24-Month Roadmap's Change Requests - Updates (FINAL)

(as of 9/4/2015)

RE-LEASE	CR NUMBER	TITLE	REQUESTOR	BRIEF DESCRIPTION	Advocate Comments	STATUS UPDATES for 9/11/2015 AB 1296 MEETING
R15.9 - (Planned Deployment Date 10/12/2015)						
~~R16.2~~ R15.9	3066	Former Foster Care	DHCS	Current CalHEERS design is to mandatorily refer to counties for eligibility evaluation, all attested Former Foster Care (FFC) individuals. The ACA FFC coverage group is mandatory categorically needy. All ACA-related mandatory categorically needy coverage groups eligibility rules must be programmed in CalHEERS. Eligibility criteria to be programmed into CalHEERS includes: 1. Under age 26 2. Were enrolled in foster care under the responsibility of the State (any state) or tribe and enrolled in Medicaid under the State's Medicaid State Plan or 1115 demonstration waiver upon obtaining age 18, or at such higher age at which the State's or Tribes foster care assistance ends under title IV-E of the Act. 3. No income test The system must verify enrollment in foster care and Medicaid in accordance with the CMS verification plan, which is to verify foster care and Medicaid enrollment through the county social services offices, post-eligibility determination and enrollment.	(3/20/15) Advocates are pleased that this critical eligibility functionality has been moved up, but it's critical that this be implemented ASAP and sooner than 15.9 given the erroneous eligibility determinations. Also, advocates want to be part of the design and to understand the verification procedures. DHCS> Comments/concerns have been addressed; referred to the FFY Subgroup.	Phase 1 is scheduled for implementation in R15.9. Phase 2 (CR #45507) is planned for R16.2.
~~R16.9~~ R15.9	8517	Medi-Cal Access Program Integration	DHCS	Through the Assembly Bill 1296 forum, this CR will integrate MAGI rules into CalHEERS.	(3/20/15) This is fundamental eligibility programming that should be implemented ASAP. Advocates request to be part of the design process. DHCS> Comments/concerns have been address; referred to the Pregnancy Subgroup.	Phase 1 is scheduled for implementation in R15.9. Phase 2 (CR #47816), planned for R16.2, is delayed.

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~~R16.9~~ R15.9	33378	Data Extract for MAGI for C-CCHIP	DHCS	Children applying for coverage through Covered CA and eligible for the CCHIP are currently not being informed or enrolled into the program. CCHIP is administered by the local counties and enrolled into a county contracted health plan. Eligibility is not being determined using the CalHEERS MAGI rules as required by federal regulations under 42 CFR, Section 457.315. CCHIP counties do not have direct interface with CalHEERS. Until CCHIP is fully integrated into CalHEERS, under a separate Change Request (CR4846 "CCHIP Interface & integration into CalHEERS"), this workaround would be for Covered CA to provide counties with a data file of children who are determined eligible for APTC/CSR within the established CCHIP income range for counties to inform families of their children's eligibility for CCHIP. CCHIP counties will use Certified Enrollment Counselors (CEC) to assist families with their applications using the Covered CA's online application portal and the applications will be processed by CalHEERS. Requirements: 1. Counties: San Francisco, San Mateo and Santa Clara 2. Children ages 0 to up to age 19 3. Household income above 266% and up to 317% of Federal Poverty Level Weekly county eligible file will be transferred via secured FTP.	(3/20/15) Advocates support the effort to program it into CalHEERS at an earlier release date so as not to require a work-around. How many children are impacted by the programming error at this time? Until permanent fix in place, recommend that this CR also ensure that eligibility results for these children indicate they may be eligible for lower-cost health insurance and that they may be contacted by the CCHIP program in the county. Recommend a snippet be added in the NOA for these children regarding potential eligibility in another program and a contact for more info. Advocates would like to review language.	Due to the delay of the full integration of CCHIP (CR 4846), this CR which will be a data extract is scheduled for implementation in R15.9.
~~R16.4~~ R15.9	4497	MAGI 5% Income Disregard	DHCS	This Change Request is submitted to program the MAGI 5% income disregard when determining eligibility under the ACA Parent/Caretaker Relative coverage group for certain non-pregnant adults who are not eligible for enrollment in the ACA New Adult coverage group. Current CalHEERS programming does not apply the 5% MAGI disregard when determining income eligibility under the ACA Parent/Caretaker Relative coverage group. In accordance with 42 CFR, Section 435.603(d)(4), the 5% MAGI disregard applies when determining income eligibility under the ACA eligibility group with the highest income standard under which the individual may be determined eligible using the MAGI methodology. Non-pregnant parents and caretaker relatives not eligible for enrollment in the ACA New Adult group shall have the 5% MAGI disregard applied when determining their eligibility under the ACA Parent/Caretaker Relative group. For pregnant parents and caretaker relatives, the 5% disregard applies when determining eligibility under the ACA Pregnant Women coverage group and therefore does not apply when determining eligibility under the Parent/Caretaker Relative group. The likely scenarios in which the MAGI 5% disregard applies to determining eligibility under the ACA Parent/Caretaker Relative group is when the non-pregnant parent or caretaker relative is: · Enrolled for coverage under Medicare Parts A or B · 65 years-old or older · When the child linking the individual is not enrolled in minimum essential coverage (MEC).	(3/20/15) Advocates strongly support moving up this CR as it is needed to implement a basic eligibilty rule and without it some adults eliglble for MC are being wrongly determined eligible for APTCs instead. As a result, low-income adults are paying for health insurance that they should be getting for free.	CR is scheduled for implementation in R15.9

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RE-LEASE	CR NUMBER	TITLE	REQUESTOR	BRIEF DESCRIPTION	Advocate Comments	STATUS UPDATES for 9/11/2015 AB 1296 MEETING
~~R16.4~~ R15.9	35331	Update Income Hourly, daily frequency to mandatory	DHCS	Update portal pages for instances when a consumer enters "HOURLY" and / or "DAILY" Income types the Frequency must be mandatory eHit updates. Conversion of existing data when the value is missing for Frequency.	(3/20/15) Advocates support expediting this CR.	CR is scheduled for implementation in R15.9.
R15.9	48783 (New)	90 Day Cure Language	DHCS	This change request will implement an emergency change to contain the 90 day cure language for CalNOD02.		CR is scheduled for implementation in R15.9.
~~R16.2~~ R15.9	46147 (New)	DOB Field Enhancement	DHCS	The functionality of the Date Of Birth (DOB) field in CalHEERS will default to current year if not selected by the user. This is causing an issue with the identify member process, with further impacts to eligibility. In order to prevent incorrect eligibility, the Date of Birth field in CalHEERS should not default to any year. This must be a required field for entry by the consumer. A pop-up note indicating how important it is to verify the correct year was entered is also advisable to ensure correct data entry of this critical field.		CR is planned for implementation in R15.9.
R15.9	35910 (New)	Short Term Admin Functionality for Soft Pause Indicator	DHCS	The purpose of this CR is to define and deploy short term administrative function available through the ADMIN screen to lift the Soft Pause indicator.		~~CR is scheduled for implementation in R15.9.~~ Withdrawn
R15.9	28807	Add Dental Health Services	CovCA	Covered California has contracted with a new Dental Carrier (Dental Health Services) for 2015. This change will enable code, file transfer, table updates, etc., required to support this new carrier.		CR is scheduled for implementation in R15.9.

