24-Month Roadmap's Change Requests - Updates

(as of 04/07/2016)

RE-LEASE	CR NUMBER	TITLE	REQUESTOR	BRIEF DESCRIPTION	Advocate Comments	STATUS UPDATES for 4/13/2016 AB 1296 MEETING
R16.4 - (Planned Deployment Date 5/16/2016)						
R16.4	52030	SB 75 - Full Scope Medi-Cal for All Children	DHCS	This change request is to implement the provision of SB 75 which grants full scope Medi-Cal to children under age 19 regardless of immigration status if they meet all other eligibility criteria effective May 1, 2016. CalHEERs will place these children into the appropriate, existing full scope MAGI aid codes. If not implemented, eligible children under 19 regardless of immigration status will not receive full scope Medi-Cal as authorized SB 75 Section 35 and WIC Section 14007.8(a).		CR is scheduled for implementation in R16.4.
R16.4	52313	Prevent multiple/duplicate accounts, applications and cases in CalHEERS - Short Term Solution	DHCS	CalHEERS functionality does not prevent the creation of multiple accounts and/or applications for the same household with the same members. These multiple applications can report the same, similar or differing information for the same members, can be granted different program eligibility and eligibility statuses, and can be linked differently across the CalHEERS, SAWS and MEDS systems. To mitigate this issue CalHEERS needs to search criteria upon account creation and have soft messaging on account creation and Hard Stop messaging requiring and Admin touch		CR is scheduled for implementation in R16.4.
~~R15.9~~ ~~R16.2~~ R16.4	3043	Soft Pause - Create Pending Status for MAGI-Medi-Cal Adverse Action	DHCS	This CR is update CalHEERS BRE to make MAGI Medi-Cal Discontinuance or MAGI Medi-Cal no Premium to Premium Status of "Pending" and make updates to eHIT DER transaction to pass Pended MAGI Medi-Cal Discontinuances/ no Premium to Premium changes to SAWS. It will also have updates to include specific individuals to include (Parents, Caretakers, Pregnant Women and Children). The implementation will create the ability for CEW's/SAWS to lift the Soft Pause and create a flag that identifies a case that is being protected by Soft Pause for CEW's / SAWS to view. NOTE: Part 1: Soft Pause for Parents and Children has been implemented. NOTE: Part 2: Soft Pause for Caretakers Relatives and Pregnant Women has NOT been implemented, as well as adds the ability to lift the soft pause.	(3/20/15) This is important eligibilty functionality that should not be postponed any further and should be retained in 15.9 release or earlier. Advocates would like to review NOA snippets that explain this soft pause to consumers at the eligibility results screen. Note that this CR should not prevent a consumer from getting APTCs if they are over 65 as there are consumers who should remain eligible for APTC even if they are over 65 and categorically eligible for non-MAGI but will be over income or over resources for non-MAGI eligiibility.	CR is scheduled for implementation in R16.4.

24-Month Roadmap's Change Requests - Updates

(as of 04/07/2016)

