



County Eligibility & Enrollment
Workflow Subgroup

**New Customer
Eligibility & Enrollment
County Workflows**

Version 3.0
August 2, 2013



California Department of Health Care Services
& County Welfare Directors Association

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Glossary

Item	Description
“As-Is”	Referring to how the E&E process works today
“To-Be”	Referring to how the E&E process will work in the future (e.g., October 1, 2013 or January 1, 2014)
ACA	The Affordable Care Act, a federal statute aimed to greatly increase the number of people receiving healthcare
APTC/CSR	Advance Premium Tax Credits/Cost Sharing Reductions
BIC	Benefit Identification Card
BRE	Business Rules Engine - A tool within CalHEERS to calculate eligibility
CalFRESH	The CA Food Stamp program
CalHEERS	California Healthcare Eligibility, Enrollment, and Retention System
CalWIN C-IV LEADER	California's three Statewide Automated Welfare Systems (SAWS)
CalWORKs	California Work Opportunity and Responsibility to Kids Information Network - a public assistance program which provides cash aid and services
CA-MMIS	California Medicaid Management Information System
CDSS	California Department of Social Services
CHHS	California Health and Human Services Agency
CHIP	Children Health Insurance Program
CMS	Centers for Medicare and Medicaid Services
CMSP	County Medical Service Provider - a county service providing health benefits for low income individuals
COHS	County Organized Health System
Covered California	California's new health insurance exchange (<i>also Healthcare Exchange</i>)
CW	Clerical Worker - an county employee who works in the public assistance area but does not finalize the Eligibility process
CWDA	California Welfare Directors Association
DHCS	Department of Health Care Services
DMHC	Department of Managed Health Care
DOF	Department of Finance
E&E	Eligibility and Enrollment
EBT	Electronic Benefits Transfer
EDBC	Eligibility Determination/Benefit Calculation
Eligibility Process	Referring to the EW running the SAWS system for eligibility determination
Eligible Outcome	Referring to an approved application; benefit material is sent to the applicant.
e-Referrals	Other applications which get electronically linked to a case
EW	Eligibility Worker - a county worker who will work and finalize the eligibility process for the applicant

Item	Description
FI	Fiscal Intermediary for Medi-Cal (currently a contracted service through XEROX)
File Clearance	A query to see if a person is already known in MEDS or SCI (statewide client index)
FPL	Federal Poverty Level
GMC	Geographic Managed Care
HBEX	California Health Benefit Exchange (<i>same as Covered CA</i>)
HCO	Health Care Options - the entity which currently manages health plan selection for Medi-Cal
Health Only	Referring to an applicant requesting coverage for solely health benefits
Healthy Plus	Referring to an applicant requesting coverage for health benefits as well as other programs such as CalWORKs or CalFresh
IAP	Insurance Affordability Program (includes Medi-Cal, APTC, CSR and AIM)
Ineligible Outcome	Referring to a denied application
IT	Information Technology
LIHP	Low Income Health Program - a county service providing health benefits for low income individuals
MAGI	Modified Adjusted Gross Income - the new process for calculating an applicant's income
MCE	Medicaid Coverage Expansion
Medi-Cal	California's medical assistance program
MEDS	Medi-Cal Eligibility Determination System
NOA	Notice of Action - notices sent out by the county or CalHEERS advising an applicant of the eligibility determination status, e.g., denial, eligibility.
Non-MAGI	The existing process of figuring one's income which takes assets into consideration.
OSI	Office of Systems Integration
Pended Outcome	An outcome where it not denied or approved but more information is needed
Pre-ACA	Referring to the time prior to 1/1/14
Reasonably Compatible	When the information provided by the applicant is in a range close to what outside data sources confirm
SAWS	Statewide Automated Welfare System, comprised of 3 separate systems (see CalWin definition), which support such functions as eligibility and benefit determination, enrollment, and case maintenance at the county level for some of the state's major health and human services programs (including Medi-Cal, California Work Opportunity and Responsibility to Kids [CalWORKs], and CalFresh).
SAWS1	An older existing Medi-Cal form which an applicant can indicate benefit needs (e.g., Medi-Cal, CalFresh, CalWORKs)
SAWS 2	Existing multi-benefit statement of facts. Accompanies SAWS1 (becoming SAWS Plus)
SAWS Plus	The new multi-benefit form developed by CDSS (formerly SAWS2)
SAWS Self Service Portal	A web based tool by which consumers can complete an application
SEIU	Service Employees International Union
Self-attestation	The concept of a person's verbal or written statement under penalty of perjury alone being accepted as supporting information.

Item	Description
SOC	Share of Cost - Monthly amount beneficiary pays or promises to pay before Medi-Cal pays for services
SOF	Statement of Facts - required information to determine eligibility
SSApp	Single Streamlined Application for insurance affordability programs, which include Medi-Cal, APTC and CSR.
Telephonic Signature	An applicant's recorded or acknowledged verbal agreement over the phone
Warm Hand-off (Transfer)	When an applicant is transferred from the Covered CA service center to a county Eligibility Worker and the service center rep stays on the line until the transfer is complete

Preface

This document is a product of the County Eligibility and Enrollment (E&E) Workgroup which is Co-chaired by the California Department of Health Care Services (DHCS) and the California Welfare Directors Association (CWDA). This County E&E Workgroup established a Workflow Subgroup comprised of various stakeholders including representatives from counties, SAWS, CWDA, SEIU, DHCS, CDSS, CalHEERS, and others.

This Workflow Subgroup was charged with mapping out county eligibility and enrollment workflows to meet the needs of implementation of the Affordable Care Act (ACA). The workgroup has been meeting regularly for several months to create this and other work products.

The contents of this document represent the general eligibility and enrollment workflow for managing new customers. Workflows for managing renewals and changes are under development by the workgroup, and will be made available as soon as possible. Additional workflows for other operational needs may also be developed as needed.

The workflows in this document have been constructed to illustrate how this work is managed today (“As-Is”) and how it should be managed at two future points (“To-Be” for Jan 1, 2014 and “To-Be” for Oct-Dec 2013). We have also indicated the minimal resource classification (Clerical or Eligibility Workers) for each process step.

How to Use this Document

We have provided both a visual format and a narrative format to illustrate the workflows in a manner that facilitates understanding and use. These general workflows are intended to be common to all counties, while allowing enough local flexibility to adapt the workflows to their local processes in order to optimize the customer experience, use of county resources, and process effectiveness overall.

The workflows have taken all of the actions required to complete eligibility and enrollment for new customers and broken them up into core business process steps. These process steps described in the workflow (e.g., Customer / Application Entry through Health Plan Selection) reflect a process backbone that is common today and in the future. Actual operational processes and subordinate activities may appear to be more compressed and/or more simultaneous than those reflected in the workflows.

Some of the subordinate activities in each process are changing in the “To-Be” states when compared to the “As-Is” state today. The visual workflows attempt to illustrate the “To-Be” changes from the “As-Is” flows by expressing changes in *italics*.

Counties will be provided this consolidated document in pdf format to allow for proper configuration control over document contents. Counties will also be provided this document in Microsoft Word format as well as a separate Microsoft PowerPoint document that includes the “Final” workflow diagrams. These latter documents can be used for local purposes including personalization of processes, training materials, and desk aids.

Each section below will start with a banner page that describes the workflow area (e.g., “Health Only “As-Is” Before Oct 2013 County Business Flow Narrative”). This will be followed by a Level “0” Context Diagram which lays out the highest level workflow landscape and the two key parts that are subsequently described:

- 1) Customer Application/Entry (by Access Path)
- 2) Eligibility and Enrollment Intake

Each of these two parts is presented with a visual workflow to start, followed by a narrative of processes. The narrative provides activity detail that is reflected in the visual workflow in shorthand using bulleted text.

To the extent possible, both DHCS and CWDA expect counties to implement county specific “To-Be” business processes that adhere to the processes described in this document. Such adherence will ensure support of the “key principles” described above and optimal customer experiences, use of county resources, and process effectiveness.

As these workflows undergo additional reviews and enter implementation processes changes to the contents of this document may be required. In addition, DHCS may provide additional clarifications or guidance related to the workflows contained in this document at any time. Such clarifications or guidance may be included in a new version of this document or through documentation that is external to this document.

Key Implementation Principles & Requirements

This document recognizes that the period of operation from October through December 2013 is a transition period where some changes required for January 1, 2014 are relaxed to accommodate technology and resource constraints.

As counties adapt the “To-Be” workflows to make them operational, they should consider the following key principles:

The Affordable Care Act (ACA) Principles

- A. Processes should be less burdensome on applicants and beneficiaries.
- B. Processes should foster consumer choice.
- C. Processes should be streamlined and simplified.
- D. Processes should support immediate (timely) coverage.

Efficiency and Standardization Principles – in support of the ACA Principles listed above counties should consider if adaptation choices would positively or negatively impact the goal of a standardized and consistent customer experience statewide balanced with the goal of ensuring efficient county operations.

Although these principles are embodied in the entirety of the workflows, the following operational requirements are excerpted for attention since they reflect key changes from “As-Is” workflows. These

requirements are repeated in the Workflow narratives at appropriate points, typically in the form of a “NOTE”:

- 1) If a customer presents with a Single Streamlined Application (SSApp), that customer must be processed as a “Health Only” customer, where needs for CalFresh, CalWORKs, and/or Non-MAGI Medi-Cal are captured on the SSApp and managed as “referrals”.
- 2) Counties should ensure that customers presenting In-Person should be provided with an opportunity for a timely same-day appointment with an Eligibility Worker to complete their SSApp.
- 3) If a customer presents through a Phone Transfer (Warm Handoff), that customer must be processed as a “Health Only” customer by an Eligibility Worker, where needs for CalFresh, CalWORKs, and/or Non-MAGI Medi-Cal are captured on the SSApp and managed as “referrals”.
- 4) If a customer presents through a Phone call that is not a Transfer (Warm Handoff), counties should have eligibility staff complete the Single Streamlined Application from this initial call, except in cases of unusual customer volume.
- 5) During the October to December 2013 period, if a customer presents with a Single Streamlined Application (SSApp), that customer must be processed as a “Health Only” customer who needs health coverage “Later”, where needs for CalFresh, CalWORKs, and/or Non-MAGI Medi-Cal are captured on the SSApp and managed as “referrals”.
- 6) During the October to December 2013 period, if a customer presents through a Phone Transfer (Warm Handoff), that customer must be processed as a “Health Only” customer by an Eligibility Worker, where needs for CalFresh, CalWORKs, and/or Non-MAGI Medi-Cal are captured on the SSApp and managed as “referrals”. The customer is presumed to want health care “Later” (January 1, 2014), and the “Now” or “Later” question is not posed to the customer.
- 7) During the October to December 2013 period, counties should try to ensure that customers presenting In-Person and requiring health coverage “Later” should be provided with an opportunity for a timely same-day appointment with an EW to complete their SSApp, if assistance is requested.
- 8) MAGI/APTC-CSR determinations always precede a Non-MAGI determination for New Customers.
- 9) The Single Streamlined Application is intended to be a singular application that also eliminates the need for customers to fill in multiple forms with overlapping information (e.g., SAWS1 and MC210). These workflows sustain the use of the SAWS1 form as an initial means of capturing benefit needs. However, these flows do not expect that a customer would ever be required to enter redundant information to allow completion of both a SAWS1 and a Single Streamlined Application.

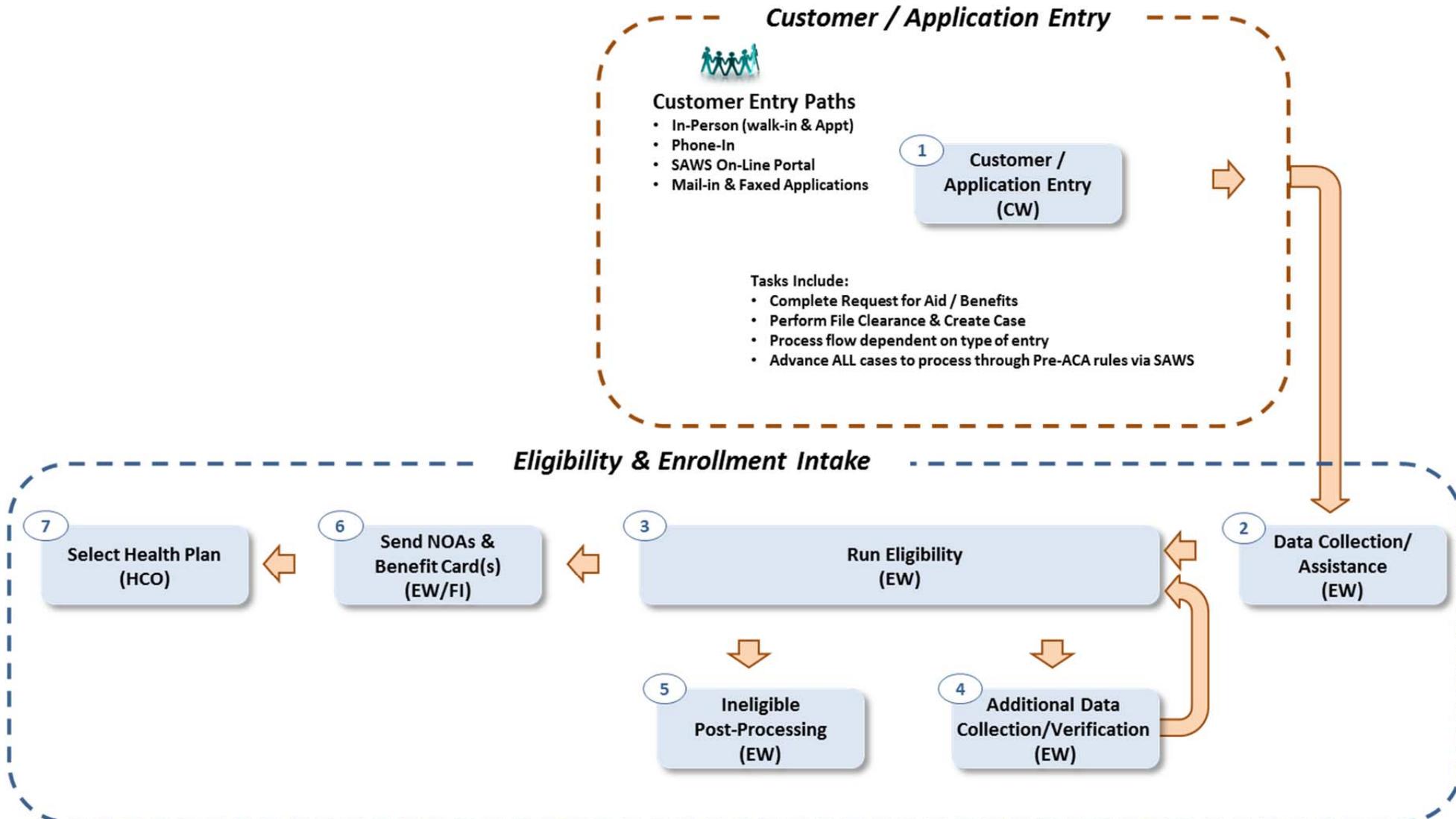
**“As-Is”
Health Only
Before
Oct 2013
County Business Flow**

"As-Is" Health Only (Before Oct 2013)

("Level 0" Context Diagram - v3.0)

Overview

Summary Only – Read Narrative for Important Detail



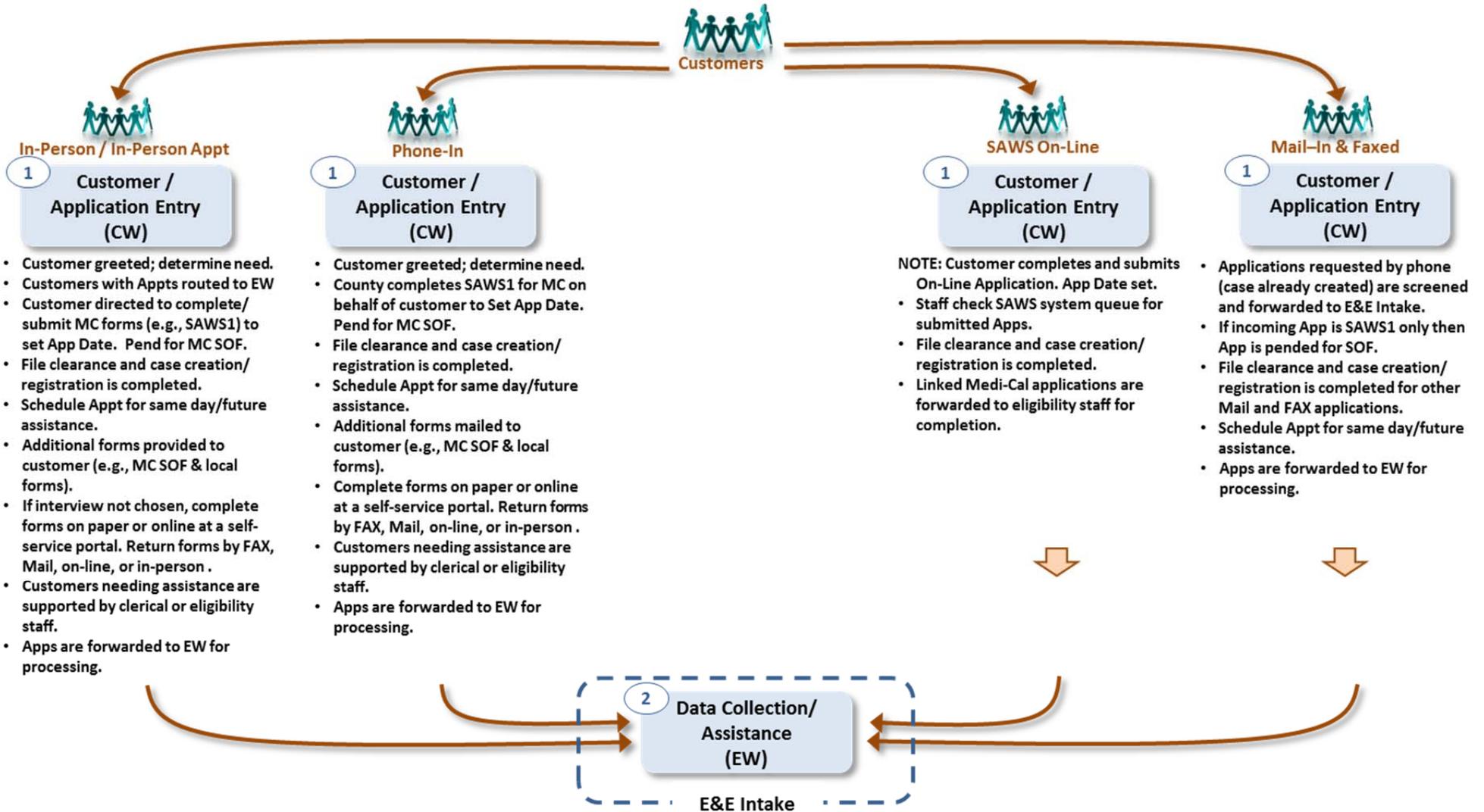
EW = Eligibility Worker SOF = Statement of Facts CalW = CalWORKs
 CW = Clerical Worker HCO = Health Care Options CalF = CalFresh
 FI = Fiscal Intermediary NOA = Notice of Action IAP = Insurance Affordability Programs
 MC = Medi-Cal ACA = Affordable Care Act APTC/CSR = Advance Premium Tax Credit/Cost Sharing Reductions

“As-Is” Health Only (Before Oct 2013)

("Level 1" Diagram - v3.0)

Customer/Application Entry by Access Path

Summary Only – Read Narrative for Important Detail



EW = Eligibility Worker SOF = Statement of Facts CalW = CalWORKs
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Customer/Application Entry

Customer/Application Entry - In Person/In Person Appointment

The customer comes directly into the county to apply for medical assistance (with or without prior appointment).

P1 – Customer/Application Entry (CW)

- 1) The customer is greeted by Clerical Staff where need and application date are established through the completion of SAWS1 by the customer, if not previously completed (e.g., for those with appointments).
- 2) *In Person-appointment* - If a previous appointment has already been scheduled, customer will meet with an eligibility worker to complete an interview. (P2 – Data Collection/Assistance in Eligibility & Enrollment case processing flow).
- 3) **File clearance, case creation/registration is completed by clerical staff.**
- 4) Per customer request or need, an appointment may be established to be seen the same day or in the near future. In person information for the Medi-Cal statement of facts can be collected by the eligibility worker during an interview, if an appointment is requested.
- 5) A Medi-Cal Application will be provided for the customer to complete and return.
- 6) If needed, additional forms are provided for the customer to complete (e.g., Medi-Cal statement of facts (SOF) and local county forms).
- 7) The customer may complete forms on paper or on-line. Forms may be returned in-person, by mail, by fax, or through on-line.
- 8) If assistance is needed with understanding the Medi-Cal Application or other forms, a county representative will help the applicant.
NOTE: this assistance consists of assisting in the completion of forms and not an eligibility determination. For an eligibility determination, refer to P2 – Data Collection/Assistance in Eligibility & Enrollment case processing flow.
- 9) The Medi-Cal application (e.g., SAWS1) is then forwarded to eligibility staff for follow-up within application timeframes (P2 – Data Collection/Assistance in Eligibility & Enrollment case processing flow).

“As-Is” Health Only Before Oct 2013

County Business Flow Narrative

Customer/Application Entry - Phone-In

The customer calls the county directly to apply for medical assistance.

P1 – Customer / Application Entry (CW)

- 1) The customer is referred to Clerical Staff where SAWS1 is completed on behalf of the customer to establish need and the application date.
- 2) **File clearance and case creation/registration is completed by clerical staff.**
- 3) Per customer request or need, an appointment may be established to be seen the same day or in the near future. In person information for the Medi-Cal statement of facts can be collected by the eligibility worker during an interview, if an appointment is requested.
- 4) A Medi-Cal Application package will be mailed to the customer to complete and return.
- 5) If needed, additional forms are provided for the customer to complete and return (e.g., Medi-Cal statement of facts (SOF) and local county forms).
- 6) The customer may complete forms on paper or on-line. Forms may be returned in-person, by mail, by fax, or through on-line.
- 7) If assistance is needed with understanding the Single Streamlined Application or other forms, a county representative will help the applicant.
NOTE: this assistance consists of assisting in the completion of a form and not an eligibility determination. For an eligibility determination, refer to P2 – Data Collection/Assistance in Eligibility & Enrollment case processing flow.
- 8) The Medi-Cal application (e.g., SAWS1) is then forwarded to eligibility staff for follow-up within application timeframes (P2 – Data Collection/Assistance in Eligibility & Enrollment case processing flow).

Customer/Application Entry - SAWS Online Applications

P1 – Customer/Application Entry (CW)

NOTE: Customer completes and submits On-Line Application and application date is set.

- 1) Applications for medical assistance are submitted electronically and placed into the county’s SAWS system queue, which are checked by clerical staff.
- 2) **File clearance, case creation/registration is completed by clerical staff.** Online applications are linked to an existing case or a new case is created by clerical staff.
- 3) Linked Medi-Cal applications are then forwarded to eligibility staff for completion (P2 – Data Collection/Assistance in Eligibility & Enrollment case processing flow).