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RE-LEASE	CR NUMBER	TITLE	REQUESTOR	BRIEF DESCRIPTION	Advocate Comments	STATUS UPDATES for 9/11/2015 AB 1296 MEETING
R15.9	29911	Employer Notification of Employee APTC	CovCA	This change will require consumers to answer questions about their employer (name and address). It will generate a notice to be sent to any employer when an employee has been determined eligible for APTC.	(3/20/15) Advocates would support a delayed release, as this would not be a priority as compared to other eligibility and enrollment issues. Advocates would like input on design. These questions should be asked but it is not clear why they must be required. We recommend not desginating these fields as mandatory in order for consumer to complete the application and if fields left blank, add a pop up reminder to consumer that they will need to provide this info later (if it is required).	CR has been replaced by CR # 44322, which is scheduled for implementation in R15.9.
R15.9	34757	Family Dental Plans	CovCA	Covered California would like to explore alternate solutions for the implementation of Family Dental Plan Selection for the 2015 Open Enrollment Period.		CR is scheduled for implementation in R15.9.
R15.9	37032	Refine BRE Change Reporting Rules	CovCA & DHCS	This Change Request is a placeholder and will be updated to support the changes to the BRE being evaluated by Covered California.	(3/20/15) We look forward to understanding more about this CR when it is defined. Unless someone is no longer eligible for a particular CSR plan, it is unlawful to terminate enrollment in a QHP due solely to reported changes in income.	CR is scheduled for implementation in R15.9.
R15.9	37034	UI (User Interface) Improvements	CovCA & DHCS	This CR is to enhance the user interface to improve transition and capture of information in the CalHEERS Portal.	(3/20/15) There is insufficient information to analyze; advocates would like to be part of making sure the interface is user-friendly, to review what messaging is available for self-service channels, and to ensure that superfluous and unnecessary information or requests are removed.	CR is scheduled for implementation in R15.9.

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RE-LEASE	CR NUMBER	TITLE	REQUESTOR	BRIEF DESCRIPTION	Advocate Comments	STATUS UPDATES for 9/11/2015 AB 1296 MEETING
R15.9	37095	Super User Role for Admin Capacity to Modify/Correct Records	CovCA	This CR is to define Super Admin User functionality (Manual Eligibilty) that will allow for overriding business rules in order to provide access to care for consumers.	(3/20/15) Advocates support prioritizing this CR.	CR has been replaced by CR # 44290, which is scheduled for implementation in R15.9.
R15.9	39912	Modify PMPM Invoicing Criteria for 2016 Enrollment Period	CovCA	This CR is to modify the logic used to invoice carriers per member per month from enrolled net cancellations to ENROLLED for 2016 Coverage.		CR is scheduled for implementation in R15.9.
R15.9	43925 (New)	Snippet Changes for NOD01	CovCA	This CR is to revised existing snippets for NOD01; these snippets were deferred from CR 9963.		CR was not originally on roadmap for R15.9 implementation; it was deferred from CR # 9963. It is scheduled to be implemented in R15.9.
R15.9	44290 (Replaced by 37095)	Super User Role for Admin Capacity to Modify/Correct Records	CovCA	This CR is to define Super Admin User functionality (Manual Eligibilty) that will allow for overriding business rules in order to provide access to care for consumers.	(3/20/15) Advocates support prioritizing this CR.	CR is scheduled for implementation in R15.9.
R15.9	44322 (Replaced by 29911)	Collect Employer Name and Address	CovCA	CalHEERS will collect Employer contact information when an applicant indicates they are employed.		CR is scheduled for implementation in R15.9.

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R15.9	34345	Fed Hub Renewal	CalHEERS	The Renewal and Redetermination Verification (RRV) Composite (bulk) Service (RRV) provides a method for Medicaid/CHIP annual renewals and Requester annual APTC/CSR redeterminations for verification of the following information: * Indication of death * Disability indication * Income (i.e., IRS annual, SSA Title II annual, SSA Title II monthly, and current) * Medicare Part A eligibility This document addresses responsibilities and interactions between Requesters (Federally Facilitated Marketplace (FFM), State-Based Marketplace (SBM), and State Medicaid/CHIP agencies) through the Federal DSH, or the Hub, to and from Equifax, Medicare, the Internal Revenue Service (IRS) and SSA. Equifax provides current income (Tier 1 - current within 45 days of request/query). IRS provides annual household income. Federal DSH RRV Composite BSD - Draft April 2014 3 Use or disclosure of data in this document is subject to restriction. Medicare provides a Medicare Part A eligibility indicator and effective start and end dates. SSA provides Title II income (monthly/annual), indication of death, and a disability indicator. Requesters may find it useful to reference the following synchronous service BSDs for any additional details about any TDS-specific details not described in this document: * Federal DSH Verify Annual Household Income and Family Size Business Service Definition (BSD) * Federal DSH Social Security Administration (SSA) Composite Business Service Definition (BSD) * Federal DSH Verify Current Income Business Service Definition (BSD) * Federal DSH Verify Non-Employer Sponsored Insurance Minimal Essential Coverage (Verify Non-ESI MEC) Business Service Definition (BSD)	(3/20/15) Advocates would like to understand better what this new requirement means and the impact of it on eligibility and programming. Will this CR allow verification via the FDSH when consumers report a change of circumstance during the year as well or is this only for renewals? What NOAs will be generated to consumer about the verification results or if info is not reasonably compatible?	CR is scheduled for implementation in R15.9.
R16.2 - (Planned Deployment Date 2/22/2016)						
R16.2	45507 (New)	Former Foster Youth Phase 2	DHCS	Phase 2 of CR 3066. Please see CR 3066 (R15.9) for description.		CR is planned for implementation in R16.2.

