Medi-Cal Eligiblity Inmate Program will support current State mandate program and facilitate the case management of the program. It will also support continuity in eligibility after inmate is released to the community and the county will take over the case management efforts.	Approved for Design	What NOAs are currently being generated that this CR will help suppress?
R16.2	6614	Automatically Discontinue Members/Cases Based on Defined Conditions	Functionality is needed in CalHEERS to automatically discontinue members/cases in the MAGI-Based M/C and Covered California programs/plans based on defined conditions. This will include updates to Business Rules Engine, Discontinue snippets for NOAs, HX40 transaction to MEDS, eHIT updates, and updates to case transaction history.	This CR was proposed for this release due to resource availability and capacity constraints.	This CR will implement enhacements to current functionality to support the self service channel to discontinue one's eligiblity. This changes will also support administrative users to deny applications and or discontinue consumers.	Approved for Design	Advocates would like to understand what the "defined conditions" for automatic MAGI discontinuance are. There is insufficient information here to analyze.

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~~R15.9~~ R16.2	8703	Medi-Cal Plan Selection Changes	This CR is based on advocate feedback subsequent to design approval. Medi-Cal plan selection will enable consumers to use either the CalHEERS portal or existing county / HCO processes to make Medi-Cal Plan selection. Those plan selections will then be available on the CalHEERS portal. Changes and plan updates reported at either source will also appear throught he CalHEERS portal.	DHCS is currently evaluating the proposed release set for this CR (R15.9) and considering postponing to an early to mid 2016 implementation due to the development time needed for this CR and the need of stabilzation of a software tool.	This CR is to implement functionality that will support the policy to expedite eligiblity determinations and the ability to utilize services as soon as possible.	Approved for Design	Advocates support moving eligibility determinations before online plan selection. We gave design input in Spring 2014 and request the opportunity to reivew changes before design is finalized.
R16.2	9428	County Inmate Program	The CalHEERS System shall have the County Inmate program indicator and said indicator will also be in the eHIT interface and will drive the county inmate aid code determination. 19 - 64 - N7 (Limited Scope) N8 (Restricted Scope) ACWDL 13-18 page 8, generate the MAGI-MC NOA with county inmate snippet language. The CalHEERS System shall treat county inmate application indicator as self attestation for Covered California programs eligibility determination purposes. The CalHEERS System shall generate the CALNOD01 Notice for County Inmate applications. The CalHEERS System will deny eligibility to APTC/CSR for an individual that attests to being incarcerated.	This CR was proposed for this release due to resource availability and capacity constraints.	The current process is manual. This CR will enhancing the business rules engine to recognize the Medi-Cal Eligiblity Inmate Program for county inmates will support and facilitate the case management of the program. It will also support continuity in eligibility after inmate is released to the community and the county will take over the case management efforts.	Approved for Design	
R16.2	10020	Enhance CalHEERS/SAWS SFTP Process to Volume	The approved design of the eHIT Interface #7 Document and Image file transfer process follows a legacy SAWS implementation from the Electronic Inter-County Transfer Interface (e.g. eICT). On a per case basis, the current implementation creates a single zip for transfer among the SAWS consortia. The current implementation needs to be enhanced as the volumes of NOA and Imaged documents are larger than anticipated. This change request adds functionality to bundle daily case zips transfer, also known as Zip of zips. This change request enhances the process as the volumes of needed transfers is not satisfied by singleton transfers. From a technological perspective, it also provides a more compliant approach to existing systems that may not be able to support hundreds of simulataneous file transfer connections in order to meet the exisiting volumes and implementation.	This CR was proposed for this release due to resource availability and capacity constraints.	This CR will implement functionality needed to separate the transmittal of notices of action from the correspondence uploaded to the CalHEERS portal. This supports the policy of Medi-Cal case management perfomed by the counties. The SAWS/counties must have any correspondence the consumer uploads to the CalHEERS portal as part of the case file.	State Assess Impact	Advocates consider this a priority as it is a function that is also useful for consumers who would no longer have to send paper documents to the county. Recommend moving to 15.9 release if possible but ensuring it is a priority in the 16.2 release.

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RELEASE	CR NUMBER	TITLE	BRIEF DESCRIPTION	REASON for PROPOSED RELEASE	REASON for REQUEST (DHCS POLICY PERSPECTIVE)	STATUS	Advocate Comments 3/20/2015
R16.2	35243	SB 1341- Scope and estimate costs to transfer NOA generation to SAWS	This CR is a request for Accenture's support to help define and cost estimate the CalHEERS' solution for movement NOA functionality from CalHEERS to SAWS. A "SB 1341 Medi-Cal Notices Solutions Concepts" document has been drafted that contains alternative approaches for changing the CalHEERS notice functionality. Each of the SAWS Consortia and Accenture will review the alternatives, modify if appropriate, and then provide a cost estimate of the alternatives for budgeting purposes. When budget and approach decisions are made, the CR will be used to move forward with a solution design. From SB 1341: "This bill would require the Statewide Automated Welfare System to be the system of record for Medi-Cal and to contain all Medi-Cal eligibility rules and case management functionality. The bill would, notwithstanding this provision, authorize the California Healthcare Eligibility, Enrollment, and Retention System (CalHEERS) to house the business rules necessary for an eligibility determination to be made, as specified, pursuant to the federal Patient Protection and Affordable Care Act. The bill would, if that authority is exercised, require CalHEERS to make the business rules available to the Statewide Automated Welfare System consortia to determine Medi-Cal eligibility. The bill would specify the manner, effective January 1, 2016, in which the functionality to create and send notices of action for the Medi-Cal and premium tax credit programs would be implemented, including a requirement that the Statewide Automated Welfare System be used to generate noticing language and notice of action documents."	This CR was proposed for this release due to resource availability and capacity constraints.	State Statute to transfer Notices of Action functionality for Medi-Cal consumers and Mixed APTC/CSR and Medi-Cal consumers to SAWS/counties.	Approved for Design	Advocates urge that implementation of AB 617 occur concurrently with SB 1314 so that design accounts for these statutory requirements including a consolidated notice. Implementing separately would be more costly and consumers are confused by the current multiple notices.
R16.2	37037	eHIT Schema 4.0	This change is opened as a place holder to capture and enhance the functionality post deployment of schema 3.0. The purpose of this CR is develop the Design Artifacts (e.g. BSD), and Build Artifacts (e.g. IDD) for the requested 4.0 eHIT updates.	This CR was proposed for this release due to resource availability and capacity constraints.	This is a placeholder CR only, in anticipation of needed schema changes.	New	

