

CalHEERS Release Notes

Feature Release 21.9

Executive Summary

CalHEERS Feature Release 21.9 (to be deployed on 09/13/2021) contains updates to the following:

Key New Features that have been added or modified in this release:

- None

Key System Updates that have been deployed in this release:

- Consumer Assistance
- Conversion
- eHIT
- Eligibility
- Eligibility & Enrollment
- Enrollment-Financial Management
- Interfaces
- Notices
- Online Application
- Service Center

Key Fixes that have been updated or resolved in this release:

- Notices
- Online Application

Alternate Procedures that have been provided with this release:

- None

No Longer in Effect with this release:

- None

New with this release:

- None

Purpose and Scope

This document describes the content of the CalHEERS Feature Release 21.9. Any known issues are described together with key features of the release contents, alternate procedures, and actions required.

Key New Features

The following summarizes the new features included in this release.

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
N/A	N/A	N/A	N/A	N/A

Key System Updates

The following summarizes the modified features included in this release.

Consumer Assistance

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
177586	Change Request	<p>The number of calls to the Get Insured (GI) Adapter Service from the Consumer Home page causes performance issues during peak enrollment time.</p> <p>In addition, duplicate calls triggered from the Consumer Home page to persons and period Application Programming Interface (API) causes high resource (CPU, memory) utilization in the CalHEERS infrastructure during peak enrollment time.</p>	<p>Functional Changes: There are no functional changes.</p> <p>Technical Changes: CalHEERS limits the number of calls to the GI Adapter Service. It invokes the GI API for a given enrollment year and stores the response received. This avoids repeated calls during peak enrollment periods which can result in performance issues.</p> <p>CalHEERS deploys a new debounce function which suppresses duplicate API requests on the Consumer Home page when the request data matches the previous request.</p>	N/A
182750	Change Request	CalHEERS does not pre-populate information to the <i>Shop and Compare</i> page after Consumers enter	CalHEERS pre-populates the following information on the <i>Shop and Compare</i> page from Coveredca.com:	Shop and Compare

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
		information at Coveredca.com and click the Shop and Compare button	<ul style="list-style-type: none"> • Zip Code • Household Income • Household Size • Age of People • Needing Coverage to Age of Head of Household, Age of Person 2, Age of Person 3, etc. • How many need coverage? 	

Conversion

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
174328	Change Request	<p>The California Work Opportunity and Responsibility to Kids Information Network (CalWIN), Consortia IV (C-IV), and the Los Angeles Eligibility Automated Determination Evaluation and Reporting/Leader Replacement System (LRS) became one Consortium and transitioned to a single initiative and system, California Statewide Automated Welfare System (CalSAWS).</p> <p>As the C-IV system is merging to CalSAWS in September 2021, eHIT requests will need to be sent via the CalSAWS system.</p>	<p>Functional Changes: There are no functional changes.</p> <p>Technical Changes: Support for C-IV migration to CalSAWS is provided through the following technical components:</p> <ul style="list-style-type: none"> • Database Change Requests (DBCRs) are applied for the following: <ul style="list-style-type: none"> ○ FIPS codes are updated for all C-IV counties in the HBX CASE SAWS County Lookup table with LDR to populate LD in the sending/receiving system in the SAWS transaction payloads ○ Update all C-IV records with code 10655 and with and code 10657 (LD) to handle case linked issues with existing cases 	N/A

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
			<ul style="list-style-type: none"> ○ Updates to the OSB EDR-C Poller views to handle C-IV Counties ● CalHEERS supports rollback activity by implementing two flags. The first when switched ON enables the change in production; the second supports the C-IV migration cutover window <ul style="list-style-type: none"> ○ When the Mitigation flag is ON, two DER-U's generate; one for C-IV and one in C-IV that is in CalSAWS/LRS format ○ When the Mitigation flag is OFF, a DER or DER-U generates for C-IV ○ When the Build flag is ON, the receiving system is set as LD in the DER or DER-U for the C-IV Consortia cases ○ When the Build flag is OFF, a DER or DER-U is generated for C-IV with receiving system as C4 ● Infrastructure changes include the disablement of the C-IV Pollers for rollback activity and the deployment of updated CalSAWS pollers to support C-IV activities 	

eHIT

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
177587	Change Request	User experience is degraded during the Open Enrollment (OE) peak period causing SAWS transactions to be placed on hold in order to allow the CalHEERS portal load to process.	<p>Functional Changes: There are no functional changes.</p> <p>Technical Changes: CalHEERS introduces new infrastructure and application code changes to process SAWS transactions.</p> <p>CalHEERS separates the eHIT and HBX infrastructure to be able to independently manage the load from SAWS and CalHEERS portal.</p>	N/A
179739	Change Request	<p>Due to the Public Health Emergency (PHE), the DHCS policy directed the counties to delay the processing of Medi-Cal annual redeterminations and delay discontinuances and negative actions for Medi-Cal, Medi-Cal Access Program (MCAP), Medi-Cal Access Infant Program (MCAIP), and County Children's Health Initiative Program (CCHIP) throughout the COVID-19 public health emergency (PHE).</p> <p>SAWS extended the MAGI Medi-Cal Renewals in their system and the change for CalHEERS is to close the MAGI Medi-Cal.</p>	<p>CalHEERS runs a one-time batch on the first weekend after the 21.9 release to identify all MAGI Medi-Cal cases (including mixed household) that are open in MAGI Medi-Cal Renewal for more than 90 days and closes the Renewal mode. CalHEERS displays the Report a Change button after the batch has been successfully executed.</p> <p>After the first batch run, CalHEERS shall run a monthly batch job to identify all MAGI Medi-Cal cases (including mixed household) that are open in MAGI Medi-Cal Renewal for more than 90 days and closes the Renewal mode. CalHEERS displays the Report a Change button after the batch has been successfully executed.</p> <ul style="list-style-type: none"> ○ For the cases where MAGI-Medi Cal renewal mode was closed by the batch job, the following 	Consumer Home page Case Notes

