

Change Agent Update- Session 2

Covered California, DHCS, CalHEERS, and CWDA

September 24, 2013



Agenda

- Introductions
- Webinar Reminders
- Clarifications
- Questions and Answers
- Questions from Webinar Chat
- Resources
- Next Sessions
- Closing Comments



Webinar Reminders

Friendly Reminders:

During this webinar, the line will be placed on mute.

At the end of the webinar, questions will be addressed. Please use the GoToWebinar question 'chat' area to submit a question during the presentation. Please keep your questions within the context of the subject matter being discussed.

Some answers may need to be researched and will become content for future calls.

Clarifications

Clarification 1

CalHEERS Maintenance Window

From County/Consortia Contact Orientation (September 19, 2013)

- The CalHEERS Maintenance Window is not confined to a 8:00 PM – 3:00 AM daily window.
- WHEN maintenance is required, it will be scheduled and a system notification will go out
- No maintenance is scheduled to be performed the first week after go-live
 - First anticipated Saturday for maintenance is October 12
 - Maintenance may not require the full time allotted

Clarification 2

CalHEERS CRFI 13-0218

Distributed September 20, 2013

- Incorrect Text in Subject Line
 - Published as, “County/Consortium CalHEERS Contact”
 - Should have been, “County User Provisioning”
- The purpose of the CRFI is to obtain user provisioning information for county eligibility and clerical workers who have completed training and/or certification (as required).
- CRFI does not pertain to the County/Consortium CalHEERS Contact.
- Primary audience was Training Coordinators. Change Agents will be forwarded the CRFI.
- A CIT will be published today providing additional information pertaining to upcoming user provisioning.

Questions and Answers

Question 1

Q. Is the Single Streamlined Application approved? Is this what counties would use? If not, are supplemental forms approved and useable by the counties?

A. The single streamlined application is expected to be approved by mid October. Please refer to Medi-Cal Eligibility Division Information Letter (MEDIL 13-12) for instructions on what to use for applications/forms until the applications are approved by Centers of Medicare and Medicaid Services (CMS).

<http://www.dhcs.ca.gov/services/medi-cal/eligibility/Documents/MEDIL%2013-12%20wAttach.pdf>

Question 2

Q. If a consumer starts an application with the County, but does not have all the necessary verifications at that time, can they continue the application on their own? Or, once the County starts an application, does the consumer need to finish with the County?

A. For Release 2, consumer accounts cannot be linked to an application in CalHEERS.

- A consumer can continue their application if they have created an account and completed the first page of the application (which generates the application number) **prior to** the county eligibility worker providing assistance.
- Once an account has been established and the county eligibility worker provided assistance, if the consumer needs to upload verifications or do other application or plan selection tasks, they will be able to do so.
- Linking of an application to a consumer account after the start of an application will be available in a **future release**.

The county eligibility worker should advise the consumer that in order to access their application information in CalHEERS, the consumer should create an account and obtain an account number **prior to** the county worker starting the application.

Question 3

Q. What is meant by “application date”?

A. For Covered California programs, the application date is the date on which the consumer starts the application.

- For Medi-Cal, the application date is the date the application is submitted.
- For CalFresh and CalWORKS, if the consumer checks the box that they are interested, the date on which the box is checked is the referral date, not the application date.

Question 4

- Q. In Release 2, what is the statewide policy on the requirement to upload verification materials for all programs (e.g., APTC, CSR, and MAGI Medi-Cal)?
- A. The statewide policy is to upload verification materials into CalHEERS between October and December. The issue for some counties is the inability to scan and upload documents into CalHEERS from their integrated imaging and case management systems. If it is not possible to scan and upload verifications, CWDA and DHCS recommend mailing verifications to the Covered California Service Center.

Question 5

Q. What is the daily availability of the Federal Data Service Hub?

A. The following slide provides a schedule of the Federal Data Service Hub service hours of operation and maintenance windows. Times are shown in Eastern Time.

Real Time/Near Real Time Federal Data Partner Web Service Hours of Operations and Maintenance Windows