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R16.2	47816 (New)	Medi-Cal Access Program Integration Phase 2	DHCS	Phase 2 of CR 8517. Please see CR 8517 (R15.9) for description.		CR is delayed.
~~R16.9~~ ~~R15.9~~ R16.2	4846	CCHIP Interface and Integration (3 counties)	DHCS	This CR is to develop a long term solution for the CalHEERS MAGI business logic to allow MAGI elibiiity determinations an fully integrate CCHIP elibility for participating counties. CCHIP are state & federal funded public programs that are required to use MAGI rules for eligibiloity pusuant to the ACA. Per federal guidance, children eligible for CCHIP are NOT eligible for APTC; therefore, this change request is critical.	(3/20/15) What have we been doing for this population up until now?	CR is delayed and planned for implementation in R16.2.

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~~R16.4~~ ~~R15.9~~ R16.2	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 delayed and planned for implementation in R16.2.
~~R15.9~~ R16.2	37033	Enhancement Income for Open Enrollment	DHCS	CalHEERS system to add programming to prorate, on a daily basis, the calculation of monthly and yearly income when reported income is end dated, for all income frequencies. CalHEERS system to add programming to differentiate between different weekly reported amounts from the same source. Create a shared income ID that will stay unchanged for the same source.		CR is delayed and planned for implementation in R16.2.
R16.2	35243	SB 1341- Scope and estimate costs to transfer NOA generation to SAWS	DHCS	This CR is a request for Accenture's support to help define and cost estimate the CalHEERS' solution for movement NOA functionality from CalHEERS to SAWS. A "SB 1341 Medi-Cal Notices Solutions Concepts" document has been drafted that contains alternative approaches for changing the CalHEERS notice functionality. Each of the SAWS Consortia and Accenture will review the alternatives, modify if appropriate, and then provide a cost estimate of the alternatives for budgeting purposes. When budget and approach decisions are made, the CR will be used to move forward with a solution design. From SB 1341: "This bill would require the Statewide Automated Welfare System to be the system of record for Medi-Cal and to contain all Medi-Cal eligibility rules and case management functionality. The bill would, notwithstanding this provision, authorize the California Healthcare Eligibility, Enrollment, and Retention System (CalHEERS) to house the business rules necessary for an eligibility determination to be made, as specified, pursuant to the federal Patient Protection and Affordable Care Act. The bill would, if that authority is exercised, require CalHEERS to make the business rules available to the Statewide Automated Welfare System consortia to determine Medi-Cal eligibility. The bill would specify the manner, effective January 1, 2016, in which the functionality to create and send notices of action for the Medi-Cal and premium tax credit programs would be implemented, including a requirement that the Statewide Automated Welfare System be used to generate noticing language and notice of action documents."	(3/20/15) Advocates urge that implementation of AB 617 occur concurrently with SB 1314 so that design accounts for these statutory requirements including a consolidated notice. Implementing separately would be more costly and consumers are confused by the current multiple notices.	CR is planned for implementation in R16.2.

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R16.2	50102 (New)	Implement Functionality for Discontinuance and Denial NOA	DHCS	This CR requests the CalHEERS system to look at past eligibility history for an "eligible" and "conditionally eligible" status (not 8E) in the previous benefit month when the individual has a current eligibility status of a "pending" eligibility status and discontinue the consumer when a negative action is applied.		CR is planned for implementation in R15.9.
~~R15.9~~ R16.2	10804	Use Administration Verification from SAWS to Grant Full Eligibility Determination	DHCS	Per federal regulations, a full eligibility determination cannot be granted at the first call to the Federal Data Services Hub if all data elements are "administratively verified" by the eligibility worker at the county level. The only data element that CalHEERS accepts, process, and stores in the first run is the California residency verification. This change request will allow the following verification elements, if administratively verified, to be granted a full eligibility determination at the first call to the BRE. These administrative verifications include the following verification elements: California Residency Verification, Social Security Verification, Citizenship Verification, Lawful Presence Verification, Not Receiving Minimal Essential Coverage Verification, Not Dead Verification, Not Incarcerated Verification, Income Verification, and Authorized Representative.		CR is delayed and planned for implementation in R16.2.
~~R15.9~~ R16.2	11708	Do Not Display non-MAGI Screen and Citizenship/Immigration Questions For Non-Applying Household Members	DHCS	Update CalHEERS functionality to ensure the following questions will not appear for household members not seeking benefits: · The non-MAGI screening question related to disability, long-term care and Medicare; · All Citizenship and immigration questions.	(3/20/15) Advocates strongly support prioritizing this CR and thought this had already been programmed in CalHEERS. Non-applicants should also not be asked for SSN until income section of application and should be marked as optional. Advocates would like to see test screen shots of this fix.	CR is delayed and planned for implementation in R16.2.

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R16.2	47817 (New)	Update 2016 Annual FPLs in CalHEERS	DHCS	This CR requests the annual update to the FPL Table in OPA with the actual 2016 FPL values in the 16.2 system release. In January 2016, the Federal Health and Human Services Agency will publish the 2016 Federal Poverty Levels (FPLs) in the Federal Register (FR). 2016 FPLs will be effective on the date published in the FR, and must be implemented by CalHEERS in the 16.2 release in order to minimize the population of beneficiaries that may be incorrectly determined not eligible for Medi-Cal based on 2015 FPLs between January 1, 2016, to the date of implementation by CalHEERS.		CR is planned for implementation in R15.9.
~~R16.2~~	45851 (New)	Data Extract for Potential Reevaluation of Medi-Cal Eligibility with Updated 2015 FPLs	DHCS	This Change Request is for CalHEERS to provide a data extract identifying Medi-Cal beneficiaries whose 2015 eligibility determinations may potentially have been impacted by the updated 2015 FPLs (with implementation of CR 33930).		CR has been withdrawn by DHCS.