R16.4

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R16.4	4633	Update Application for Deemed Infants	Prior to the applicant beginning the on-line application, a link needs to be added to the "GET HELP WITH COSTS" page in order to provide information that needs to be given regarding deemed infants. The following needs to be added: * Infants less than one year old are eligible for Medi-Cal if their mother was on Medi-Cal or AIM at the time of delivery. You do not need to fill out an application to get Medi-Cal for an infant born to a mother with Medi-Cal or AIM at the time of delivery. Call your county social services office when your baby is born to make sure your baby is covered. Optional: If the following information is provided, the infant may be automatically eligible for Medi-Cal. You do not have to fill out Step 2 of this application for the infant. * Are you applying for a child less than 1 year old? £ Yes £ No If yes, did the child's mother have Medi-Cal or AIM when the child was born? £ Yes £ No If yes, will the child's mother be listed on this application? £ Yes £ No If yes, the mother is Person #_____ on this application If no, what is the mother's first and last name? _____ Please provide the mother's Medi-Cal number, AIM number, or SSN_____	This CR was proposed for this release due to resource availability and capacity constraints.	This enhancement would minimize the amount of information the parent needs to provide to establish deemed infant eligibility for the child.	Proposed	Adovcates urge this CR be moved to an ealier release as this is important eligibility functionality which advocates raised with the state in summer 2013 and was adressed on the paper SSApp.

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R16.4	9586	Consumer Consent to Share PII with Covered CA Certified Representative	ISSUE: Covered California needs to obtain more explicit consumer consent before it shares any personally identifiable information (namely, contact information) to any of its certified representatives. The goal of this change request is to implement a business policy that allows consumers the opportunity to opt in or out of having their information shared for program purposes. CONTEXT: In December 2013 we gave contact information of consumers who had completed an eligibility determination but not yet selected a plan to our Certified Insurance Agent (CIA) partners, with instructions to reach these consumers and help see if they needed any help selecting plan. While most appreciated the help, a few consumers were surprised that they were being contacted by an agent since they had not delegated their application. While this use of consumer information was legally authorized, Covered CA wants to make sure consumers always have a clear expectation about how their information may be shared. POLICY: As adopted by the Policy Forum in September 2014, Covered California will provide 2 “boxes” for consumers to consent to Covered California’s privacy policies and information sharing practices. 1. Agree to Privacy Policy: Mandatory field recording consent that consumer has read and agrees to our privacy policy. This already exists in the account creation stage of CalHEERS. 2. Agree to have information shared with Certified representative for follow-up assistance. The approved text of the desired boxes will be provided during JAD.	This CR was proposed for this release due to resource availability and capacity constraints.	This CR will allow Covered California to help consumers get assistance in completing their application.	Proposed	This should be an opt-in function, not an opt-out, given that consumers would be opting to have their information shared with an outside party, not an agency or state/county entity. This warrants further policy discussion with stakeholders before moving forward.

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R16.4	12131	Agent of Record Policy Changes	This CR is created to request changes to the Manage Delegates page, Agent Portal, CalHEERS Account, and 834 Maintenance transactions. Covered CA has requested changes due to Agent of Record Policy changes. The following changes are needed: Manage Delegates: 1. Add delegation history to the Manage Delegates page for Agent, PBE, CEC, and Authorized Representatives (AR). 2. Add a seperate Link for to Manage Authroized Reps and Manage Delegates on the CalHEERS Home Page. (Mange Delegates currently exists) Both links will navigate the User to the Manage Delegates page. Need to update the page name. 3. Add a banner that seperates Authorized Representatives from Agent/CEC/PBE delegations on the Manage Delegates page. 4. Change CalHEERS to automatically remove any delgations associated to the Agent when the Agent is terminated With Cause. Agent Portal: 1. Add the ability for the Agent Manager to Terminate an Agent for Cause or Without Cause. CalHEERS Account: 1.Disable the Agents' and AR's CalHEERS account when the Agent is marked as Inactive/Terminated and the AR's delegation is removed. (Existing for CEE/CEC) 834 Maintenance Transaction: 1. Generate an 834 Maintenance Transaction to the Carriers when there is a change to the Agent of Record. The change will be effective the first of the following month. Notification: 1. Notify the Consumer when the Agent is terminated With Cause and the	Covered California is currently evaluating the proposed release set for this CR (R16.4) and considering moving to R15.9 implementation. This proposal needs to be analyzed and evaluated by CalHEERS.	This CR will help get Agents correctly reflected on Covered California policies with the carriers to ensure that agents are appropriately reimbursed for their work.	State Assess Impact	Advocates recommend that this CR ensure that AR's sent from DSS (for fair hearings) is also properly identified and seen in CalHEERS along with any other authorizations for application assistors. Also recommend that the 834 information reflecting any changes to AR's be immediately transferred and effective the date of transfer rather than first of the month. The time lag for having plans get the correct AR information could create problems for consumers whose AR

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R16.4	29176	Determine and Send Alien and INS Date of Entry to MEDS	1. CalHEERS shall send the following three alien fields to MEDS: 1) Alien/INS Entry Date (DE2005), 2) Citizen/Alien Indicator (DE2009), 3) Alien Eligibility Code (DE2033). 2. CalHEERS shall send the three above-mentioned alien fields to MEDS when Qualified Non-Citizen status is verified by the hub or administratively. TBD for which Medi-Cal eligibility statuses (Eligible, Conditionally Eligible, Pending) and scope (Restricted Scope, Full Scope) these fields must be sent. 3. CalHEERS shall send the three above-mentioned alien fields to MEDS on the following transaction types: HX18, HX20, HX12, HX34. 4. CalHEERS shall determine the Citizen/Alien Indicator and/or the Alien Eligibility Code based on inputs from the applicant, the federal hub and/or administrative verifications. Two approaches have been discussed: a. Create 2 new Citizen/Alien Indicator values in MEDS, to be used exclusively by CalHEERS. CalHEERS to determine based on two federal hub inputs - 'QualfiedNonCitizenCode' and FiveYearBarApplyCode', inputs from the applicant and/or inputs from administrative verifications. Proposed MEDS values/descriptions: i. '3' - CalHEERS hub or administratively verified Qualified Non-Citizen subject to the five year bar ii. '4'- CalHEERS hub or administratively verified Qualified Non-Citizen not subject to the five year bar b. Map to the existing Citizen/Alien Indicator and Alien Eligibility Code values, using one or more of the following: NonCitCoaCode, EligStatementCd, Immigration Document Type, other inputs from the applicant and/or inputs from administrative verifications.	This CR was proposed for this release due to resource availability and capacity constraints.	This CR will send specific data regarding immigrants eligible for Medi-Cal from CalHEERS to MEDS in order to enable DHCS to claim federal funding accurately.	Proposed	Advocates would like more information on how CalHEERS determines a person is subject to the five-year bar. There are a number of exceptions and we would to ensure they are being applied correctly. In addition, this CR should ensure that info from the FDSH indicates 5 year bar is completed, that info is updated in CalHEERs and MEDS and triggers a new eligibility determination. We would appreciate a fuller discussion of this as part of the design process. Finally, is this CR specifically designed for the NQI wrap program? Isn't this information already captured in CalHEERS and MEDS?