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
			case note displays: <i>Delayed redetermination processing for Medi-Cal benefits approved due to federally declared public health emergency.</i>	
55490 (CR 180333)	Defect	The EDR produces an error when the <i>BusinessNameOrType</i> field contains special characters and exceeds 50 characters.	The EDR no longer produces an error when the <i>BusinessNameOrType</i> field contains a total length of 50 characters and special characters.	N/A

Eligibility

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
56829 (CR 180333)	Defect	Admins are unable to provide retroactive APTC eligibility with the QLE <i>Had a baby</i> due to OPA rules calculating effective dates incorrectly.	Admins are able to provide retroactive APTC eligibility for the QLE <i>Had a baby</i> as the OPA rules calculate the effective date correctly.	Special Enrollment Choose an Event that Best Applies to This Household
57812 (CR 180333)	Defect	Consumers are determined eligible for restricted scope MAGI Medi-Cal (Aid Code L7) in a CalHEERS transition case. When the redetermination occurs, the individual is determined Eligible for full scope MAGI Medi-Cal (Aid Code L6) even if Qualified Non-Citizen (QNC) has a status of Pending.	CalHEERS BRE now considers Aid Code L7 a restricted scope aid code. Consumers are now Conditionally Eligible for MAGI Medi-Cal after redetermination.	Program Eligibility Summary by Person

Eligibility & Enrollment

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
161263	Change Request	<p>Updates needed for the 2022 Renewals/Open Enrollment Period (R/OE):</p> <ul style="list-style-type: none"> • Certain fields are disabled on the <i>Review and Confirm Information</i> popup • SSN data cannot be viewed once entered • Report A Change link too small on the Consumer Home page 	<p>The following changes are implemented for the 2022 Renewals.</p> <p>Functional Changes: CalHEERS informs Consumers of SSN verification failures and now provides an opportunity to correct the data during the application flow via new functionality on the existing <i>Review & Confirm Information</i> popup.</p> <ul style="list-style-type: none"> • The following new message displays: <ul style="list-style-type: none"> ○ <i>It is important that your name and Social Security number on your Social Security Card match the information entered below</i> • The following fields on the <i>Review & Confirm Information</i> popup are now enabled: <ul style="list-style-type: none"> ○ <i>First name</i> ○ <i>Last name</i> ○ <i>Suffix</i> ○ <i>Date of birth</i> • Field level validation logic is added to the following fields: <ul style="list-style-type: none"> ○ <i>First name and Last name</i> <ul style="list-style-type: none"> ▪ When the <i>First name</i> and/or the <i>Last name</i> field are left empty ▪ When invalid characters are used ▪ When the user attempts to enter 	<p>Review & Confirm Information</p> <p>Consumer Home</p> <p>Which year would you like to view?</p> <p>Choose an Event that Best Applies to You</p> <p>Shop for Dental Plans for (YYYY)</p> <p>Plan Tile</p> <p>Plan Tile Summary</p>

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
			<p>more than 50 characters</p> <ul style="list-style-type: none"> ▪ When the user does not enter at least one letter ○ <i>Date of birth</i> <ul style="list-style-type: none"> ▪ When no values are entered or is not in a valid format ▪ When the date is before 01/01/1900 ▪ When the date entered is after system date • A new Eye icon allows users the ability to view the Social Security number (SSN) field <p>The <i>Next Steps</i> section of the Consumer Home page displays the following buttons instead of links that were difficult to read:</p> <ul style="list-style-type: none"> • <i>Choose Plan</i> • <i>Report a Change</i> • <i>Continue</i> <p>CalHEERS displays the Year toggle on the Consumer Home page in the following situations:</p> <ul style="list-style-type: none"> • The Year toggle displays for Consumers, CECs, Agents, PBEs, and Authorized Representatives if the Consumer is transitioning from Medi-Cal to a Covered California program, and it is within the two benefit year 	

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
			<p>timeframe in which action can be taken</p> <p>The <i>Which year would you like to view?</i> page displays two benefit years for Consumer and Authorized Representatives if the Consumer is transitioning from Medi-Cal to a Covered California and is within the timeframe to act on two years.</p> <p>The <i>Important Dates</i> section of the Consumer Home page displays dynamic messaging pertinent to OE effective dating rules when configured ON.</p> <p>The <i>Next Steps</i> section of the Consumer Home page is updated so the Renew button and messaging displays for MAGI Medi-Cal Renewal cases for mixed households which have started CCA Renewal but have not yet completed it and have received a Medi-Cal Renewal EDR. The Renew button displays until the disposition is successfully processed for the SAWS Batch Renewal.</p> <p>CalHEERS does not send HX20-U and HX12 transactions during the first month of the Renewal period by setting them to HOLD status when the consumer has been subsequently, after the Renewal, discontinued for the current benefit year and an</p>	