"As-Is" Health Only Before Oct 2013

County Business Flow Narrative

Customer/Application Entry - Mail-In & Faxed Applications

P1 – Customer/Application Entry (CW)

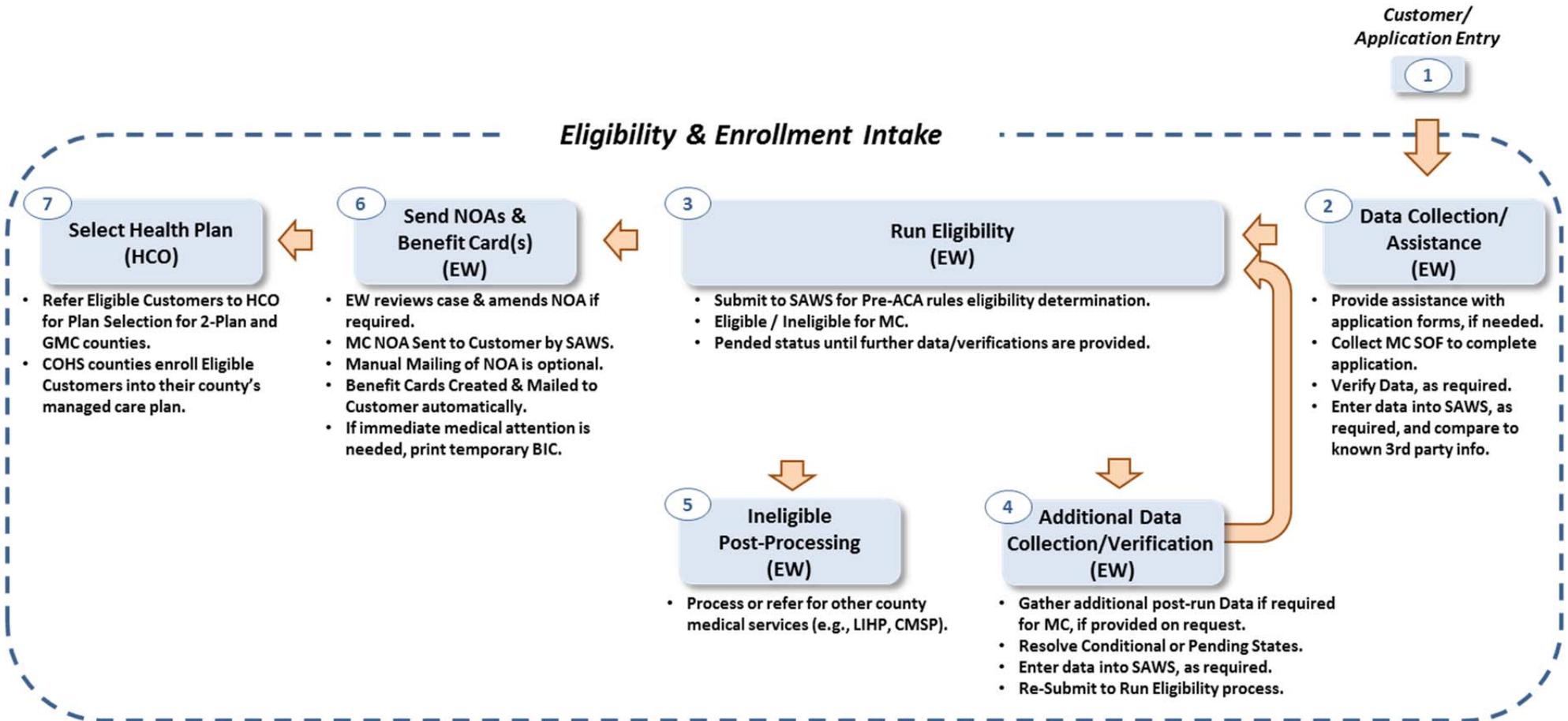
- 1) Applications are received by mail/fax (e.g., MC210, SAWS1 only).
- 2) Mail-In/Faxed applications that were initiated over the phone (case already created) are screened and forwarded to eligibility staff to process (P2 – Data Collection/Assistance in Eligibility & Enrollment case processing flow).
- 3) If Mail-In/Faxed application is a SAWS1 only, the application is pended for a statement of facts and the SAWS1 is forwarded to Eligibility staff to follow-up on the application within established timeframes.
- 4) Mail-In/Faxed applications received by the county that do not have a Program pending **are file cleared; and case creation is completed by clerical staff**
- 5) A timely appointment to complete the interview and collect health benefits information is scheduled the same day or in the near future.
- 6) The application is forwarded to the Eligibility Worker for processing to follow-up on the application within established timeframes (P2 – Data Collection/Assistance in Eligibility & Enrollment case processing flow).

"As-Is" Health Only (Before Oct 2013)

("Level 1" Diagram - v3.0)

Eligibility & Enrollment Intake

Summary Only – Read Narrative for Important Detail



EW = Eligibility Worker SOF = Statement of Facts CalW = CalWORKs
 CW = Clerical Worker HCO = Health Care Options CalF = CalFresh
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Eligibility and Enrollment Intake

P2 - Data Collection/Assistance

- 1) Eligibility staff provides assistance to customers with application forms, if needed.
- 2) Eligibility staff collects MC SOF information to complete application.
- 3) Eligibility staff reviews information from the SAWS1 and statement of facts along with any attached verifications.
- 4) Information from the application is entered into the SAWS system and compared to known/third party information to allow the Run Eligibility process (P3) to complete. Advance to P3 when ready.

P3 - Run Eligibility

- 1) The eligibility worker will run SAWS system for Pre-ACA rules eligibility determination based on the information recorded in SAWS.
 - a) Final eligibility may be run for the entire case or for an individual.
 - b) Some individuals may remain in pended status until further verifications have been provided. (i.e., children may be granted based on the information initially provided, but additional information for their parents is needed in order to determine the parents’ eligibility status).
- 2) On Eligible outcomes, proceed to P6 Send NOA’s and Benefit Cards and P7 – Select Health Plan.
- 3) On Ineligible outcomes, proceed to P5 – Ineligible Post-Processing and P6.
- 4) On Pended outcomes, proceed to P4 – Additional Data Collection / Verification.

P4 - Additional Data Collection/Verification

- 1) If additional verifications are needed, the eligibility worker requests additional data from the customer.
- 2) When these verifications are provided the eligibility worker updates SAWS with the information to make an eligibility determination. (via P3 – Run Eligibility process)
- 3) If additional verifications are not provided the eligibility worker will make an additional (second) request for verifications.
- 4) If verifications are received, information is updated by the eligibility worker in SAWS to make an eligibility determination. (via P3 – Run Eligibility process)
- 5) If the second request for verifications information is not received, the eligibility worker proceeds to make an eligibility determination (P3 - Run Eligibility process) without the requested verification. No

“As-Is” Health Only Before Oct 2013

County Business Flow Narrative

further requests for verifications will be created following the outcome from the Run Eligibility process.

P5 - Ineligible Post-Processing

- 1) If the application is denied the eligibility worker may refer the customer to other county medical services (e.g., LIHP, CMSP) if appropriate.

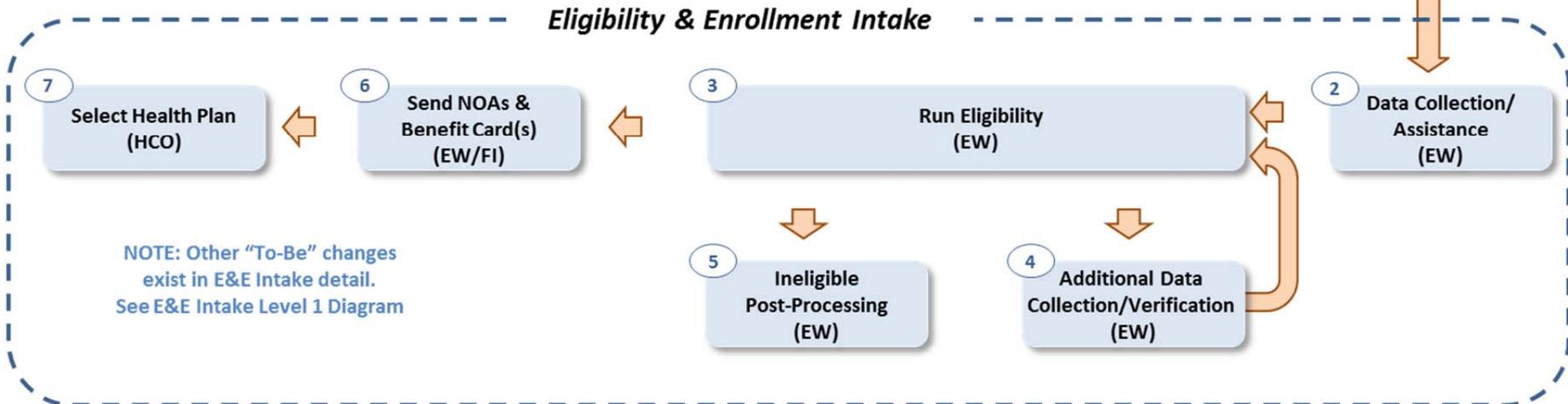
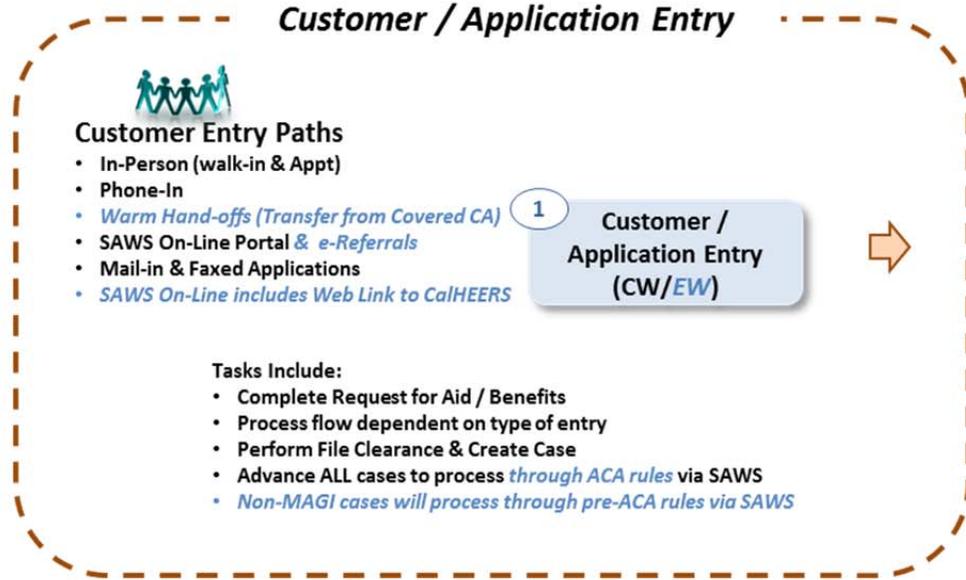
P6 - Send NOA’s and Benefit Cards

- 1) Notices are reviewed and amended if necessary.
- 2) Medi-Cal NOA is sent to Customer by SAWS.
- 3) Mail additional information if necessary. Manual Mailing of NOA is optional.
- 4) Request Benefit Identification Card (BIC) which is then created and mailed automatically to customer. If immediate medical attention is needed, print temporary BIC.

P7 - Select Health Plan

- 1) Two-Plan or Geographic Managed Care (GMC) counties refer their eligible customers to Health Care Options for assistance with selecting a Medi-Cal Managed Care plan.
- 2) COHS counties enroll their eligible customers into their county’s managed care plan.

“To-Be”
Health Only
January 2014
County Business Flow



EW = Eligibility Worker SOF = Statement of Facts CalW = CalWORKs
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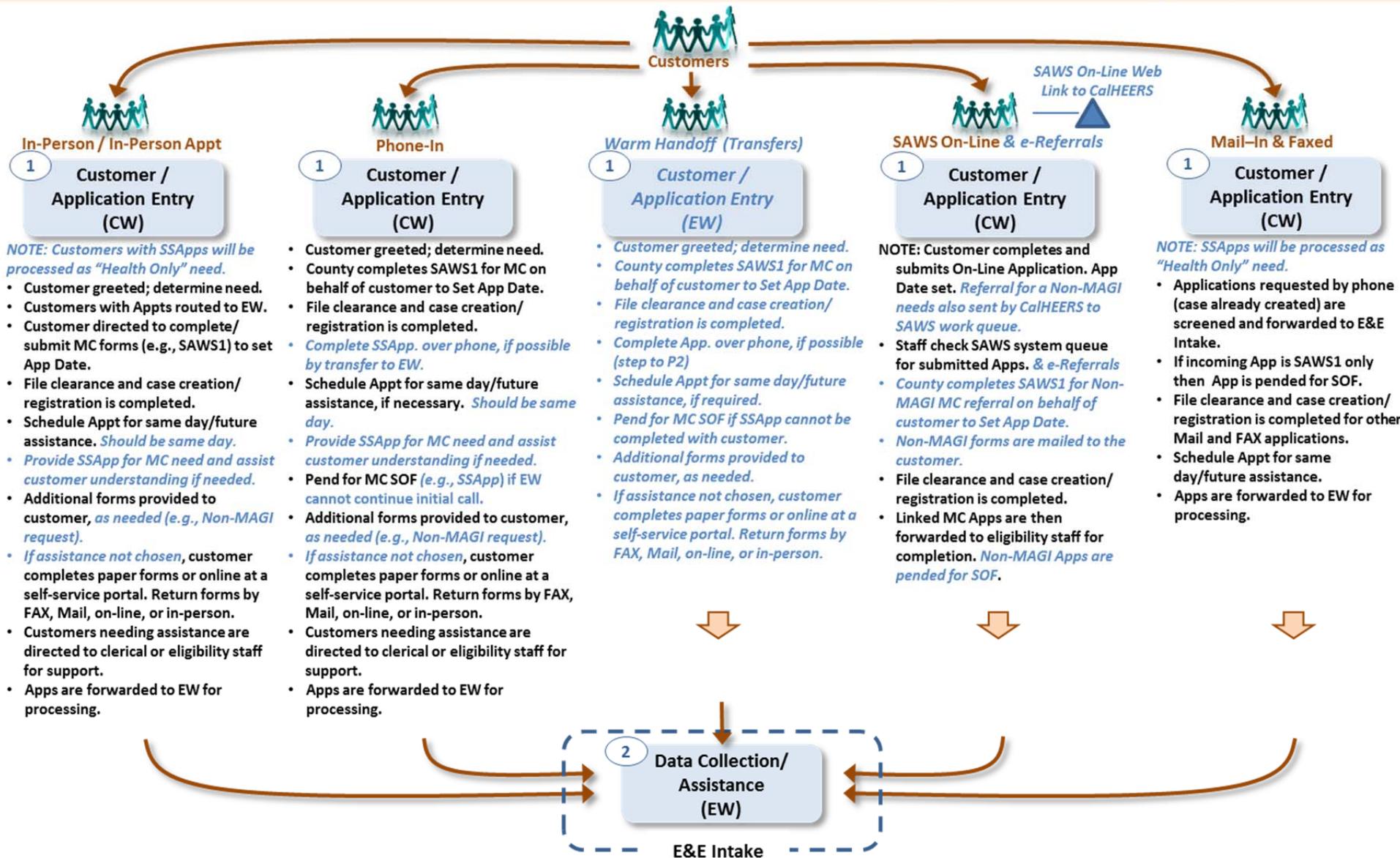
*** Changes from "As-Is" Health Only flow in Blue Italics*

"To-Be" Health Only (Jan 2014)

("Level 1" Diagram - v3.0)

Customer/Application Entry by Access Path

Summary Only – Read Narrative for Important Detail



NOTE: Customers with SSApps will be processed as "Health Only" need.

- Customer greeted; determine need.
- Customers with Appts routed to EW.
- Customer directed to complete/submit MC forms (e.g., SAWS1) to set App Date.
- File clearance and case creation/registration is completed.
- Schedule Appt for same day/future assistance. *Should be same day.*
- Provide SSApp for MC need and assist customer understanding if needed.
- Additional forms provided to customer, *as needed (e.g., Non-MAGI request).*
- *If assistance not chosen*, customer completes paper forms or online at a self-service portal. Return forms by FAX, Mail, on-line, or in-person.
- Customers needing assistance are directed to clerical or eligibility staff for support.
- Apps are forwarded to EW for processing.

- Customer greeted; determine need.
- County completes SAWS1 for MC on behalf of customer to Set App Date.
- File clearance and case creation/registration is completed.
- *Complete SSApp. over phone, if possible by transfer to EW.*
- Schedule Appt for same day/future assistance, if necessary. *Should be same day.*
- *Provide SSApp for MC need and assist customer understanding if needed.*
- Pend for MC SOF (e.g., SSApp) if EW cannot continue initial call.
- Additional forms provided to customer, *as needed (e.g., Non-MAGI request).*
- *If assistance not chosen*, customer completes paper forms or online at a self-service portal. Return forms by FAX, Mail, on-line, or in-person.
- Customers needing assistance are directed to clerical or eligibility staff for support.
- Apps are forwarded to EW for processing.

- Customer greeted; determine need.
- County completes SAWS1 for MC on behalf of customer to Set App Date.
- File clearance and case creation/registration is completed.
- *Complete App. over phone, if possible (step to P2)*
- Schedule Appt for same day/future assistance, if required.
- Pend for MC SOF if SSApp cannot be completed with customer.
- Additional forms provided to customer, *as needed.*
- *If assistance not chosen*, customer completes paper forms or online at a self-service portal. Return forms by FAX, Mail, on-line, or in-person.

- NOTE:** Customer completes and submits On-Line Application. App Date set. *Referral for a Non-MAGI needs also sent by CalHEERS to SAWS work queue.*
- Staff check SAWS system queue for submitted Apps. & e-Referrals
 - County completes SAWS1 for Non-MAGI MC referral on behalf of customer to Set App Date.
 - Non-MAGI forms are mailed to the customer.
 - File clearance and case creation/registration is completed.
 - Linked MC Apps are then forwarded to eligibility staff for completion. *Non-MAGI Apps are pending for SOF.*

NOTE: SSApps will be processed as "Health Only" need.

- Applications requested by phone (case already created) are screened and forwarded to E&E Intake.
- If incoming App is SAWS1 only then App is pending for SOF.
- File clearance and case creation/registration is completed for other Mail and FAX applications.
- Schedule Appt for same day/future assistance.
- Apps are forwarded to EW for processing.

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**** Changes from "As-Is" Health Only flow in Blue Italics**

Customer/Application Entry

Customer/Application Entry - In Person/In Person Appointment

The customer comes directly into the county to apply for medical assistance (with or without prior appointment).

P1 – Customer/Application Entry (CW)

NOTE: If the application is a Single Streamlined Application (SSApp) then the application must initially be processed as a “Health Only” need. Interest in other benefits (CalFresh, CalWORKs, and Non-MAGI) is captured on the SSApp and must be managed as referrals.

- 1) The customer is greeted by Clerical Staff where need and application date are established through the completion of SAWS1 by the customer if not previously completed (e.g., for those with appointments).
- 2) *In Person-appointment* - If a previous appointment has already been scheduled, a case has previously been created. The customer will meet with an eligibility worker to complete interview. (P2 – Data Collection/Assistance in Eligibility & Enrollment case processing flow).

3) File clearance and case creation/registration is completed by clerical staff.

NOTE: Counties should ensure that customers presenting In-Person should be provided with an opportunity for a timely same-day appointment with an EW to complete their SSApp.

- 4) Any In-person customer that indicates a “health only” need on completion of the SAWS1 will also complete an SSApp (if not previously completed). An SSApp will be provided for the customer to complete with EW assistance (P2 – Data Collection/Assistance), if requested. Customers may also choose to return the completed SSApp In-Person, by mail, by FAX, or complete the SSApp via self-service portal. Paper forms come with a pre-addressed envelope and a FAX number to route forms to Covered California.
- 5) If a Non-MAGI determination is requested or indicated, the customer is provided with additional related forms.
- 6) If assistance is needed with understanding the Single Streamlined Application or other forms a county representative, will help the applicant.
NOTE: this assistance consists of assisting in the completion of a form and not an eligibility determination. For an eligibility determination, refer to P2 – Data Collection/Assistance in Eligibility & Enrollment case processing flow.
- 7) Per customer request or need, a timely appointment with an eligibility worker will be established for the same day or in the near future.
- 8) The customer is then forwarded to eligibility staff for SSApp completion (P2 – Data Collection/Assistance in *Eligibility & Enrollment* case processing flow).

“To-Be” Health Only January 2014 County Business Flow Narrative

NOTE: Paper forms come with a pre-addressed envelope and a FAX number to route forms to Covered California. The customer has the following options on how to return these forms:

- a) In person information for the SSApp or the Non-MAGI supplementary statement of facts can be collected by the eligibility worker during an interview, if an appointment is requested.
- b) Walk-in the required forms
- c) Via Mail or Fax
 - i) Single Streamlined Applications come with a pre-addressed envelope that routes the application to the Exchange. If returned by mail to the county, see Mail-in Applications entry flow.
 - ii) Single Streamlined Applications come with Fax instructions that route a faxed application to the Exchange. If returned by fax to the county, see Faxed Applications entry flow.
- d) Electronically
 - i) Customers may complete the application electronically via the SAWS On-Line interface, via a link from the SAWS to the CalHEERS On-Line interface, or directly via the CalHEERS On-Line interface. If completed electronically via SAWS, see SAWS Online Applications entry flow.

Customer/Application Entry - Phone-In

The customer calls the county directly to apply.

P1 - Customer Service or Reception (CW)

NOTE: If a customer presents through a Phone call that is not a Transfer (Warm Handoff), counties should have eligibility staff complete the Single Streamlined Application from this initial call, except in cases of unusual customer volume.

- 1) The customer is referred to Clerical Staff where a SAWS1 is completed on behalf of the customer to establish need and application date.
- 2) File clearance and case creation/registration is completed by clerical staff.**
- 3) Counties should have eligibility staff complete the Single Streamlined Application from this initial call, except in cases of unusual customer volume. If clerical staff answers phone, the call would be transferred to eligibility staff for processing.
- 4) If Eligibility staff cannot continue the initial call, the case is pended for Statement of Facts and the SAWS1 is forwarded to Eligibility staff to follow-up on the application within established timeframes.
- 5) Per customer request or need, a timely In-Person appointment with an eligibility worker will be established for the same day or in the near future.

“To-Be” Health Only January 2014 County Business Flow Narrative

- 6) A Single Streamlined Application for Medi-Cal will be provided for the customer, if they request it, with a due date to complete and return In-Person, by mail, by fax, or by self-service portal, if an in person interview has not been requested. (See Mail –in & Faxed Customer entry or SAWS On-Line entry flows).
- 7) If a Non-MAGI determination is requested or indicated, the customer is provided with additional related forms.
- 8) If assistance is needed with understanding the Single Streamlined Application or other forms a county representative, will help the applicant.
NOTE: this assistance consists of assisting in the completion of a form and not an eligibility determination. For an eligibility determination, refer to P2 – Data Collection/Assistance in Eligibility & Enrollment case processing flow.

Customer/Application Entry - Phone Transfers (Warm Handoffs)

P1 - Customer Service or Reception (EW)

NOTE: If a customer presents through a Phone Transfer (Warm Handoff), that customer must be processed as a “Health Only” customer by an Eligibility Worker. Interest in other benefits (CalFresh, CalWORKs, and Non-MAGI) is captured on the SSApp and must be managed as referrals.

- 1) The customer is greeted by an Eligibility Worker where a SAWS1 is completed on behalf of the customer to establish need and application date.
- 2) File clearance and case creation/registration is completed by an Eligibility Worker.**
- 3) Counties are required to have an Eligibility Worker complete the Single Streamlined Application from this initial call. Refer to P2– Data Collection/Assistance process.
- 4) If Eligibility staff cannot complete the Single Streamlined Application within the initial call (e.g., client needs to find required documentation), the case is pended for Statement of Facts and the SAWS1 is forwarded to Eligibility staff to follow-up on the application within established timeframes. If required, a timely appointment to complete the application will be established either the same day or in the near future.
- 5) If an appointment is required, the appointment may be established either the same day or in the near future.
- 6) A Single Streamlined Application for Medi-Cal will be provided for the customer, if they request it, with a due date to complete and return In-Person, by mail, by fax, or by self-service portal, if an in person interview has not been requested. (See Mail –in & Faxed Customer entry or SAWS On-Line entry flows)
- 7) If a Non-MAGI determination is requested or indicated, that need is captured on the Single Streamlined Application and managed as a referral.

“To-Be” Health Only January 2014

County Business Flow Narrative

Customer/Application Entry - SAWS Online Apps & e-Referrals

SAWS On-Line

P1 – Customer/Application Entry (CW)

- 1) Applications for medical assistance are submitted electronically and placed into the county’s SAWS system queue, which is checked by clerical staff.
- 2) **File clearance, case creation/registration is completed by clerical staff.** Online applications are linked to an existing case or a new case is created by clerical staff.
- 3) Linked Health applications are then forwarded to eligibility staff for completion (P2 – Data Collection/Assistance in Eligibility & Enrollment case processing flow).