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R16.4	29220	Additional Elements for Medicare Questions	The following will need to be updated in CalHEERS so that correct enrollment and eligibility results will be displayed when a consumer is either eligible for or enrolled into Medicare Change Request 1: (we would like to combine this request with CR6540) This question is currently in CalHEERS, however three additional options will need to be added to the drop down: Does this person have or has this person been offered affordable minimum value health insurance for 2015? 1. Medicare Part A with a premium 2. Free Medicare part A 3. Medicare advantage plan (Medicare Part C) Change Request 2: The current question in CalHEERS “Does this person receive Medicare Benefits” needs to be removed/replaced with this question: NOTE: This request is part of CR 6540 "Alert some MECs that they could get APTC if they don't keep their coverage". Are you currently enrolled in any of these plans/coverage? (Please select the ones that apply) These additional options need to follow this question with check boxes. 1. Medicare Part A with a premium 2. Free Medicare Part A 3. Medicare Part B 4. Medicare advantage plan (Medicare Part C)	This CR was proposed for this release due to resource availability and capacity constraints.	This CR will enable CalHEERS to more accurately perform eligibility determinations for invidivuals with Medicare. Otherwise, individuals will be granted eligibility in the wrong Medi-Cal group potentially causing a federal claiming issue.	New	Advocates recommend moving up this CR to 15.9 or 16.2 if possible. Without this fix, many individuals are incorrectly being denied APTCs for which they are eligible even though they are not eligible for or don't have free Part A (due to lack of quarters). Advocates would like to be involved in the design. Until this CR is complete, what is the workaround for individuals who don't have MEC Medicare and are eligible for APTCs? Please also ensure those who are over 65 and answer the yes to any of the new Medicare questions are also properly screened for non-MAGI Medi-Cal.

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R16.4	30049	MAGI Income Passed to SAWS	When determining MAGI Medi-Cal financial eligibility, the CalHEERS uses MAGI household income, which is the sum of the MAGI of the individuals present in the household who's MAGI is counted when determining MAGI household income. For example, in regard to MAGI of children and other tax dependents, the MAGI of children and other tax dependents is counted in the calculation of MAGI household income, only when such child or other tax dependent is expected to be required to file a tax return for the benefit tax year. An individual's MAGI is determined by collecting various income amounts entered on the application or renewal form and determining which income sources count towards the determination of an individual's MAGI and which income amounts do not count towards the determination of an individual's MAGI. For each MAGI Medi-Cal applicant and beneficiary, the SAWS must receive the MAGI household income (sum of the individual household member's MAGI) as well as individual income amounts/sources used to calculate an individual's MAGI income.	This CR was proposed for this release due to resource availability and capacity constraints.	This CR provides counties with detailed income information from CalHEERS for case management purposes.	Proposed	
R16.4	31943	RIDP Text Changes	Text changes requested by CWDA and DHCS for the new RIDP functionality in the Covered CA website.	This CR was proposed for this release due to resource availability and capacity constraints.	This CR is to make text changes to enhance current RIDP messaging. This CR improves efficiency and reduces manual workload of counties.	Proposed	Advocates would like to review the text changes. Advocates have also asked for changes in the RIDP and would like to discuss what has been implemented and what is still yet to be done.
R16.4	32277	Eligibility Based on LP/QNC	Per changes in CR6197 (Verify Lawful Presence updates), new data elements previously unavailable in CalHEERS system, will become available and are important in eligibility determination. These fields include Qualified Non-Citizen attestation, Qualified Non-Citizen hub verification, and Qualified Non-Citizen admin verification. In addition, attestations, hub verifications and admin verifications of Lawful Presence should be used in determining eligibility. For Medi-Cal and APTC, CalHEERS must determine both eligibility status (Eligible, Conditional, Pending, Ineligible) and scope (Full or Restricted) based on this information.	This CR was proposed for this release due to resource availability and capacity constraints.	This CR corrects CalHEERS programming to grant appropriate full-scope Medi-Cal to immigrants that are entitled.	Proposed	Advocates support moving this important CR earlier.

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R16.6							
R16.6	3092	Notice Messaging Upon Eligibility Determination When Change is Reported	The eligibility determination page does not show any special messaging needed for a redetermination based on the consumer making changes. Different messages need to be provided depending on what their prior eligibilty was and whether special enrollmnet has been opened.	This CR was proposed for this release due to resource availability and capacity constraints.	This CR will enhance the current Eligibility Results page to provide specific information in the event of a redetermination based on changes. Changes will increase the user's ability to understand the determination results.	Proposed	Advocates would like to be part of drafting these consumer messages.
R16.6	4187	Deploy Notices in all 13 Threshold Languages	This Change Request is being reinitiated as of January 2015 to track the implementation of the baseline requirements to implement notices in CalHEERS in all thirteen languages. The state's expectation remains that this is a no cost change request. This CR will be used by the Notices Workgroup to implement remaining notices in the next major release following the deployment of verified English/Spanish notice language. Language Order to be validated by the Notices Team 2015 Initiative English, Spanish, Arabic, Armenian, Chinese, Farsi, Hmong, Khmer, Korean, Lao, Russian, Tagalog and Vietnamese.	This CR was proposed for this release due to resource availability and capacity constraints.	This CR promotes compliance with state requirement to have notices of action available in all threshold languages. This is a placeholder, but will track efforts to comply.	Proposed	Advocates urge that this CR be moved earlier as this is a key langauge access issue and required by California law.
R16.6	7030	Page Readability/Wording Updates	Readability and content updates for CalHEERS application pages.	This CR was proposed for this release due to resource availability and capacity constraints.	This CR makes changes to the Covered CA portal to enhance usability and readability for consumers.	Mitigate	Advocates request involvement in this design.
R16.6	7172	Upgrade Plan Section 2.0	Get Insured Plan Selection 2.0 - Tracking Change Request.	Covered California is currently evaluating the proposed release set for this CR (R16.6) and considering moving to R15.9 implementation. This proposal needs to be analyzed and evaluated by CalHEERS, DHCS and business partners.	This CR would support the ability to connect a consumers anonymous shopping experience to their enrollment as well as establish the foundation for a single shopping cart for QHP, Family Dental and Medi-Cal plan selection.	New	Advocates support user-friendly plan selection but would NOT prioritize it over correct eligibility determinations.
R16.6	7365	Changes to NOD53 and NOD58	Covered Califiornia is requesting changes be made to the NOD53 and NOD56 notices becuase current design is confusing for the customer.	This CR was proposed for this release due to resource availability and capacity constraints.	Covered California needs to notify CEEs/CECs/PBEEs of a changes to their CECs/PBEs certification status. The notices are confusing and should be updated.	Proposed	Clarify what these notices are.
R16.6	9964	Updates to NOD06 - Plan Selection Reminder Notice	NOD06b-Create NOD06b based on current NOD06- to account for special enrollment timeframes-– reminder to pick plan. Consumers have a 60 day special enrollment period NOD06-Reminder to consumers to pick plan (NOD06 has been implemented OPA defect so the notice is generating as an ADMIN notice- fixed in 3.5).	This CR was proposed for this release due to resource availability and capacity constraints.	This CR will help support consumers through their process of selecting a plan for enrollment	Proposed	