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
			<p>HX20-U or HX12 transaction was held due to the unavailability of the MEDS Renewal Calendar for January.</p> <p>CalHEERS requires a Consumer in Active Renewal to select a QHP before selecting a QDP.</p> <ul style="list-style-type: none"> • The Dental tab and a popup about the requirement to enroll in a health plan first before enrolling in a dental plan displays: <ul style="list-style-type: none"> ○ <i>You must choose a health plan before choosing a dental plan. Please make sure that all members are enrolled in a health plan first, before you enroll them in a dental plan</i> <p>CalHEERS displays the following QLEs that are configured to the first of the following month for Consumers in OSE (Open Special Enrollment) and may qualify for an earlier start date:</p> <ul style="list-style-type: none"> • <i>Had a baby</i> • <i>Adopted a child</i> • <i>None of the above</i> <i>(Continue to review my application for Medi-Cal or MCAP)</i> <p>Technical Changes: CalHEERS excludes cases from the Passive Renewal eligibility determination batch</p>	

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
			<p>process (BAT10 Batch Process – Annual Redetermination) with terminated enrollments unless a Consumer on the case has the enrollment status of <i>Pending</i> or <i>Enrolled</i>.</p> <p>CalHEERS allows multiple last batch sweeps during the Renewal period and is rebranded to Deferred Renewal Operational Process (DROP). The dates of the DROP sweeps are determined by Covered California. There is an impact to when specific Renewal reports are generated dependent on the DROP sweep process run.</p> <p>Current and future year MAGI Medi-Cal/MCAP/CCHIP eligibility are evaluated for newly added members via RAC in the future year after the case is renewed.</p> <p>CalHEERS updates the fair share adjustment percentage amount for APTC for the benefit year 2022. These figures are not yet determined and will be shared once published.</p> <p>Cases in Renewal mode that have a case status of Closed-Duplicate are excluded from being picked up for the Passive Renewal Eligibility Determination batch. This check is also included in the Renewal prep batch.</p>	

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
			<p>CalHEERS retains Renewal mode for cases that have completed a RAC between the Active Renewal period and OEP.</p> <p>During Renewal or RAC, CalHEERS triggers a Non-MAGI Medi-Cal referral for a person when one of the following conditions are newly met:</p> <ul style="list-style-type: none"> • The Consumer's age is 65 or older The Consumer is blind or disabled • The Consumer is entitled to or enrolled in Medicare part A or B The Consumer was a Former Foster Care Youth, is under the age of 26, and is not eligible to a mandatory MAGI Medi-Cal program • The Consumer is requesting Long Term Care or a person requesting Home Health Services • The Non-MAGI Medi-Cal referral is closed in CalHEERS when SAWS sends a disposition with ReferralStatusCode = Processed (PR) for the ReferralProgramTypeCode = Medi-Cal (MC) <p>CalHEERS does not newly evaluate an individual as Potentially Eligible to Non-MAGI Medi-Cal if no new</p>	

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
			<p>referral condition has been met and the previous referral was dispositioned with an eligibility status.</p> <p>CalHEERS does not trigger a Non-MAGI Medi-Cal Referral or determine an individual as <i>Potentially Eligible</i> to Non-MAGI Medi-Cal if the individual is Eligible to Non-MAGI Medi-Cal which is MEC then no further referrals are needed.</p> <p>CalHEERS has a one-time data update for CalHEERS cases existing prior to Release 21.9 to consider individuals as aged for Non-MAGI Medi-Cal referral purposes when a consumer is aged 66 and over as of 10/1/2021.</p> <p>CalHEERS has a one-time data update for cases existing prior to Release 21.9 to consider individuals as having Medicare for Non-MAGI Medi-Cal referral purposes when at least one of the following conditions are met:</p> <ul style="list-style-type: none"> • The Consumer's self-attestation to Medicare (which triggers referral) is Yes • The current Medicare verification indicates that the hub returns the Consumer as having Medicare coverage • The current Medicare verification is Admin Fail 	

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
			<p>Technical Changes: CalHEERS passively renews enrollments which have one or more members in CFS in the existing or crosswalk plan and will help to detect CFS alongside pending MAGI Medi-Cal and Eligibility to Covered California programs (dual eligibility). This is specific to Covered California programs and MAGI Medi-Cal only.</p> <p>CalHEERS sends an EDI 834 Renewal transaction to the Carriers when the Consumer renews a plan with the same Carrier regardless of adding or removing members in the enrollment group.</p> <ul style="list-style-type: none"> • CalHEERS sends an EDI 834 with transaction type 021*22 <p>CalHEERS verifies the enrollment status daily before the Passive Renewal batch is applied to each enrollment: To be renewed, at least one Consumer has the enrollment status of <i>Pending</i> or <i>Enrolled</i></p> <ul style="list-style-type: none"> • Consumers who have terminated their Health enrollments but still have an active Dental enrollment are passively renewed into their Dental enrollment <p>A new configuration determines the Renewal period until the end of OE to</p>	

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
			<p>check if the enrollment has been terminated prior to running the case for Passive Renewals. There will also be a check in the auto enrollment batch that will check for active enrollment.</p> <p>CalHEERS renews Dental only enrollments if the Consumer's same plan is available, regardless of Covered California eligibility. The Passive Renewal batch no longer checks if Consumer is Medi-Cal eligible. The job renews the QDP if this person is currently enrolled.</p> <p>CalHEERS sets a confirmation date for renewed enrollments if a Consumer actively renews into the same plan, or a crosswalk plan. The Renewal enrollment will be marked as confirmed with the current date as the confirmation date. CalHEERS terminates all Health and Dental enrollments on a case when it is closed as a Duplicate.</p> <ul style="list-style-type: none"> • CalHEERS sends the PersonSeekingCoverage Indicator as false in the Account Transfer for all Household Members if a case is closed as Duplicate <p>CalHEERS updates the QRS language on the <i>Plan Tile</i> and <i>Plan Tile Summary</i> page.</p>	