Non-MAGI Electronic Referral from CalHEERS

P1 – Customer/Application Entry (CW)

- 1) A referral for a Non-MAGI determination for individuals with eligibility condition(s) is received electronically from CalHEERS and placed into the county’s SAWS system queue, which is checked by clerical staff.
- 2) Clerical Staff complete a SAWS1 on behalf of the customer to establish need and application date.
- 3) Non-MAGI forms are mailed to the customer.
- 4) **File clearance and case creation/registration is completed by clerical staff.** Referral applications are linked to an existing case or a new case is created by clerical staff.
- 5) Linked Medi-Cal applications are pended for Non-MAGI forms and the SAWS1 is forwarded to Eligibility staff to follow-up on the application within established timeframes completion (P2 – Data Collection/Assistance in Eligibility & Enrollment case processing flow).

Customer/Application Entry - Mail-In & Faxed Applications

P1 – Customer/Application Entry (CW)

NOTE: If the Mail-In/Faxed application is a Single Streamlined Application then the application must initially be processed as a “Health Only” need. Interest in other benefits (CalFresh, CalWORKs, and Non-MAGI) must be managed as referrals.

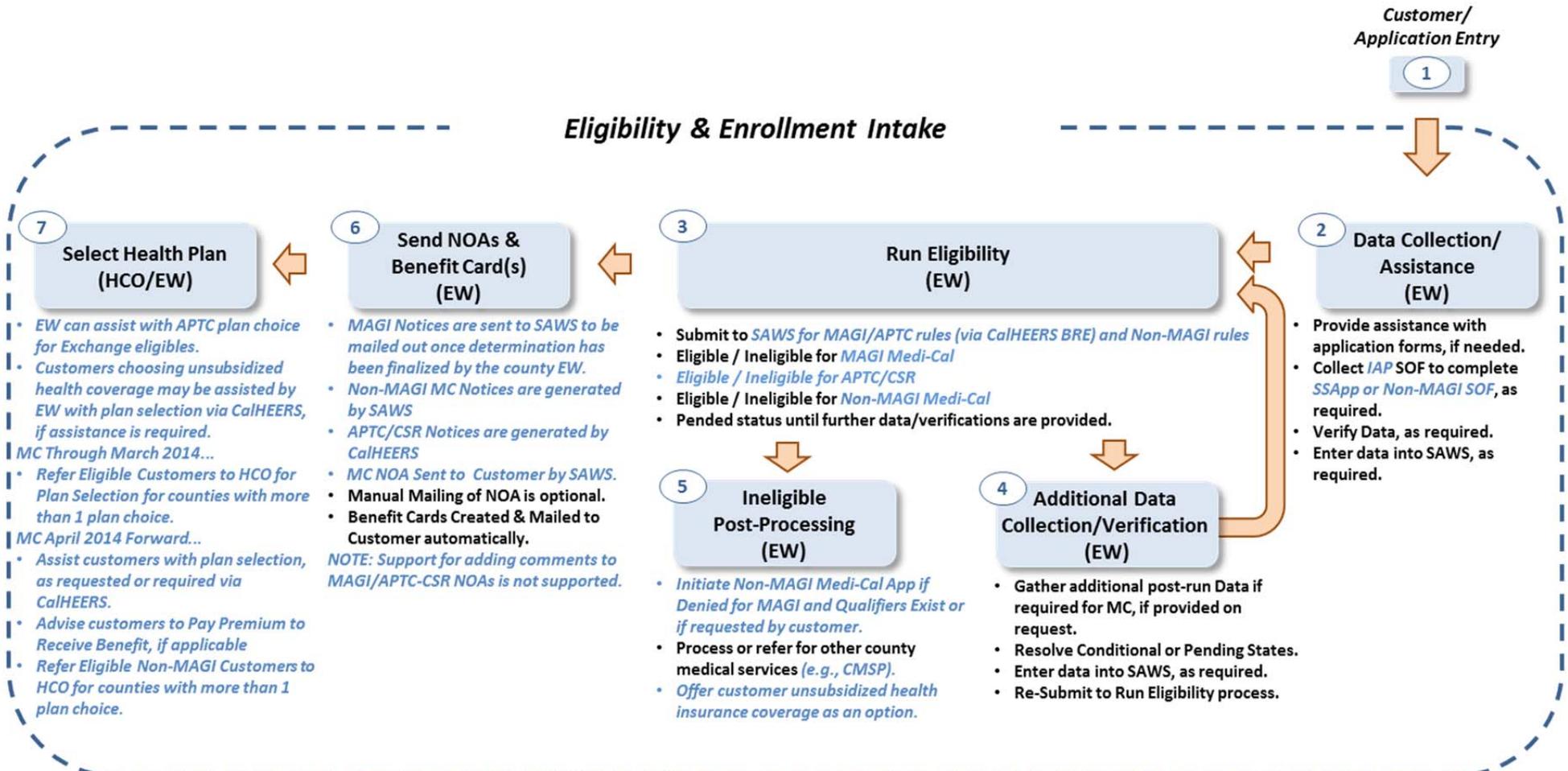
- 1) Applications are received by mail/fax (e.g., SApp, SAWS1 only).
- 2) Mail-In/Faxed applications that were initiated over the phone (case already created) are screened and forwarded to eligibility staff to process (P2 – Data Collection/Assistance in Eligibility & Enrollment case processing flow).

“To-Be” Health Only January 2014

County Business Flow Narrative

- 3) If Mail-In/Faxed application is a SAWS1 only, the application is pended for a statement of facts and the SAWS1 is forwarded to Eligibility staff to follow-up on the application within established timeframes.
- 4) Mail-In/Faxed applications received by the county that do not have a Program pending **are file cleared; and case creation is completed by clerical staff**
- 5) A timely appointment to collect health benefits information is scheduled the same day or in the near future.
- 6) The application is forwarded to the Eligibility Worker for processing to follow-up on the application within established timeframes (P2 – Data Collection/Assistance in Eligibility & Enrollment case processing flow).

Eligibility & Enrollment Intake



EW = Eligibility Worker SOF = Statement of Facts CalW = CalWORKS
 CW = Clerical Worker HCO = Health Care Options CalF = CalFresh
 FI = Fiscal Intermediary NOA = Notice of Action IAP = Insurance Affordability Programs
 MC = Medi-Cal ACA = Affordable Care Act APTC/CSR = Advance Premium Tax Credit/Cost Sharing Reductions

*** Changes from “As-Is” Health Only flow in Blue Italics*

Eligibility and Enrollment Intake

P2 - Data Collection/Assistance

- 1) Eligibility staff provides assistance to customers with application forms, if needed.
- 2) Eligibility staff collect Insurance Affordability Program (IAP) SOF information on the Single Streamlined Application or Non-MAGI SOF to complete a Non-MAGI determination.
 - a) The information for the Single Streamline application or Non-MAGI forms may be collected in-person, by phone, on-line, by mail, or by FAX.
 - b) On-Line apps may have been processed previously through the Run Eligibility process and pended for additional information.
- 3) Eligibility staff reviews information the Single Streamline Application.
- 4) Information from the application is entered into the SAWS system to allow the Run Eligibility process (P3) to complete. Advance to P3 when ready.

P3 - Run Eligibility

- 1) Request eligibility determination by SAWS for MAGI/APTC-CSR rules and Non-MAGI rules. (NOTE: SAWS use the CalHEERS BRE for MAGI/APTC-CSR rules; MAGI/APTC-CSR determinations always precede a Non-MAGI determination for New Customers).
- 2) If the MAGI/APTC information provided is consistent (reasonably compatible) with the customer’s responses on the single streamline application (self-attestation), then a MAGI or APTC determination will be completed.
- 3) If the MAGI/APTC information provided is NOT consistent (NOT reasonably compatible) with the customer’s responses on the single streamline application (self-attestation), then the application is pended and proceed to P4 - Additional Data Collection/Verification).
- 4) If Non-MAGI information is provided, a Non-MAGI determination will be completed. Proceed to P4 - Additional Data Collection/Verification if the determination is pended for additional information.
- 5) On Eligible outcomes, proceed to P6 Send NOA’s and Benefit Cards and P7 – Select health Plan.
- 6) On Ineligible outcomes, proceed to P5 – Ineligible Post-Processing and P6.
- 7) On Pended outcomes, proceed to P4 – Additional Data Collection / Verification.

“To-Be” Health Only January 2014

County Business Flow Narrative

P4 - Additional Data Collection/Verification

- 1) If the information is inconsistent (not reasonably compatible) with the customer’s responses on the single streamline application (self-attestation), then the application may be pended and physical verifications are required/requested.
- 2) When verifications are provided, update SAWS and enter the Run Eligibility process again.
- 3) If verifications have not been provided within established processes and timeframes, the eligibility worker proceeds to make an eligibility determination (P3 - Run Eligibility process) without the requested verification. No further requests for verifications will be created following the outcome from the Run Eligibility process.
- 4) If a Non-MAGI determination requires additional data to be collected then gather information from the customer, update SAWS, and enter the Run Eligibility process again.
- 5) Proceed to P5 (ineligible Post-Processing) and P6 (Send NOA’s) if requested verifications are not provided.

P5 - Ineligible Post-Processing

- 1) If MAGI ineligibility is the result of the determination, initiate a Non-MAGI determination (e.g., via a SAWS1) if qualifiers exist or if requested by the customer.
- 2) Process or refer for other county medical services (e.g., CMSP), if appropriate.
- 3) Eligibility staff offers the customer unsubsidized health insurance coverage as an option. If customers choose this option then proceed to P7 (Select Health Plan) using CalHEERS.
- 4) Accept the ineligible outcome and proceed to P6 (Send NOA’s)

P6 - Send NOA’s and Benefit Cards

- 1) MAGI Notices are generated by CalHEERS and sent to SAWS to be mailed out once determination has been finalized by the county eligibility worker. Manual Mailing of NOA is optional.
- 2) Non-MAGI Medi-Cal Notices are generated by SAWS. Manual Mailing of NOA is optional.
- 3) APTC/CSR Notices are generated by CalHEERS.

P7 - Select Health Plan

MC Through March 2014...

- 1) Refer Eligible Medi-Cal Customers (MAGI and Non-MAGI) to HCO for Plan Selection if they reside in counties with more than 1 plan choice.

“To-Be” Health Only January 2014 County Business Flow Narrative

MC April 2014 Forward...

- 1) Medi-Cal Customers in counties with one plan choice (e.g., COHS) will auto enroll into their county’s managed care plan.
- 2) Assist MAGI Medi-Cal eligible customers in counties with more than one plan choice with plan selection, as requested or required, using CalHEERS.

For APTC/CSR & Unsubsidized Health Insurance, Jan 1 Forward

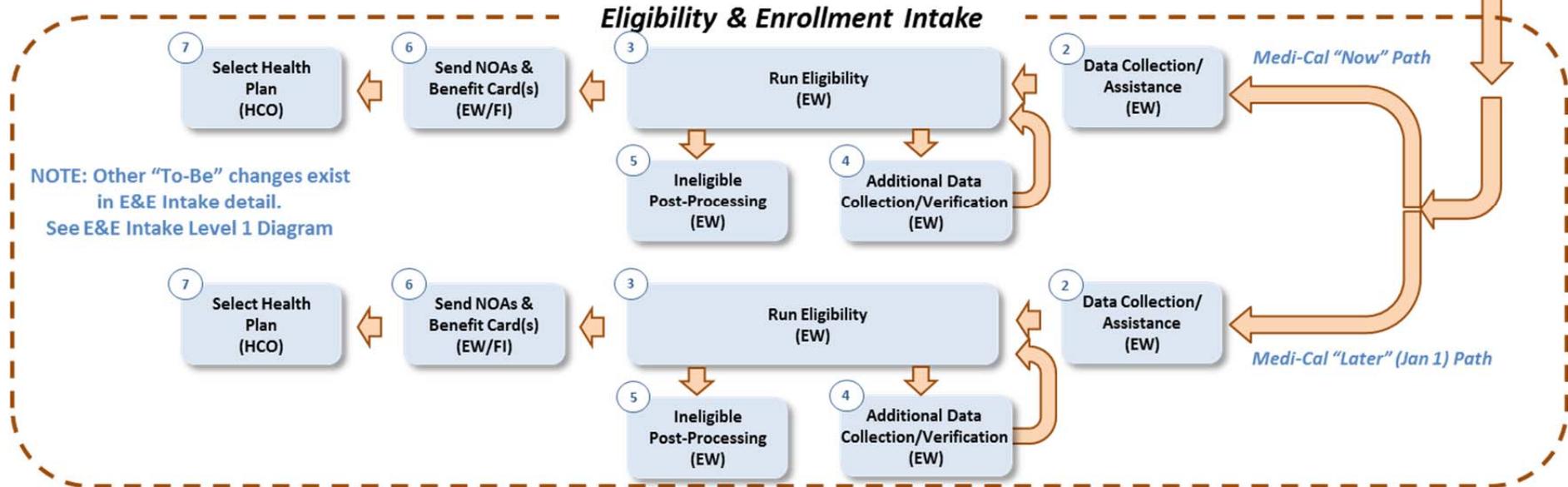
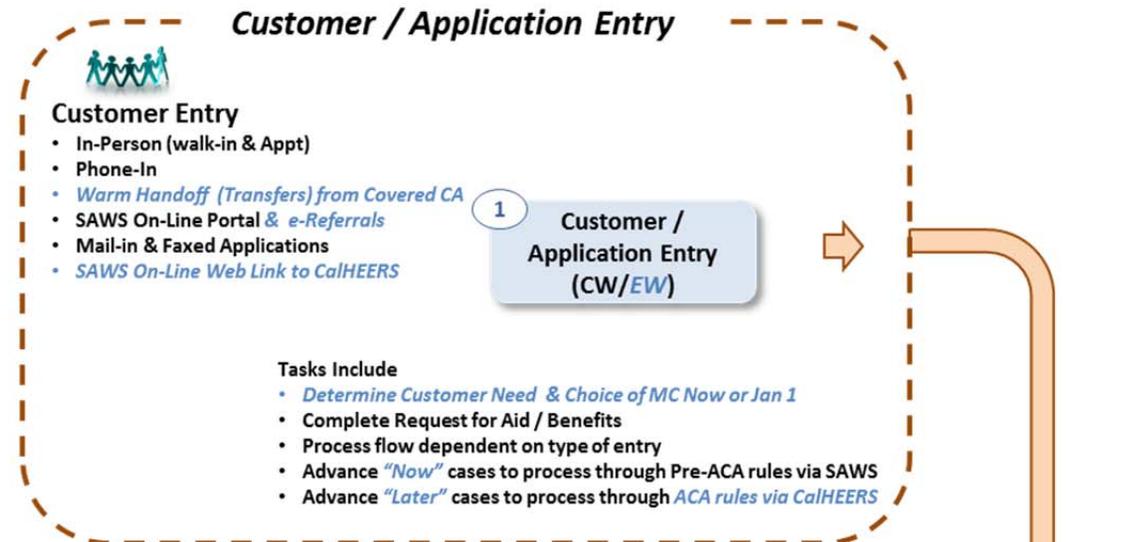
- 1) If APTC/CSR eligible customers require or request assistance in selecting a health plan:
 - a) County staff will need to log-in to CalHEERS and input the customer’s data to find CalHEERS case.
 - b) Assist the customer in selecting available plans.
 - c) Discuss premium payments for each plan and provide instruction for plan payment.
- 2) Advise APTC/CSR customers to Pay Premium to Receive Benefit, if applicable.
- 3) Customers that choose unsubsidized health insurance coverage as an option may be assisted by an EW with plan selection via CalHEERS, if assistance is required.

“To-Be”

Health Only

Oct-Dec 2013

County Business Flow



EW = Eligibility Worker SOF = Statement of Facts CalW = CalWORKs
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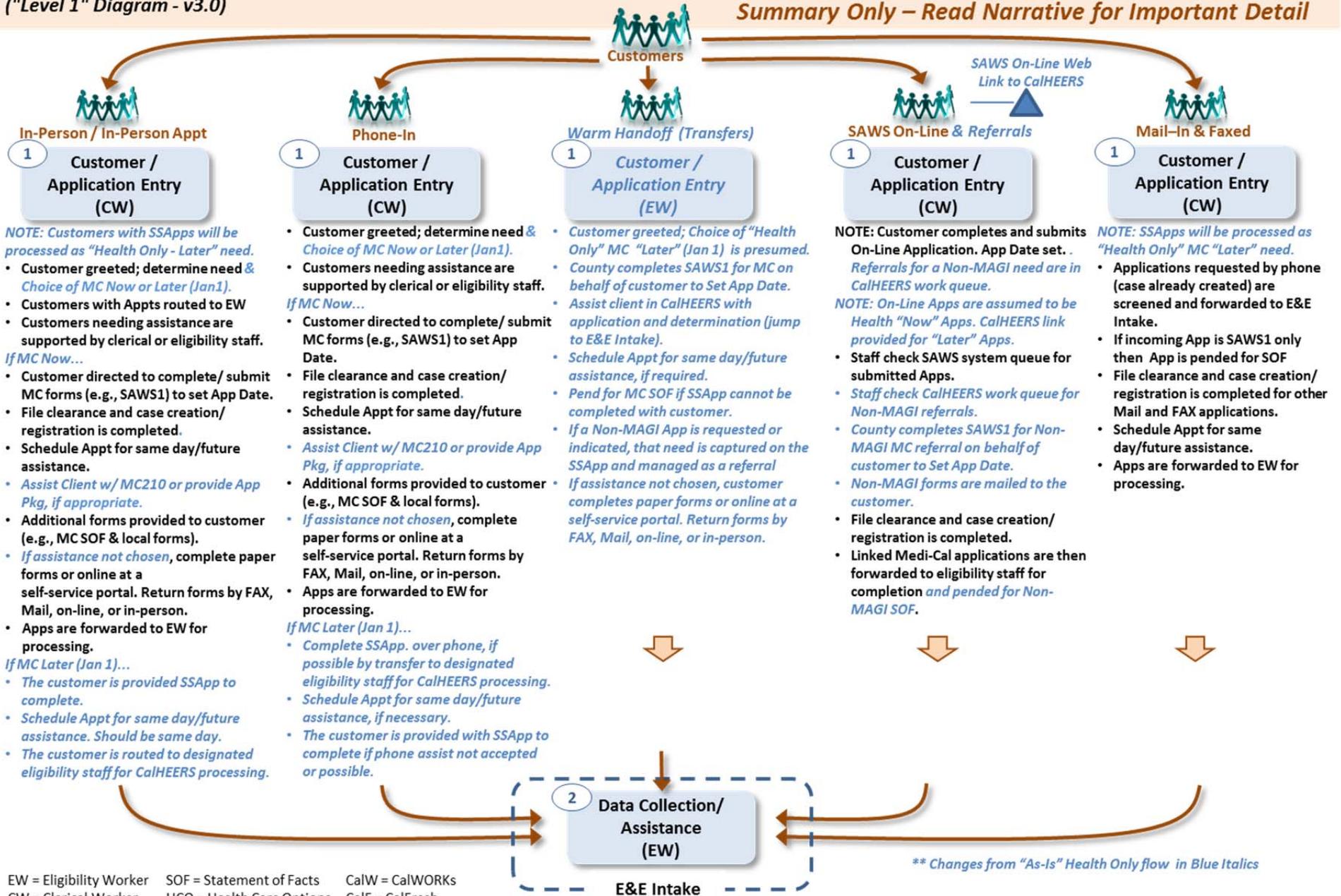
*** Changes from “As-Is” Health Only flow in Blue Italics*

"To-Be" Health Only (Oct-Dec 2013)

("Level 1" Diagram - v3.0)

Customer/Application Entry by Access Path

Summary Only – Read Narrative for Important Detail



EW = Eligibility Worker SOF = Statement of Facts CalW = CalWORKs
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 MC = Medi-Cal ACA = Affordable Care Act APTC/CSR = Advance Premium Tax Credit/Cost Sharing Reductions

Customer/Application Entry

Customer/Application Entry - In Person/In Person Appointment

The customer comes directly into the county to apply for health benefits (Medi-Cal and APTC/CSR) as well as cash (CalWORKs) and/or food (CalFresh) assistance (with or without prior appointment).

P1 - Customer Service or Reception (CW)

NOTE: If a customer presents with a Single Streamlined Application (SSApp), that customer must be processed as a “Health Only” customer who needs health coverage “Later”, where a need for Non-MAGI Medi-Cal is captured on the SSApp and managed as a “referral”.

- 1) For those customers not presenting with a SSApp, the customer is greeted by Clerical Staff and need of visit is established. The customer is asked if they are seeking health coverage “Now” (today) or “Later” (January 1, 2014).
- 2) **If health coverage “Now” is selected:**
 - a) The customer is directed to complete and submit Medi-Cal forms (such as SAWS1) to establish an application date, unless previously established.
 - b) File clearance, case creation/registration is completed by clerical staff in SAWS.**
 - c) Per customer request or need, an appointment may be established to be seen the same day or in the near future. In person information for the Medi-Cal statement of facts can be collected by the eligibility worker during an interview, if an appointment is requested.
 - d) A Medi-Cal Application will be provided for the customer to complete and return, if appointment is not requested.
 - e) If needed, additional forms are provided for the customer to complete and return (e.g., Medi-Cal statement of facts (SOF) and local county forms).
 - f) The customer may complete forms on paper or on-line. Forms may be returned in-person, by mail, by fax, or through on-line.
 - g) If assistance is needed with understanding the Medi-Cal Application or other forms, a county representative will help the applicant.
NOTE: this assistance consists of assisting in the completion of a form and not an eligibility determination. For an eligibility determination, refer to P2 – Data Collection/Assistance in Eligibility & Enrollment case processing flow.
 - h) The Medi-Cal application (e.g., SAWS1) is then forwarded to eligibility staff for follow-up within application timeframes (P2 – Data Collection/Assistance in Eligibility & Enrollment case processing flow).

“To-Be” Health Only Oct-Dec 2013 County Business Flow Narrative

3) If health coverage **“Later”** is selected:

NOTE: Counties should try to ensure that customers presenting In-Person and requiring health coverage “Later” should be provided with an opportunity for a timely same-day appointment with an EW to complete their SSApp, if assistance is requested.

- a) A SSApp will be provided to the customer if they request it. Customers can complete the SSApp unassisted or they can request assistance from an eligibility worker.
- b) The customer may also complete the SSApp on-line via CalHEERS or on paper. Paper forms come with a pre-addressed envelope and a FAX number to route forms to Covered California.
- c) If completion assistance is requested, a timely appointment with an eligibility worker will be established for the same day or in the near future. If the appointment is the same day, the customer is routed to designated eligibility staff for CalHEERS processing (P2 – Data Collection/Assistance in Eligibility & Enrollment case processing flow).

Customer/Application Entry - Phone-In

The customer calls the county directly to apply for health benefits.

P1 - Customer / Application Entry (CW)

- 1) The customer is greeted by Clerical Staff and need of call is established. The customer is asked if they are seeking health coverage “Now” (today) or “Later” (January 1, 2014).
- 2) If health coverage **“Now”** is selected:
 - a) The customer is referred to Clerical Staff where SAWS1 is completed on behalf of the customer to establish need and the application date.
 - b) File clearance and case creation/registration is completed by clerical staff.**
 - c) Per customer request or need, an appointment may be established to be seen the same day or in the near future. In person information for the Medi-Cal statement of facts can be collected by the eligibility worker during an interview, if an appointment is requested.
 - d) A Medi-Cal Application package will be mailed to the customer to complete and return.
 - e) If needed, additional forms are provided for the customer to complete (e.g., Medi-Cal statement of facts (SOF) and local county forms).
 - f) The customer may complete forms on paper or on-line. Forms may be returned in-person, by mail, by fax, or through on-line.
 - g) If assistance is needed with understanding the Medi-Cal application or other forms, a county representative will help the applicant.