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R16.2	37037	eHIT Schema 4.0	DHCS & CovCA	This change is opened as a place holder to capture and enhance the functionality post deployment of schema 3.0. The purpose of this CR is develop the Design Artifacts (e.g. BSD), and Build Artifacts (e.g. IDD) for the requested 4.0 eHIT updates.		CR is planned for implementation in R16.2.
R16.2	4920	Reconciliation: IRS, CMS, Carrier, Consumer, Financial	CovCA	The original design of the Carrier reconciliation process was reviewed by the carriers. At that time, changes were recommended to account for terminations and cancelations during the month. Since that time, CMS has issued an updated reconcilaiton format, which includes second 834 file that includes terminations and cancelations. The design and documentation for the reconciliation needs to be modified to include both an active enrollment 834 and termination and cancelations 834 files. This is needed by December for testing so that the first reconciliation can be done in January.		CR is delayed.
R16.2	27819	Discontinue/Disenrollment failed citizenship/lawful presence/MEC/SSN/Income over 90 days	CovCA	The CalHEERS System shall run a Batch and discontinue program eligibility and disenroll (sending 834s) for consumers in a Covered California Plan (CCP) that were Re-Run through the **FDSH** and failed for citizenship, lawful presence, invalid SSN, or MEC (pending specific policy decisions) in an Insurance Affordability Program or an Unsubsidized application that had verification pending over 90 days. As appropriate, CalHEERS shall generate NOD01s. The CalHEERS System shall run a Batch and disenroll (sending 834s) for consumers in a CCP that were Re-Run through the FDSH and failed eligibility with a status of ineligible (for example, transition to MAGI-Medi-Cal) and generate appropriate NOD01s if not generated previously when ineligible status determined. The CalHEERS System shall repeat this Batch run for all re-run cases through the FDSH until all conditional eligibility failed for verification over 90 days have been discontinued/disenrolled (834)/noticed.	(3/20/15) Advocates request to see notices that were sent to consumers to inform them that they needed to submit additional evidence of their citizenship or immigration status. We also want additional information about any additional efforts being made to reach out to these people including the opportunity to review Service Center Scripts. Additionally we would like confirmation that the notices will be translated into threshold languages.	CR is delayed.
R16.2	40149 (New)	Create NOD16 for Expedited Application (CR7169)	CovCA	Covered CA discovered that during the process of entering Paper Applications, SCRs had to revisit applications multiple times because the Consumer failed to enter needed information. In an effort to reduce the time it takes to complete the paper application process, Covered CA would like for Service Center Representatives (SCRs) and/or any Covered CA designated role, to be able to skip required fields and continue entering the information provided by the Consumer. The system must be able to notify the Consumer of needed missing information and task the Service Center Representative when the missing information is received via mail, fax, or document upload.		CR is delayed.

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R16.2	45543 (New)	Allow authorized user functionality for overriding APTC	CovCA	Allow authorized users to override the APTC amount calculated by the Business Rules Engine (BRE) without exceeding the monthly premium amount and without triggering the BRE. The overridden APTC eligible amount will be stored instead of the original system-generated APTC amount. Cases with an overridden APTC shall automatically have an indicator put on the case for reporting purposes. When an authorized user overrides the system-generated APTC amount for a case the original or amended 834s will be sent to the carriers and transaction to HHS with the overridden APTC amount. Allow linked case numbers to be displayed and updated on an admin user page associated to the case. Allow authorized users to upload documents viewable only to authorized user		CR is delayed.
R16.2	45700 (New)	New NACK Response Code (HX005005) for IRS files EOM	CovCA	The Federal Data Services Hub (FDSH) is planning on creating a new NACK Response Code (HX005005) for situations involving submission issues between the FDSH and the IRS. This new NACK Response Code would be added to IRS services EOM H36, EOY H41, RRV H79 and APTC H19B bulk services. It would be defined as "Unexpected Exception Occurred While Transmitting to Trusted Data Source". It would be similar to the existing codes HX009000 and HX005001 which involve system exceptions from the FDSH or the IRS.		CR is delayed.
R16.2	45778 (New)	Modify CMS Interim Payment Report to Use 1095 Query for benefit year 2014 and forward	CovCA	Modify CMS Interim Payment Report to Use 1095 Query. Currently both queries submit information to IRS, 1095 for consumer, the Interim Payment Report for carriers. This change request is to make both reports match.		CR is delayed.
R16.2	46383 (New)	Address Enrollment Business Rules for RAC with Eligibility Updates	CovCA	To meet federal and state regulation, Covered California must redetermine eligibility and implement the new eligibility if an enrollee reports a change that affects their eligibility for APTC / CSR or enrollment in a QHP.		CR is delayed.
R16.2	46973 (New)	Specialty Drug Cap	CovCA			CR is delayed.
R16.2	47011 (New)	Minimum Liabiity Protection Language	CovCA	Plan shopping page requires a blanket statement informing consumers to read additional details about their health and dental plan coverage. It is expected that this would be static text on the Plan Selection Page, either at the top or bottom. Language expected to state, though this may be finalized in design: "This is a summary of commonly used benefits and the applicable copayments, coinsurance, and deductibles. Before making a plan selection, please download and review the plans' Summary of Benefits and Coverage (SBC) and Evidence of Coverage (EOC) found on the Plan Details page.		CR is delayed.

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R16.2	47370 (New)	Add Automation, Monitoring, and Alerting to the Inbound and Outbound 834/820/GI Batch processes - CR 36110 Phase 2	CovCA	This CR is Phase II of CR36110 and will include the following based on CalHEERS recommendation: * APTC Recalculation & benchmark premium recalculation * APTC recalculation when coverage start date changed during Carrier effectuation * Flexible application changes * Map default provider information on 834		CR is delayed.
R16.2	47371 (New)	Add Automation, Monitoring, and Alerting to the Inbound and Outbound 834/820/GI Batch processes - CR 29022 Phase 2	CovCA	This CR is Phase II of CR29022 and will include the following based on CalHEERS recommendation: * SCR specific Enrollment Transaction Details page * Reports		CR is delayed.
R16.2	47399 (New)	Update Business Rules for Mailing Address Changes (Portal)	CovCA	Modify CalHEERS business rules to NOT redetermination when a change to mailing address is reported through the portal.		CR is delayed.