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
			<ul style="list-style-type: none"> • CalHEERS sets the Renewal time period configuration to send the GETAPI with the Renewal status as Open <p>CalHEERS updates the benefit design logic for any benefit design changes for benefit year 2022.</p> <p>CalHEERS updates the Out of Pocket calculator for any benefit design changes for benefit year 2022.</p>	
161386	Change Request	The California Premium Subsidy needs to be updated for the benefit year 2022.	<p>Functional Changes: This change turns Off the State Subsidy program for the benefit year 2022. The following updates are part of the change even though the State Subsidy program is Off for 2022:</p> <ul style="list-style-type: none"> • CalHEERS updates the fair share adjustment percentage amount for California Premium Subsidy for the benefit year 2022. These figures are not yet determined and will be shared once published • The California Premium Subsidy for individuals who are otherwise Eligible or Conditionally Eligible to APTC, and whose income is greater than 138% and less than or equal to 200% FPL (Federal Poverty Level), and ineligible for full scope Medi-Cal benefits are evaluated/granted on a yearly basis 	N/A

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
			<ul style="list-style-type: none"> • The <i>Shop and Compare</i> page evaluates California Premium Subsidy benefits for individuals whose income is greater than 138% and less than 200% for only the benefit year 2022 <ul style="list-style-type: none"> ○ The State Subsidy program is turned Off in the beginning on the 2022 coverage year • The change for evaluating individuals for California Premium Subsidy benefits whose income is greater than 138% and less than 200% is configurable and can be turned On or Off from the back-end based on the effective dating logic for this change and is based on the following: <ul style="list-style-type: none"> ○ The individuals in the primary tax filer's household are evaluated for the California State Subsidy Program if the benefit year evaluated is on or after the effective date (9/13/2021) for this change and the BRE run date is also on or after the effective date (9/13/2021) for this change. The Effective Date for the California State Subsidy Program is set to the High Date (12/31/2500) for the benefit year 2022 when 	

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
			the configuration setting is off	
170125	Change Request	<p>CalHEERS does not notify Enrollers (Agency Managers, Agents, Entity Managers, and CECs), when the following occur:</p> <ul style="list-style-type: none"> • The Carrier has not confirmed the Consumer's binder payment for an enrollment status of Pending • The Consumer has received a notice or a snippet as part of a notice that could require action • RAC is executed and a change to the enrollment is needed 	<p>Functional Changes: CalHEERS sends a new daily summary notification alert and an excel file to Enrollers on the <i>Secure Mailbox</i> page. The following trigger notification alerts:</p> <ul style="list-style-type: none"> • The Carrier has not confirmed the Consumer's binder payment for an enrollment status of Pending <ul style="list-style-type: none"> ○ CalHEERS sends recurring notifications to Enrollers for Consumers with an enrollment status of Pending to notify Enrollers that the Carrier has not confirmed the Consumer's binder payment ○ The notifications are sent after the next batch run and every 7 days until 60 days after the coverage start date • The Consumer receives a notice or a snippet as a part of one of the following notices that require action: <ul style="list-style-type: none"> ○ CalNOD01: <ul style="list-style-type: none"> ▪ Snippet 883, 896, 900, 354, 882, 330 ○ CalNOD03: <ul style="list-style-type: none"> ▪ Snippet 902, 903, 904, 905, 906, 907, 908, 909 ○ CalNOD11a 	Secure Mailbox

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
			<ul style="list-style-type: none"> ○ CalNOD12a ○ CalNOD12d ○ CalNOD62b ○ CalNOD63 ○ CalNOD64 ○ CalNOD69 ○ CalNOD62c ○ CalNOD62d ○ CalNOD70a ○ CalNOD70b ○ This notification type is generated one time after the Consumer receives a notice or a snippet as a part of notice ● RAC is executed on a case and a change to the enrollment is needed <ul style="list-style-type: none"> ○ This notification type is generated daily after the RAC is executed, until action is taken on the RAC The following subject titles display on the Enroller's <i>Secure Mailbox</i> page when the notification has an excel file attachment: <ul style="list-style-type: none"> ● <i>Daily Enroller Summary:</i> Agents/CECs ● <i>Daily Manager Summary:</i> Agency Managers/Entity Managers: <ul style="list-style-type: none"> ○ The excel file includes a summary of notifications for the Agents/CECs within that Agency/Entity 	

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
			<p>The excel file includes the following columns for Agents and CECs:</p> <ul style="list-style-type: none"> • <i>HBX Case ID</i> • <i>Enrollment Year</i> • <i>Notification Topic</i> <p>The excel file includes the following columns for Agency Managers and Entity Managers:</p> <ul style="list-style-type: none"> • <i>HBX Case ID</i> • <i>Enrollment Year</i> • <i>Notification Topic</i> • <i>Agent/Assister Name</i> • <i>Agent License Number/Assister Certification Number</i> <p>One of the following labels display in the <i>Notification Topic</i> column in the excel file:</p> <ul style="list-style-type: none"> • <i>Binder Payment Pending</i> - Displays when a Consumer has not confirmed their binder payment for a pending enrollment • <i>Enrollment Updates Pending</i> – Displays when a Consumer has completed a RAC that impacts their enrollment and a pending action is needed • The Notice name displays when a Consumer receives a Notice or a Snippet as a part of a notice that requires action 	