NOTE: this assistance consists of assisting in the completion of a form and not an eligibility

“To-Be” Health Only Oct-Dec 2013 County Business Flow Narrative

determination. For an eligibility determination, refer to P2 – Data Collection/Assistance in Eligibility & Enrollment case processing flow.

- h) The Medi-Cal application (e.g., SAWS1) is then forwarded to eligibility staff for follow-up within application timeframes (P2 – Data Collection/Assistance in Eligibility & Enrollment case processing flow).

3) If health coverage “Later” is selected:

NOTE: During the October to December 2013 period, counties should try to ensure that customers presenting In-Person or on the phone and requiring health coverage “Later” should be provided with an opportunity for a timely same-day appointment with an EW to complete their SSApp, if assistance is requested.

- a) If completion assistance is requested, a county should try to ensure that eligibility staff can conduct the interview and enter information into CalHEERS at the time of the initial call. If clerical staff answers phone, the call would be transferred to eligibility staff for processing.
- b) If completion assistance is requested and the initial call cannot be continued with eligibility staff, a timely appointment with an eligibility worker will be established for the same day or in the near future.
- c) A SSApp will be mailed to the customer if they request it. Customers can complete the SSApp unassisted or they can request assistance from an eligibility worker (P2 – Data Collection/Assistance).
- d) The customer may also complete the SSApp on-line via CalHEERS or on paper. Paper forms come with a pre-addressed envelope and a FAX number to route forms to Covered California.

Customer/Application Entry – Phone Transfers (Warm Handoffs)

P1 - Customer Service or Reception (EW)

NOTE: If a customer presents through a Phone Transfer (Warm Handoff), that customer must be processed as a “Health Only” customer by an Eligibility Worker, where needs for CalFresh, CalWORKs, and/or Non-MAGI Medi-Cal are captured on the SSApp and managed as “referrals”. The customer is presumed to want health care “Later” (January 1, 2014), and the “Now” or “Later” question is not posed to the customer.

- 1) The customer is greeted by an Eligibility Worker where a SAWS1 is completed on behalf of the customer to establish need and application date.
- 2) Counties are required to have an Eligibility Worker complete the Single Streamlined Application from this initial call, if possible (step to P2– Data Collection/Assistance process).
- 3) **File clearance and case creation/registration is not completed via the SAWS system. File clearance and case number assignment is automated in CalHEERS and will be performed when the application is completed and submitted in P2– Data Collection/Assistance process. However, the**

“To-Be” Health Only Oct-Dec 2013 County Business Flow Narrative

Eligibility Worker will complete a limited file clearance check in MEDS, to determine if health coverage already exists.

- 4) If Eligibility staff cannot complete the Single Streamlined Application within the initial call (e.g., client needs to find required documentation), the case is left pending for Statement of Facts to follow-up on within established timeframes.
- 5) If an appointment is required, the appointment may be established either the same day or in the near future.
- 6) A Single Streamlined Application for Medi-Cal will be provided for the customer, if they request it, with a due date to complete and return via mail, fax, or via self-service portal, if an in person interview has not been requested. (See Mail –in & Faxed Customer entry or SAWS On-Line entry flows)
- 7) If a Non-MAGI determination is requested or indicated, that need is captured on the Single Streamlined Application and managed as a referral.

Customer/Application Entry - SAWS Online Apps & Referrals

SAWS Online Applications

NOTE: During the October-December 2013 pre-enrollment period, On-Line applications created through the SAWS On-Line Application user interface will be presumed to follow the “Now” path for application processing. Customers accessing any of the three SAWS On-Line Application user interfaces will be presented with instruction text that indicates a choice of “Now” or “Later” health benefits and direction to either the SAWS path or a CalHEERS web link to support their respective choice.

P1 – Customer/Application Entry (CW)

- 1) Applications for medical assistance are submitted electronically and placed into the county’s SAWS system queue, which are checked by clerical staff.
- 2) **File clearance, case creation/registration is completed by clerical staff.** Online applications are linked to an existing case or a new case is created by clerical staff.
- 3) Linked Medi-Cal applications are then forwarded to eligibility staff for completion (P2 – Data Collection/Assistance in Eligibility & Enrollment case processing flow).

“To-Be” Health Only Oct-Dec 2013

County Business Flow Narrative

Non-MAGI Referral from CalHEERS

NOTE: During the October-December 2013 pre-enrollment period, Non-MAGI referrals will be processed as applications for Medi-Cal “Now”, using pre-ACA forms and pre-ACA SAWS business rules.

- 1) A referral for a Non-MAGI determination for individuals with eligibility condition(s) is received electronically from CalHEERS and placed into the county’s work queue on CalHEERS, which is checked by clerical staff.
- 2) Clerical Staff complete a SAWS1 on behalf of the customer to establish need and application date.
- 3) Non-MAGI forms are mailed to the customer.
- 4) **File clearance and case creation/registration is completed by clerical staff.** Referral applications are linked to an existing case or a new case is created by clerical staff.
- 5) Linked Medi-Cal applications are pended for Non-MAGI forms and the SAWS1 is forwarded to Eligibility staff to follow-up on the application within established timeframes.

Customer/Application Entry - Mail-In & Faxed Applications

P1 – Customer/Application Entry (CW)

NOTE: During the October-December 2013 pre-enrollment period, if a Mail-In/Faxed application is a Single Streamlined Application then the application must initially be processed as a “Health Only” need and will be presumed to follow the “Later” path for application processing. Interest in other benefits (CalFresh, CalWORKs, and Non-MAGI) must be managed as referrals. If the Mail-In/Faxed application is other than a SSApp, then the application will be presumed to follow the “Now” path for health application processing.

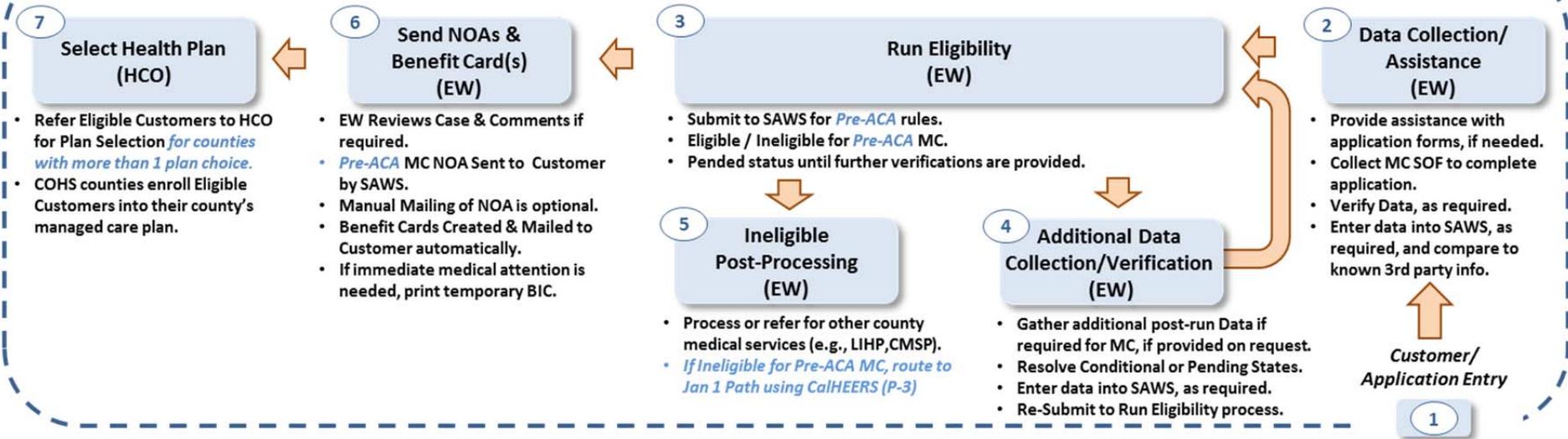
- 1) Applications are received by mail/fax (e.g., MC210, SAWS1 only).
- 2) Mail-In/Faxed applications that were initiated over the phone (case already created) are screened and forwarded to eligibility staff to process (P2 – Data Collection/Assistance in Eligibility & Enrollment case processing flow).
- 3) If Mail-In/Faxed application is a SAWS1 only, the application is pended for a statement of facts and the SAWS1 is forwarded to Eligibility staff to follow-up on the application within established timeframes.
- 4) Mail-In/Faxed applications received by the county that do not have a Program pending **are file cleared; and case creation is completed by clerical staff**
- 5) A timely appointment to collect health benefits information is scheduled the same day or in the near future.

“To-Be” Health Only Oct-Dec 2013

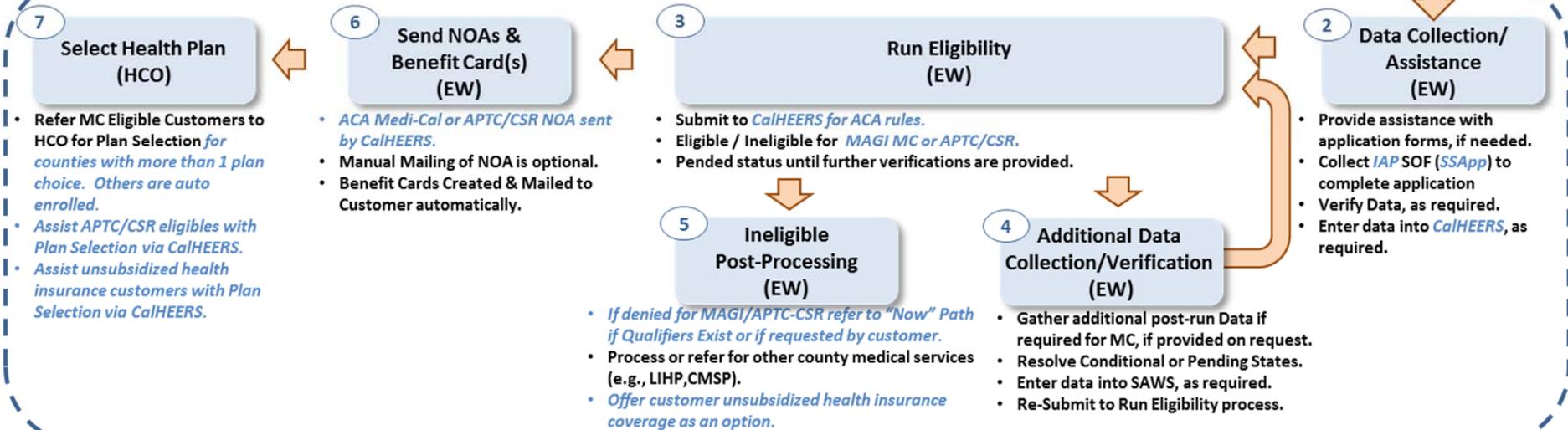
County Business Flow Narrative

- 6) The application is forwarded to the Eligibility Worker for processing to follow-up on the application within established timeframes (P2 – Data Collection/Assistance in Eligibility & Enrollment case processing flow).

Eligibility & Enrollment Intake – Medi-Cal “Now” Path (Uses SAWS)



Eligibility & Enrollment Intake - Medi-Cal “Later” (Jan 1st) Path (Uses CalHEERS)



EW = Eligibility Worker SOF = Statement of Facts CalW = CalWORKs
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*** Changes from “As-Is” Health Only flow in Blue Italics*

Eligibility and Enrollment Intake

“Now” Path for Medi-Cal

P2 - Data Collection/Assistance

- 1) Eligibility staff provide assistance to customers with application forms, if needed.
- 2) Eligibility staff collect MC SOF information to complete application.
- 3) Eligibility staff review information from the SAWS1 and statement of facts along with any attached verifications.
- 4) Information from the application is entered into the SAWS system and compared to known/third party information.

P3 - Run Eligibility

- 1) The eligibility worker will run SAWS system for Pre-ACA rules eligibility determination based on the information recorded in SAWS.
 - a) Final eligibility may be run for the entire case or for an individual.
 - b) Some individuals may remain in pended status until further verifications have been provided. (i.e., children may be granted based on the information initially provided, but additional information for their parents is needed in order to determine the parents’ eligibility status).
- 2) If information meets eligibility requirements, final eligibility determination can be made.
- 3) On Eligible outcomes, proceed to P6 Send NOA’s and Benefit Cards and P7 – Select Health Plan.
- 4) On Ineligible outcomes, proceed to P5 – Ineligible Post-Processing and P6.
- 5) On Pended outcomes, proceed to P4 – Additional Data Collection / Verification.

P4 - Additional Data Collection/Verification

- 1) If additional verifications are needed, the eligibility worker requests additional data from the customer.
- 2) When these verifications are provided the eligibility worker updates SAWS with the information to make an eligibility determination. (via P3 – Run Eligibility process)
- 3) If additional verifications are not provided the eligibility worker will make an additional (second) request for verifications.

“To-Be” Health Only Oct-Dec 2013

County Business Flow Narrative

- 4) If verifications are received, information is updated by the eligibility worker in SAWS to make an eligibility determination. (via P3 – Run Eligibility process)
- 5) If the second request for verifications information is not received, the eligibility worker proceeds to make an eligibility determination (P3 - Run Eligibility process) without the requested verification. No further requests for verifications will be created following the outcome from the Run Eligibility process.

P5 - Ineligible Post-Processing

- 1) If the application is denied the eligibility worker may refer the customer to other county medical services (e.g., LIHP, CMSP) if appropriate.
- 2) If CMSP or LIHP is not available, contact customer to complete a Single Streamlined Application (SSApp) to evaluate for the “Later” path. This may require mailing a SSApp to the customer. Collect additional tax household information in combination with information provided on the application for the “Now” path to complete the SSApp. Once the SSApp is completed, the evaluation for MAGI/APTC-CSR eligibility will follow the “Later” path.
- 3) Eligibility staff offer the customer unsubsidized health insurance coverage as an option. If customers choose this option then proceed to “Later” path P7 (Select Health Plan) using CalHEERS.

P6 - Send NOA’s and Benefit Cards

- 1) Notices are reviewed and amended if necessary.
- 2) Pre-ACA Medi-Cal NOA is sent to Customer by SAWS.
- 3) Mail additional information if necessary. Manual Mailing of NOA is optional.
- 4) Request Benefit Identification Card (BIC) which is then created and mailed automatically to customer. If immediate medical attention is needed, print temporary BIC.

P7 - Select Health Plan

- 1) Refer Eligible Medi-Cal Customers to HCO for Plan Selection if they reside in counties with more than 1 plan choice.
- 2) Medi-Cal Customers in counties with one plan choice (e.g., COHS) will auto enroll into their county’s managed care plan through CalHEERS.

“Later” Path for Medi-Cal

P2 - Data Collection/Assistance

- 1) Eligibility staff provide assistance to customers with application forms, if needed.
- 2) Eligibility staff collect Insurance Affordability Program (IAP) SOF on the Single Streamlined Application.
 - a) The information for the Single Streamline application may be collected in-person, by phone, On-Line, or by FAX.
 - b) On-Line apps may have been processed previously through the Run Eligibility process.
- 3) Eligibility staff review information the Single Streamline Application and perform any required verifications.
- 4) Information from the application is entered into the CalHEERS system to allow the Run Eligibility process (P3) to complete. Advance to P3 when ready.

P3 - Run Eligibility

- 1) Request eligibility determination using ACA rules via CalHEERS.
- 2) If the MAGI/APTC-CSR information provided is consistent (reasonably compatible) with the customer’s responses on the single streamline application (self-attestation), then a MAGI or APTC determination will be completed.
- 3) If the MAGI/APTC information provided is NOT consistent (NOT reasonably compatible) with the customer’s responses on the single streamline application (self-attestation), then the application may be pended and step to P4 - Additional Data Collection/Verification).
- 4) On Eligible outcomes, proceed to P6 Send NOA’s and Benefit Cards and P7 – Select Health Plan.
- 5) On Ineligible outcomes, proceed to P5 – Ineligible Post-Processing and P6.
- 6) On Pended outcomes, proceed to P4 – Additional Data Collection / Verification.

P4 - Additional Data Collection/Verification

- 1) If the information is inconsistent (not reasonably compatible) with the customer’s responses on the single streamline application (self-attestation), then the application may be pended and physical verifications are required/requested.
- 2) When verifications are provided, update CalHEERS and enter the Run Eligibility process (P3) again.
- 3) If verifications have not been provided within established processes and timeframes, the eligibility worker proceeds to make an eligibility determination (P3 - Run Eligibility process) without the

“To-Be” Health Only Oct-Dec 2013

County Business Flow Narrative

requested verification. No further requests for verifications will be created following the outcome from the Run Eligibility process.

P5 - Ineligible Post-Processing

- 1) If MAGI/APTC-CSR ineligibility is the result of the determination,
 - a) Initiate a Pre-ACA Medi-Cal application (e.g., via a SAWS1) through the “Medi-Cal Now” path, if qualifiers exist or if requested by the customer, or
 - b) Process or refer for other county medical services (e.g., CMSP), if appropriate.
 - c) Eligibility staff offer the customer unsubsidized health insurance coverage as an option. If customers choose this option then proceed to P7 (Select Health Plan) using CalHEERS, or

P6 - Send NOA’s and Benefit Cards

- 1) MAGI Notices are generated by CalHEERS and mailed out once determination has been finalized by the county eligibility worker. Manual Mailing of NOA is optional.
- 2) Medi-Cal Notices are generated by SAWS. Manual Mailing of NOA is optional.
- 3) APTC/CSR Notices are generated by CalHEERS.
- 4) Benefit Cards are Created & Mailed to Customer automatically.

P7 - Select Health Plan

For Medi-Cal

- 1) Refer Eligible Medi-Cal Customers (MAGI and Non-MAGI) to HCO for Plan Selection if they reside in counties with more than 1 plan choice.
- 2) Medi-Cal Customers in counties with one plan choice (e.g., COHS) will auto enroll into their county’s managed care plan through CalHEERS.

For APTC/CSR & Unsubsidized Health Insurance

- 1) If APTC/CSR eligible customers require or request assistance in selecting a health plan:
 - a) County staff will need to log-in to CalHEERS and input the customer’s data to find CalHEERS case.
 - b) Assist the customer in selecting available plans.
 - c) Discuss premium payments for each plan and provide instruction for plan payment.
- 2) Advise APTC/CSR customers to Pay Premium to Receive Benefit, if applicable.

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County Business Flow Narrative

- 3) Customers that choose unsubsidized health insurance coverage as an option may be assisted by an EW with plan selection via CalHEERS, if assistance is required.

“As-Is”

Health Plus

Before

Oct 2013

County Business Flow

"As-Is" Health Plus (Before Oct 2013)

("Level 0" Context Diagram - v3.0)

Overview

Summary Only – Read Narrative for Important Detail

Customer / Application Entry



Customer Entry Paths

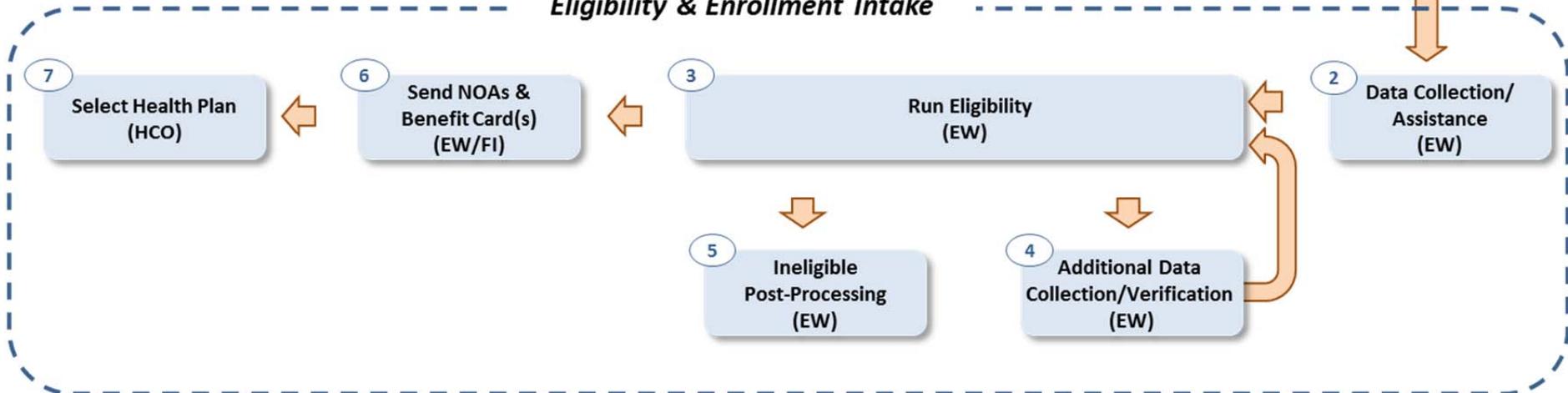
- In-Person (walk-in & Appt)
- Phone-In
- SAWS On-Line Portal
- Mail-in & Faxed Applications



Tasks Include:

- Complete Request for Aid / Benefits
- Perform File Clearance & Create Case
- Process flow dependent on type of entry
- Advance ALL cases to process through Pre-ACA rules via SAWS
- Supports CalFresh & CalWORKs Flows

Eligibility & Enrollment Intake



EW = Eligibility Worker SOF = Statement of Facts CalW = CalWORKs
 CW = Clerical Worker HCO = Health Care Options CalF = CalFresh
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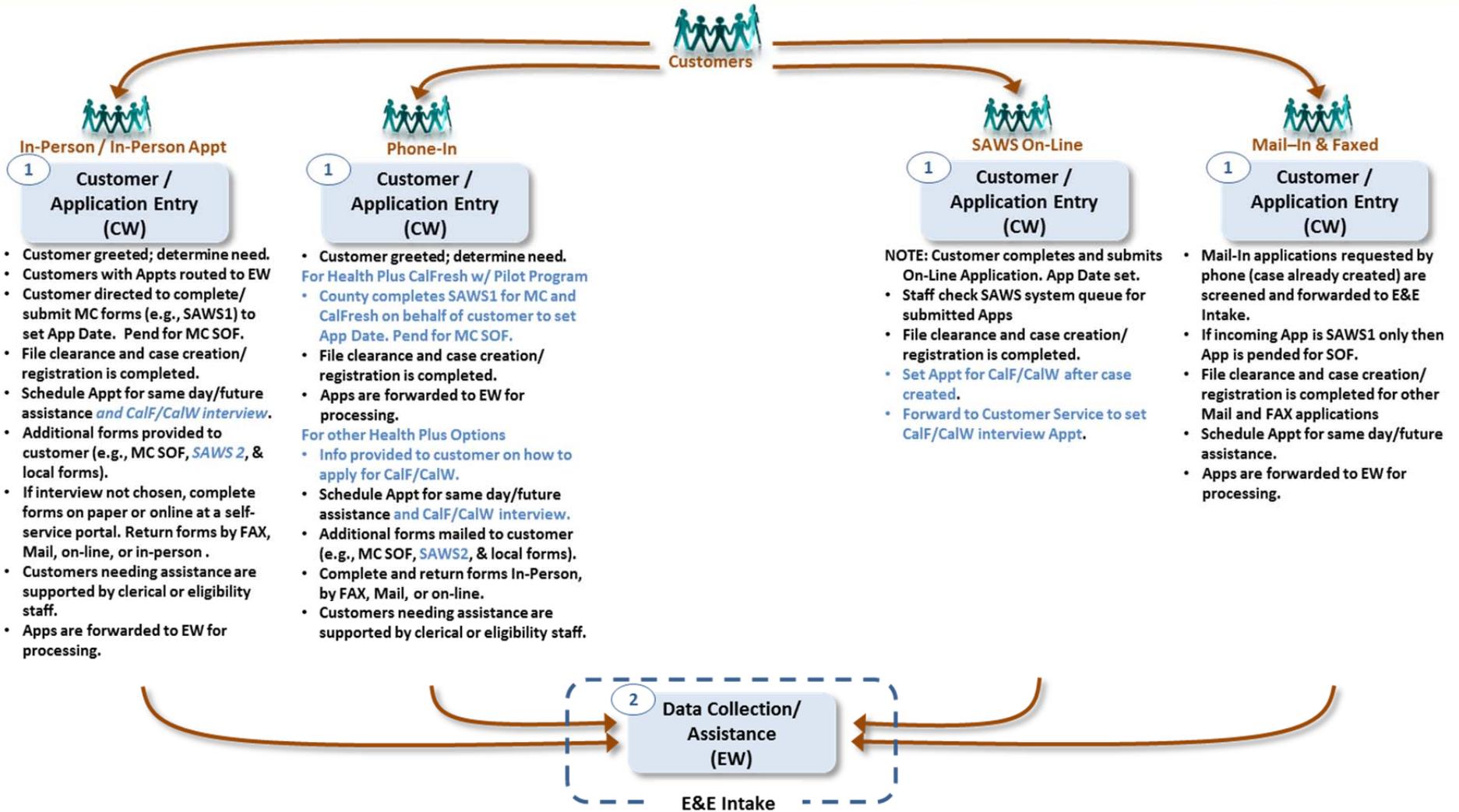
** Changes from Health Only "As-Is" flow in Blue Italics

"As-Is" Health Plus (Before Oct 2013)

("Level 1" Diagram - v3.0)

Customer/Application Entry by Access Path

Summary Only – Read Narrative for Important Detail



** Changes from Health Only "As-Is" flow in Blue Italics

EW = Eligibility Worker SOF = Statement of Facts CalW = CalWORKs
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Customer/Application Entry

Customer/Application Entry - In Person/In Person Appointment

The customer comes directly into the county to apply for medical (Medi-Cal) as well as cash (CalWORKs), and/or food (CalFresh) assistance (with or without prior appointment).