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R16.6	9970	Updates to NOD10 Ineligible - Plan Selection Reminder Notice	The CalHEERS System shall provide the functionality to notify enrollees of disenrollment due to change in eligibility criteria. The notice is to include the reasons for ineligibility, the effective date, term due to fail to pay, fail to pick. The CalHEERS System shall provide the functionality to notify enrollees when the consuer request for termination.	Covered California is currently evaluating the proposed release set for this CR (R16.6) and considering moving to R16.4 implementation to align it with CR6614. This proposal needs to be analyzed and evaluated by CalHEERS, DHCS and business partners.	This CR will inform consumers when they are discontinued from the program.	Proposed	Advocates would like to be part of drafting these consumer messages.
R16.6	9990	Verbiage and New Snippets Update to NOD03	Add appeal process information, new snippets and revisions to existing snippets for NOD03.	Covered California is currently evaluating the proposed release set for this CR (R16.6) and considering moving to R15.9 implementation to align it with CR27819. This proposal needs to be analyzed and evaluated by CalHEERS, DHCS and business partners.	This CR will help keep consumers informed during the reasonable opportunity review.	Proposed	Advocates request input into these notices.
R16.6	9991	Verbiage Updates to NOD01C	Revise snippet 169 & re-introduce re-determination snippets (see snippet table from 22E Deliverable).	Covered California is currently evaluating the proposed release set for this CR (R16.6) and considering moving to R15.5 implementation to align it with other NOD01 changes.	This CR will help implement the changes from the advocate notice workgroup.	Proposed	Confused about which NOD01 changes are here v. the R15.5 notice changes

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R16.6	12055	Medicare MEC	In accordance with 42 CFR 435.119(b)(3), individuals enrolled in Medicare parts A or B are not eligible for enrollment in the new adult expansion coverage group. Coverage in this coverage group is currently provided in aid codes M1, M2 (CalHEERS), County Inmate Aid Codes N5, N6, N7, N8, and CalFRESH Express Lane aid code 7U, Low Income Health Program Transition aid codes L1, N9, and N0, and two proposed FMAP Claiming aid codes L6 and L7 which are under development. Current CalHEERS programming uses application information to determine if the applicant is enrolled for "Other Health Coverage" under Medicare. If an applicant, who is enrolled in Medicare does not attest to enrollment in Medicare on the application, or if SAWS E-Hit does not accurately reflect Medicare Enrollment when the application is e-hit to CalHEERS, CalHEERS will incorrectly enroll the Medicare enrolled applicants and beneficiaries in the New Adult Expansion Coverage group.	This CR was proposed for this release due to resource availability and capacity constraints.	This CR would utilize available information to deny eligiblity to the new adult group accurately. This will ensure correct eligibility determinations are made for applicants that are Medicare eligible.	Proposed	Advocates recommend keeping this CR in 16.6 as there currently are workarounds in SAWS that enable counties to deny MAGI eligibility to those who do have Medicare. Advocates would like to work on design of this AR to also make sure that individuals denied MAGI Medi-Cal due to Medicare are correctly being determined then for non-MAGI Medi-Cal and that the CalHEERS eligibility results and NOAs accurately reflect that.
R16.6	12145	Notice to Inform and Confirm Consumers Decision to Receive Notices Electronically	This notice will confirm and inform the Consumers' decision to received notices electronically. With the new "electronic preference," the Consumers will no longer received mail from the system.	Covered California is currently evaluating the proposed release set for this CR (R16.6) and considering moving to R15.9 implementation. This proposal needs to be analyzed and evaluated by CalHEERS, DHCS and business partners.	This CR would move Covered California to comply with consumer expressed desire to be contacted electronically.	Proposed	Advocates support e-notices at the consumer's request but this should not be prioritized over eligibilty functionality. We recommend moving this to 15.9 release and instead recommend moving up the CRs affecting text in NOAs in priority over this CR.

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R16.6	27591	Barcode CalHEERS Outgoing Mail	CalHEERS needs functionality to recognize incoming mail that is a response to a notice that was sent to a consumer from CalHEERS. Key functions in this business need: 1) Printing barcodes on every page of all outgoing notices, 2) Scanning barcodes on all incoming mail, 3) Linking incoming mail to a case via the scanned barcode. 4) Scanning undeliverable mail in bulk, linking them to a case, and flagging undeliverable addresses as undeliverable on a case level 5) Reporting on incoming mail via type (mail linked to a case, mail not linked to a case, and cases with mailing addresses flagged as undeliverable)	This CR was proposed for this release due to resource availability and capacity constraints.	This CR will support automating managing returned mail and associating it with consumer cases to improve ability to keep in contact with consumers.	Accenture Assess Impact	Advocates recommending moving up in priority this CR as it would greatly improve the process for consumers and avoid having them send in documents multiple times if they could be properly tracked.
R16.6	28346	Verbiage Updates NOD12	No description provided by Covered CA yet.	Covered California is currently evaluating the proposed release set for this CR (R16.6) and considering moving to R15.9 implementation. This proposal needs to be analyzed and evaluated by CalHEERS, DHCS and business partners.	This CR will clarify the renewal language provided to consumers as necessary.	New	Advocates would like input into this langauge.