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
			<p>The excel file is stored in the Amazon Web Services (AWS) and is deleted from the AWS 90 days after the generation date of the file.</p> <p>Notification topics display if there is no case to report. The following subject titles display on the <i>Secure Mailbox</i> page for each applicable user when the notification does not have an excel file attachment:</p> <ul style="list-style-type: none"> • <i>No Alerts - Daily Enroller Summary: Agents/CECs</i> • <i>No Alerts - Daily Manager Summary: Agency Managers/Entity Managers</i> <p>The <i>No Alerts</i> popup displays when an Enroller attempts to view the excel file when there are no alerts.</p> <p>Technical Changes: The following batch jobs are processed for alerts related to pending binder payments and pending enrollment updates needed:</p> <ul style="list-style-type: none"> • enrollmentEnrollerNoticeJob • racApplicationEnrollerNoticeJob <p>The data is inserted real-time into the HBX_ENROLLER_ALERT_ST AGING table for Enroller alerts related to notices or snippets of notices that require action.</p>	

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
173132	Change Request	<p>CalHEERS incorrectly triggers VLP No Call Reason 04 when users enter <i>Immigration Status</i> and <i>Immigration Document Type</i>, expecting the results to trigger VLP No Call Reason 02.</p> <p>CalHEERS incorrectly denies MAGI Medi-Cal eligibility instead of discontinuing MAGI Medi-Cal when the EDR is sent with a Run Reason code of RM (Renewal Manual) with failure to provide verifications.</p>	<p>Functional Changes: The VLP No Call Reason of Code 02 triggers when the following criteria is met:</p> <ul style="list-style-type: none"> • Consumer have attested to not being <i>Lawfully Present</i> AND • The immigration status is either not <i>Lawfully Present</i> OR • <i>Document</i> or <i>Status Not Listed</i> OR • Null (blank) <p>The VLP No Call reason of 04 triggers when the following criteria is met:</p> <ul style="list-style-type: none"> • Consumer has attested to being <i>Lawfully Present</i> AND • Consumer has no immigration status AND • Immigration Document Type is <i>Document</i> or <i>Status Not Listed</i> <p>CalHEERS correctly discontinues MAGI Medi-Cal eligibility when an adverse action occurs for an individual who was previously eligible and no longer meets MAGI Medi-Cal eligibility criteria.</p> <p>Technical Changes: CalHEERS and SAWS update the following:</p> <ul style="list-style-type: none"> • In the DER, the VLP No Call Reason Code 02: <i>Consumer attests to a status that is not Lawfully</i> 	Manual Verification

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
			<p><i>Present</i> is sent when the following criteria is met:</p> <ul style="list-style-type: none"> ○ The Household Member attests to not being Lawfully Present AND ○ The immigration status is either not <i>Lawfully Present</i> OR ○ <i>Document or Status Not Listed</i> OR ○ Null/Blank 	
174844	Change Request	<p>CalHEERS does not comply with Proposition 22 that allows Californians to work as independent contractors using app-based ride share and delivery platforms (network companies, e.g. Uber, DoorDash, etc.).</p> <p>CalHEERS does not have the functionality to share Consumer enrollment with network companies.</p> <p>CalHEERS does not generate a Spanish version of the Proof of Coverage letter.</p>	<p>Functional Changes: CalHEERS implements the following changes to comply with Proposition 22:</p> <p>CalHEERS generates a Proof of Coverage letter if there is a valid change in an Individual's enrollment demographic details from the previously generated Proof of Coverage letter.</p> <p>CalHEERS sends the Proof of Coverage for Consumers who have provided consent to share their enrollment information with Network Companies:</p> <ul style="list-style-type: none"> ○ CalHEERS sends the Proof of Coverage letters in .csv format by SFTP file transfer protocol ○ CalHEERS sends the following data elements in an Excel file for each month of the applicable coverage quarter: <ul style="list-style-type: none"> ▪ Consumer's CalHEERS Case ID ▪ First Name 	<p>Documents and Correspondence</p> <p>Admin Home</p> <p>Proof of Coverage</p> <p>Proof of Coverage Forms</p> <p>Choose Household Members</p> <p>Choose Network Companies</p> <p>Confirm your Consent to Share</p>

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
			<ul style="list-style-type: none"> ▪ Last Name ▪ DOB ▪ Address including ZIP code ▪ Email address provided to network company as given during consent collection ▪ Phone number provided to network company as given during consent collection ▪ Date consent provided ▪ QHP of enrollment ▪ An explicit YES/NO coverage indicator for each month in the respective quarter ○ Changes to preferred written language will generate a new Proof of Coverage form ○ Changes to generation date of Proof of Coverage form (for same Year and Quarter) will not lead to a new Proof of Coverage form generated ○ A QR code prevents the Proof of Coverage letter from getting generated <ul style="list-style-type: none"> ▪ QR code displays in the bottom left of the notice and displays Case ID and ECM ID 	