RE-LEASE	CR NUMBER	TITLE	REQUESTOR	BRIEF DESCRIPTION	Advocate Comments	STATUS UPDATES for 4/13/2016 AB 1296 MEETING
R16.4	4633	Update Application for Deemed Infants	DHCS	Prior to the applicant beginning the on-line application, a link needs to be added to the "GET HELP WITH COSTS" page in order to provide information that needs to be given regarding deemed infants. The following needs to be added: * Infants less than one year old are eligible for Medi-Cal if their mother was on Medi-Cal or AIM at the time of delivery. You do not need to fill out an application to get Medi-Cal for an infant born to a mother with Medi-Cal or AIM at the time of delivery. Call your county social services office when your baby is born to make sure your baby is covered. Optional: If the following information is provided, the infant may be automatically eligible for Medi-Cal. You do not have to fill out Step 2 of this application for the infant. * Are you applying for a child less than 1 year old? £ Yes £ No If yes, did the child's mother have Medi-Cal or AIM when the child was born? £ Yes £ No If yes, will the child's mother be listed on this application? £ Yes £ No If yes, the mother is Person #_____ on this application If no, what is the mother's first and last name? _____ Please provide the mother's Medi-Cal number, AIM number, or SSN_____	(3/20/15) Advocates urge this CR be moved to an earlier release as this is important eligibility functionality which advocates raised with the state in summer 2013 and was addressed on the paper SSApp.	CR is scheduled for implementation in R16.4.
~~R16.9~~ ~~R16.2~~ R16.4	4304	Modify Income Limit for Children Ages 6-19 for Aid Code P5 & P6	DHCS	The income limit for children age 6-19 enrolling for mandatory categorically needy coverage under the ACA children's group, aid codes P5 and P6, is 133% of the federal poverty level as referenced in 42 CFR 435.118(b)(2)(i). The MCED ACA Aid code list incorrectly identifies the income limit for ACA aid codes P5 and P6 as 108% FPL. This CR request CalHEERS to program income eligibility standard for enrollment in ACA aid codes P5 and P6 from 0% FPL up to 133% FPL. Implementing this system functionality will create an income eligibility overlap in the income range of 108% -133% FPL between aid codes P5/P6 and M5/M6. Aid codes P5/P6 follow the Medicaid rules and do not consider other health coverage as eligibility criteria. M5/M6 follow CHIP rules and do consider other health coverage as eligibility criteria. Therefore, children with income between 108%-133% FPL who are uninsured, do not have other health coverage, are aided in the CHIP aid codes M5/M6, while children who do have other health coverage are aided in the Medicaid aid codes P5/P6.	(3/20/15) Shouldn't the MAGI 5% disregard apply to these children? Thus, the income levels should change to 138% not 133%? Or is the 5% disregard applied after? DHCS> Discussed at 6/24/15 AB 1296 meeting. Advocate expressed concerns whether income limits are impacting eligibility. DHCS confirmed there is no impact to eligibility. There is a federal claiming issue related to Title 19 and Title 21.	CR is scheduled for implementation in R16.4.
R16.4	30174	Implement CalHEERS MEDS (MEC) Check for Medi-Cal Eligibility	DHCS	CalHEERS does not currently perform a MEC check for potential MAGI-Medi-Cal eligible individuals at application, renewal or change of circumstances. This change request is for CalHEERS to perform an MEC eligibility check with the Medi-Cal Eligibility Data System (MEDS) at application, renewal or change of circumstances to prevent duplicate applications and to allow the counties to transition consumers into MAGI eligibility when appropriate. The CalHEERS System shall activate the MEDS MEC check for all eligibility determination requests (intake and RAC) (MAGI Medi-Cal). If CalHEERS receives an EHIT from SAWS indicating that no MEC check is needed, CalHEERS will not perform the MEC check. CalHEERS shall also allow administrative users at the portal to bypass the MEC check as determined by the administrative user. If not implemented, non-MAGI applicants or beneficiaries are being granted eligibility in MAGI aid codes inappropriately. This creates systems problems, inappropriate federal financial participation claiming and sometimes financial hardship to child beneficiaries when they are transitioned from buy-in aid codes to Title XXI MAGI aid codes which don't support buy-in and are inappropriately bought-out of Medicare Part B.		CR is scheduled for implementation in R16.4.

24-Month Roadmap's Change Requests - Updates

(as of 04/07/2016)