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RE-LEASE	CR NUMBER	TITLE	REQUESTOR	BRIEF DESCRIPTION	Advocate Comments	STATUS UPDATES for 9/11/2015 AB 1296 MEETING
R16.4 - (Planned Deployment Date 4/2016)						
~~R16.2~~ R16.4	3068	PRUCOL	DHCS	PRUCOL statuses cannot be verified through the FDSH Step 1 process. An applicant does not currently have the ability to self-attest to a PRUCOL category on the single streamlined application. CalHEERS needs to add up to two additional PRUCOL questions, to be determined later by DHCS, to collect PRUCOL data. The applicant(s) will get a conditional determination for the specific MC category, provided all other required data and verifications qualify them for Medi-Cal. Step 2 or Step 3 lawful presence verification will process the PRUCOL cases offline. The CMS Frequently Asked Questions indicates that any status can be verified using the G-845 Supplement-PRUCOL form. What we do not know is what the responses will look like. When the Step 2 or Step 3 responses are sent back in an offline manor, including the potential processing of the G845 Supplement-PRUCOL form, the rules will run again with the verification results, and the eligibility will be updated accordingly. CalHEERS needs to add two (2) additional questions to the single streamlined application: 1. Is this applicant a PRUCOL Alien? Y/N if yes - 2. Which category _____(drop-down) Administrative verification process when returned. SAWS will update and send to CalHEERS BRE. If this change request is not prioritized CalHEERS will not be able to accurately determine eligibility for this population and a workaround will need to be established.	(3/20/15) Advocates agree that individuals eligible for full-scope Medi-Cal as PRUCOL are properly screened by CalHEERS. But advocates are OPPOSED to adding the 2 additional questions in this CR to identify PRUCOL individuals. PRUCOL applicants are able to self-attest to PRUCOL when they answer Yes to the questions "Do you have satisfactory immigration status?" or "Are you an eligible immigrant?" Most consumers will not know what PRUCOL is to correctly answer such a question. To help identify potential PRUCOL individuals, recommend adding additional categories in the drop down menu of lawfully present individuals. Currently the list is limited to those who are lawfully present for purposes of APTC but the list should include those lawfully present for purposes of Medi-Cal as well. In addition, there should be a "catch all" category listed in the drop down menu indicating "I am known to Department of Homeland Security (DHS) but it is not taking steps to deport me." Also, DACA should be added to the drop down menu as an additional PRUCOL category. Consumers in the "catch all" category	CR is delayed and planned for implementation in R16.4.

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(as of 9/4/2015)

RE-LEASE	CR NUMBER	TITLE	REQUESTOR	BRIEF DESCRIPTION	Advocate Comments	STATUS UPDATES for 9/11/2015 AB 1296 MEETING
~~R16.2~~ R16.4	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.	CR is delayed and planned for implementation in R16.4.
R16.4	29176	Determine and Send Alien and INS Date of Entry to MEDS	DHCS	1. CalHEERS shall send the following three alien fields to MEDS: 1) Alien/INS Entry Date (DE2005), 2) Citizen/Alien Indicator (DE2009), 3) Alien Eligibility Code (DE2033). 2. CalHEERS shall send the three above-mentioned alien fields to MEDS when Qualified Non-Citizen status is verified by the hub or administratively. TBD for which Medi-Cal eligibility statuses (Eligible, Conditionally Eligible, Pending) and scope (Restricted Scope, Full Scope) these fields must be sent. 3. CalHEERS shall send the three above-mentioned alien fields to MEDS on the following transaction types: HX18, HX20, HX12, HX34. 4. CalHEERS shall determine the Citizen/Alien Indicator and/or the Alien Eligibility Code based on inputs from the applicant, the federal hub and/or administrative verifications. Two approaches have been discussed: a. Create 2 new Citizen/Alien Indicator values in MEDS, to be used exclusively by CalHEERS. CalHEERS to determine based on two federal hub inputs - 'QualfiedNonCitizenCode' and FiveYearBarApplyCode', inputs from the applicant and/or inputs from administrative verifications. Proposed MEDS values/descriptions: i. '3' - CalHEERS hub or administratively verified Qualified Non-Citizen subject to the five year bar ii. '4'- CalHEERS hub or administratively verified Qualified Non-Citizen not subject to the five year bar b. Map to the existing Citizen/Alien Indicator and Alien Eligibility Code values, using one or more of the following: NonCitCoaCode, EligStatementCd, Immigration Document Type, other inputs from the applicant and/or inputs from administrative verifications. i. Note 2: COA Code is an optional field on the Hub-To-Requester Response. TBD if this field can reliably be used. 5. CalHEERS shall factor the applicant's response to the US Military/Veteran question when determining the Citizen/Alien Indicator and/or the Alien Eligibility Code. 6. Children under age 21 and pregnant women who are Qualified Aliens are exempt	(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?	

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RE-LEASE	CR NUMBER	TITLE	REQUESTOR	BRIEF DESCRIPTION	Advocate Comments	STATUS UPDATES for 9/11/2015 AB 1296 MEETING
R16.4	32277	Eligibility Based on LP/QNC	DHCS	Per changes in CR6197 (Verify Lawful Presence updates), new data elements previously unavailable in CalHEERS system, will become available and are important in eligibility determination. These fields include Qualified Non-Citizen attestation, Qualified Non-Citizen hub verification, and Qualified Non-Citizen admin verification. In addition, attestations, hub verifications and admin verifications of Lawful Presence should be used in determining eligibility. For Medi-Cal and APTC, CalHEERS must determine both eligibility status (Eligible, Conditional, Pending, Ineligible) and scope (Full or Restricted) based on this information.	(3/20/15) Advocates support moving this important CR earlier.	
R16.4	30049	MAGI Income Passed to SAWS	DHCS	When determining MAGI Medi-Cal financial eligibility, the CalHEERS uses MAGI household income, which is the sum of the MAGI of the individuals present in the household who's MAGI is counted when determining MAGI household income. For example, in regard to MAGI of children and other tax dependents, the MAGI of children and other tax dependents is counted in the calculation of MAGI household income, only when such child or other tax dependent is expected to be required to file a tax return for the benefit tax year. An individual's MAGI is determined by collecting various income amounts entered on the application or renewal form and determining which income sources count towards the determination of an individual's MAGI and which income amounts do not count towards the determination of an individual's MAGI. For each MAGI Medi-Cal applicant and beneficiary, the SAWS must receive the MAGI household income (sum of the individual household member's MAGI) as well as individual income amounts/sources used to calculate an individual's MAGI income.		
R16.4	30174	Mini MEC Check	DHCS	Check eligibility for MEGA Mandatory eligibility prior to determining MAGI		
~~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 delayed and planned for implementation in R16.4.
~~R16.2~~ R16.4	46047 (New)	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 eligbility and enrollment is terminated, 2) implementing a new notice to inform consumers about the transition from Coveed CA to Medi-Cal and Medi-Cal to Covered CA, 3) enahncing reports available to Covered CA, DHCS, and Counties to monitor individuals / cases who have been found Medi-Cal eligibile by CalHEERS.		CR is delayed and planned for implementation in 2017.