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
			<ul style="list-style-type: none"> ○ The Proof of Coverage letter may also be generated in Spanish ○ The Proof of Coverage letter is available in the Consumer's Secure Mailbox <p>CalHEERS updates the <i>Proof of Coverage</i> page to the <i>Proof of Coverage Forms</i> page and adds the following new pages: The <i>Choose Household Members</i> page, the <i>Choose Network Companies</i> page, and the <i>Confirm your Consent to Share</i> page.</p> <ul style="list-style-type: none"> • CalHEERS adds functionality to provide consent to share a household member's coverage information with the Network Companies you choose and the following to the <i>Proof of Coverage Forms</i> page: <ul style="list-style-type: none"> ○ Consent to Share Coverage Information ○ CalHEERS adds the new Start button • CalHEERS adds functionality to allow the Consumer to choose Household Members on the <i>Choose Household Members</i> page • CalHEERS allows the user to add network companies on the <i>Choose Network Companies</i> page: 	

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
			<ul style="list-style-type: none"> ○ CalHEERS adds the new Network Companies dropdown which users select from a list of companies <ul style="list-style-type: none"> ▪ CalHEERS adds the Email Address and Phone Number fields ▪ CalHEERS allows the user to confirm their consent on the new <i>Confirm your Consent to Share</i> page: <ul style="list-style-type: none"> • Display the <i>Success!</i> popup after clicking the Submit button • Display <i>Cancel</i> popup after clicking the Cancel button • CalHEERS displays new Proof of Coverage consent details on the <i>Case Transaction History</i> page <p>Technical Changes: CalHEERS makes the following updates to comply with Proposition 22:</p> <ul style="list-style-type: none"> • CalHEERS collects Consumers consent to share their enrollment data with the Network Companies: <ul style="list-style-type: none"> ○ CalHEERS sets up a new batch process with Network Companies to send the enrollment and demographic information for Consumers who have 	

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
			<p>provided consent to share their enrollment information</p> <ul style="list-style-type: none"> ○ CalHEERS uses the Electronic Signature Process that requires the user to enter their name, pin, and electronic signature ○ CalHEERS allows users to update or end their consent ○ CalHEERS has audit trail/transaction to note the consent and change in consent for a household ○ CalHEERS allows users to specify which companies to share information with ○ CalHEERS collects the phone number and email that the Consumer provided to each Network Company they have given consent to share their information 	
175841	Change Request	<p>CalHEERS is not in compliance with new legislation for Consumers with an immigration status of Citizen of Micronesia, the Marshall Islands, or Palau.</p> <p>These Consumers are not placed in a federally eligible full scope Medi-Cal Aid Code unless they are under the age of 21, or pregnant.</p>	<p>Functional Changes: The following changes implement the new legislation and place Consumers with an immigration status of Citizen of Micronesia, the Marshall Islands, or Palau in a full scope Medi-Cal Aid Code.</p> <ul style="list-style-type: none"> • Full scope aid codes are applied to individuals who select <i>Citizen of Micronesia, Marshal Islands, or Palau</i> on the Immigration drop down 	N/A

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
			<p>menu, if otherwise eligible to full scope MAGI Medi-Cal benefits</p> <ul style="list-style-type: none"> • Immigration status of Citizen of Micronesia, the Marshall Islands, or Palau is moved under the category of VLP and Qualified Non-Citizen (QNC) with no five-year bar, and the corresponding eligibility determination rules are applied for full scope MAGI Medi-Cal benefits if the individual is otherwise eligible when the benefit month being requested is 12/1/2020 and onwards <p>Technical Changes:</p> <ul style="list-style-type: none"> • eHIT schema updates to apply full scope aid codes to impacted Consumers are sent to SAWS • Citizen/Alien Indicator (DE #2009) value 4 is sent to MEDS for individuals who select <i>Citizen of Micronesia, the Marshall Islands, or Palau</i> on the Immigration drop down menu when the individual cannot be verified from VLP • Citizen/Alien Indicator (DE #2009) value 4 is sent to MEDS for individuals for whom VLP returns one of the following Class of Admission (COA) codes: 	

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
			<ul style="list-style-type: none"> ○ FSM: Federal States of Micronesia ○ MIS: Republic of the Marshall Islands ○ PAL: Republic of Palau 	
176483	Change Request	<p>State and Federal subsidies cannot be applied towards the Non-Hyde Abortion portion of the premium amount for which California has implemented minimum premium per member (\$1 rule) to provide coverage for the Non-Hyde Abortion services so that Consumers do not have a zero dollar premium payment.</p>	<p>Functional Changes: CalHEERS requires modification to the minimum premium payment of \$1 rule, to only apply to quoted members in each enrollment for benefit year 2022 onwards.</p> <p>CalHEERS applies a CA Premium Credit subsidy for the Non-Hyde Abortion portion of the premium amount to all quoted members enrolled in a QHP, including unsubsidized and catastrophic QHPs, from benefit year 2022 onwards.</p> <p>The new CA Premium Credit subsidy applies to new applications, RAC cases, and to all Active and Passive Renewal cases.</p> <ul style="list-style-type: none"> • The Benchmark Premium amount does not include the new CA Premium Credit subsidy when calculating subsidies <p>A new <i>CA Premium Credit</i> label and amount displays on the following enrollment pages, popups, and files for Admins:</p> <ul style="list-style-type: none"> • Book of Business csv file • <i>Enrollment – Premium History</i> page • Enrollment – Edit Tool 	<p>Confirmation</p> <p>Confirm Your Plan Selection</p> <p>Enrollment</p> <p>Enrollment – Premium History</p> <p>My Plan Detail</p> <p>My Enrollments</p> <p>Renew Your Plans</p> <p>Your Cart</p>