RE-LEASE	CR NUMBER	TITLE	REQUESTOR	BRIEF DESCRIPTION	Advocate Comments	STATUS UPDATES for 4/13/2016 AB 1296 MEETING
R16.4	47630	CalHEERS Case Number added to Alert File from MEDS	DHCS	DHCS is adding the CalHEERS Case Number to the Alert file sent to CalHEERS. CalHEERS needs to accept the updated file layout and use the CalHEERS Case Number returned on the Alert to populate the CalHEERS Case ID field on the MEDS Message screens designed as part of CR7536. The addition of the CalHEERS Case Number will also facilitate research and analysis. Without this change, finding all MEDS error messages (Web Service Responses and Alerts) associated with any CalHEERS Case ID will be more difficult. A CSR or CEW would have to know the CIN for the transaction that alerted. If they wanted to research an entire case, they would have to find each individual CIN and look the Alerts up individually. With this change, they would be able to find all the individual Alerts associated with a single case using a single query.		CR is scheduled for implementation in R16.4.
R16.4	54364	ADA Compliance Findings - Visual and text-based cues	CovCA	This CR will resolve ADA compliance findings by increasing the contrast between the foreground text and background color on navigation panels, disabled buttons, and required field asterisks icons and by providing text equivalents for information communicated solely via images.		CR is scheduled for implementation in R16.4.
R16.4	46220	Consumer failure to file and/or reconcile taxes	CovCA	This CR will allow Covered California to prospectively remove APTC from consumers who have received APTC and have not filed an income tax return for the previous year and/or reconciled their APTC. Regulations require consumers who have received APTC and have not filed an income tax return for that year and reconciled their APTC to be determined no eligible for APTC. This CR will provide functionality for consumers to attest to filing their taxes.		CR is scheduled for implementation in R16.4.
R16.4	Application Maintenance	NOD01 Updates	CovCA & DHCS	This change implemented advocate provided language into the NOD01. This addressed consumers transitioning from Medi-Cal to Covered California in an attempt to reduce gaps in coverage.		CR is planned for implementation in R16.4.

24-Month Roadmap's Change Requests - Updates

(as of 04/07/2016)

RE-LEASE	CR NUMBER	TITLE	REQUESTOR	BRIEF DESCRIPTION	Advocate Comments	STATUS UPDATES for 4/13/2016 AB 1296 MEETING
R16.7 - (Planned Deployment Date 7/25/2016)						
~~R16.4~~ R16.7	32277	~~Eligibility Based on LP/QNC~~ Eligibility for IAP Based on Immigration Status (including merged PRUCOL CR 3068)	DHCS	Per changes in CR #6197 (Verify Lawful Presence updates), new data elements previously unavailable in CalHEERS system, will become available and are important in eligibility determination. These fields include Qualified Non-Citizen attestation, Qualified Non-Citizen hub verification, and Qualified Non-Citizen admin verification. In addition, attestations, hub verifications and admin verifications of Lawful Presence should be used in determining eligibility. For Medi-Cal and APTC, CalHEERS must determine both eligibility status (Eligible, Conditional, Pending, Ineligible) and scope (Full or Restricted) based on this information.	(3/20/15) Advocates support moving this important CR earlier. DHCS> Bi-weekly updates were provided in the Immigration Workgroup.	CR is planned for implementation in R16.7.
~~R16.2~~ ~~R16.4~~ R16.7	3124	Non-Qualifying Immigrants (NQI) Medi-Cal Affordability Wrap	DHCS	Welfare & Institutions Code 14102 establishes an affordability program to cover the premium and cost-sharing charges for any individual who is 21 years of age or older, who does not have minor children eligible for Medi-Cal benefits and would be eligible for Medi-Cal benefits but for the five-year eligibility limitation under Section 1613 of Title 8 of the United States Code. This population is referred to as non-qualifying immigrants (NQI). Per this statute, DHCS will pay for both the cost sharing and the premium costs for the individual's Qualified Health Plan (QHP) in the Exchange. This program becomes operative January 1, 2014. NQI adults subject to the five-year bar will be identified by the federal hub since the Verify Lawful Presence (VLP) interface (version 33), CR 6933, was installed in R15.3 on March 2, 2015. CalHEERS functionality is needed to identify these individuals at Covered California open enrollment and place them, if eligible, into the Medi-Cal Benefits and Affordability Wrap program. NQI adults eligible for the affordability wrap are provided two aid codes: (1) Exchange aid code reflecting APTC/CSR coverage; and (2) a state-only, full-scope Medi-Cal aid code to serve as an indicator for wrap coverage. CalHEERS will maintain case management for the APTC/CSR components of the case and the SAWS will maintain case management of the Medi-Cal aid code. The affordability program shall be made available at November 2014 Covered California open enrollment with eligibility coverage to commence January 1, 2015.	(3/20/15) Advocates support delaying implementation of the NQI wrap to ensure other programming priorities are inputed first. DHCS> Bi-weekly updates were provided in the Immigration Workgroup.	CR is planned for implementation in R16.7.
R16.7	52341	Unmarried Pregnant Women Under 21 (CR formerly known as Pregnant Teen Income Disregard)	DHCS	The purpose of this change request is for CalHEERS to exempt all household income when determining the eligibility for unmarried pregnant women not eligible for any other mandatory or optional categorically needy coverage group who are either (a) under age 21 and living with her parents and is not going to file a tax return for the taxable year or (b) under age 21 and is going to be claimed as a tax dependent by parents in the taxable year (as outlined in State Plan Amendment 13-029). If not implemented, unmarried pregnant women not eligible for any other mandatory or optional categorically needy coverage group that are under age 21 may not receive medical coverage. Or, the pregnant women may be subjected to erroneous premium payments if enrolled in a Qualified Health Plan.		CR is scheduled for implementation in R16.7.
R16.7	12055	Electronic verification of Medicare enrollment from SSA via the federal hub	DHCS	Individuals enrolled in Medicare are not eligible for enrollment in the "New Adult Expansion Group". Currently CalHEERS programming uses applicant self-attestation to determine if the applicant is enrolled for "Other Health Coverage" under Medicare. If an applicant with Medicare does not attest to enrollment in Medicare on the application, CalHEERS may incorrectly enroll the individual in the New Adult Group. The purpose of this CR is to have CalHEERS program the use of electronic verification of Medicare enrollment received from Social Security Administration via the federal hub when determining eligibility under the ACA new adult expansion coverage group.		CR is planned for implementation in R16.7.