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RE-LEASE	CR NUMBER	TITLE	REQUESTOR	BRIEF DESCRIPTION	Advocate Comments	STATUS UPDATES for 9/11/2015 AB 1296 MEETING
R16.4	29220	Additional Elements for Medicare Questions	DHCS	The following will need to be updated in CalHEERS so that correct enrollment and eligibility results will be displayed when a consumer is either eligible for or enrolled into Medicare Change Request 1: (we would like to combine this request with CR6540) This question is currently in CalHEERS, however three additional options will need to be added to the drop down: Does this person have or has this person been offered affordable minimum value health insurance for 2015? 1. Medicare Part A with a premium 2. Free Medicare part A 3. Medicare advantage plan (Medicare Part C) Change Request 2: The current question in CalHEERS "Does this person receive Medicare Benefits" needs to be removed/replaced with this question: NOTE: This request is part of CR 6540 "Alert some MECs that they could get APTC if they don't keep their coverage". Are you currently enrolled in any of these plans/coverage? (Please select the ones that apply) These additional options need to follow this question with check boxes. 1. Medicare Part A with a premium 2. Free Medicare Part A 3. Medicare Part B 4. Medicare advantage plan (Medicare Part C)	(3/20/15) Advocates recommend moving up this CR to 15.9 or 16.2 if possible. Without this fix, many individuals are incorrectly being denied APTCs for which they are eligible even though they are not eligible for or don't have free Part A (due to lack of quarters). Advocates would like to be involved in the design. Until this CR is complete, what is the workaround for individuals who don't have MEC Medicare and are eligible for APTCs? Please also ensure those who are over 65 and answer the yes to any of the new Medicare questions are also properly screened for non-MAGI Medi-Cal.	
~~R16.9~~ ~~R15.9~~ R16.4	8415	Servicing County and Case Management County	DHCS	This change request is for functionality to support Servicing Counties and Case Management Counties when a consumer is placed in one county and case management is the responsibility of another county.	(3/20/15) Advocates support prioritizing this CR.	CR is delayed and planned for implementation in R16.4.
~~R15.9~~ ~~R16.2~~ R16.4	3065	Continuous Eligibility (CE) for Pregnant Women	DHCS	This CR will implement CE for Pregnant Women. Those eligible are: • Medi-Cal eligible pregnant women enrolled under the 185 or 200 percent program with no SOC who with the increase in income would otherwise have eligibility to the pregnancy program. • Pregnant women in the Medically Needy or Medically Indigent program who with an increase in income have a SOC or a higher SOC. • Pregnant women on public assistance (PA) or other PA (SSI/SSP) who due to an increase in income lose PA eligibility and zero SOC cash-based Medi-Cal. Qualification requirements: To qualify for CE a pregnant woman must be "eligible for and receiving" Medicaid benefits at the time of the income increase. This means that the pregnant woman must have met her share-of-cost (SOC)(been certified) at least once during her pregnancy, prior to or in the same month of the income increase in order for her (and later her infant) to qualify for CE/DE. DE is for infants, CE for pregnant women.	(3/20/15) We understand CE for Pregnant Women is continuing to function in the SAWS. DHCS> Discussed this CR at 4/17/15 AB 1296 meeting. DHCS/MCED stated these consumer protection programs (CPP) had been postponed to 2016 release.	CR is delayed and planned for implementation in R16.4.

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RE-LEASE	CR NUMBER	TITLE	REQUESTOR	BRIEF DESCRIPTION	Advocate Comments	STATUS UPDATES for 9/11/2015 AB 1296 MEETING
~~R15.9~~ ~~R16.2~~ R16.4	3067	4-Month Continuing MAGI based Medi-Cal for Parent/Caretaker Relatives	DHCS	This CR is to design Four-Month Continuing MAGI-Based M/C for parent/caretaker relatives that become MAGI-Based M/C ineligible due to increased alimony. If this change request is not prioritized for R3 then a workaround will need to be established.	(3/20/15) Advocates would like to understand what the workaround is for this. DHCS> Discussed this CR at 4/17/15 AB 1296 meeting. DHCS/MCED stated these consumer protection programs (CPP) had been postponed to 2016 release.	CR is delayed and planned for implementation in R16.4.
~~R15.9~~ ~~R16.2~~ R16.4	2967	Continuous Eligibility for Children (CEC)	DHCS	The CEC program protects children from negative actions based on a change in circumstance. For example, if a child would be found ineligible for Medi-Cal based on a change in circumstance, the CEC program would keep the child in his or her existing aid code until the child's next annual redetermination. When information about a change in circumstances is reported to CalHEERS, CalHEERS will run the business rules engine to see if the reported change affects eligibility. If eligibility is affected, CalHEERS will process the resulting change. The only way to ensure that CalHEERS does not act on a negative change to a child's Medi-Cal eligibility is to ensure that the CEC business rules are built into CalHEERS. Changes in circumstance can be reported to CalHEERS as early as January 1, 2014; therefore, the CEC programming must be implemented prior to January 1, 2014.	(3/20/15) Advocates had understood that CEC could continue to function in SAWS and want to understand how this is working today. DHCS> Discussed this CR at 4/17/15 AB 1296 meeting. DHCS/MCED stated these consumer protection programs (CPP) had been postponed to 2016 release.	CR is delayed and planned for implementation in R16.4.
~~R15.9~~ ~~R16.2~~ R16.4	2972	Transition Medi-Cal (TMC)	DHCS	The TMC program protects families terminated from Medi-Cal because of increased earnings or hours of employment, loss of earned income. The TMC program consists of two six month periods. Beneficiaries who earn TMC for the first six month period are granted a second six month period if their income is below 185% FPL at the conclusion of the first six month period. When information about a change in circumstances is reported to CalHEERS, CalHEERS will run the business rules engine to see if the reported change affects eligibility. If eligibility is affected, CalHEERS will process the resulting change. Families that qualify for TMC are protected from any negative changes through the TMC program. The only way to ensure that CalHEERS does not act on a negative change is to ensure that the TMC business rules are built into CalHEERS. Changes in circumstance can be reported to CalHEERS as early as January 1, 2014; therefore, the TMC programming must be implemented prior to January 1, 2014.	(3/20/15) Advocates support postponing this CR as TMC rules exists in SAWS today and other CRs are more critical. DHCS> Discussed this CR at 4/17/15 AB 1296 meeting. DHCS/MCED stated these consumer protection programs (CPP) had been postponed to 2016 release.	CR is delayed and planned for implementation in R16.4.