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
			<ul style="list-style-type: none"> • <i>Enrollment Snapshot</i> popup • <i>Premium and APTC Grid</i> popup <p>The <i>CA Premium Subsidy</i> label is updated to <i>CA Premium Credit</i> and the amount that displays is a consolidated amount of the CA Premium Subsidy and the new CA Premium Credit amount on the following pages:</p> <ul style="list-style-type: none"> • <i>Confirmation</i> • <i>Confirm Your Plan Selection</i> • <i>Enrollment</i> • <i>My Enrollments</i> • <i>My Plan Details</i> • <i>Renew Your Plans</i> • <i>Your Cart</i> <p>CalHEERS creates the On/Off capability to turn on the \$0 net premium configuration from benefit year 2022 onwards. After the configuration is turned on CalHEERS will be unable to turn it off.</p> <p>The Pay Now button is hidden when the total Net Premium is \$0 on the <i>Confirmation</i> page in plan shopping and <i>My Enrollments</i> page</p> <p>Technical Changes: Updates made to the nightly sync batch GIC3000 to include the new CA Premium Credit subsidy at both the Enrollment and Enrollee level.</p>	

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
			<p>CalHEERS updates the 834 EDI transaction to the Carriers.</p> <ul style="list-style-type: none"> • Loop 2750 is updated for the CA Premium Credit subsidy • <i>OTH PAY AMT 2</i> field displays the CA Premium Credit subsidy amount <ul style="list-style-type: none"> ○ 2021 enrollments populate with a \$0.00 value ○ 2022 enrollments onward populate with the CA Premium Credit amount <p>The <i>Policy Based Payment (PBP)</i> Report to CMS is updated to include the CA Premium Credit subsidy.</p> <p>The following new column displays on the <i>Weekly Carrier</i> Report to include the new CA Premium Credit subsidy for benefit year 2022 onwards:</p> <ul style="list-style-type: none"> • <i>CA Premium Credit</i> <p>CalHEERS updates the following rules for the new CA Premium Credit subsidy:</p> <ul style="list-style-type: none"> • REM L2 • REM L3 • REM L5 • D2 • D3 <p>CalHEERS updates the following files for the new CA Premium Credit subsidy:</p>	

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
			<ul style="list-style-type: none"> • <i>Rem File Layout</i> • <i>REM Report</i> • <i>D2 Validation Report</i> • <i>Dispute Reports</i> • <i>Dispute Dashboards</i> <p>A new dispute flag displays on the <i>REM Dispute</i> file for the new CA Premium Credit subsidy.</p> <p>The new <i>CA Premium Credit</i> column displays on the <i>Book of Business</i> file from benefit year 2022 onwards for the Agency Managers, Agents, Entity Managers, and CECs:</p>	
178641	Change Request	<p>Search results display in the same order when a Consumer or user attempts to search for an Agent or a CEC delegation. Agents and CECs that display at the top of the search results are more likely to be selected as a delegate.</p> <p>The SLCSP premium amount cannot be updated for the household level when an Admin user changes the enrollment start date for a new Household Member added to the case.</p> <p>The description for the Account Transfer Technical Error <i>HE0011110, {0} not valid in the AT Request.</i> requires updates.</p>	<p>Functional Changes: Search results display in random order when a Consumer or user searches by zip code for an Agent or CEC delegation, diversifying which Agents and CECs may be selected as a delegate.</p> <p>The <i>Enrollment – Premium History</i> page is updated so that a new role of SCR Supervisor Operations L4 can manually update the SLCSP premium amount by using the Enrollment Edit Tool when the enrollment start date is updated after a new Household Member is added to a case.</p> <p>The Enrollment Edit Tool includes two new enabled fields:</p> <ul style="list-style-type: none"> • <i>SLCSP</i> 	<p>Find Local Help Search Results</p> <p>Enrollment – Premium History</p>

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
			<ul style="list-style-type: none"> CA Premium Credit <p>Technical Changes: Updates to the description for the Account Transfer Technical Error <i>HE0011110</i>, <i>{0}</i> not valid in the AT Request, includes seven new null pointer exceptions and technical errors.</p>	

Enrollment-Financial Management

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
54501 (CR 180333)	Defect	During Active Renewal, APTC values are stored as null (absence of value) instead of 0 causing data integrity issues.	During Active Renewal, APTC values are stored as 0.	N/A
52856 (CR 180333)	Defect	The <i>Alert</i> popup incorrectly displays preventing users from shopping for a Dental plan when users add a child under the age of 18 to an existing Dental plan with the following message: <i>At least one adult is required to enroll in a family dental plan. Please select at least one adult to proceed with Dental Plan shopping.</i>	Users adding a child under the age of 18 to an existing plan are able to proceed with shopping for a Dental Plan.	Shop for Dental Plans for [YYYY]

Interfaces

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
173608	Change Request	CalHEERS exchanges data with the FTB via an API in a real time 540 tax data exchange to verify income. The amount of calls for Passive and Active	<p>Functional Changes: The data exchange between CalHEERS and FTB is improved through the following changes:</p>	N/A

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
		Renewals for Covered California Programs could cause delays in verification and system load issues during peak times.	<ul style="list-style-type: none"> • CalHEERS creates a nightly batch to call the online FTB income API for the Renewal and Redetermination Verification (RRV) population identified <ul style="list-style-type: none"> ○ CalHEERS spreads total call volume to be under a daily threshold set by the FTB ○ CalHEERS attempts to retrieve 540 form details using the online FTB income API up to 3 times in case of technical errors received from FTB • CalHEERS updates the Verification and Individual Eligibility Determination (VIED) to incorporate the FTB batch call for CalHEERS Renewal process <ul style="list-style-type: none"> ○ During Renewals, CalHEERS verifies attributes of income in the following order: <ul style="list-style-type: none"> ▪ Use RRV/FTB bulk verification data if available ▪ Call the IRS and SSA data if RRV data is not available ▪ Call the FTB real time API data if FTB bulk verification is not available ▪ Use Admin verification if no response is received 	