P1 - Customer Service or Reception (CW)

- 1) The customer is greeted by Clerical Staff where need and application date are established through the completion of SAWS1 by the customer, if not previously completed (e.g., for those with appointments).
- 2) *In Person-appointment* - If a previous appointment has already been scheduled, customer will meet with an eligibility worker to complete an interview. (P2 – Data Collection/Assistance in Eligibility & Enrollment case processing flow).
- 3) File clearance, case creation/registration is completed by clerical staff.**
- 4) Per customer request or need, an appointment may be established to be seen the same day or in the near future.
 - a) In person interviews are required for the CalWORKs program.
 - b) In person or over the phone interviews are required for CalFresh.
 - c) Medi-Cal will be evaluated during the appointments established for CalWORKs or CalFresh.
 - d) Additional information or forms may be requested for Medi-Cal, during the CalWORKs or CalFresh appointment.
- 5) If needed, additional forms are provided for the customer to complete (e.g., SAWS 2, Medi-Cal statement of facts (SOF), and local county forms). The customer may complete these forms on paper or online.
- 6) If assistance is needed with understanding the application or other forms, a county representative will help the applicant.

NOTE: this assistance consists of assisting in the completion of forms and not an eligibility determination. For an eligibility determination, refer to P2 – Data Collection/Assistance in Eligibility & Enrollment case processing flow.
- 7) The multi-benefit application (e.g., SAWS1) is then forwarded to eligibility staff for follow-up within application timeframes (P2 – Data Collection/Assistance in Eligibility & Enrollment case processing flow).

NOTE: The customer has the following options on how to return these forms:

- a) In person information for the multi-benefit statement of facts can be collected by the eligibility worker during the interview.

“As-Is” Health Plus Before Oct 2013 County Business Flow Narrative

- i) CalWORKs requires a face-to-face appointment
- ii) CalFresh may complete the interview over the phone or in person
- b) Walk-in the required forms
- c) Via Mail or Fax
 - i) If returned by mail, see Mail-in Applications entry flow
 - ii) If returned by fax, see Faxed Applications entry flow
- d) Electronically via SAWS On-Line
 - i) If completed electronically, see SAWS Online Applications entry flow.

Customer/Application Entry - Phone-In

The customer calls the county directly to apply for medical (Medi-Cal) as well as cash (CalWORKs), and/or food (CalFresh) assistance.

P1 – Customer / Application Entry (CW)

NOTE: CalFresh and CalWORKs applications currently cannot be completed over the phone, including completion of a SAWS1. Some counties are operating under a “pilot program” which allows telephonic signature for CalFresh.

- 1) The customer is greeted by Clerical Staff and asked what their benefit needs are.
- 2) **For Health Plus CalFresh (under Pilot Program):**
 - a) A SAWS1 is completed by clerical staff on behalf of the customer to establish program need and the application date, if not previously completed (e.g., for those with appointments).
 - b) File clearance and case creation/registration is completed by clerical staff.**
 - c) An appointment may be established to be seen the same day or in the near future.
 - d) A SAWS 2 Application package will be mailed to the customer to complete and return in-person or via mail, FAX, or self-service portal. (See In-Person, Mail –in & FAX Customer entry or SAWS On-Line entry flows).
 - e) The SAWS1 is forwarded to Eligibility staff to follow-up on the application within established timeframes for each program.
- 3) **For Health Plus CalFresh (NOT under Pilot Program) and/or CalWORKs):**
 - a) Counties will instruct the customer on their option on how to apply for the benefits they need. They are advised that a signed SAWS1 or SAWS 2 is needed to preserve/initiate the application date for CalFresh and CalWORKs.

“As-Is” Health Plus Before Oct 2013 County Business Flow Narrative

- b) An appointment may be established to be seen the same day or in the near future. In person or over the phone interviews are required for CalFresh. In Person interviews are required for CalWORKs.
- c) A SAWS 2 Application package will be mailed to the customer to complete and return in-person or via mail, FAX, or self-service portal. (See In-Person, Mail –in & FAX Customer entry or SAWS On-Line entry flows).
- d) If needed, additional forms are provided for the customer to complete. The customer may complete these forms on paper or online.
- e) If assistance is needed with understanding the application or other forms, a county representative will help the applicant.

NOTE: this assistance consists of assisting in the completion of a form and not an eligibility determination. For an eligibility determination, refer to P2 – Data Collection/Assistance in Eligibility & Enrollment case processing flow.

Customer/Application Entry - SAWS Online Applications

P1 – Customer/Application Entry (CW)

- 1) Applications for benefits (Health Plus CalFresh and/or CalWORKs) are submitted electronically and placed into the county’s SAWS system queue, which are checked by clerical staff.
- 2) **File clearance, case creation/registration is completed by clerical staff.** Online applications are linked to an existing case or a new case is created by clerical staff.
- 3) Appointments for CalWORKs and CalFresh applications are scheduled. Information for the Medi-Cal program can be collected during the CalWORKs or CalFresh appointment.
- 4) Linked applications are then forwarded to eligibility staff for completion (P2 – Data Collection/Assistance in Eligibility & Enrollment case processing flow).

Customer/Application Entry - Mail-In & Faxed Applications

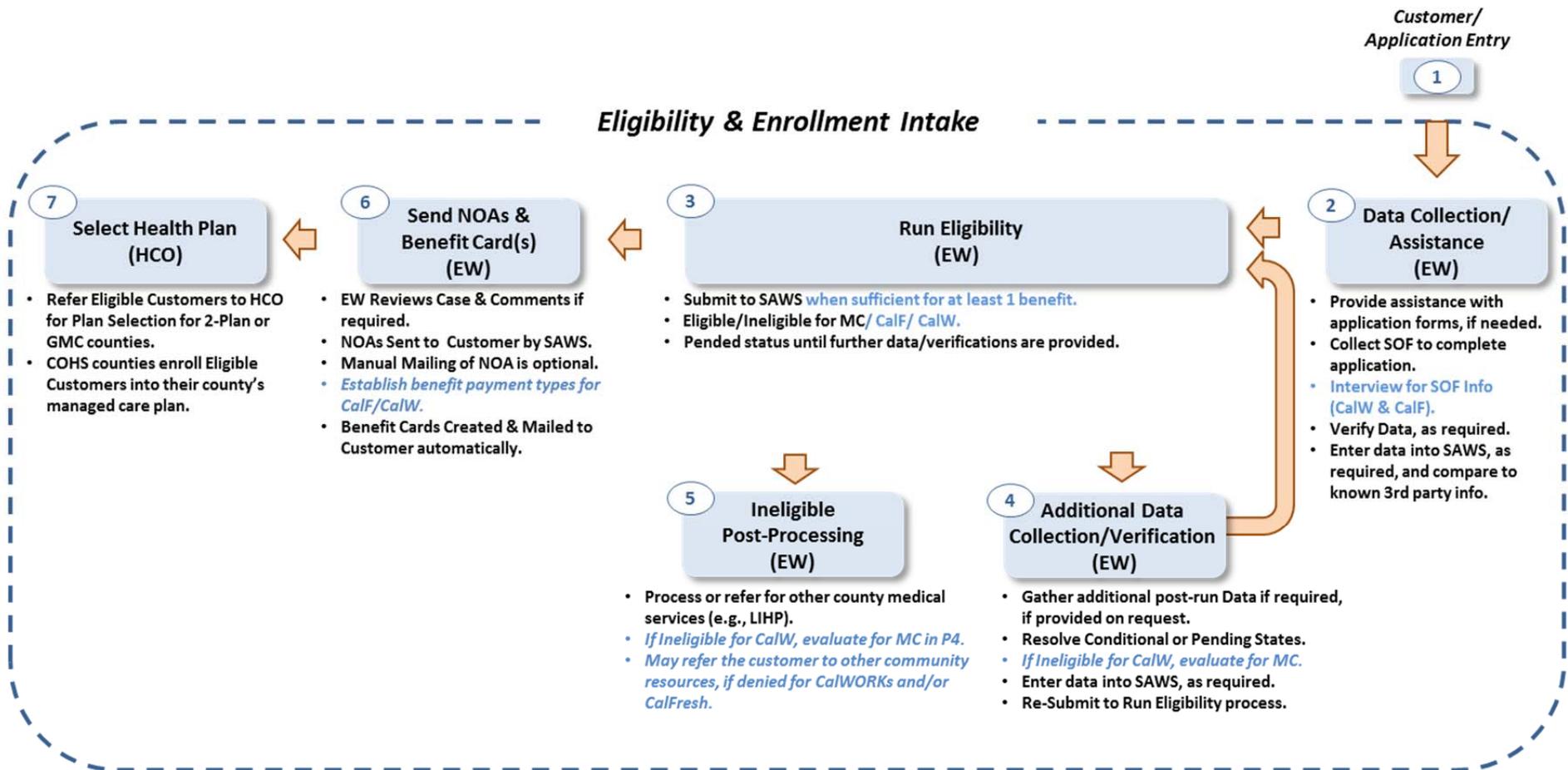
P1 – Customer/Application Entry (CW)

- 1) Applications are received by mail/fax (e.g., SAWS 2, SAWS1 only).
- 2) Mail-In/Faxed applications that were initiated over the phone (case already created) are screened and forwarded to eligibility staff to process (P2 – Data Collection/Assistance in Eligibility & Enrollment case processing flow).

“As-Is” Health Plus Before Oct 2013

County Business Flow Narrative

- 3) If Mail-In/Faxed application is a SAWS1 only, the application is pended for a statement of facts and the SAWS1 is forwarded to Eligibility staff to follow-up on the application within established timeframes.
- 4) Mail-In/Faxed applications received by the county that do not have a Program pending **are file cleared; and case creation is completed by clerical staff**
- 5) A timely appointment to complete the interview and collect SAWS Plus information is scheduled the same day or in the near future.
- 6) The application is forwarded to the Eligibility Worker for processing to follow-up on the application within established timeframes (P2 – Data Collection/Assistance in Eligibility & Enrollment case processing flow).
 - a) CalWORKs requires an in person interview
 - b) CalFresh may complete an telephone interview
 - c) Information for a health benefits application can be collected during the CalWORKs or CalFresh appointment, if required



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** Changes from Health Only “As-Is” flow in Blue Italics

Eligibility and Enrollment Intake

P2 - Data Collection/Assistance

NOTE: In person interviews completed by an eligibility worker are required for the CalWORKs program. In person or over the phone interviews completed by an eligibility worker are required for CalFresh. Information for the Medi-Cal programs may be collected during a phone or in person interview but Medi-Cal does not require an interview.

- 1) A statement of facts may not be provided with the SAWS1 and will be collected at the time of the appointment. Eligibility staff reviews information from the SAWS1 and statement of facts (if provided) along with any attached verifications.
- 2) Eligibility staff collects multi-benefit program information to complete the statement of facts for Medi-Cal and the additional programs applied for.
- 3) If in person, the applicant can review the data recorded by the eligibility worker; and provide a signature on the statement of facts at the appointment.
- 4) If the interview is completed over the phone, the case remains pending for signature of the statement of facts. Proceed to P4 (Additional Data Collection/Verification)
- 5) Information from the application and provided during the interview is entered into the SAWS system and compared to known/third party information.

P3 - Run Eligibility

- 1) The eligibility worker will run SAWS system for eligibility determination based on the information recorded in SAWS.
- 2) Since gathering eligibility information can vary by benefit, the Run Eligibility step can be taken when eligibility information is sufficient for at least one selected benefit. It is then rerun as information to complete other selected benefits is provided, within allowable timeframes.
- 3) For CalWORKs and/or CalFresh**
 - a) Final eligibility for CalWORKs and/or CalFresh is determined or the case is pended for additional information.
- 4) For Medi-Cal**
 - a) Final eligibility for Medi-Cal may be run for the entire case or for an individual.
 - b) For Medi-Cal, some individuals may remain in pended status until further verifications have been provided (i.e., children may be granted based on the information initially provided, but additional information for their parents is needed in order to determine the parents' eligibility status).

“As-Is” Health Plus Before Oct 2013

County Business Flow Narrative

- 5) On Eligible outcomes, proceed to P6 Send NOA’s and Benefit Cards and P7 – Select health Plan.
- 6) On Ineligible outcomes, proceed to P5 – Ineligible Post-Processing and P6.
- 7) On Pended outcomes, proceed to P4 – Additional Data Collection / Verification.

P4 - Additional Data Collection/Verification

- 1) If additional verifications are needed, the eligibility worker requests additional data from the customer.
- 2) When these verifications are provided the eligibility worker updates SAWS with the information to make an eligibility determination. (via P3 – Run Eligibility process)
- 3) If additional verifications are not provided for CalWORKs or CalFresh the eligibility worker will proceed to P3 – Run Eligibility step to deny these programs.
- 4) Depending on the reason for the CalWORKs denial, a separate Medi-Cal evaluation will need to occur. Additional Medi-Cal related forms will be forwarded to customer to complete/return.
- 5) If additional verifications are not provided for Medi-Cal, an additional (second) request for verifications will be made.
- 6) If Medi-Cal verifications are received, information is updated by the eligibility worker in SAWS to make an eligibility determination. (via P3 – Run Eligibility process).
- 7) If the second request for verifications information is not received, the eligibility worker proceeds to make an eligibility determination (P3 - Run Eligibility process) without the requested verification. No further requests for verifications will be created following the outcome from the Run Eligibility process.

P5 - Ineligible Post-Processing

- 1) If the application is denied for CalWORKs and/or CalFresh the eligibility worker may refer the customer to other community resources.
- 2) If the application is denied for Medi-Cal the eligibility worker may refer the customer to other county medical services (e.g., LIHP, CMSP) if appropriate.
- 3) Depending on the reason for the CalWORKs denial, a separate Medi-Cal evaluation will need to occur (via P4 – Additional Data Collection/Verification).

P6 - Send NOA’s and Benefit Cards

- 1) Notices are reviewed and amended if necessary.
- 2) NOA’s are sent to Customer by SAWS.

“As-Is” Health Plus Before Oct 2013

County Business Flow Narrative

- 3) Mail additional information if necessary. Manual Mailing of NOA is optional.
- 4) Establish benefit payment type for CalWORKs (Direct Deposit or EBT).
- 5) Establish benefit payment type for CalFresh (EBT).
- 6) Request Benefit Identification Card (BIC) which is then created and mailed automatically to customer. If immediate medical attention is needed, print temporary BIC.

P7 - Select Health Plan

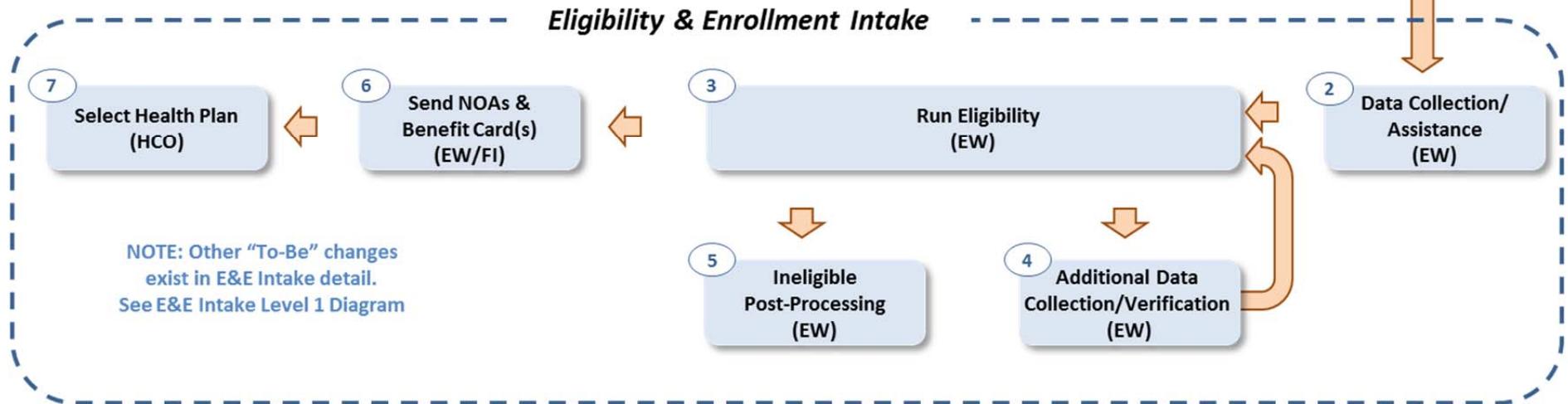
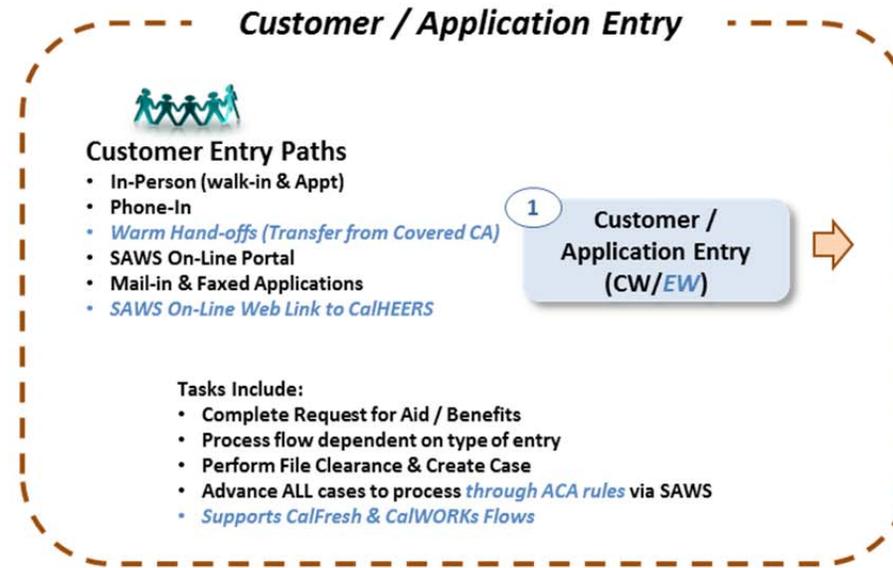
- 1) Two-Plan or Geographic Managed Care (GMC) counties refer their eligible customers to Health Care Options for assistance with selecting a Medi-Cal Managed Care plan.
- 2) COHS counties enroll their eligible customers into their county’s managed care plan.

“To-Be”

Health Plus

January 2014

County Business Flow



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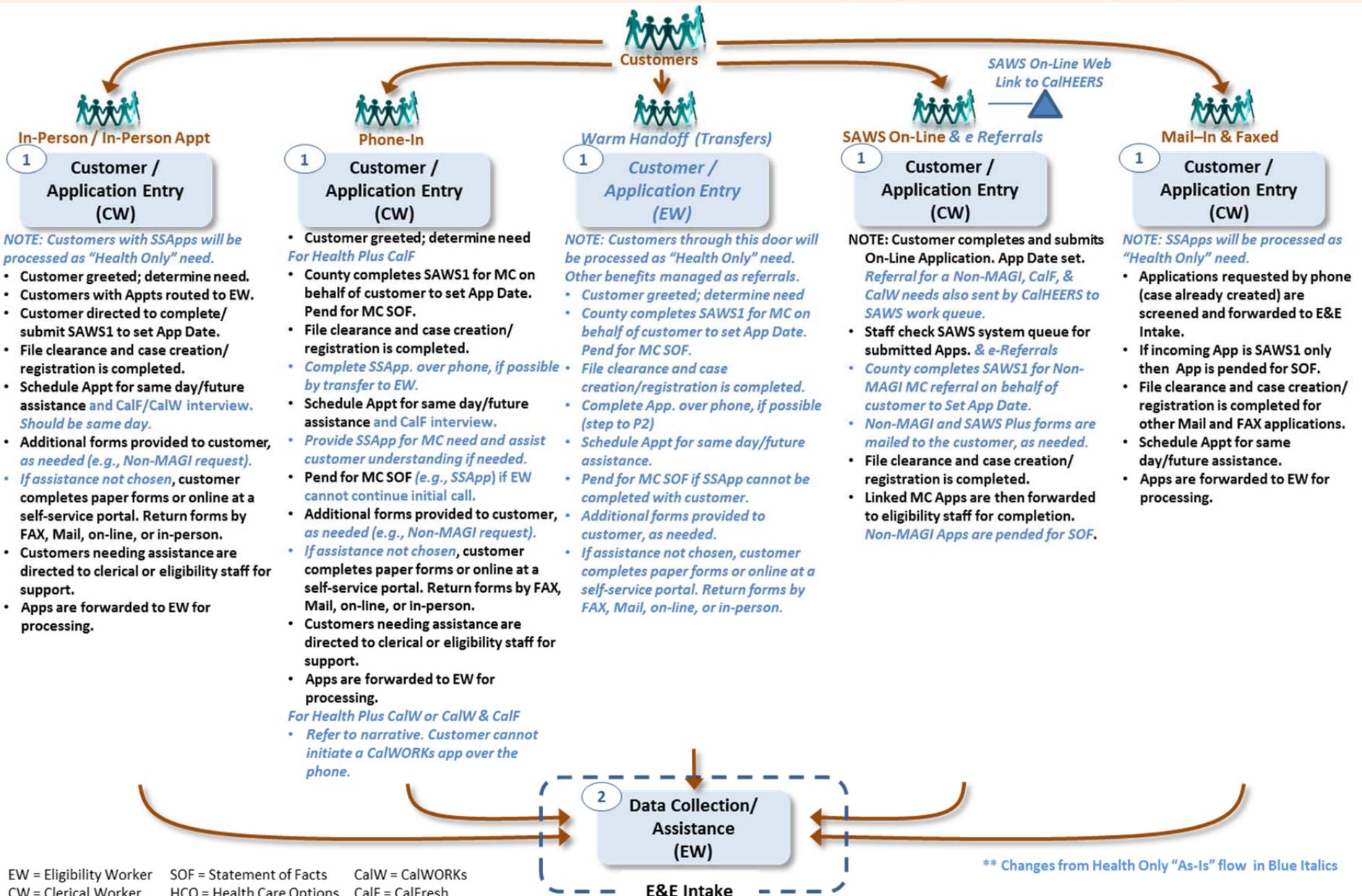
** Changes from Health Only "As-Is" flow in Blue Italics

"To-Be" Health Plus (Jan 2014)

("Level 1" Diagram - v3.0)

Customer/Application Entry by Access Path

Summary Only – Read Narrative for Important Detail



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Customer/Application Entry

Customer/Application Entry – In Person/In Person Appointment

The customer comes directly into the county to apply for health benefits (Medi-Cal and APTC-CSR) as well as cash (CalWORKs) and/or food (CalFresh) assistance (with or without prior appointment).