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R16.6	31912	Provide CEE/CEC Book of Business	This CR is written to create an extract of the CEE/CEC Book of Business from the CEC's Active Delegation Dashboard. This request is pulled from CR8970 "Implement Changes to the CEE and CEC Dashboards to Support Business Needs" (which is currently in the Proposed stage). Data fields have been defined with the Agent Extract in CR10243 "Create Agent and Agent Manager Extracts" (which was deployed in R9.0). The following additional data fields are needed: 1. Mailing Address 2. Initial Date of Application 3. Current Status Date 4. Aid Codes including Medi-Cal aid codes The Extract must: - be generated for the CEE and seperated by CEC - contain data from the CEC's Active Delegations dashboard - be visible to the Assister Entity Manager via OBIEE - be accesible to the CEE via a Secure point of entry and protected based on current industry security standards Dashboard Filters/Prompts: - CEC Name - CEE Name - Case Status - Application Status - Enrollment Status	This CR was proposed for this release due to resource availability and capacity constraints.	The existing CEE/CEC/PBE dashboard in CalHEERS is unmanageable and hardly usable. CEEs and PBEs do not have a way to manage their clients progress through the application/enrollment processes adding layers of barriers to effective consumer assistance. This impedes their ability to actively track their progress against their goals as set by Covered California.	State Assess Impact	

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R16.6	32299	Verbiage Updates Contingent Eligibility NOD02	For NOD02_Conditional Eligible/Eligible_Full Scope, replace snippet #190 with the new language. For NOD02_Conditional Eligible/Eligible_Full Scope with Premium, add new snippet to inform Consumer they are Conditional Eligible/Eligible_Full Scope with Premium. For NOD02_Conditional Eligible/Eligible_Limited Scope, replace snippet #189 with this new language. For NOD02_Conditional Eligible/Eligible_Resticted Scope, replace snippets #'s 206, 207, 209, 213 and 278 with this new language. For NOD02_Conditional Eligible/Eligible_Restricted Scope with Premium, add new snippet to inform Consumer they are Conditional Eligible/Eligible Full Scope with Premium.	This CR was proposed for this release due to resource availability and capacity constraints.	This CR updates the notices of action to further clarify the eligiblity results for the consumer. Comply with state regulations to make a notice of action as clear as possible.	Proposed	Advocates were advised that DHCS would convene an NOD02 workgroup but that has not yet happened. We request input into NOD02 changes ASAP. The timing here also does not make sense. Given that AB617 requires a consolidated notice by July 1, 2016 we do not understand why there are proposed CRs re: NOD02s scheduled for June 2016.
R16.6	32307	Verbiage Updates to NOD02 Contingent Eligible, Accelerated Eligibility	For NOD02_Condintional Eligible_Accelerated Enrollment: · Remove the NABack9 for this notice when no other snippet is used · Replace snippet #210 with the new language	This CR was proposed for this release due to resource availability and capacity constraints.	This CR updates the notices of action to further clarify the eligiblity results for the consumer. It will comply with state regulations to make a notice of action as clear as possible. Policy to not provide hearing rights to children in Accelarated Enrollment.	Proposed	Same as above.
R16.6	32825	Email/Electronic Notification to View Notice Securely	This change request implements CalHEERS Baseline functional requirements for E-mail /electronic notifications to consumers who have selected e-mail as their preferred mode of communication.	Covered California is currently evaluating the proposed release set for this CR (R16.6) and considering moving to R15.9 implementation. This proposal needs to be analyzed and evaluated by CalHEERS, DHCS and business partners.	This CR would move Covered California to comply with consumer expressed desire to be contacted electronically.	Proposed	As above, this should not be prioritized over correct eligibility determinations.

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R16.6	33380	NOD17 (b) Access Code for Pre-ACA MAGI Beneficiaries	This CR will enable Access Code notice to be sent to MAGI beneficiaries at the point in time that: · Their case information is entered into CalHEERS online portal for the first time; AND · The information is entered by SAWS and not by the consumer; AND · The run reason provided by SAWS is for renewal. Beneficiary would be notified they can set up an account in Covered CA, or use an existing account they've already created, and use the access code provided in the letter to link to the case information that has been submitted to CalHEERS. Beneficiary will also be given the option to set up an account through SAWS portal. This will allow the MAGI beneficiaries to utilize the Covered CA website to make necessary changes to their case, upload documents, etc. as necessary for annual renewal or to report a change.	This CR was proposed for this release due to resource availability and capacity constraints.	This CR enables pre-ACA beneficiaries and/or applicants applying using a paper application to be linked to their CalHEERS account. This would improve the user experience.	Proposed	Advocates support this important functionality.
R16.6	33659	NOD01 Design	To avoid confusions across the teams (CoveredCa/DHCS/CalHEERs), the notice standards (NOD001) need to be updated with the correct information regarding the font, color, font size, etc. standards.	Covered California is currently evaluating the proposed release set for this CR (R16.6) and considering moving to R15.5 implementation. This proposal needs to be analyzed and evaluated by CalHEERS, DHCS and business partners.	The requiremnts of this CR are captured in the changes being made to NOD01.	Approved for Implementation	
R16.6	33932	Verbiage Updates to NOD02 Conditional Eligible/Eligible	For NOD02_Conditional Eligible/Eligible_Change to Restricted Scope, replace snippet#205 with new language. For NOD02_Conditional Eligible/Eligible_Change from Restricted to Full Scope, add new snippet to inform Consumer when their eligibility changes from Contingent Eligible/Eligible for Restricted to Full Scope. For NOD02_Conditional Eligible/Eligible_Change to Limited Scope, add new snippet to inform Consumer when their eligibility changes from Contingent Eligible/Eligible to Limited Scope. For NOD02_Conditional Eligible/Eligible_Change from Limited to Full Scope, add new snippet to inform Consumer when their eligibility changes from Limited to Full Scope. For NOD02_Conditional Eligible/Eligible_Premium to No Premium, add new snippet to inform Consumer when their eligibility changes from Premium to No Premium. For NOD02_Conditional Eligible/Eligible_ No Premium to Premium, add new snippet to inform Consumer when their eligibility changes from No Premium to Premium.	This CR was proposed for this release due to resource availability and capacity constraints.	This CR is to implement additional enhacements to Medi-Cal notices of action to provide clear eligibility determination language.	New	Advocates were advised that DHCS would convene an NOD02 workgroup but that has not yet happened. We request input into NOD02 changes. We also have a timing question. Given that AB617 requires a consolidated notice by July 1, 2016 why are there proposed CRs re: NOD02s scheduled for June 2016?

