

AB 1296 Updates

Responses to October 29th Action Items

Notices:

1. Language Updates on NOD02
 - a. DHCS accepted advocate text changes. See attached document “NOD02 Snippets” text changes currently in queue for release. Current notices do not reflect most recent text edits provided by advocates.
2. Multiple Notices
 - a. Meeting internally with DHCS, Covered CA and CalHEERS. Reviewing options.
3. Incorrect Notices
 - a. Draft MEDIL being released shortly with the process for counties to correct information in the pre-ACA NOAs that are sent from SAWS. MEDIL will highlight the removal of words from notice such as “deprivation” and “no-linkage”.

RIDP:

1. DHCS and Cov. CA currently researching expanding the use of other verification documents for identity.
2. Follow-up on consumer call experience with Experian and language access issues.
 - a. Update at a later time.
3. CalHEERS is currently researching and tracking the status of the 17,000 consumers that were unable to be cleared using RIDP.

Single Streamlined Application-Paper Application:

1. Responses to feedback on Attachment ‘D’
 - a. DHCS and Covered California are still working on finalizing the revisions to the application, including Attachment D, and will share once final.
2. Comments ‘Incorporated’-items 51-55
 - a. DHCS and Covered California are consulting with privacy office and considering these suggested edits for future revisions.
3. Comments ‘Not Incorporated’ - See table below:

Item #	Advocate Comments	DHCS/Cov.CA-Response
30	In gray section, add link for Newborn Referral Form that is also listed in FAQ #32. "Or fill out the information below. Or send a Newborn Referral Form by fax to your county". Current Comments still suffice.	DHCS and Covered CA will consider adding the newborn referral form to page 2 during a future revision. You are correct that the Medi-Cal Access Program is under the heading of Medi-Cal.
34	It is illegal and unnecessary to ask why someone does not have an SSN. If you insist on keeping, change to ask: "If you don't have an SSN, check any of the following that apply to you (religious exemption, etc.)." Don't ask people to identify themselves as not eligible for an SSN!	DHCS and Covered CA have agreed to change the language to: "If you do not have an SSN, check a box below."

49	Missing data points to capture the authorized representative's telephone number and e-mail address. The text indicates CovCA or Medi-Cal would ask to "talk" with the authorized representative, but you don't ask for her phone number or e-mail contact. These need to be added here.	Space for the telephone number will be added.
60	Attachment A: For American Indians and Alaska Natives - should remove the language that requires them to document their heritage status. In the federal single, streamlined application, Appendix B, we do not see anything that requires applicants to submit documentation to prove heritage, so wondering what state law requires documentation?	CalHEERS does not have an electronic data source to verify that individuals have AI/AN heritage. Any individual attesting to be AI/AN will have an eligibility determination that will result in a verification inconsistency for AI/AN. Individual will be asked to provide paper documentation to prove their AI/AN status ahead of time otherwise the applicant would have to have their application processed and wait to receive written correspondence to request the information to provide the AI/AN status.
64	We oppose the requirement of binding arbitration. We did not get the chance to review the binding arbitration requirement. In addition to opposing binding arbitration, we have asked several times to also include consumer protection information in about agency oversight. Without it, it sounds as if binding arbitration is the only way to solve health plan disputes. Language needs to be added to state: "I do not give up my right to a state hearing of any issue, which is subject to the state hearing process or to file a complaint or request an Independent Medical Review with the Department of Managed Health Care or the Department of Insurance".	The binding arbitration language is contractually required language. DHCS, Covered CA, legal, and health plans will consider revision.

CEC Timeline for Training Releases

- 1. Recertification: (For all CECs who were certified last OE and are looking to become recertified this OE)**
 - a. Training Launched in to LMS: 9/24
 - b. Training unlaunched from LMS: 10/1 – to add Voter Registration Assistance Reading Material
 - c. Training Launched to LMS: 10/7
- 2. Certification for Agents: (Assigned to NEW agents)**
 - a. Training Launched to LMS: 10/24
- 3. Certification for CECs and PBEs: Any new CECs and PBEs**

- a. Launched: 10/31
- 4. **Advanced Study Courses** will be finalized on an ongoing basis and available to any assistor to view and print as needed on the following topics:
 - a. **Medi-Cal**
 - b. **Sales and Outreach Skills**
 - c. **Income Determination**
 - d. **Immigration**
 - e. **Using Your Health Insurance**
 - f. **Enrollment Periods**

DSS Appeals Process

Anytime that a claimant contacts the SHD and requests assistance in a language other than English, SHD staff will provide translation services via a telephonic interpreter service at no cost to the claimant. SHD currently includes a copy of the Gen 1365 (attached) with all notifications and hearing decisions to the claimants. The Gen 1365 provides information on how to obtain interpreter services through the claimants County office. If a claimant indicates prior to a hearing that there is a desire for an interpreter SHD will schedule for either an in person or telephonic interpreter, depending on the modality of the hearing, to assist at the hearing. If the claimant has not previous to the scheduled hearing requested interpreter services but indicates at the hearing that one is needed, then SHD will provide a telephonic interpreter. Otherwise, the hearing will be postponed to allow SHD to reschedule and have an in person interpreter available for the claimant.

Covered California/Plan Management

1. Carrier functionality and noticing consumers that they have been successfully enrolled effective Jan 1. External messaging and supporting communication update:
Consumers who actively renew their coverage (which consists of eligibility determination and plan selection) by December 15 will receive a notice from Covered California and a bill from the carrier. Coverage will begin on January 1 if the bill is paid by the due date. Automatically renewed consumers will receive a notice from Covered California in early December about the renewal (describing the new premium and APTC amount) and a bill from the carrier. CoveredCA.com information about renewal can be found at: <https://www.coveredca.com/youre-in/questions-about-renewal/>

Medicare Beneficiaries-Research Question

1. Medicare advocates have reported barriers when consumers call to cancel their QHP and are shuffled between the plan and CC to terminate. Can CalHEERS interface with the SSA database in the federal hub to automatically pick up newly eligible Medicare folks or must the consumer report their new coverage.

- a. CalHEERS does not receive Medicare coverage from a consumer via SSA . Medicare information is collected from the Non-ESI MEC FDSH callers. DHCS removed the requirement for collection of this information December 2013.

Attached documents:

1. Renewals Notices
2. Mixed Household Notices
 - a. NOD01
 - b. NOD02
3. RIDP Wireframes – *FOR ADVOCATE REVIEW*
4. Notices
 - a. NOD02 Snippets