24-Month Roadmap's Change Requests - Updates

(as of 04/07/2016)

RE-LEASE	CR NUMBER	TITLE	REQUESTOR	BRIEF DESCRIPTION	Advocate Comments	STATUS UPDATES for 4/13/2016 AB 1296 MEETING
~~R16.7~~ TBD	52600 (formerly 8415)	County of Responsibility / Electronic Inter-County Transfer (eICT)	DHCS	The purpose of this change request is for CalHEERS to have the ability to recognize a new county address, to de-link the County of Responsibility (FIPS County Code) from the previous county case, to accept the county of responsibility on initial case linkage via SAWS e-HIT unless case is already linked to another county, the ability to link to the new case and a new county case number, the ability to maintain historical values in a case, to remove validation from the EDR regarding residence address, to change the County of residence via the ICT process, and to archive the SAWS case number linkage if the consumer remains in the same County of Responsibility when moving in and out of MAGI-MC Eligibility. This is needed in order for a consumer residing in one county to have their case managed in another county.		CR is delayed and the implementation date is to be determined.
~~R16.4~~ R16.7	29176	Determine and Send Alien and INS Date of Entry to MEDS	DHCS	1) CalHEERS shall send the following three alien fields to MEDS: * Alien/INS Entry Date (DE2005), * Citizen/Alien Indicator (DE2009), * Alien Eligibility Code (DE2033). 2) CalHEERS shall send the three above-mentioned alien fields to MEDS when Qualified Non-Citizen status is verified by the hub or administratively. TBD for which Medi-Cal eligibility statuses (Eligible, Conditionally Eligible, Pending) and scope (Restricted Scope, Full Scope) these fields must be sent. 3) CalHEERS shall send the three above-mentioned alien fields to MEDS on the following transaction types: HX18, HX20, HX12, HX34. 4) CalHEERS shall determine the Citizen/Alien Indicator and/or the Alien Eligibility Code based on inputs from the applicant, the federal hub and/or administrative verifications.	(3/20/15) Advocates would like more information on how CalHEERS determines a person is subject to the five-year bar. There are a number of exceptions and we would to ensure they are being applied correctly. In addition, this CR should ensure that info from the FDSH indicates 5 year bar is completed, that info is updated in CalHEERs and MEDS and triggers a new eligibility determination. We would appreciate a fuller discussion of this as part of the design process. Finally, is this CR specifically designed for the NQI wrap program? Isn't this information already captured in CalHEERS and MEDS? DHCS> Bi-weekly updates were provided in the Immigration Workgroup.	CR is planned for implementation in R16.7.
~~R16.4~~ R16.7	31943	RIDP Text Changes	CovCA & DHCS	Text changes requested by CWDA and DHCS for the new RIDP functionality in the Covered CA website.	(3/20/15) Advocates would like to review the text changes. Advocates have also asked for changes in the RIDP and would like to discuss what has been implemented and what is still yet to be done.	CR is scheduled for implementation in R16.7.