24-Month Roadmap's Change Requests

(as of 3/13/2015)

RELEASE	CR NUMBER	TITLE	BRIEF DESCRIPTION	REASON for PROPOSED RELEASE	REASON for REQUEST (DHCS POLICY PERSPECTIVE)	STATUS	Advocate Comments 3/20/2015
R16.6	34752	Horizontal Integration Non Health	After completing all the required information for CalHEERS and submitting an application, CalHEERS would screen the applicant for likely eligibility for other social service programs (at this point we are focusing on CalFresh), based on factors provided by CalFresh program staff. Based on the result of that screening, the applicant would be presented with either a basic screen (similar to the one in place now) for individuals not identified as likely to be eligible; or with a site actively encouraging applicants to complete the process for those identified as likely eligible. This page can explain how they have completed most of the process already, and need only provide a few more key pieces of information to be eligible for additional benefits. If they select the option for a referral, it would take the client immediately to a SAWS page (likely www.benefitscal.com) where they could complete a SAWS process to submit their application on the spot. (This requires technical discussions with SAWS on how to ensure this data gets accurately linked to the full data file coming over from CalHEERS.)		CDSS CR	Proposed	Advocates support this important functionality, urge that CalWORKS be included as well and would like to be involved with design.
R16.9							
R16.9	3073	Minimal Essential Coverage (MEC) Flow Change	MEC Flow changes to the Verification Plan. This CR will update the plan to reflect conditionally elig as needed when data sources return MEC and Applicant /Consumer attests no MEC for APTC.	This CR was proposed for this release due to resource availability and capacity constraints.	This CR will improve the ability of Covered California to comply with federal guidance on application of MEC.	Proposed	
R16.9	5872	Modify How Optional Data Elements are Displayed in the HX34 and HX20 Transaction Rows	HX34 Update Application - This transaction has a number of optional data elements - some that are contact and demographic data that can be sent by the CoveredCA portal. Optional elements should only be sent when the HX34 transaction row is indicating an 'Update to a Pending Application'. A pending application is one in which an individual/household member on a submitted application is 'pending eligible for Medi-Cal', and therefore demographic changes would be rejected on an HX12 transaction because this person is pending. Optional elements should not be sent on an HX34 transaction row when the row indicating a 'Closed Pending Application' (i.e Medi-Cal has been denied). HX20 Update Program Eligibility - This transaction has a number of optional elements some that are contact and demographic data that can be sent by the CoveredCA portal. These optional elements should not be on any HX20 transaction row.	This CR was proposed for this release due to resource availability and capacity constraints.	This enhacement will clarify optional fields in the denial and eligibility transactions to decrease the incidents of failure.	Proposed	

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(as of 3/13/2015)

RELEASE	CR NUMBER	TITLE	BRIEF DESCRIPTION	REASON for PROPOSED RELEASE	REASON for REQUEST (DHCS POLICY PERSPECTIVE)	STATUS	Advocate Comments 3/20/2015
R16.9	7097	Ability to search by Member ID in Case Search Drop down	In order to research enrollment discrepancies with the carriers, CalHEERS needs the ability to search on the unique member id (also used as the subscriber id). Carriers appear to not have the Case ID readily available, but do have the member id. In order to limit the use of PII, member ids can be readily exchanged between CovCal and carriers without involving any PII in the communication. Currently member ids are being used in enrollment discrepancy reports, and additional work is needed to obtain the case id from the carriers to research any discrepancy. In addition, if the enrollment summary page contained the member id for each member enrollments can be verified with the carriers.	This CR was proposed for this release due to resource availability and capacity constraints.	This CR would help improve operational efficiency in the Service Center.	State Assess Impact	This has been a confusing issue for consumers as well. Whatever ID is shared with CovCA and the carriers should also be shared with the consumer so s/he has the same identifying number to track her account through CalHEERS and the carriers, do follow-up with both CovCA and Carriers, etc. Would be good to better understand the different case id or member id and how they are used.
R16.9	10021	Data Validation to Prevent Data Overlay	Currently, only the Case person number (ergo MEDS person number) is used for case linkage. If the same MEDS person number is used, the data within the case at the primary contact level can be overwritten. To prevent this from happening in the future, additional items such as primary contact first and last name, gender, date of birth, and social security number will be used for verification.	This CR was proposed for this release due to resource availability and capacity constraints.	This CR will implement enhancement to prevent data integrity problems by adding data elements to match beofre a SAWS case is linked to a CalHEERS case. This change supports State policy on data integrity, data security and accurate eligibility determinations.	Proposed	See above comment to line 99.
R16.9	10119	Automate SAWS Traffic and Reports thru SFTP	Currently, OBIEE allows for select users from the SAWS consortia to access traffic summary and processing reports directly through the tool. The process of accessing the tool and converting the file into a useable format can be very time intensive. If a new user needs to access reports they have to wait to receive access to the tool. Automating the process by utilizing SFTP would remove these barriers.		CalHEERS CR	Approved for Design	

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(as of 3/13/2015)

RELEASE	CR NUMBER	TITLE	BRIEF DESCRIPTION	REASON for PROPOSED RELEASE	REASON for REQUEST (DHCS POLICY PERSPECTIVE)	STATUS	Advocate Comments 3/20/2015
R16.9	10675	Generate MEDS eligibility at individual level for Accelerated Enrollment (AE)	Currently, the HX18/HX20 transactions are created at a case level and not at an indvidual level. In the event that one indiviual on the case has no CIN, the entire case transaction is held until a CIN is returned. This is causing a large backlog to occur in the event the case is considered APTC/CSR only, as MAGI or mixed MAGI cases are eHIT to the SAWS Systems and CIN information is updated when the SAWS System returns updated case information. Changing this transaction to an individual level transaction will allow all of the individuals with CINS to be processed as normal and let the individuals without a CIN to be placed as a work item and not impacting the other individuals on the case's eligibility/information within the MEDS System and prevent large backlogs of transactions from occuring. Currently the application and eligibility services create a corresponding transaction for each member of the case sent. The proposed change would require CalHEERS to change their processing logic to send any/all transactions at the member level regardless of the CIN status of any other member on the case. Members on a case with CIN issues would be sent in subsequent transactions after their CIN issue has been resolved.	This CR was proposed for this release due to resource availability and capacity constraints.	This CR will implement functional change to allow Accelarated Enrollment eligibility for children to be sent separately from the rest of the individuals on the case. Federal requirement to provide AE to children through the Single Point of Entry (CalHEERS).	CCB Review	Advocates support this improvement so as not to hold up the entire household for missing information for one of the members.