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RE-LEASE	CR NUMBER	TITLE	REQUESTOR	BRIEF DESCRIPTION	Advocate Comments	STATUS UPDATES for 9/11/2015 AB 1296 MEETING
~~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 delayed and planned for implementation in R16.4.
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) Adovcates urge this CR be moved to an ealier release as this is important eligibility functionality which advocates raised with the state in summer 2013 and was adressed on the paper SSApp.	

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RE-LEASE	CR NUMBER	TITLE	REQUESTOR	BRIEF DESCRIPTION	Advocate Comments	STATUS UPDATES for 9/11/2015 AB 1296 MEETING
R16.4	12131	Agent of Record Policy Changes	CovCA	This CR is created to request changes to the Manage Delegates page, Agent Portal, CalHEERS Account, and 834 Maintenance transactions. Covered CA has requested changes due to Agent of Record Policy changes. The following changes are needed: Manage Delegates: 1. Add delegation history to the Manage Delegates page for Agent, PBE, CEC, and Authorized Representatives (AR). 2. Add a seperate Link for to Manage Authroized Reps and Manage Delegates on the CalHEERS Home Page. (Mange Delegates currently exists) Both links will navigate the User to the Manage Delegates page. Need to update the page name. 3. Add a banner that seperates Authorized Representatives from Agent/CEC/PBE delegations on the Manage Delegates page. 4. Change CalHEERS to automatically remove any delgations associated to the Agent when the Agent is terminated With Cause. Agent Portal: 1. Add the ability for the Agent Manager to Terminate an Agent for Cause or Without Cause. CalHEERS Account: 1.Disable the Agents' and AR's CalHEERS account when the Agent is marked as Inactive/Terminated and the AR's delegation is removed. (Existing for CEE/CEC) 834 Maintenance Transaction: 1. Generate an 834 Maintenance Transaction to the Carriers when there is a change to the Agent of Record. The change will be effective the first of the following month. Notification: 1. Notify the Consumer when the Agent is terminated With Cause and the delegation is removed from his/her application/case. Adding CR3924 to this CR: A design gap was discovered during discussions about CEC delegation processes. When a CEC declines a Pending delegation, the Customer is not currently notified. The Consumer will not know that they need to find another CEC. 1. A new notification is needed to inform the Consumer that the CEC has declined there Pending delegation	(3/20/15) Advocates recommend that this CR ensure that AR's sent from DSS (for fair hearings) is also properly identified and seen in CalHEERS along with any other authorizations for application assistors. Also recommend that the 834 information reflecting any changes to AR's be immediately transferred and effective the date of transfer rather than first of the month. The time lag for having plans get the correct AR information could create problems for consumers whose AR	

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RE-LEASE	CR NUMBER	TITLE	REQUESTOR	BRIEF DESCRIPTION	Advocate Comments	STATUS UPDATES for 9/11/2015 AB 1296 MEETING
R16.4	9586	Consumer Consent to Share PII with Covered CA Certified Representative	CovCA	ISSUE: Covered California needs to obtain more explicit consumer consent before it shares any personally identifiable information (namely, contact information) to any of its certified representatives. The goal of this change request is to implement a business policy that allows consumers the opportunity to opt in or out of having their information shared for program purposes. CONTEXT: In December 2013 we gave contact information of consumers who had completed an eligibility determination but not yet selected a plan to our Certified Insurance Agent (CIA) partners, with instructions to reach these consumers and help see if they needed any help selecting plan. While most appreciated the help, a few consumers were surprised that they were being contacted by an agent since they had not delegated their application. While this use of consumer information was legally authorized, Covered CA wants to make sure consumers always have a clear expectation about how their information may be shared. POLICY: As adopted by the Policy Forum in September 2014, Covered California will provide 2 “boxes” for consumers to consent to Covered California’s privacy policies and information sharing practices. 1. Agree to Privacy Policy: Mandatory field recording consent that consumer has read and agrees to our privacy policy. This already exists in the account creation stage of CalHEERS. 2. Agree to have information shared with Certified representative for follow-up assistance. The approved text of the desired boxes will be provided during JAD. IMPLEMENTATION: Consistent with the policy adopted, the boxes should be: 1. Visible to consumers on both the paper and electronic applications; 2. Visible to consumers on other “lead generation” forms (such as a “contact me” tool based out of CRM); 3. Able to be modified after the application is first filed; 4. Stored in CRM and accessible for teams that engage in outbound communications	(3/20/15) This should be an opt-in function, not an opt-out, given that consumers would be opting to have their information shared with an outside party, not an agency or state/county entity. This warrants further policy discussion with stakeholders before moving forward.	
~~R16.9~~ ~~R16.2~~ R16.4+	4180	Begin/End Dates on eHIT	CovCA	Enhance CalHEERS to track begin and end dates for data elements like income, expenses, addresses, etc. This additional changes to the portal to capture and then send with the system interfaces with SAWS.	(3/20/15) Advocates support earlier release if possible as this functionality is important for accurate eligibility determinations.	CR has been refined and will be a Covered CA CR. CR is postponed to R16.4 and beyond (R16.4+)
~~R16.2~~ R16.6+	6614	Automatically Discontinue Members/Cases Based on Defined Conditions	CovCA & DHCS	Functionality is needed in CalHEERS to automatically discontinue members/cases in the MAGI-Based M/C and Covered California programs/plans based on defined conditions. This will include updates to Business Rules Engine, Discontinue snippets for NOAs, HX40 transaction to MEDS, eHIT updates, and updates to case transaction history.	(3/20/15) Advocates would like to understand what the "defined conditions" for automatic MAGI discontinuance are. There is insufficient information here to analyze.	CR is delayed to R16.6 and beyond (R16.6+)