P1 - Customer Service or Reception (CW)

NOTE: If the application is a Single Streamlined Application then the application must initially be processed as a “Health Only” need. Interest in other benefits (CalFresh, CalWORKs, and Non-MAGI) must be managed as referrals.

- 1) The customer is greeted by Clerical Staff where need and application date are established through the completion of SAWS1 by the customer, if not previously completed (e.g., for those with appointments).
- 2) *In Person-appointment* - If a previous appointment has already been scheduled, customer will meet with an eligibility worker to complete an interview. (P2 – Data Collection/Assistance in Eligibility & Enrollment case processing flow).

3) File clearance, case creation/registration is completed by clerical staff.

NOTE: Counties should ensure that customers presenting In-Person should be provided with an opportunity for a timely same-day appointment with an eligibility worker to at least complete their health benefits application that day (e.g., SAWS Plus or SSApp).

- 4) Per customer request or need, a timely appointment with an eligibility worker may be established to be seen the same day or in the near future.
 - a) If a timely same day appointment cannot be provided, the customer must be provided the opportunity to complete a health benefits application for at least MAGI Medi-Cal and APTC/CSR benefits (e.g., SSApp or SAWS Plus) that day on their own. A Non-MAGI Medi-Cal application may require additional follow-up with the customer.
 - b) In person interviews are required for the CalWORKs program.
 - c) In person or over the phone interviews are required for CalFresh.
 - d) Non-MAGI Medi-Cal will be evaluated during the appointments established for CalWORKs or CalFresh.
 - e) Additional information or forms may be requested for Non-MAGI Medi-Cal, during the CalWORKs or CalFresh appointment.
- 5) If needed, additional forms are provided for the customer to complete (e.g., SAWS Plus, Non-MAGI Medi-Cal statement of facts (SOF), and local county forms). The customer may complete these forms on paper or on-line. Forms may be returned in-person, by mail, by fax, or on-line.

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County Business Flow Narrative

- 6) If assistance is needed with understanding the application or other forms, a county representative will help the applicant.

NOTE: this assistance consists of assisting in the completion of forms and not an eligibility determination. For an eligibility determination, refer to P2 – Data Collection/Assistance in Eligibility & Enrollment case processing flow.

- 7) The multi-benefit application (e.g., SAWS1) is then forwarded to eligibility staff for follow-up within application timeframes (P2 – Data Collection/Assistance in Eligibility & Enrollment case processing flow).

NOTE: The customer has the following options on how to return these forms:

- a) In person information for the multi-benefit statement of facts can be collected by the eligibility worker during the interview.
 - i) CalWORKs requires a face-to-face appointment
 - ii) CalFresh may complete the interview over the phone or in person
- b) Walk-in the required forms
- c) Via Mail or Fax
 - i) If returned by mail, see Mail-in Applications entry flow
 - ii) If returned by fax, see Faxed Applications entry flow
- d) Electronically via SAWS On-Line
 - i) If completed electronically, see SAWS Online Applications entry flow

Customer/Application Entry - Phone-In

The customer calls the county directly to apply for health (Medi-Cal & APTC-CSR) as well as cash (CalWORKs), and/or food (CalFresh) assistance.

P1 – Customer/Application Entry (CW)

NOTE: If a customer presents through a Phone call that is not a Transfer (Warm Handoff), counties should have eligibility staff complete at least the application for health benefits from this initial call, except in cases of unusual customer volume. If clerical staff answers phone, the call would be transferred to eligibility staff for processing.

NOTE: CalFresh and CalWORKs applications, including completion of a SAWS1, require a customer “signature” to initiate. Telephonic signature capability will be provided via SAWS for CalFresh.

- 1) The customer is greeted by Clerical Staff to determine need.

“To-Be” Health Plus Jan 2014 County Business Flow Narrative

2) For Health Plus CalFresh:

- a) The customer is referred to Clerical Staff where SAWS1 is completed on behalf of the customer to establish program need and the application date.
- b) File clearance and case creation/registration is completed by clerical staff.**
- c) Counties should have eligibility staff complete at least the application for health benefits from this initial call, except in cases of unusual customer volume. If clerical staff answers phone, the call would be transferred to eligibility staff for processing.
- d) If Eligibility staff cannot continue the initial call, the case is pended for Statement of Facts and the SAWS1 is forwarded to Eligibility staff to follow-up on the application within established timeframes.
- e) Per customer request or need, a timely In-Person or telephone appointment with an eligibility worker will be established for the same day or in the near future. In person or over the phone interviews are required for CalFresh.
- f) If a same day appointment is not scheduled, a SAWS Plus Application package will be mailed to the customer to complete and return in-person or via mail, FAX, or self-service portal. (See In-Person, Mail –in & FAX Customer entry or SAWS On-Line entry flows).
- g) If needed, additional forms are provided for the customer to complete (e.g., Non-MAGI Medi-Cal statement of facts (SOF) and local county forms). The customer may complete these forms on paper or online.
- h) If assistance is needed with understanding the application or other forms, a county representative will help the applicant.
NOTE: this assistance consists of assisting in the completion of the form(s) and not an eligibility determination. For an eligibility determination refer to P2 – Data Collection/Assistance process.
- i) The SAWS1 is forwarded to eligibility staff to follow-up within application timeframes.

3) For Health Plus CalWORKs:

- a) Counties will instruct the customer on their option on how to apply for CalWORKs. They are advised that a signed SAWS1 or SAWS Plus is needed to preserve the application date for CalWORKs.
- b) Since a customer cannot initiate a CalWORKs application over the phone, counties should have eligibility staff complete at least the application for health benefits from this initial call, except in cases of unusual customer volume. If clerical staff answers phone, the call would be transferred to eligibility staff for processing.
- c) If Eligibility staff cannot continue the initial call, the case is pended for Statement of Facts and the SAWS1 is forwarded to Eligibility staff to follow-up on the application within established timeframes.

“To-Be” Health Plus Jan 2014 County Business Flow Narrative

- d) An appointment may be established to be seen the same day or in the near future. In-Person interviews are required for CalWORKs.
- e) A SAWS Plus Application package will be mailed to the customer to complete and return in-person or via mail, FAX, or self-service portal. (See In-Person, Mail –in & FAX Customer entry or SAWS On-Line entry flows).
- f) If needed, additional forms are provided for the customer to complete (e.g., Non-MAGI Medi-Cal statement of facts (SOF) and local county forms). The customer may complete these forms on paper or online.
- g) If assistance is needed with understanding the application or other forms, a county representative will help the applicant.

NOTE: this assistance consists of assisting in the completion of the form(s) and not an eligibility determination. For an eligibility determination refer to P2 – Data Collection/Assistance process.

4) For Health Plus CalWORKs and CalFresh:

- a) The customer is referred to Clerical Staff where SAWS1 is completed on behalf of the customer for Health and CalFresh to establish program need and the application date.

NOTE: Only the Health and CalFresh can be acted upon at the time of the call since CalWORKs requires a signature to initiate the application for benefits.

b) File clearance and case creation/registration is completed by clerical staff.

- c) Counties should have eligibility staff complete at least the application for health benefits from this initial call, except in cases of unusual customer volume. If clerical staff answers phone, the call would be transferred to eligibility staff for processing.
- d) If Eligibility staff cannot continue the initial call, the case is pended for Statement of Facts and the SAWS1 is forwarded to Eligibility staff to follow-up on the application within established timeframes.
- e) Per customer request or need, a timely In-Person appointment with an eligibility worker will be established for the same day or in the near future. In person or over the phone interviews are required for CalFresh. In Person interviews are required for CalWORKs.
- f) If a same day appointment is not scheduled, a SAWS Plus Application package will be mailed to the customer to complete and return in-person or via mail, FAX, or self-service portal. (See In-Person, Mail –in & FAX Customer entry or SAWS On-Line entry flows).
- g) Counties will instruct the customer on their option on how to apply for CalWORKs. They are advised that a signed SAWS1 or SAWS Plus is needed to preserve/initiate the application date for CalWORKs.

“To-Be” Health Plus Jan 2014 County Business Flow Narrative

- h) An application package (CalWORKs App if same day interview or SAWS Plus App if no same day interview) will be mailed to the customer to complete and return in-person or via mail, FAX, or self-service portal. (See In-Person, Mail –in & FAX Customer entry or SAWS On-Line entry flows).
- i) If needed, additional forms are provided for the customer to complete (e.g., Non-MAGI Medi-Cal statement of facts (SOF) and local county forms). The customer may complete these forms on paper or online.
- j) If assistance is needed with understanding the application or other forms, a county representative will help the applicant.

NOTE: this assistance consists of assisting in the completion of the form(s) and not an eligibility determination. For an eligibility determination refer to P2 – Data Collection/Assistance process.

Customer/Application Entry – Phone Transfers (Warm Handoffs)

P1 – Customer/Application Entry (CW)

NOTE: If a customer presents through a Phone Transfer (Warm Handoff), that customer must be processed as a “Health Only” customer by an Eligibility Worker, where needs for CalFresh, CalWORKs, and/or Non-MAGI Medi-Cal are captured on the SApp and managed as “referrals”.

- 1) The customer is greeted by an Eligibility Worker where a SAWS1 is completed on behalf of the customer to establish need and application date.
- 2) **File clearance and case creation/registration is completed by an Eligibility Worker.**
- 3) Counties are required to have an Eligibility Worker complete the Single Streamlined Application from this initial call, if possible (step to P2– Data Collection/Assistance process).
- 4) If Eligibility staff cannot complete the Single Streamlined Application within the initial call (e.g., client needs to find required documentation), the case is pended for Statement of Facts and the SAWS1 is forwarded to Eligibility staff to follow-up on the application within established timeframes. If required, a timely appointment to complete the application will be established either the same day or in the near future.
- 5) A Single Streamlined Application for Medi-Cal will be provided for the customer, if they request it and if an in person interview has not been requested, with a due date to complete and return In-Person, by mail, by fax, or by self-service portal. (See Mail –in & Faxed Customer entry or SAWS On-Line entry flows)
- 6) If a Non-MAGI determination is requested or indicated, the customer is provided with additional related forms.

“To-Be” Health Plus Jan 2014

County Business Flow Narrative

Customer/Application Entry - SAWS Online Apps & e-Referrals

SAWS On-Line

P1 – Customer/Application Entry (CW)

- 1) Applications for health benefits (Medi-Cal/APTC-CSR) as well as cash (CalWORKs), and/or food (CalFresh) assistance are submitted electronically and placed into the county’s SAWS system queue, which are checked by clerical staff.
- 2) **File clearance, case creation/registration is completed by clerical staff.** Online applications are linked to an existing case or a new case is created by clerical staff.
- 3) Linked applications are then forwarded to eligibility staff for completion (P2 – Data Collection/Assistance in Eligibility & Enrollment case processing flow).
- 4) Appointments for CalWORKs and CalFresh applications are scheduled. Information for health benefits, if required, can be collected during the CalWORKs or CalFresh interview.

Non-MAGI, CalFresh, and CalWORKs Electronic Referral from CalHEERS

P1 – Customer/Application Entry (CW)

- 1) Referrals for individuals are received electronically from CalHEERS and placed into the county’s SAWS system queue, which is checked by clerical staff.
- 2) Clerical Staff complete a SAWS1 for health benefits on behalf of the customer to establish need and application date.
- 3) **File clearance and case creation/registration is completed by clerical staff.** Referral applications are linked to an existing case or a new case is created by clerical staff.
- 4) Linked applications are then forwarded to eligibility staff for completion (P2 – Data Collection/Assistance in Eligibility & Enrollment case processing flow).
- 5) A timely appointment will be established for the customer to be seen the same day or in the near future. In-Person interviews are required for CalWORKs.
- 6) A SAWS Plus Application package will be mailed to the customer to complete and return in-person or via mail, FAX, or self-service portal. (See In-Person, Mail –in & FAX Customer entry or SAWS On-Line entry flows).
- 7) If needed, additional forms are provided for the customer to complete (e.g., Non-MAGI Medi-Cal statement of facts (SOF) and local county forms). The customer may complete these forms on paper or online.

“To-Be” Health Plus Jan 2014

County Business Flow Narrative

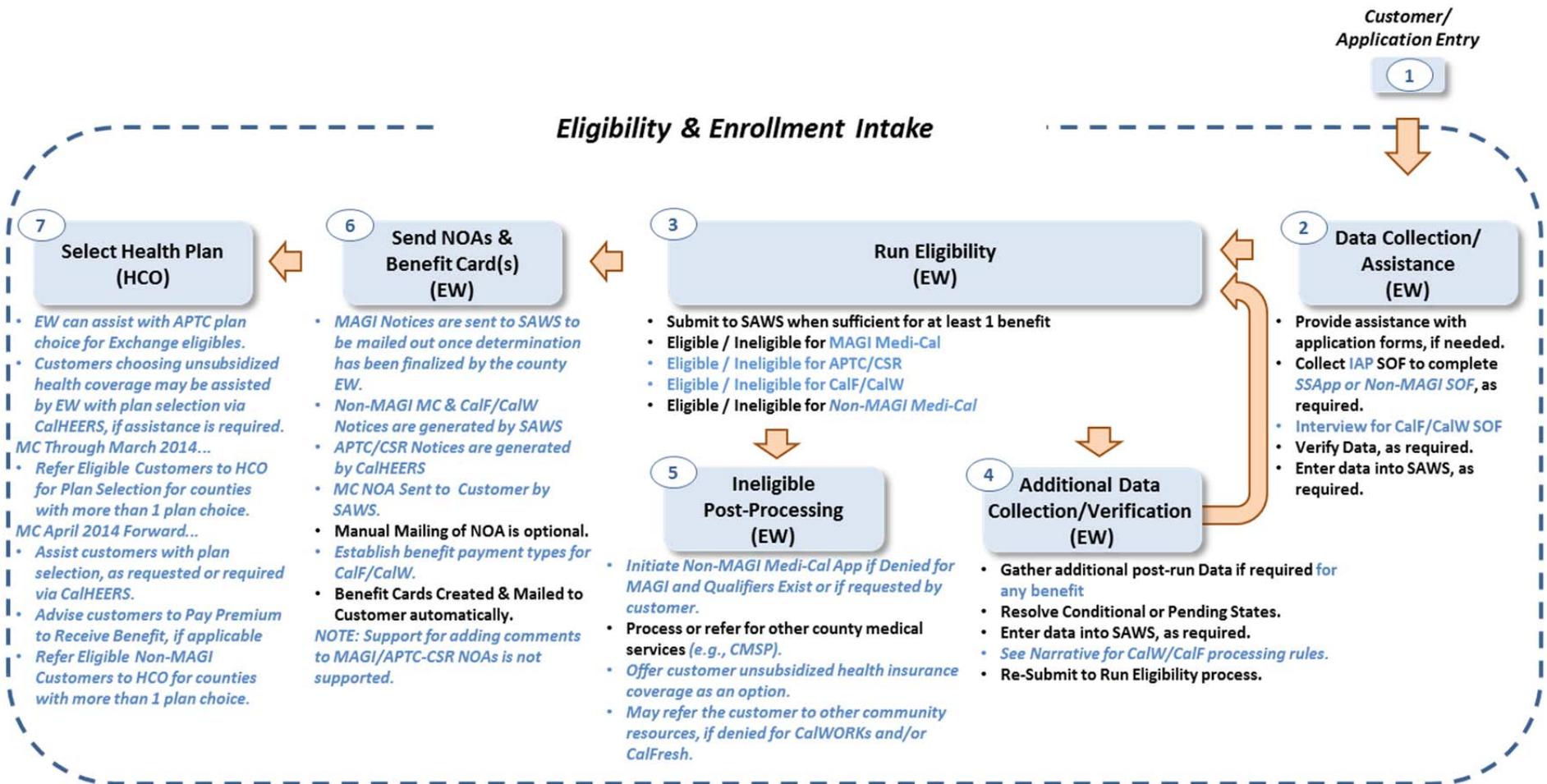
Customer/Application Entry - Mail-In & Faxed Applications

P1 – Customer/Application Entry (CW)

NOTE: If the Mail-In/Faxed application is a Single Streamlined Application, then the application must initially be processed as a “Health Only” need. Interest in other benefits (CalFresh, CalWORKs, and Non-MAGI) must be managed as referrals.

- 1) Applications are received by mail/fax (e.g., SAWS Plus, SAWS1 only).
- 2) Mail-In/Faxed applications that were initiated over the phone (case already created) are screened and forwarded to eligibility staff to process (P2 – Data Collection/Assistance in Eligibility & Enrollment case processing flow).
- 3) If Mail-In/Faxed application is a SAWS1 only, the application is pended for a statement of facts and the SAWS1 is forwarded to Eligibility staff to follow-up on the application within established timeframes.
- 4) Mail-In/Faxed applications received by the county that do not have a Program pending **are file cleared; and case creation is completed by clerical staff**
- 5) A timely appointment to complete the interview and collect SAWS Plus information is scheduled the same day or in the near future.
- 6) The application is forwarded to the Eligibility Worker for processing to follow-up on the application within established timeframes (P2 – Data Collection/Assistance in Eligibility & Enrollment case processing flow).
 - a) CalWORKs requires an in person interview
 - b) CalFresh may complete an telephone interview
 - c) Information for a health benefits application can be collected during the CalWORKs or CalFresh appointment, if required.

7)



EW = Eligibility Worker SOF = Statement of Facts CalW = CalWORKs
 CW = Clerical Worker HCO = Health Care Options CalF = CalFresh
 FI = Fiscal Intermediary NOA = Notice of Action IAP = Insurance Affordability Programs
 MC = Medi-Cal ACA = Affordable Care Act APTC/CSR = Advance Premium Tax Credit/Cost Sharing Reductions

** Changes from Health Only "As-Is" flow in Blue Italics



Eligibility and Enrollment Intake

P2 - Data Collection/Assistance

NOTE: In person interviews completed by an eligibility worker are required for the CalWORKs program. In person or over the phone interviews completed by an eligibility worker are required for CalFresh. Health benefits information may be collected in-person, by phone, on-line, by mail, or by FAX.

- 1) Eligibility Staff reviews information from the SAWS1 and statement of facts along with any attached verifications. A statement of facts may not be provided with the SAWS1 and will be collected at the time of the appointment.
- 2) Eligibility staff collects multi-benefit program information to complete the statement of facts for health benefits and additional programs applied for.
- 3) For Health Plus CalFresh**
 - a) Information may be collected during a phone or in person interview.
 - b) If in person, the applicant can review the data recorded by the eligibility worker; and provide a signature on the statement of facts at the appointment.
 - c) If the interview completed over the phone, the applicant can sign the statement of facts telephonically.
- 4) For Health Plus CalWORKs**
 - a) Information may be collected during an in person interview.
 - b) The applicant can review the data recorded by the eligibility worker and provide a signature on the statement of facts at the appointment.
- 5) For Health Plus CalWORKs and CalFresh**
 - a) Information for all benefits are collected during an in person interview, if required.
 - b) The application can review the data recorded by the eligibility worker; and provide a signature on the statement of facts at the appointment.
- 6) Information from the application and provided during the interview is entered into the SAWS system and compared to known/third party information.
- 7) Information from the application is entered into the SAWS system to allow the Run Eligibility process (P3) to complete. Advance to P3 when ready.

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County Business Flow Narrative

P3 - Run Eligibility

- 1) The eligibility worker will run SAWS system for eligibility determination based on the information recorded in SAWS.
- 2) Since gathering eligibility information can vary by benefit, the Run Eligibility step can be taken when eligibility information is sufficient for at least one selected benefit. MAGI/APTC-CSR benefits should be easiest to collect for and should be run first. It is then rerun as information to complete other selected benefits is provided, within allowable timeframes.
- 3) For CalWORKs and/or CalFresh**
 - a) Final eligibility for CalWORKs and/or CalFresh is determined or the case is pended for additional information.
- 4) For Health Benefits**
 - a) Final eligibility for Medi-Cal may be run for the entire household or for an individual.
 - b) If the MAGI/APTC information provided is consistent (reasonably compatible) with the customer’s responses on the application (self-attestation), then a MAGI or APTC determination will be completed.
 - c) If the MAGI/APTC information provided is NOT consistent (NOT reasonably compatible) with the customer’s responses on the application (self-attestation), then the application may be pended and Proceed to P4 - Additional Data Collection/Verification).
 - d) If Non-MAGI information is provided, a Non-MAGI determination will be completed. Proceed to P4 - Additional Data Collection/Verification if the determination is pended for additional information.
 - e) For Medi-Cal, some individuals may remain in pended status until further verifications have been provided. (i.e., children may be granted based on the information initially provided, but additional information for their parents is needed in order to determine the parents’ eligibility status).
- 5) On Eligible outcomes, proceed to P6 Send NOA’s and Benefit Cards and P7 – Select health Plan.
- 6) On Ineligible outcomes, proceed to P5 – Ineligible Post-Processing and P6.
- 7) On Pended outcomes, proceed to P4 – Additional Data Collection / Verification.

“To-Be” Health Plus Jan 2014

County Business Flow Narrative

P4 - Additional Data Collection/Verification

- 1) If additional verifications are needed, the eligibility worker requests additional data from the customer.
- 2) **For CalWORKs and/or CalFresh**
 - a) If additional verifications are not provided for CalWORKs or CalFresh, proceed to P3 – Run Eligibility to deny these programs.
 - i) Depending on the reason for the CalWORKs denial, a separate Medi-Cal evaluation will need to occur. Additional Medi-Cal related forms will be forwarded to customer to complete/return.
 - b) If additional verifications are provided, update SAWS for CalWORKs or CalFresh, and proceed to P3 – Run Eligibility
- 3) **For Health Benefits**
 - a) If the information is inconsistent (not reasonably compatible) with the customer’s responses on the SAWS Plus application, then the application may be pended and physical verifications may be required.
 - b) When verifications are provided, update SAWS and enter the Run Eligibility process again.
 - c) If additional verifications are not provided for Medi-Cal, an additional (second) request for verifications will be made.
 - d) If Medi-Cal verifications are received, information is updated by the eligibility worker in SAWS to make an eligibility determination. (via P3 – Run Eligibility process). .
 - e) If the second request for verifications information is not received, the eligibility worker proceeds to make an eligibility determination (P3 - Run Eligibility process) without the requested verification. No further requests for verifications will be created following the outcome from the Run Eligibility process.
 - f) If a Non-MAGI determination requires additional data to be collected then gather information from the customer, update SAWS, and proceed to P3 – Run Eligibility.

P5 - Ineligible Post-Processing

- 1) If the application is denied for CalWORKs and/or CalFresh the eligibility worker may refer the customer to other community resources.
- 2) If the MAGI Medi-Cal/APTC-CSR application is denied, initiate a Non-MAGI Medi-Cal determination (e.g., via a SAWS1) if qualifiers exist or if requested by the customer. Proceed to P2 – Data Collection / Assistance to complete the application with the customer.
- 3) If the application is denied for Health benefits the eligibility worker may refer the customer to other county medical services (e.g., CMSP) if appropriate.

“To-Be” Health Plus Jan 2014

County Business Flow Narrative

- 4) Eligibility staff offer the customer unsubsidized health insurance coverage as an option. If customers choose this option then proceed to P7 (Select Health Plan) using CalHEERS.

P6 - Send NOA's and Benefit Cards

- 1) MAGI Notices are generated by CalHEERS and sent to SAWS to be mailed out once determination has been finalized by the county eligibility worker. Manual Mailing of NOA is optional.
- 2) EW Reviews Case and adds specific comments if required on notices.
NOTE: Support for adding comments to MAGI/APTC-CSR NOAs is not available to counties.
- 3) APTC/CSR Notices are generated by CalHEERS.
- 4) Establish benefit payment type for CalWORKs (Direct Deposit or EBT).
- 5) Establish benefit payment type for CalFresh (EBT).
- 6) Request Benefit Identification Card (BIC) which is then created and mailed automatically to customer. If immediate medical attention is needed, print temporary BIC.
- 7) Benefit Cards are Created & Mailed to Customer automatically.