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(as of 3/13/2015)

RELEASE	CR NUMBER	TITLE	BRIEF DESCRIPTION	REASON for PROPOSED RELEASE	REASON for REQUEST (DHCS POLICY PERSPECTIVE)	STATUS	Advocate Comments 3/20/2015
R16.9	29679	Dedicated Training Environment	Covered CA has requested that CalHEERS training to be completed using a training environment rather than the current method of video simulation training. The request is to provide for remote access for all service channels who need to be trained on the CalHEERS functionality. This CR is created to define the requirements for the Long-Term solution. The Short-Term solution is documented in CR9588 "CalHEERS to Provide a Dedicated Training Environment for SCR Training - Phase 1" (current status is Approved for Design). The training environment must have the abiltiy to support an estimated 3000 concurrent Users. Training is held in multiple locations and each location must be able to access the training environment. The Trainng environment must mimic production and allow the User to complete any action for any role. The Training environment will be subject to the same performance metrics as Production. The following outlines the Long-Term approach: 1. The Vendor will set up and maintain a dedicated training environment with the ability to train all CalHEERS Roles. 2. The environment will have the latest Production code with the ability to import the future release, prior to Production release, at the request of the Covered CA University. 3. Changes to existing code in the training environment will be made upon approval of the Covered CA University. 4. The Vendor will create profiles and logins for all Covered CA roles. 5. User Names will be created based on the Covered CA Role. (Ex: CEC_001, Agent_001, etc...) 6. The Password for all logins will be the same. In the event that the password is changed or the account is blocked, the Covered CA University will be able to reset/unblock passwords. 7. Security questions for User Setup will be the last word of the Security	This CR was proposed for this release due to resource availability and capacity constraints.	This CR would support Covered Californias ability to train service channels (including Agents, Navigators and CEW's) in a production like environment, improving their ability to assist consumers.	Proposed	

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(as of 3/13/2015)

RELEASE	CR NUMBER	TITLE	BRIEF DESCRIPTION	REASON for PROPOSED RELEASE	REASON for REQUEST (DHCS POLICY PERSPECTIVE)	STATUS	Advocate Comments 3/20/2015
R16.9	30542	Renewal Income Verification	This CR requeset to add an income verification section at the bottom of the Renewal Summary Page for consumer to validate income entered for Renewal purposes: * Your household's last submitted annual income was $<last submitted annual income>. Your last submitted monthly income was $<last submitted monthly income>. * Your household's updated annual income is $<updated annual income> and your updated monthly income is $<updated monthly income>. Also add a required check box with the following verbiage: * Yes, the updated annual income and monthly income are correct. * Disable "CONTINUE" button if 'Income Confirmation Checkbox' is not checked. * Enable "CONTINUE" button if 'Income Confirmation Checkbox' is checked.	This CR was proposed for this release due to resource availability and capacity constraints.	This CR is intended to ensure income data is accurate for improve the accuracy of renewal determination outcomes.	Proposed	Clarify whether this would this just be for CC renewal since MC has ex parte review or would this also be for MC renewal.
R16.9	34273	Fed Hub On-line Process - The Work Number	The Work Number is a service that will provide current income and employment information. This is a near-real-time version of the service. Get household annual income and family size from IRS. This service is the batch version of the IRS IFSV service and is intended for use to support Medicaid/CHIP and APTC annual renewals and redeterminations. This is a web service. It will handle bulk data. This is a state hosted service. The HUB calls this callback if a VLP case proceeds to Step 3. The purpose of the callback is to send to the requestor the pre-populated G-845 From that Hub receives from DHS in response to the Step 3 request. The applicant must attach his/her immigration documents to the G-845 form and submit them, either electronically (via the Hub service "VLP Send Docs Electronically") or manually, to DHS.		CalHEERS CR	New	Advocates would like information about where this information comes from and how accurate it is.

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(as of 3/13/2015)

RELEASE	CR NUMBER	TITLE	BRIEF DESCRIPTION	REASON for PROPOSED RELEASE	REASON for REQUEST (DHCS POLICY PERSPECTIVE)	STATUS	Advocate Comments 3/20/2015
R16.9	35560	Modify e-HIT	This CR is to implement a phased approach to first simplify the CalHEERS eHIT architecture to provide specific web services for the MAGI Medi-Cal business rules and electronic verifications. It is to move case management functions out of CalHEERS to SAWS and leverage pre-ACA Medi-Cal workflows within the SAWS to incorporate the CalHEERS provided web services. Specifically: 1) Remove MAGI Medi-Cal Case Management functions from CalHEERS, decouple them from eHIT, and move them to SAWS. 2) Modify the CalHEERS Business Rules Engine to a simple and distinct service through SAWS, which is accessible by County Eligibility Workers (CEW) via SAWS as needed. 3) Decouple the verification process from the eligibility business rules. 4) Modify eHIT to create a simple and distinct electronic verification service. 5) Retain the MAGI Medi-Cal business rules within CalHEERS.		Placeholder only	Proposed	
R16.9	37037	eHIT Schema 4.0	This change is opened as a place holder to capture and enhance the functionality post deployment of schema 3.0. The purpose of this CR is develop the Design Artifacts (e.g. BSD), and Build Artifacts (e.g. IDD) for the requested 4.0 eHIT updates.		Placeholder only	New	
PROPOSED CHANGES TO ROADMAP							
R16.9	4884	Add Snippet for County Contact	The snippet below must be placed on any individual person's denial or discontinuance MAGI Medi-Cal Notice of Action (notice CalNOD2) or Covered California eligibility determination letter (notice CalNOD1) generated out of CalHEERS. If someone is not eligible for a state health subsidy program, they need to be informed of other potential health programs offered by their county. "To find out if you qualify for other county health programs, call or visit your county social services office."		Withdrawn	Removed - CR Withdrawn per DHCS request on 11/13/14	Advocates urge that this not be withdrawn. This CR is required by Cal Welf Inst code sec 15926 and should be implemented.
R16.6	9993	Verbiage Updates to NOD08	Text changes to the notice to inform the consumers regarding plan changes.(aligning English and Spanish).		Withdrawn	Removed - CR Withdrawn per CC request on 3/13/14	If Spanish notice is incorrect this should not be withdrawn.

24-Month Roadmap's Change Requests

(as of 3/13/2015)

RELEASE	CR NUMBER	TITLE	BRIEF DESCRIPTION	REASON for PROPOSED RELEASE	REASON for REQUEST (DHCS POLICY PERSPECTIVE)	STATUS	Advocate Comments 3/20/2015
R16.6	3119	Update NOD29 with Reference to Header Variable	NOD29 is a delinquency notice that is sent to SHOP Employers twice. The text "This is your second notice of pending cancellation" should be displayed in the notice header only when the second notice is sent. Per request from the Development team, the variable name, DELQ_NOTICE_TYPE_CD, that will enable the desired functionality should be included in the design document.	This functionality is happening in an external system - this is being removed	Withdrawn	Removed - CR Withdrawn per CC request on 3/13/14	
R16.2	New	Automate the IAP to Medi-Cal transition	Modify the system so that IAP consumers don't loose their IAP until they are confirmed conditionally eligible or eligible for Medi-Cal This CR also includes apprpriate noticing to consumers as they transition between programs		This CR will help Covered California, DHCS and the Counties better servie consumers moving between programs.	NEW - Critical consumer transition CR	Advocates agree this is critical and should be deployed ASAP - before 16.2.