Production Environment	Experian	SSA	DHS	Medicare, Peace Corps, Tricare, VHA, Medicaid/CHIP as part of Non-ESI MEC, OPM as part of ESI MEC and Equifax as part of current Income	IRS Synchronous (APTC & IFSV)	IRS Bulk (Sending and Receiving)
Daily Availability	<p><u>Peak and Off-Peak Periods:</u></p> <p>Precise ID and Out of Wallet Web service availability (24x7x365)</p>	<p><u>Peak and Off-Peak Periods:</u></p> <ul style="list-style-type: none"> • Mon to Friday 5:00 a.m. to 1:00 a.m. • Saturday from 5:00 a.m. to 11:00 p.m. • Sunday from 8:00 a.m. to 11:30 p.m. 	<p><u>Peak and Off-Peak Periods:</u></p> <ul style="list-style-type: none"> • Monday to Friday 24 hours • Saturday 24 hours • Sunday 24 hours <p>Generally, the SAVE production system is available 24 hours a day, 7 days a week, with exceptions noted.</p>	<p>Except Equifax, none of the agencies released their hours of operation.</p> <p>Equifax is available 24x7x365</p>	<p><u>Off-Peak Period:</u></p> <ul style="list-style-type: none"> • Mon to Friday 7:00 a.m. - 11:00 p.m. • Saturday from 7:00 a.m. - 11:00 p.m. • Sunday from 7:00 a.m. - 11:00 p.m. <p><u>Peak Period:</u></p> <ul style="list-style-type: none"> • Monday to Friday 24 hours • Saturday 24 hours • Sun 8:00 a.m. - 11:59 p.m. 	<p><u>Peak and Off-Peak Periods:</u></p> <ul style="list-style-type: none"> • Mon to Friday 12:00 a.m. - 3:00 a.m. • Saturday from 12:00 a.m. - 7:00 a.m.
Daily Down Times	<p>Down Times</p> <p>No schedule down time available</p>	<ul style="list-style-type: none"> • 02/07/2013 - Saturday (11:00 p.m.) to Monday (5:00 a.m.) • 06/26/2013 - Saturday (11:00 p.m.) to Monday (5:00 a.m.) • 10/13/2013 - Saturday (11:00 p.m.) to Monday (5:00 a.m.) • 12/22/2013 - Saturday (11:00 p.m.) to Monday (5:00 a.m.) 	<p><u>Peak and Off-Peak Periods:</u></p> <ul style="list-style-type: none"> • Sunday 6:00 p.m. - 12:00 a.m. 	<p>Down times from Equifax are yet to be released</p>	<p><u>Off-Peak Period:</u></p> <ul style="list-style-type: none"> • Mon to Friday 11:01 p.m. - 6:59 a.m. <p><u>Peak Period:</u></p> <ul style="list-style-type: none"> • Sunday 12:00 a.m. - 7:59 a.m. 	<p><u>Peak Off-Peak Period:</u></p> <ul style="list-style-type: none"> • Mon to Friday 3:01 a.m. - 11:59 p.m. • Saturday from 7:01 a.m. - 11:59 p.m. • Sunday from 12:00 a.m. - 11:59 p.m.
Monthly Down Times	<p>Down Times</p> <p>No schedule down time available</p>	N/A	<p>4th Sunday of each month</p> <ul style="list-style-type: none"> • 5:00 a.m. - 3:00 p.m. 	<p>Down times from Equifax are yet to be released</p>	N/A	N/A

Question 6

- Q. If the Federal Data Services Hub is not ready or does not return data in real time, what actions do the counties need to take to verify the consumer's information?
- A. For Medi-Cal, if the Federal Data Service Hub is not available, workers should default to the administrative verification processes and use paper-based verification documents for those data elements that require verification prior to determining eligibility.
- For APTC, the counties will still collect and enter all required information needed for enrollment. Self -attestation will be acceptable in this instance for APTC, as there are other State sources that will verify consumer's information.

Question 7

- Q. In the CWDA Q&A, it indicates that counties will not be responsible for ongoing APTC. If the information is reported to the county, are counties going to take an action? If the consumer needs to provide follow-up information and it is imaged to CalHEERS, will there be a follow-up by Covered California? Where does the county's role end with the No Wrong Door policy?
- A. Counties are key to California's "No Wrong Door" approach to Health Care coverage under ACA. As the primary, in-person option, counties will assist Medi-Cal and APTC consumers. County staff will assist individuals receiving APTC coverage, should they come into a county seeking assistance with a change in circumstances.

The type of assistance will be guided by the needs and desires of the customer. It could include:

- Personal assistance with the county eligibility worker taking personal change information and entering it into CalHEERS
- Assisting the customer to enter their information through the CalHEERS online portal
- Providing the Covered California Customer Service Center phone number or instructing them how to send information in via mail

Question 8

Q. Please clarify the verification timelines:

- When asking a person to provide a manual verification for a MAGI case, do we request that the verification be returned within 10 days and then, if not received, give another 10-day notice? Then, do we deny if client never provides?
- Is there a denial notice for not providing verification in CalHEERS?
- Are the verification rules different for APTC?

A. Current verification timelines and policies remain.

Question 9

- Q. Can counties get a copy of all correspondence and when and how they're sent out?
- A. Content for Notices of Action (NOAs) and all correspondence will be provided by DHCS. All correspondence distributed from CalHEERS is stored in CalHEERS and can be accessed any time after its creation. Beginning in January, correspondence distributed from SAWS will be accessed as other correspondence is today from each SAWS.