24-Month Roadmap's Change Requests - Updates

(as of 04/07/2016)

RE-LEASE	CR NUMBER	TITLE	REQUESTOR	BRIEF DESCRIPTION	Advocate Comments	STATUS UPDATES for 4/13/2016 AB 1296 MEETING
R16.7	34752	CalHEERS to SAWS Horizontal Integration	CDSS	CoveredCA.com currently, at the end of the application process, allows an individual to request a referral for other assistance programs such as CalFresh and CalWORKS. This referral process leaves the client without coverage from those additional programs, and waiting to hear back from a county eligibility worker at some point down the road. Often, these referrals do not lead to completed applications because the client is no longer interested, or doesn't want to deal with it at the point in time of follow-up. Limited County resources often prevent these follow-ups from taking place within a reasonable time frame and this represents a missed opportunity to provide needed services. The purpose of this change request is for CalHEERS to allow applicants to immediately continue on and complete an application for additional benefits, such as CalFresh and CalWORKS, to eliminate the wait time before having the opportunity to complete an application for additional benefits, to identify applicants more likely to be eligible for additional benefits and more actively encourage them to apply for those benefits, and to simplify the process for applying for additional benefits by utilizing the information already provided in the health application (this will occur within SAWS). Without this change, applicants will likely continue to miss the opportunity to apply for additional benefits for which many are eligible at the time of application for a health plan. This will continue to diminish the number of California's receiving benefits from multiple programs for which they are entitled.		CR is scheduled for implementation in R16.7.
~~R16.7~~ R16.7	3262	Provide APTC Members the Choice to Purchase Member Level Plans	CovCA	This CR includes the following features: 1. Allow consumers to select separate, subsidized health plans on the same application 2. Split APTC for a tax household across multiple enrollments, allowing federally-recognized American Indian/Alaskan Natives (AI/AN) APTC members to select an AI/AN plan separately from non-AI/AN family member(s).		CR is planned for implementation in R16.7.
R16.7	56179	Provider Directory Functionality	CovCA	This CR is intended to implement an integrated provider directory available to consumers directly through the CalHEERS website.		CR is planned for implementation in R16.7.

24-Month Roadmap's Change Requests - Updates

(as of 04/07/2016)