P7 - Select Health Plan

MC Through March 2014...

- 1) Refer Eligible Medi-Cal Customers (MAGI and Non-MAGI) to HCO for Plan Selection if they reside in counties with more than 1 plan choice.

MC April 2014 Forward...

- 1) Medi-Cal Customers in counties with one plan choice (e.g., COHS) will auto enroll into their county's managed care plan.
- 2) Assist MAGI Medi-Cal eligible customers in counties with more than one plan choice with plan selection, as requested or required.
- 3) Assist Non-MAGI customers by referring them to HCO, for counties with more than one plan choice.
- 4) Counties with one plan choice (e.g., COHS counties) will auto enroll Non-MAGI customers into their managed care plan.

For APTC/CSR Eligibles

- 1) If APTC/CSR eligible customers require or request assistance in selecting a health plan:
 - a) County staff will need to log-in to CalHEERS and input customer's data to find CalHEERS case.
 - b) Assist the customer in selecting available plans.
 - c) Discuss premium payments for each plan and provide instruction for plan payment.

“To-Be” Health Plus Jan 2014

County Business Flow Narrative

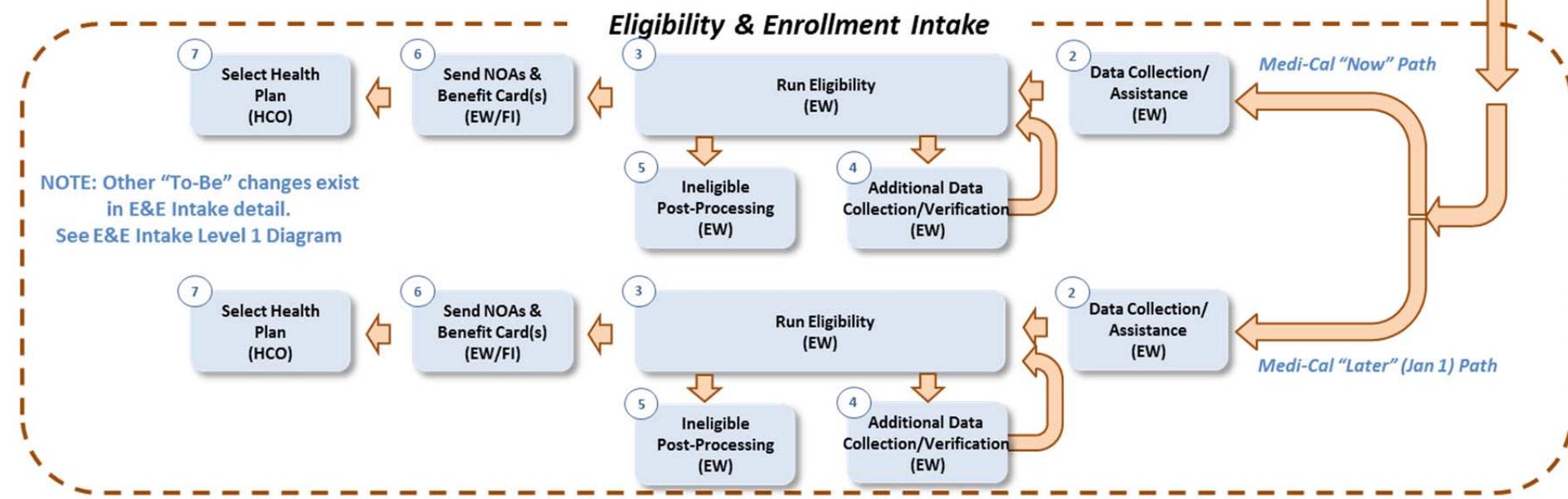
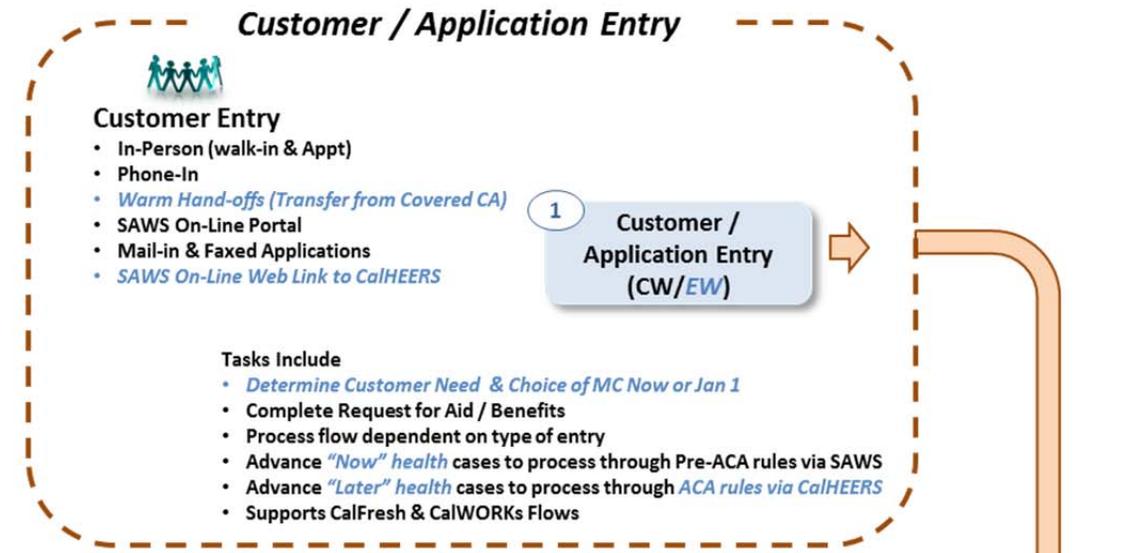
- 2) Advise APTC/CSR customers to Pay Premium to Receive Benefit, if applicable.
- 3) Customers that choose unsubsidized health insurance coverage as an option may be assisted by an EW with plan selection via CalHEERS, if assistance is required.

“To-Be”

Health Plus

Oct-Dec 2013

County Business Flow



**** Changes from Health Only “As-Is” flow in Blue Italics**

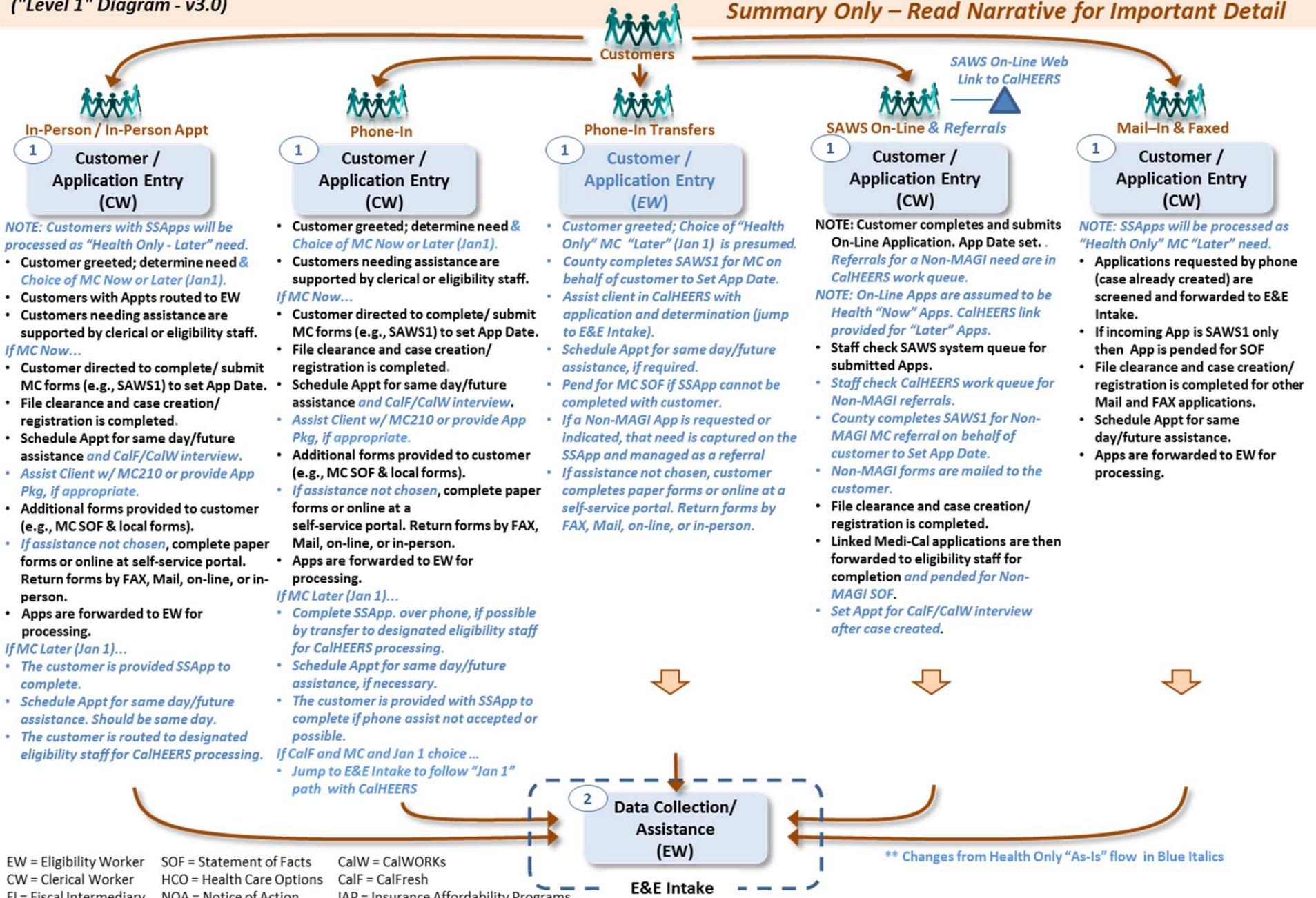
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"To-Be" Health Plus (Oct-Dec 2013)

("Level 1" Diagram - v3.0)

Customer/Application Entry by Access Path

Summary Only – Read Narrative for Important Detail



NOTE: Customers with SSApps will be processed as "Health Only - Later" need.

- Customer greeted; determine need & Choice of MC Now or Later (Jan1).
- Customers with Appts routed to EW
- Customers needing assistance are supported by clerical or eligibility staff.

If MC Now...

- Customer directed to complete/ submit MC forms (e.g., SAWS1) to set App Date.
- File clearance and case creation/ registration is completed.
- Schedule Appt for same day/future assistance and CalF/CalW interview.
- Assist Client w/ MC210 or provide App Pkg, if appropriate.
- Additional forms provided to customer (e.g., MC SOF & local forms).
- If assistance not chosen, complete paper forms or online at self-service portal. Return forms by FAX, Mail, on-line, or in-person.
- Apps are forwarded to EW for processing.

If MC Later (Jan 1)...

- The customer is provided SSApp to complete.
- Schedule Appt for same day/future assistance. Should be same day.
- The customer is routed to designated eligibility staff for CalHEERS processing.

- Customer greeted; determine need & Choice of MC Now or Later (Jan1).
- Customers needing assistance are supported by clerical or eligibility staff.

If MC Now...

- Customer directed to complete/ submit MC forms (e.g., SAWS1) to set App Date.
- File clearance and case creation/ registration is completed.
- Schedule Appt for same day/future assistance and CalF/CalW interview.
- Assist Client w/ MC210 or provide App Pkg, if appropriate.
- Additional forms provided to customer (e.g., MC SOF & local forms).
- If assistance not chosen, complete paper forms or online at a self-service portal. Return forms by FAX, Mail, on-line, or in-person.
- Apps are forwarded to EW for processing.

If MC Later (Jan 1)...

- Complete SSApp. over phone, if possible by transfer to designated eligibility staff for CalHEERS processing.
- Schedule Appt for same day/future assistance, if necessary.
- The customer is provided with SSApp to complete if phone assist not accepted or possible.

If CalF and MC and Jan 1 choice ...

- Jump to E&E Intake to follow "Jan 1" path with CalHEERS

- Customer greeted; Choice of "Health Only" MC "Later" (Jan 1) is presumed.
- County completes SAWS1 for MC on behalf of customer to Set App Date.
- Assist client in CalHEERS with application and determination (jump to E&E Intake).
- Schedule Appt for same day/future assistance, if required.
- Pend for MC SOF if SSApp cannot be completed with customer.
- If a Non-MAGI App is requested or indicated, that need is captured on the SSApp and managed as a referral
- If assistance not chosen, customer completes paper forms or online at a self-service portal. Return forms by FAX, Mail, on-line, or in-person.

NOTE: Customer completes and submits On-Line Application. App Date set. Referrals for a Non-MAGI need are in CalHEERS work queue.

NOTE: On-Line Apps are assumed to be Health "Now" Apps. CalHEERS link provided for "Later" Apps.

- Staff check SAWS system queue for submitted Apps.
- Staff check CalHEERS work queue for Non-MAGI referrals.
- County completes SAWS1 for Non-MAGI MC referral on behalf of customer to Set App Date.
- Non-MAGI forms are mailed to the customer.
- File clearance and case creation/ registration is completed.
- Linked Medi-Cal applications are then forwarded to eligibility staff for completion and pending for Non-MAGI SOF.
- Set Appt for CalF/CalW interview after case created.

NOTE: SSApps will be processed as "Health Only" MC "Later" need.

- Applications requested by phone (case already created) are screened and forwarded to E&E Intake.
- If incoming App is SAWS1 only then App is pending for SOF
- File clearance and case creation/ registration is completed for other Mail and FAX applications.
- Schedule Appt for same day/future assistance.
- Apps are forwarded to EW for processing.

EW = Eligibility Worker SOF = Statement of Facts CalW = CalWORKs
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Customer/Application Entry

Customer/Application Entry - In Person/In Person Appointment

The customer comes directly into the county to apply for health benefits (Medi-Cal and APTC/CSR) as well as cash (CalWORKs) and/or food (CalFresh) assistance (with or without a prior appointment).

P1 – Customer/Application Entry (CW)

NOTE: If a customer presents with a Single Streamlined Application (SSApp), that customer should be processed as a “Health Only” customer, where needs for CalFresh, CalWORKs, and/or Non-MAGI Medi-Cal are captured on the SSApp and managed as “referrals”. These customers will be presumed to follow the “Later” path for application processing.

- 1) For those customers not presenting with a SSApp, the customer is greeted by Clerical Staff and asked if they are seeking health coverage “Now” (today) or “Later” (January 1, 2014). They are also asked if they need CalFresh and/or CalWORKs benefits.
- 2) *In Person-appointment* - If a previous appointment has already been scheduled, customer will meet with an eligibility worker to complete an interview. (P2 – Data Collection/Assistance in Eligibility & Enrollment case processing flow).

If health coverage “Now” is selected:

- 1) The customer is asked to complete a SAWS1 or SAWS 2 form where all benefit needs and application date are established, if not previously completed (e.g., for those with appointments).
- 2) **File clearance, case creation/registration is completed by clerical staff in SAWS.**
- 3) The customer is directed to complete and submit a SAWS 2 form, if not completed previously.

NOTE: Counties should attempt to ensure that customers presenting In-Person be provided with an opportunity for a timely same-day appointment with an eligibility worker to attempt to complete their application that day (e.g., SAWS 2).

- 4) Per customer request or need, a timely appointment with an eligibility worker may be established to be seen the same day or in the near future.
 - a) In person interviews are required for the CalWORKs program. In person or over the phone interviews are required for CalFresh.
 - b) Medi-Cal will be evaluated during the appointments established for CalWORKs or CalFresh.
- 5) If needed, additional forms are provided for the customer to complete (e.g., Medi-Cal statement of facts (SOF), and local county forms). The customer may complete these forms on paper or on-line.
- 6) If assistance is needed with understanding the application or other forms, a county representative will help the applicant.

“To-Be” Health Plus Oct-Dec 2013 County Business Flow Narrative

NOTE: this assistance consists of assisting in the completion of forms and not an eligibility determination. For an eligibility determination, refer to P2 – Data Collection/Assistance process.

- 7) The multi-benefit application (e.g., SAWS1) is then forwarded to eligibility staff for follow-up within application timeframes (P2 – Data Collection/Assistance in Eligibility & Enrollment case processing flow).

NOTE: The customer has the following options on how to return these forms:

- a) In person information for the Medi-Cal statement of facts can be collected by the eligibility worker during an interview, if an appointment is requested.
 - i) CalWORKs requires a face-to-face appointment
 - ii) CalFresh may complete the interview over the phone or in person
- b) Walk-in the required forms
- c) Via Mail or Fax
 - i) If returned by mail, see Mail-in Applications entry flow
 - ii) If returned by fax, see Faxed Applications entry flow
- d) Electronically via SAWS On-Line
 - i) If completed electronically, see SAWS Online Applications entry flow.

If health coverage “Later” is selected:

NOTE: Counties should try to ensure that customers presenting In-Person and requiring health coverage “Later” be provided with an opportunity for a timely same-day appointment with an EW to complete their SSApp, if assistance is requested.

- 1) The customer is directed to complete and submit a SAWS1 or SAWS 2 form for only CalWORKs and/or CalFresh but not for health benefits. This establishes need and application date, if not previously completed (e.g., for those with appointments).
- 2) File clearance, case creation/registration is completed by clerical staff in SAWS.**
- 3) The customer is directed to complete and submit a SAWS 2 form for CalWORKs and/or CalFresh but not for health benefits, if not completed previously.
- 4) A SSApp will be provided to the customer if they request it. Customers can complete the SSApp unassisted or they can request assistance from an eligibility worker (P2 – Data Collection/Assistance).
- 5) The customer may also complete the SSApp on-line via CalHEERS or on paper. Paper forms come with a pre-addressed envelope and a FAX number to route forms to Covered California.
- 6) If completion assistance is requested, a timely appointment with an eligibility worker will be established for the same day or in the near future, if county resources permit. If the appointment is the same day, the customer is routed to designated eligibility staff for CalHEERS processing as well

“To-Be” Health Plus Oct-Dec 2013

County Business Flow Narrative

as a CalWORKs and/or CalFresh interview (P2 – Data Collection/Assistance in Eligibility & Enrollment case processing flow). In person interviews are required for the CalWORKs program. In person or over the phone interviews are required for CalFresh.

Customer/Application Entry - Phone-In

The customer calls the county directly to apply for medical (Medi-Cal) as well as cash (CalWORKs), and/or food (CalFresh) assistance.

P1 – Customer / Application Entry (CW)

NOTE: CalFresh and CalWORKs applications, including completion of a SAWS1, require a customer “signature” to initiate. However, some counties are operating under a “pilot program” which allows telephonic signature for CalFresh.

- 1) The customer is greeted by Clerical Staff and asked if they are seeking health coverage “Now” (today) or “Later” (January 1, 2014). They are also asked if they need CalFresh and/or CalWORKs benefits.
- 2) **If health coverage “Now” is selected AND Health Plus CalFresh needed (under Pilot Program):**
 - a) A SAWS1 is completed by clerical staff on behalf of the customer establish the health benefits and CalFresh needs and the application date, if not previously completed (e.g., for those with appointments).
 - b) File clearance and case creation/registration is completed by clerical staff.**
 - c) The application (e.g., SAWS1) is then forwarded to eligibility staff for follow-up within application timeframes (P2 – Data Collection/Assistance in Eligibility & Enrollment case processing flow).
 - d) Counties should have eligibility staff continue completion of the application from this initial call, except in cases of unusual customer volume. If clerical staff answers phone, the call would be transferred to eligibility staff for processing.
 - e) If Eligibility staff cannot continue the initial call, the case is pended for Statement of Facts and the SAWS1 is forwarded to Eligibility staff to follow-up on the application within established timeframes.
 - f) Per customer request or need, a timely In-Person appointment with an eligibility worker will be established for the same day or in the near future. In person or over the phone interviews are required for CalFresh.
 - g) If a same day appointment is not scheduled, a SAWS 2 Application package will be mailed to the customer to complete and return in-person or via mail, FAX, or self-service portal. (See In-Person, Mail –in & FAX Customer entry or SAWS On-Line entry flows).

“To-Be” Health Plus Oct-Dec 2013 County Business Flow Narrative

- h) If needed, additional forms are provided for the customer to complete (e.g., Medi-Cal statement of facts (SOF) and local county forms). The customer may complete these forms on paper or online.
- i) If assistance is needed with understanding the application or other forms, a county representative will help the applicant.
NOTE: this assistance consists of assisting in the completion of forms and not an eligibility determination. For an eligibility determination, refer to P2 – Data Collection/Assistance process.
- j) The SAWS1 is forwarded to eligibility staff to follow-up within application timeframes.

3) If health coverage “Later” is selected AND Health Plus CalFresh needed (under Pilot Program):

NOTE: During the October to December 2013 period, counties should try to ensure that customers presenting In-Person or on the phone and requiring health coverage “Later” should be provided with an opportunity for a timely same-day appointment with an EW to complete their SSApp, if assistance is requested.

- a) A SAWS1 is completed by clerical staff on behalf of the customer to establish the CalFresh need and the application date, if not previously completed (e.g., for those with appointments).
- b) The customer is referred to Clerical Staff where SAWS1 is completed on behalf of the customer to establish a health need and the application date.
- c) File clearance and case creation/registration is completed by clerical staff.**
- d) If Eligibility staff cannot continue the initial call, the case is pended for Statement of Facts and the SAWS1 is forwarded to Eligibility staff to follow-up on the application within established timeframes.
- e) Per customer request or need, a timely In-Person appointment with an eligibility worker for a CalFresh interview will be established for the same day or in the near future. In person or over the phone interviews are required for CalFresh. (P2 – Data Collection/Assistance in Eligibility & Enrollment case processing flow)
- f) A CalFresh Application package will be mailed to the customer to complete and return in-person or via mail, FAX, or self-service portal. (See In-Person, Mail –in & FAX Customer entry or SAWS On-Line entry flows).
- g) If completion assistance is requested, counties should have eligibility staff complete at least the SSApp for health benefits from this initial call, except in cases of unusual customer volume. If clerical staff answers phone, the call would be transferred to eligibility staff for processing.
- h) A SSApp will be provided to the customer if they request it (e.g., if an eligibility worker cannot continue the initial call to assist with the SSApp). Customers can complete the SSApp unassisted via CalHEERS or they can request assistance from an eligibility worker (P2 – Data Collection/Assistance).

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- i) The customer may also complete the SSApp on-line via CalHEERS or on paper. Paper forms come with a pre-addressed envelope and a FAX number to route forms to Covered California.
- j) If needed, additional forms are provided for the customer to complete (e.g., Medi-Cal statement of facts (SOF) and local county forms). The customer may complete these forms on paper or online.
- k) If assistance is needed with understanding the application or other forms, a county representative will help the applicant.
NOTE: this assistance consists of assisting in the completion of forms and not an eligibility determination. For an eligibility determination, refer to P2 – Data Collection/Assistance process.
- l) The application (e.g., SAWS1) is then forwarded to eligibility staff for follow-up within application timeframes (P2 – Data Collection/Assistance in Eligibility & Enrollment case processing flow).

4) If health coverage “Now” is selected AND Health Plus CalFresh (NOT under Pilot Program) and/or CalWORKs:

- a) Counties will instruct the customer on their option on how to apply for CalFresh. They are advised that a signed SAWS1 or SAWS 2 is needed to preserve the application date for CalFresh.
- b) A SAWS1 is completed by clerical staff on behalf of the customer to establish the health benefit need and the application date, if not previously completed (e.g., for those with appointments).
- c) File clearance and case creation/registration is completed by clerical staff.
- d) The application (e.g., SAWS1) is then forwarded to eligibility staff for follow-up within application timeframes (P2 – Data Collection/Assistance in Eligibility & Enrollment case processing flow).
- e) Counties should have eligibility staff continue completion of the application for health benefits from this initial call, except in cases of unusual customer volume. If clerical staff answers phone, the call would be transferred to eligibility staff for processing.
- f) If Eligibility staff cannot continue the initial call, the case is pended for Statement of Facts and the SAWS1 is forwarded to Eligibility staff to follow-up on the application within established timeframes.
- g) Per customer request or need, a timely In-Person appointment with an eligibility worker will be established for the same day or in the near future. In person or over the phone interviews are required for CalFresh. In-person interviews are required for CalWORKs.
- h) If a same day appointment is not scheduled, a SAWS 2 Application package will be mailed to the customer to complete and return in-person or via mail, FAX, or self-service portal. (See In-Person, Mail –in & FAX Customer entry or SAWS On-Line entry flows).