Question 10

- Q. When a person is determined eligible for MAGI Medi-Cal, why is the NOA not sent until January 1, 2014? The concern is that consumers who apply during October to December 2013 will call the county because they have not had a response on their application for Health Insurance. Could the consumer be sent the notice earlier?
- A. October through December, the consumer will receive a letter from CalHEERS indicating they have been evaluated for eligibility. In January, an official notice regarding eligibility will be sent to the consumer from the county.

Question 11

Q. What is the processing time frame for applications to be entered into CalHEERS? What is the time flow?

For example, if the client submits an application for Medi-Cal it takes 45 days to process, and at the point the application is granted (Day 45), we determine the parents need to be evaluated for MAGI Medi-Cal in CalHEERS.

A. The goal/guideline is to process both the Non-MAGI and MAGI eligibility determination within the 45-day time limit.

Question 12

Q. What are the quick sort questions?

A.



The image shows a screenshot of a software window titled "Quick Sort Calculator". The window contains several input fields and buttons. The questions and their corresponding input types are:

- Are you calling the Exchange to understand your healthcare benefit options? (Dropdown menu, currently set to "Yes")
- How many people are in your family? (Text input field)
- How many children are under the age of 19? (Text input field)
- Are any of your family members pregnant? (Dropdown menu)
- Are any of your family members elderly? (Dropdown menu)
- Are any of your family members disabled? (Dropdown menu)
- What is your annual income? \$ (Text input field)

At the bottom of the window, there are two buttons: "Submit" and "Close".

Question 13

Q. For SHOP:

- Do counties have to refer a client who is self-employed with no employees to SHOP, or do they take the calls with the No Wrong Door policy?
- Is it true that self-employed individuals applying for a health coverage for themselves or their family only have to apply via SHOP?
- Is the online enroll the same for shop and individuals?

A. This applies to the first two questions. Self-employed individuals with no employees are not eligible for SHOP and should be assisted in the individual exchange.

No. In SHOP there is an employer application. There is also the Single Streamlined application that the employees complete that is the same as the one that individuals complete. The difference is the specific SHOP questions at the beginning of the application that will direct them to the SHOP side rather than the individual side.

Question 14

- Q. Does CalHEERS, Covered California, and/or the county request needed verifications? If the request comes automatically from CalHEERS, the Covered California Service Center or the counties, does the return envelope include the Service Center address?
- A. No, there will not be a return envelope to mail verifications. In the event a consumer needs to mail verifications to complete their application process, they will be directed to either upload the document(s) to their CalHEERS or mail directly to the Service Center.

Question 15

- Q. What if the consumer refuses electronic verification altogether?
- A. Consumers have the option of providing manual verifications for all verification types. However, the system is built to also verify certain information against the Federal Data Services Hub, and the consumer must agree to have that information submitted for verification through the Hub before they can continue the application process. If the results are found to not be "Reasonably Compatible," then the manual verifications can be used to determine eligibility.

Question 16

Q. For individuals who are not MAGI Medi-Cal eligible, when is the county done with the application under the “No Wrong Door” policy?

A. Once the county eligibility worker determines the consumer is approved for APTC:

- The county eligibility worker will assist the consumer regarding plan selection and send any relevant information to the Covered California Service Center.
- The service center representative will then complete the appropriate follow-up work if the applicant is conditionally eligible.

If the applicant is APTC eligible, but it appears they may qualify for Pre-ACA Medi-Cal:

- The county eligibility worker should ask if the applicant wants a Pre-ACA Medi-Cal determination.
 - If yes, the county eligibility worker would complete the process in their SAWS.
 - If no, the county eligibility worker would then stop at APTC.

Question 17

Q. On October 1, what support will be available for CalHEERS?

A. County Change Agents (on behalf of their county and support groups) and/or identified County/Consortia Contacts will **have the option** to:

- Contact the CalHEERS Release 2 Functional Support Center (FSC) for functional questions
- Contact the CalHEERS Help Desk for technical questions
- Contact the Covered California Service Center for Password Reset (if unable to complete in CalHEERS)
- Use the Self-Service Portal for submitting CalHEERS tickets

Specific phone numbers and links will be provided as a desk reference for staff.

Questions from the Webinar Chat

Resources

Resources

If you have a question regarding using CalHEERS or processes about CalHEERS, you can email AskCalHEERS@calheers.ca.gov.

If you have a question regarding the Covered California program or training, you can email cewtraining@covered.ca.gov.

If you have a question or comment regarding the Affordable Care Act (ACA), submit it at http://www.dhcs.ca.gov/services/medical/eligibility/Pages/MCED_Contact.aspx.

Next Sessions

Next Sessions

- Next Session is tentatively scheduled for September 26th. The time will be sent in a subsequent e-mail.

Closing Comments