RE-LEASE	CR NUMBER	TITLE	REQUESTOR	BRIEF DESCRIPTION	Advocate Comments	STATUS UPDATES for 4/13/2016 AB 1296 MEETING
R16.9 - (Planned Deployment Date 9/26/2016)						
~~R16.2~~ ~~R16.4~~ ~~R16.7~~ R16.9	46047	IAP Transition - APTC to MC and MC to APTC	CovCA & DHCS	This CR is intended to address current gaps in functional and technical design by: 1) enhancing the timing by which APTC//QHP eligibility and enrollment is terminated, 2) implementing a new notice to inform consumers about the transition from Covered CA to Medi-Cal and Medi-Cal to Covered CA, 3) enhancing reports available to Covered CA, DHCS, and Counties to monitor individuals / cases who have been found Medi-Cal eligible by CalHEERS.		CR is planned for implementation in R16.9.
~~R16.4~~ ~~R15.9~~ ~~R16.2~~ R16.9	40758	Use lower income	DHCS	As part of the Single Streamlined Application (CR 6933, implemented in release 15.3 on March 2, 2015), CR 3161 "SSA - Add Projected Annual Income and Reasonably Predicted Future Changes to income" provides the following functionality for determining MAGI individual household monthly income: * The sum of projected annual income amount (PAI) for each person in the MAGI household, divided by 12 (if PAI is available). * If PAI is unavailable, all countable income minus the 5% income disregard amount if applicable (California opted to add the disregard to the FPL), and minus any deductions. In accordance with W&I Code, Section 14005.65, the intent of this request is to implement the following additional MAGI individual household monthly income functionality when both current monthly income and PAI are available: * If current monthly income and PAI are both available, divide PAI by 12, compare PAI divided by 12 with currently monthly income, then use the lower of the two (PAI divided by 12 or current monthly income).	(3/20/15) Advocates strongly support prioritizing this CR which implements income rules that were supposed to be effective Jan 2014.	CR is planned for implementation in R16.9.
~~R16.7~~ R16.9	52314	Duplicate Applications - Long Term Solution	DHCS & CovCA	Currently duplicate/multiple accounts are not disabled and if a duplicate/multiple CalHEERS case is closed a notice is not generated to the consumer to inform them that the account and/or case is disable/closed. This change is a request to generate notices to consumers if a CalHEERS account has been disabled and/or a case has been closed; this noticing is dependent on Dup App Quick Wins ICR being implemented with the ability to disable accounts and close cases. A SAWS case cannot be delinked from a CalHEERS case which creates an additional workload for the counties when there are duplicate/multiple cases for the consumer. SAWS needs to be able to delink duplicate/multiple SAWS cases from a CalHEERS case and be able to link a delinked case to an existing CalHEERS case via eHIT. This will reduce duplicate and multiple cases and reduce workload associated with duplicate/multiple cases and provide case consistency.		CR is planned for implementation in R16.9.
R16.9	59947	Continuity of Care for Pregnant Women	DHCS & CovCA	The purpose of this CR is to add functionality in CalHEERS to allow pregnant women to retain their current Insurance Affordability Program (IAP) or to transition to another IAP when the pregnant women is eligible and selects to transition to another IAP. This CR will provide continuity of care for pregnant women as defined in the SHO 14-002.		CR is planned for implementation in R16.9.

24-Month Roadmap's Change Requests - Updates

(as of 04/07/2016)

RE-LEASE	CR NUMBER	TITLE	REQUESTOR	BRIEF DESCRIPTION	Advocate Comments	STATUS UPDATES for 4/13/2016 AB 1296 MEETING
R16.9	59949	Apply MAGI Medi-Cal Effective Date Rules Year Round (including during Open Enrollment)	DHCS	The purpose of this CR is to correct start/begin date of MAGI Medi-Cal eligibility for consumers that apply, and are MAGI Medi-Cal eligible, during a Covered CA Open Enrollment period. Correct start /begin date of MAGI Medi-Cal eligibility for consumers that become MAGI Medi-Cal eligible or remain MAGI Medi-Cal eligible after a reported change. This change request will not make any changes to the eligibility start date or timelines for individuals moving from APTC to Medi-Cal or Medi-Cal to APTC.		CR is planned for implementation in R16.9.
R16.9	27819	Reasonable Opportunity Period Discontinuance	CovCA	This CR will automate the Reasonable Opportunity process for lawful presence, citizenship, SSN, incarceration and death. Consumers will be discontinued from eligibility for APTC/CSR/CCP automatically on the 96th day if they have failed to be e-verified or provide documentation to prove eligibility.		CR is planned for implementation in R16.9.