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- i) If needed, additional forms are provided for the customer to complete (e.g., Medi-Cal statement of facts (SOF) and local county forms). The customer may complete these forms on paper or online.
- j) If assistance is needed with understanding the application or other forms, a county representative will help the applicant.
NOTE: this assistance consists of assisting in the completion of forms and not an eligibility determination. For an eligibility determination, refer to P2 – Data Collection/Assistance process.
- k) The SAWS1 is forwarded to eligibility staff to follow-up within application timeframes.

5) If health coverage “Later” is selected AND Health Plus CalFresh (NOT under Pilot Program) and/or CalWORKs:

NOTE: During the October to December 2013 period, counties should try to ensure that customers presenting In-Person or on the phone and requiring health coverage “Later” should be provided with an opportunity for a timely same-day appointment with an EW to complete their SSApp, if assistance is requested.

- a) Counties will instruct the customer on their option on how to apply for CalFresh and CalWORKs. They are advised that a signed SAWS1 or SAWS 2 is needed to preserve/initiate the application date for CalFresh and CalWORKs.
- b) A CalFresh and/or CalWORKs Application package will be mailed to the customer to complete and return in-person or via mail, FAX, or self-service portal. (See In-Person, Mail –in & FAX Customer entry or SAWS On-Line entry flows).
- c) If completion assistance is requested, counties should have eligibility staff complete at least the SSApp for health benefits from this initial call, except in cases of unusual customer volume. If clerical staff answers phone, the call would be transferred to eligibility staff for processing via CalHEERS.
- d) A SSApp will be provided to the customer if they request it (e.g., if an eligibility worker cannot continue the initial call to assist with the SSApp). Customers can complete the SSApp unassisted via CalHEERS or they can request assistance from an eligibility worker (P2 – Data Collection/Assistance).
- e) The customer may also complete the SSApp on-line via CalHEERS or on paper. Paper forms come with a pre-addressed envelope and a FAX number to route forms to Covered California.
- f) If needed, additional forms are provided for the customer to complete (e.g., local county forms). The customer may complete these forms on paper or online.
- g) If assistance is needed with understanding the application or other forms, a county representative will help the applicant. . Note: this assistance consists of assisting in the completion of forms and not an eligibility determination. For an eligibility determination, refer to P2 – Data Collection/Assistance process.

“To-Be” Health Plus Oct-Dec 2013

County Business Flow Narrative

Customer/Application Entry – Phone Transfers (Warm Handoffs)

P1 - Customer Service or Reception (EW)

NOTE: If a customer presents through a Phone Transfer (Warm Handoff), that customer must be processed as a “Health Only” customer by an Eligibility Worker, where needs for CalFresh, CalWORKs, and/or Non-MAGI Medi-Cal are captured on the SSApp and managed as “referrals”.

- 1) The customer is greeted by an Eligibility Worker where a SAWS1 is completed on behalf of the customer to establish need and application date.
- 2) **File clearance and case creation/registration is completed by an Eligibility Worker.**
- 3) Counties are required to have an Eligibility Worker complete the Single Streamlined Application from this initial call, if possible (step to P2– Data Collection/Assistance process).
- 4) If Eligibility staff cannot complete the Single Streamlined Application within the initial call (e.g., client needs to find required documentation), the case is pended for Statement of Facts and the SAWS1 is forwarded to Eligibility staff to follow-up on the application within established timeframes. If required, a timely appointment to complete the application will be established either the same day or in the near future.
- 5) A Single Streamlined Application for Medi-Cal will be provided for the customer, if they request it, with a due date to complete and return In-Person, by mail, by fax, or by self-service portal, if an in person interview has not been requested. (See Mail –in & Faxed Customer entry or SAWS On-Line entry flows)
- 6) If a Non-MAGI determination is requested or indicated, the customer is provided with additional related forms.

Customer/Application Entry - SAWS Online Apps & Referrals

SAWS Online Applications

NOTE: During the October-December 2013 pre-enrollment period, On-Line applications created through the SAWS On-Line Application user interface will be presumed to follow the “Now” path for application processing. Customers accessing any of the three SAWS On-Line Application user interfaces will be presented with instruction text that indicates a choice of “Now” or “Later” health benefits and direction to either the SAWS path or a CalHEERS web link to support their respective choice.

P1 – Customer/Application Entry (CW)

- 1) Applications for benefits (Health Plus CalFresh and/or CalWORKs) are submitted electronically and placed into the county’s SAWS system queue, which are checked by clerical staff.

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- 2) **File clearance, case creation/registration is completed by clerical staff.**
 - a) Online applications are linked to an existing case or a new case is created by clerical staff.
- 3) Appointments for CalWORKs and CalFresh applications are scheduled.
 - a) Information for the Medi-Cal program can be collected during the CalWORKs or CalFresh appointment.
- 4) Linked applications are then forwarded to eligibility staff for completion (P2 – Data Collection/Assistance in Eligibility & Enrollment case processing flow).

Non-MAGI, CalFresh, and CalWORKs Electronic Referral from CalHEERS

P1 – Customer/Application Entry (CW)

- 1) Referrals for individuals are received electronically from CalHEERS and placed into the county’s work queue on CalHEERS, which is checked by clerical staff.
- 2) Clerical Staff complete a SAWS1 for health benefits on behalf of the customer to establish need and application date.
- 3) **File clearance and case creation/registration is completed by clerical staff.**
 - a) Referral applications are linked to an existing case or a new case is created by clerical staff.
- 4) Linked applications are then forwarded to eligibility staff for completion (P2 – Data Collection/Assistance in Eligibility & Enrollment case processing flow).
- 5) A timely appointment will be established for the customer to be seen the same day or in the near future. In-Person interviews are required for CalWORKs.
- 6) A SAWS Plus Application package will be mailed to the customer to complete and return in-person or via mail, FAX, or self-service portal. (See In-Person, Mail –in & FAX Customer entry or SAWS On-Line entry flows).
- 7) If needed, additional forms are provided for the customer to complete (e.g., Non-MAGI Medi-Cal statement of facts (SOF) and local county forms). The customer may complete these forms on paper or online.

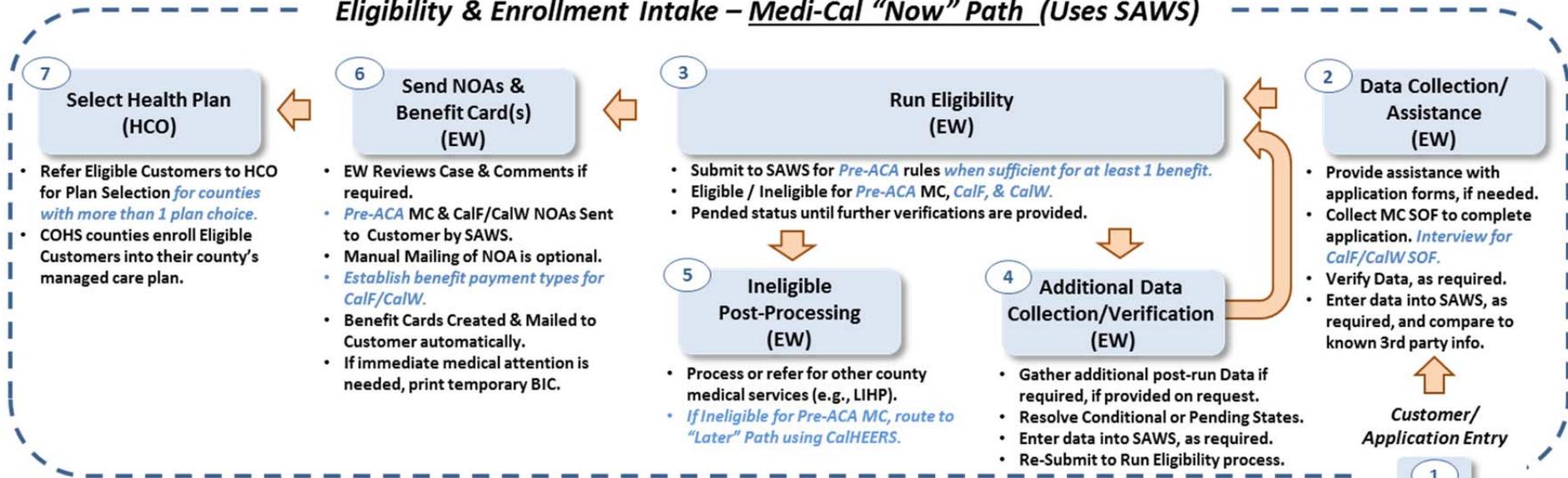
Customer/Application Entry - Mail-In & Faxed Applications

P1 – Customer/Application Entry (CW)

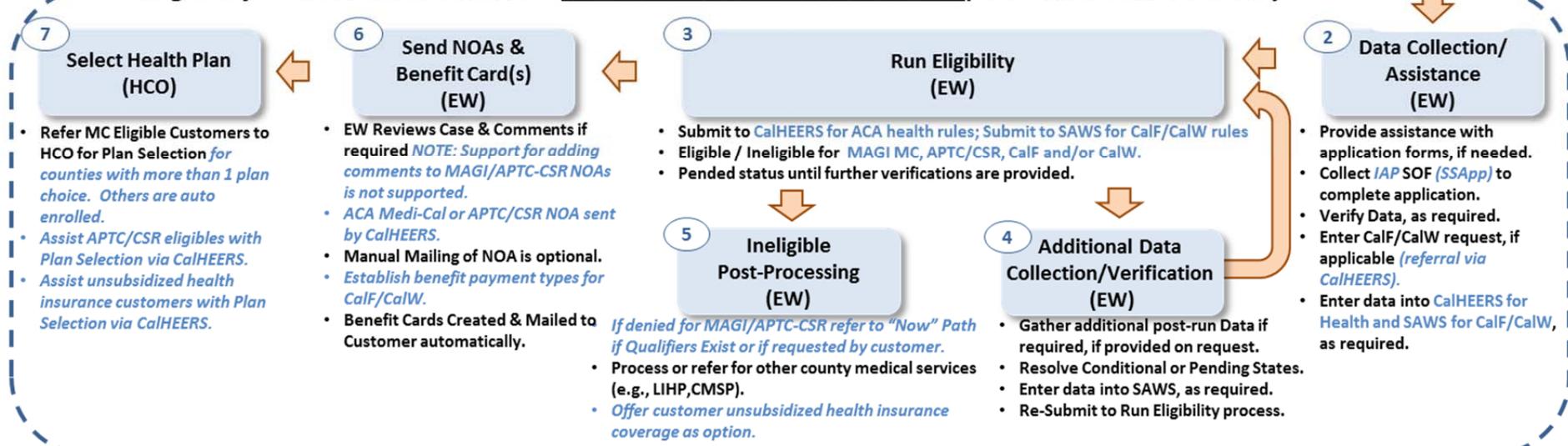
NOTE: During the October-December 2013 pre-enrollment period, if a Mail-In/Faxed application is a Single Streamlined Application then the application must initially be processed as a “Health Only” need and will be presumed to follow the “Later” path for application processing. Interest in other benefits (CalFresh, CalWORKs, and Non-MAGI) must be managed as referrals. If the Mail-In/Faxed application is other than a SSApp, then the application must initially be processed as a multi-benefit need and will be presumed to follow the “Now” path for health application processing.

- 1) Applications are received by mail/fax (e.g., SAWS 2, SAWS1 only).
- 2) Mail-In/Faxed applications that were initiated over the phone (case already created) are screened and forwarded to eligibility staff to process (P2 – Data Collection/Assistance in Eligibility & Enrollment case processing flow).
- 3) If Mail-In/Faxed application is a SAWS1 only, the application is pended for a statement of facts and the SAWS1 is forwarded to Eligibility staff to follow-up on the application within established timeframes.
- 4) Mail-In/Faxed applications received by the county that do not have a Program pending **are file cleared; and case creation is completed by clerical staff**
- 5) A timely appointment to complete the interview and collect SAWS 2 information is scheduled the same day or in the near future.
- 6) The application is forwarded to the Eligibility Worker for processing to follow-up on the application within established timeframes (P2 – Data Collection/Assistance in Eligibility & Enrollment case processing flow).
 - a) CalWORKs requires an in person interview
 - b) CalFresh may complete an telephone interview
 - c) Information for a health benefits application can be collected during the CalWORKs or CalFresh appointment, if required.

Eligibility & Enrollment Intake – Medi-Cal "Now" Path (Uses SAWS)



Eligibility & Enrollment Intake - Medi-Cal "Later" (Jan 1st) Path (Uses CalHEERS & SAWS)



EW = Eligibility Worker SOF = Statement of Facts CalW = CalWORKs
 CW = Clerical Worker HCO = Health Care Options CalF = CalFresh
 FI = Fiscal Intermediary NOA = Notice of Action IAP = Insurance Affordability Programs
 MC = Medi-Cal ACA = Affordable Care Act APTC/CSR = Advance Premium Tax Credit/Cost Sharing Reductions

** Changes from Health Only "As-Is" flow in Blue Italics

Eligibility and Enrollment Intake

“Now” Path for Medi-Cal

P2 - Data Collection/Assistance

NOTE: In person interviews completed by an eligibility worker are required for the CalWORKs program. In person or over the phone interviews completed by an eligibility worker are required for CalFresh. Information for the Medi-Cal programs may be collected during a phone or in person interview but Medi-Cal does not require an interview.

- 1) A statement of facts may not be provided with the SAWS1 and will be collected at the time of the appointment. Eligibility staff reviews information from the SAWS1 and statement of facts (if provided) along with any attached verifications.
- 2) Eligibility staff collects multi-benefit program information to complete the statement of facts for Medi-Cal and the additional programs applied for.
- 3) If in person, the applicant can review the data recorded by the eligibility worker; and provide a signature on the statement of facts at the appointment.
- 4) If the interview is completed over the phone, the case remains pending for signature of the statement of facts. Proceed to P4 (Additional Data Collection/Verification)
- 5) Information from the application and provided during the interview is entered into the SAWS system and compared to known/third party information.

P3 - Run Eligibility

- 1) The eligibility worker will run SAWS system for eligibility determination based on the information recorded in SAWS.
- 2) Since gathering eligibility information can vary by benefit, the Run Eligibility step can be taken when eligibility information is sufficient for at least one selected benefit. MAGI/APTC-CSR benefits should be easiest to collect for and should be run first. It is then rerun as information to complete other selected benefits is provided, within allowable timeframes.
- 3) For CalWORKs and/or CalFresh
 - a) Final eligibility for CalWORKs and/or CalFresh is determined or the case is pended for additional information.
- 4) For Medi-Cal
 - a) Final eligibility for Medi-Cal may be run for the entire case or for an individual.

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- b) For Medi-Cal, some individuals may remain in pended status until further verifications have been provided. (i.e., children may be granted based on the information initially provided, but additional information for their parents is needed in order to determine the parents’ eligibility status).
- 5) On Eligible outcomes, proceed to P6 Send NOA’s and Benefit Cards and P7 – Select health Plan.
- 6) On Ineligible outcomes, proceed to P5 – Ineligible Post-Processing and P6.
- 7) On Pended outcomes, proceed to P4 – Additional Data Collection / Verification.

P4 - Additional Data Collection/Verification

- 1) If additional verifications are needed, the eligibility worker requests additional data from the customer.
- 2) When these verifications are provided the eligibility worker updates SAWS with the information to make an eligibility determination. (via P3 – Run Eligibility process)
- 3) If additional verifications are not provided for CalWORKs or CalFresh the eligibility worker will proceed to P3 – Run Eligibility step to deny these programs.
 - a) Depending on the reason for the CalWORKs denial, a separate Medi-Cal evaluation will need to occur. Additional Medi-Cal related forms will be forwarded to customer to complete/return.
- 4) If additional verifications are not provided for Medi-Cal, an additional (second) request for verifications will be made.
- 5) If Medi-Cal verifications are received, information is updated by the eligibility worker in SAWS to make an eligibility determination. (via P3 – Run Eligibility process). .
- 6) If the second request for verifications information is not received, the eligibility worker proceeds to make an eligibility determination (P3 - Run Eligibility process) without the requested verification. No further requests for verifications will be created following the outcome from the Run Eligibility process.

P5 - Ineligible Post-Processing

- 1) If the application is denied for CalWORKs and/or CalFresh the eligibility worker may refer the customer to other community resources.
- 2) If the application is denied for Pre-ACA Medi-Cal, proceed to the Eligibility and Enrollment (E&E) Later Path.
- 3) If the application is denied for “now” and “later” Medi-Cal, the eligibility worker may refer the customer to other county medical services (e.g., LIHP, CMSP) if appropriate.

“To-Be” Health Plus Oct-Dec 2013 County Business Flow Narrative

P6 - Send NOA’s and Benefit Cards

- 1) Notices are reviewed and amended if necessary.
- 2) NOA’s are sent to Customer by SAWS.
- 3) Mail additional information if necessary. Manual Mailing of NOA is optional.
- 4) Establish benefit payment type for CalWORKs (Direct Deposit or EBT).
- 5) Establish benefit payment type for CalFresh (EBT).
- 6) Request Benefit Identification Card (BIC) which is then created and mailed automatically to customer. If immediate medical attention is needed, print temporary BIC.

P7 - Select Health Plan

- 1) Refer Eligible Medi-Cal Customers to HCO for Plan Selection if they reside in counties with more than 1 plan choice.
- 2) Medi-Cal Customers in counties with one plan choice (e.g., COHS) will auto enroll into their county’s managed care plan through HCO.
- 3) Plan selection for customers in counties that are not currently Managed Care counties must be deferred and services will be provided through at least December 31, 2013 via FFS providers.

“Later” Path for Medi-Cal

NOTE: In person interviews completed by an eligibility worker are required for the CalWORKs program. In person or over the phone interviews completed by an eligibility worker are required for CalFresh. Information for the health benefit programs may be collected during a phone or in person interview but health benefits do not require an interview.

P2 - Data Collection/Assistance

For Health Benefits “Later” (Uses CalHEERS System)

- 1) Eligibility staff provide assistance to customers with application forms, if needed.
- 2) Eligibility staff collect Insurance Affordability Program (IAP) SOF on the Single Streamlined Application.
 - a) The information for the Single Streamline application may be collected in-person, by phone, On-Line, or by FAX.
 - b) On-Line apps may have been processed previously through the Run Eligibility process.
- 3) Eligibility staff review information the Single Streamline Application and perform any required verifications.
- 4) Information from the application is entered into the CalHEERS system to allow the Run Eligibility process (P3) to complete. Advance to P3 when ready.

For CalFresh and/or CalWORKs (Uses SAWS System)

- 1) In person interviews completed by an eligibility worker are required for the CalWORKs program. In person or over the phone interviews completed by an eligibility worker are required for CalFresh.
- 2) Eligibility staff provide assistance to customers with application forms, if needed.
- 3) Eligibility staff collect benefit SOF information to complete application.
- 4) Eligibility staff review information from the SAWS1 and statement of facts along with any attached verifications and confirm with the customer during the interview. This data is compared to known/third party information.

P3 - Run Eligibility

For Health Benefits

- 1) Request eligibility determination using ACA rules via CalHEERS.
- 2) If the MAGI/APTC information provided is consistent (reasonably compatible) with the customer’s responses on the single streamline application (self-attestation), then a MAGI or APTC determination will be completed.

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- 3) If the MAGI/APTC information provided is NOT consistent (NOT reasonably compatible) with the customer’s responses on the single streamline application (self-attestation), then the application may be pended and step to P4 - Additional Data Collection/Verification).
- 4) On Eligible outcomes, proceed to P6 Send NOA’s and Benefit Cards and P7 – Select health Plan.
- 5) On Ineligible outcomes, proceed to P5 – Ineligible Post-Processing and P6.
- 6) On Pended outcomes, proceed to P4 – Additional Data Collection / Verification.

For CalFresh and/or CalWORKs (Uses SAWS System)

- 1) Request CalFresh and/or CalWORKs eligibility determination using via SAWS.
- 2) On Eligible outcomes, proceed to P6 Send NOA’s and Benefit Cards and P7 – Select health Plan.
- 3) On Ineligible outcomes, proceed to P5 – Ineligible Post-Processing and P6.
- 4) On Pended outcomes, proceed to P4 – Additional Data Collection / Verification.

P4 - Additional Data Collection/Verification

For Health Benefits (Uses CalHEERS System)

- 1) If the information is inconsistent (not reasonably compatible) with the customer’s responses on the single streamline application (self-attestation), then the application may be pended and physical verifications are required.
- 2) When verifications are provided, update CalHEERS and enter the Run Eligibility process again.
- 3) If verifications have not been provided within established processes and timeframes, the eligibility worker proceeds to make an eligibility determination (P3 - Run Eligibility process) without the requested verification. No further requests for verifications will be created following the outcome from the Run Eligibility process.

For CalFresh and/or CalWORKs (Uses SAWS System)

- 1) If the information is required to complete the eligibility determination then the application is pended and physical verifications are required.
- 2) When verifications are provided, update SAWS and enter the Run Eligibility process again.
- 3) If verifications have not been provided within established processes and timeframes, the eligibility worker proceeds to make an eligibility determination (P3 - Run Eligibility process) without the requested verification. No further requests for verifications will be created following the outcome from the Run Eligibility process.

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P5 - Ineligible Post-Processing

For Health Benefits

- 1) If MAGI ineligibility is the result of the determination, initiate a pre-ACA Medi-Cal application (e.g., via a SAWS1) if qualifiers exist or if requested by the customer.
- 2) Process or refer for other county medical services (e.g., CMSP), if appropriate.
- 3) Eligibility staff offer the customer unsubsidized health insurance coverage as an option. If customers choose this option then proceed to P7 (Select Health Plan) using CalHEERS.

For CalFresh and/or CalWORKs

- 1) If the application is denied for CalWORKs and/or CalFresh the eligibility worker may refer the customer to other community resources.

P6 - Send NOA's and Benefit Cards

- 1) MAGI Notices are generated by CalHEERS and sent to SAWS to be mailed out once determination has been finalized by the county eligibility worker. Manual Mailing of NOA is optional.
- 2) EW Reviews Case and adds specific comments if required on notices.
NOTE: Support for adding comments to MAGI/APTC-CSR NOAs is not available to counties.
- 3) APTC/CSR Notices are generated by CalHEERS.
- 4) Establish benefit payment type for CalWORKs (Direct Deposit or EBT).
- 5) Establish benefit payment type for CalFresh (EBT).
- 6) Request Benefit Identification Card (BIC) which is then created and mailed automatically to customer. If immediate medical attention is needed, print temporary BIC.
- 7) Benefit Cards are Created & Mailed to Customer automatically.

P7 - Select Health Plan

For MC Through March 2014

- 1) Refer Eligible Medi-Cal Customers (MAGI and Non-MAGI) to HCO for Plan Selection if they reside in counties with more than 1 plan choice.
- 2) Medi-Cal Customers in counties with one plan choice (e.g., COHS) will auto enroll into their county's managed care plan.

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County Business Flow Narrative

For APTC/CSR Eligibles

- 1) If APTC/CSR eligible customers require or request assistance in selecting a health plan:
 - a) County staff will need to log-in to CalHEERS and input the customer’s data to find CalHEERS case.
 - b) Assist the customer in selecting available plans.
 - c) Discuss premium payments for each plan and provide instruction for plan payment.
- 2) Advise APTC/CSR customers to Pay Premium to Receive Benefit, if applicable.
- 3) Customers that choose unsubsidized health insurance coverage as an option may be assisted by an EW with plan selection via CalHEERS, if assistance is required.