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RE-LEASE	CR NUMBER	TITLE	REQUESTOR	BRIEF DESCRIPTION	Advocate Comments	STATUS UPDATES for 9/11/2015 AB 1296 MEETING
R16.4	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.	
R16.6 and Beyond						
~~R16.2~~ R16.6+	2968	DMV State Residency Verification	DHCS	The March 23, 2012, Medicaid final rule grants states the option to require verification for state residency. If a state requires verification, it must verify through electronic means unless the state can prove that such information cannot be electronically verified. DHCS has concluded that it will elect to verify state residency for all Medi-Cal applicants through an electronic interface with the DMV. CalHEERS shall work the DMV to establish a secure electronic interface that will share information between the two systems on a real-time basis. CalHEERS shall send information to DMV requesting state residency verification from the DMV and the DMV shall send information back to CalHEERS stating whether the information was “verified” or “un-verified”. CalHEERS shall also update their verification procedures to ensure that all applications are checked against the DMV for state residency verification.	(3/20/15) Advocates support a change in policy to continue the current policy of suspending residency verifications and not building this interface. We oppose any additional CalHEERS programming resources used to enable this functionality while there are more pressing eligibility and enrollment issues not functioning. If implemented, advocates would like to a) know what other databases can be checked if consumer's state residency can't be verified via the DMV and b) review text of eligibility results screen or NOA snippet informing individuals their state residency could not be electronically verified.	CR is postponed to R16.6 or later (R16.6+)
~~R15.9~~ ~~R16.2~~ R16.6+	8703	Medi-Cal Plan Selection Changes	DHCS	This CR is based on advocate feedback subsequent to design approval. Medi-Cal plan selection will enable consumers to use either the CalHEERS portal or existing county / HCO processes to make Medi-Cal Plan selection. Those plan selections will then be available on the CalHEERS portal. Changes and plan updates reported at either source will also appear throught he CalHEERS portal.	(3/20/15) Advocates support moving eligibility determinations before online plan selection. We gave design input in Spring 2014 and request the opportunity to reivew changes before design is finalized.	CR is delayed to R16.6 and beyond (R16.6+)

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RE-LEASE	CR NUMBER	TITLE	REQUESTOR	BRIEF DESCRIPTION	Advocate Comments	STATUS UPDATES for 9/11/2015 AB 1296 MEETING
~~R16.2~~ R16.6+	3123	Pregnancy ~~Wrap~~	DHCS	Welfare & Institutions Code 14148.65 and 14148.67 creates an affordability and benefit program for pregnant women with incomes above 139 percent and up to 213 percent of the Federal Poverty Level (FPL) who are currently enrolled in a Qualified Health Plan (QHP) through Covered California. This program would provide pregnant women with no share of cost health benefits so that pregnant women may receive a benefit package equal to full-scope, comprehensive benefits that are provided for Medi-Cal beneficiaries who are pregnant. Under proposed statute, DHCS will pay for both the premiums and the cost sharing components of the beneficiary's QHP coverage if the pregnant woman is eligible for pregnancy-related and postpartum services and is currently enrolled in a QHP. The CalHEERS system will determine potential eligibles for the pregnant women affordability program. Similar to the affordability wrap program for Newly Qualified Immigrants (NQIs), pregnant women eligible for the affordability wrap will be assigned two aid codes: (1) Exchange aid code reflecting APTC/CSR coverage; and (2) a limited-scope Medi-Cal aid code to serve as an indicator for wrap coverage. CalHEERS will maintain case management for the APTC/CSR components of the case and the SAWS will maintain case management of the Medi-Cal aid code. Infants born to mothers within the pregnant women affordability program shall be deemed as Medi-Cal infants at birth by the SAWS system. The affordability program shall be made available at November 2014 Covered California open enrollment with eligibility coverage to commence January 1, 2015.	(3/20/15) Advocates agree this should be a priority if CMS determines pregnancy Medi-Cal is not MEC. Advocates would like to review text notifying women of their potential dual eligibility and choices.	CR being redefined as DHCS will not be implementing Pregnancy Wrap. The updated CR is planned for implementation in R16.6 or beyond (R16.6+)
~~R16.2~~ R16.6+	10020	Enhance CalHEERS/SAWS SFTP Process to Volume	DHCS	The approved design of the eHIT Interface #7 Document and Image file transfer process follows a legacy SAWS implementation from the Electronic Inter-County Transfer Interface (e.g. eICT). On a per case basis, the current implementation creates a single zip for transfer among the SAWS consortia. The current implementation needs to be enhanced as the volumes of NOA and Imaged documents are larger than anticipated. This change request adds functionality to bundle daily case zips transfer, also known as Zip of zips. This change request enhances the process as the volumes of needed transfers is not satisfied by singleton transfers. From a technological perspective, it also provides a more compliant approach to existing systems that may not be able to support hundreds of simulataneous file transfer connections in order to meet the exisiting volumes and implementation.	(3/20/15) Advocates consider this a priority as it is a function that is also useful for consumers who would no longer have to send paper documents to the county. Recommend moving to 15.9 release if possible but ensuring it is a priority in the 16.2 release.	CR is delayed to R16.6 and beyond (R16.6+)
~~R16.2~~ R17.x	4469	State Inmate Program	DHCS	First Level Request: Implement the State Inmate Program in CalHEERS. DHCS Staff will enter the application(s) into CalHEERS access channel. DHCS will be responsible for case management. If the "First Level Request" is not viable for Release 3 then please see "Second Level Request" below. (Based on discussion 4/24/2014 change request development will be first request implementation). Second Level Request: - Add the Inmate Program Aid Codes to the "Manual" drop-down list in the admin environment so DHCS Staff can override the CalHEERS Eligibility Determination Aid Code with the appropriate "Inmate Program Aid Codes" via a manual work-around process. DHCS would be responsible for case management. Add the ability to suppress Notices of Action.	(3/20/15) What NOAs are currently being generated that this CR will help suppress? DHCS> No current CalHEERS notices would be suppressed. This CR implements state inmate eligibility in CalHEERS. NOAs currently generated by state staff will continue to be generated by state staff until this CR is implemented.	CR is delayed and planned for implementation in 2017.

24-Month Roadmap's Change Requests - Updates (FINAL)

(as of 9/4/2015)

RE-LEASE	CR NUMBER	TITLE	REQUESTOR	BRIEF DESCRIPTION	Advocate Comments	STATUS UPDATES for 9/11/2015 AB 1296 MEETING
~~R16.2~~ R17.x	9428	County Inmate Program	DHCS	The CalHEERS System shall have the County Inmate program indicator and said indicator will also be in the eHIT interface and will drive the county inmate aid code determination. 19 - 64 - N7 (Limited Scope) N8 (Restricted Scope) ACWDL 13-18 page 8, generate the MAGI-MC NOA with county inmate snippet language. The CalHEERS System shall treat county inmate application indicator as self attestation for Covered California programs eligibility determination purposes. The CalHEERS System shall generate the CALNOD01 Notice for County Inmate applications. The CalHEERS System will deny eligibility to APTC/CSR for an individual that attests to being incarcerated.		CR is delayed and planned for implementation in 2017.