Status
Accenture Access Impact
Approved for Design
Approved for Implementation
CCB Review
Closed
Mitigated
New
Proposed
State Access Impact

Definition
Once CCB approves the CR to move from "Proposed" to "Accenture Assess Impact", Accenture will analyze based on business requirements and identify initial Rough Order of Magnatitude (ROM) cost. In parallel track, the State also conducts its analysis (see State Assess Impact). Once CCB reviews and approves the requirements and cost estimation, the CR status becomes "Approved for Design".
Once CCB approves for Design, the CR status becomes "Approved for Design". This authorizes Joint Application Design (JAD) sessions to begin where requirements are reviewed and designs of the system functionalities are documented. The output from the JADs is the final design document for the CR.
Once the design artifacts are signed off by the sponsor(s), the CalHEERS State staff will verified and updated cost information and present to CCB for final approval. Once CCB approves, the CR status becomes "Approved for Implementation".
The Change Control Board (CCB) consists of three voting members; they are the Project Director of CalHEERS, the Chief Tecnology Officer of Covered CA, ad the Chief Information Officer of Department of Health Care Services). As CRs enter each phase of the Software Development Life Cycle (up to Build), they are presented to the voting members for review and approval. When a CR are presented to the Change Control Board (CCB) for approval, any actions items related to the CR are captured and mitigated prior to CCB determining approval/non-approval.
All work completed, verified, and invoiced.
This status identifies items that are reported as ‘in the system’; however, there were no requirements or artifacts that reference the solution. As such, until the State receives documentation and the resolution is reviewed and approved, the changes remain in "Mitigation" status.
After following internal governance process, the sponsor (DHCS or Covered CA) or CalHEERS initates the Change Request (CR). The CR is created and recorded in the CalHEERS Project's change request tracking system. The CR status becomes "New".
After creating and recording the CR, additional details are added to the CR by the CalHEERS business analyst(s), and an email is sent to the CalHEERS' State Change Control Lead. The CR status is changed to "Proposed" where the next step is for the Change Control Board to review and approve.
Once CCB approves the CR to move from "Proposed" to "State Assess Impact", the State will analyze impact and determine readability. In parallel track, Accenture also conducts their analysis (see Accenture Assess Impact). Once CCB reviews and approves the requirements and cost estimation from Accenture, the CR status becomes "Approved for Design".

Acronym	Definition
ACA	Affordable Care Act
ACWDL	All County Welfare Directors' Letter
AE	Accelerated Enrollment
AIM	Access for Infants and Mothers (now know as Medi-Cal Access Program)
APTC	Advanced Premium Tax Credit
AR	Authorized Representative
ASHS	Applicable State Health Subsidy
BDA	Beginning Date of Aid
BI	Business Intelligence
BPEL	Business Process Execution Language
BRE	Business Rules Engine
BSD	Business Service Definition
CalHEERS	California Healthcare Eligibility, Enrollment, and Retention System
CalHSMI	CalHEERS / SAWS / MEDS Interface
CalWIN	One of the three SAWS, provides service to 18 counties
CalWORKS	California Work Opportunities and Responsibility for Kids
CCHIP	California Children's Health Insurance Programs
CDSS	California Department of Social Services
CE	Continuous Eligibility
CEC	Continuous Eligibility for Children
CEE	Certified Enrollment Entity
CEW	Certified Eligibiilty Worker
CFR	Code of Federal Regulations
CIA	Certified Insurance Agent
CIN	Client Index Number
C-IV	One of the three SAWS, provides service to 39 counties
CMS	Centers for Medicare & Medicaid Services
CPP	Consumer Protection Programs
CSR	Cost Sharing Reduction
CWDA	(CA) County Welfare Directors Association
DE	Deemed Eligibility
DER	Determination Eligibility Response
DHCS	Department of Health Care Services
DMV	Department of Motor Vehicles
DSH	(Federal) Data Services Hub
ECM	Enterprise Content Management
EDR	Eligibility Determination Request
eHIT	Electronic Health Information Transfer
eICT	Electronic Inter-County Transfer Interface
ESB	Enterprise Service Bus
EW	Eligibility Worker
FFC	Former Foster Care
FFM	Federally Facilitated Marketplace
FPL	Federal Proverty Level
GI	General Inquiry

HCO	Health Care Options
HTTP	HyperText Transfer Protocol
HTTPs	HyperText Transfer Protocol Secure
HX	Health Exchange and Medi-Cal Interface (HEMI) Transaction
IAP	Insurance Affordability Program
ICD	Interface Control Document
ICT	Inter County Transfer
IDD	Interface Design Document
IFSV	Income and Family Size Verification
INS	Immigration and Naturalization Service
IRS	Internal Revenue Service
JAD	Joint Application Design
LEADER	One of the three SAWS, provides service to Los Angeles county
LP	Lawful Presence
LRS	Leader Replacement System
M/C	Medi-Cal
MAGI	Modified Adjusted Gross Income
MEC	Minimum Essential Coverage
MEDS	Medi-Cal Eligibility Data System
MOE	Maintenance Of Effort
NA Back 9	A universal back page to be used on all NOAs for Medi-Cal, CalWORKS, and/or CalFresh.
NOA	Notice of Action
NOD	Notice of Deficiency
NQI	Newly Qualified Immigrants
OBIEE	Oracle Business Intelligence Enterprise Edition
OPA	Oracle Policy Administration
OTech	Office of Technology Services (under California Department of Technology)
PA	Public Assistance
PAI	Projected Annual Income
PBE	Plan-Based Enroller
PII	Personally Identifiable Information
PMPM	Per Member Per Month
PRUCOL	Permanently Residing Under Color of Law
QHP	Qualified Health Plan
QNC	Qualified Non-Citizen
RIDP	Remote Identify Proofing
RRV	Renewal and Redetermination Verification
SAWS	Statewide Automated Welfare System
SBM	State-Based Marketplace
SCR	Service Center Representative
SFTP	Secure File Transfer Protocol
SLA	Service Level Agreement
SOAP	Simple Object Access Protocol
SOC	Share of Cost
SSA	Single Statewide Application
SSI/SSP	Supplemental Security Income/State Supplementary Payment

SSL	Secure Sockets Layer
SSN	Social Security Number
TBD	To Be Determined
TMC	Transition Medi-Cal
UAT	User Acceptance Testing
UI	User Interface
VLP	Very Lawful Presence
XML	Extensible Markup Language

Notice of Decision?