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
			<p>from the income sources if available</p> <ul style="list-style-type: none"> ▪ The income is not verified if the admin verification is not available ○ During Active Renewals, CalHEERS does not call the business partner for Medicare if the application is unsubsidized ○ During Passive Renewals, CalHEERS does not call business partner for Medicare if the application is unsubsidized or there is no consent <p>Technical Changes: CalHEERS adds logic to set FTBcallIndicator to invoke FTB verification services during both Passive and Active Renewal.</p>	

Notices

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
124261	Change Request	A batch job determines whether to generate an Eligibility Determination notice, which results in Consumers being notified too frequently or not as needed.	<p>Functional Changes: CalHEERS adds eligibility determination logic in the OPA, also known as the BRE.</p> <p>This change allows the CalNOD01 generation determination upfront after taking into consideration all triggering conditions and system configuration settings.</p>	N/A

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
			<p>CalNOD01a,b,c triggering conditions are placed in the Business Rules Engine (BRE) or OPA.</p> <p>The following skip conditions are added to the OPA. If any of the skip conditions are met the CalNOD01abc does not generate:</p> <ul style="list-style-type: none"> • During Open Enrollment (applying for the next benefit year), the initial eligibility run determines that all members in the household are undetermined for APTC/CSR/California Premium Subsidy/CCP and Ineligible/undetermined for MAGI Medi-Cal, MCAP, and CCHIP for the months of November and December of the current benefit year • New members are added during the Renewal period, unless new member(s) are determined MCAP or CCHIP or MAGI Medi-Cal (EL, PE, or CE) for the months of November and December of the current benefit year (due to RRE (Re-Run Eligibility at intake) functionality). This skip condition is applicable to the current year only 	

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
			<ul style="list-style-type: none"> • New members are added during a RAC for the future year after Renewal unless new member(s) are determined MCAP or CCHIP or MAGI Medi-Cal (Eligible/Pending Eligible/Conditionally Eligible for the months of November and December of the current benefit year due to Re-Run Eligibility (RRE) at intake functionality). This skip condition is applicable to the current year only <p>CalHEERS establishes a duplicate check comparison between the last BRE run of the day that meets the driving query trigger conditions and the last notice generated for the current benefit year in the following situations:</p> <ul style="list-style-type: none"> • CalNOD01 does not generate if there are no changes identified • When changes are identified, the CalNOD01 Configuration Hold setting determines when, based on which eligibility determination date the notice generates • For Carry Forward lift, the duplicate check compares the Carry Forward lift against the eligibility from an RAC performed on the 	

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
			<p data-bbox="878 275 1235 415">same day to determine if two separate CalNOD01 notices need to be generated</p> <p data-bbox="833 478 1271 867">The Notices batch jobs generate the CalNOD01a,b,c based on the eligibility determination performed by the BRE which includes validation of trigger conditions and duplicate check conditions for an individual from the previous day's latest high dated eligibility.</p> <p data-bbox="833 894 1271 1402">CalHEERS establishes a Configuration Hold setting which allows CalNOD01a,b,c to generate based on a configurable hold date. The hold date allows CCA the flexibility to hold notices for a longer period of time, if needed. The hold date is set for one day meaning CalHEERS generates the previous day's CalNOD01a,b,c the next day.</p> <p data-bbox="833 1430 1247 1497">Technical Changes: OPA changes are as follows:</p> <ul data-bbox="833 1539 1271 1900" style="list-style-type: none"> <li data-bbox="833 1539 1271 1791">• The processing mechanism changed to generate the notice flag in the HBX notice event table for the latest BRE input ID for the enrollment year if the OPA flag is Yes <li data-bbox="833 1833 1271 1900">• Records from the HBX generate batch are picked 	

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
			<p>up by the notice generation batch so the notices are generated based on the status</p> <ul style="list-style-type: none"> • OPA request changes for the CalNOD01 Verification and Individual Eligibility Determination include the Person prior notice eligibility Status Code for: <ul style="list-style-type: none"> ○ APTC ○ CAPS ○ CSR ○ Medi-Cal ○ QHP ○ MCAP ○ CCHIP ○ Eligibility primary Aid Code ○ Eligibility secondary Aid Code ○ Eligibility maximum annual premium amount ○ Eligibility maximum annual state subsidy amount ○ Eligibility CAPS Aid Code 	
139575	Change Request	<p>The existing notice triggers and/or language do not align with the requested changes for R21.9.</p> <p>The CalNOD01 has the following language and/or triggering conditions for the following:</p> <p><u>Snippet 897</u>: This snippet triggers when:</p> <ul style="list-style-type: none"> • There is at least one person in the household 	<p>Functional Changes: The changes implemented with this release capture the new triggers and/or language for notices.</p> <p>The CalNOD01 language and/or triggering conditions are as follows:</p> <p><u>Snippet 897</u>: This snippet triggers when:</p> <ul style="list-style-type: none"> • There is at least one person in the household 	N/A

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
		<p>who is Eligible or Conditionally Eligible for at least APTC, CSR, or California Premium Subsidy</p> <ul style="list-style-type: none"> • This snippet should be the first snippet after the personal eligibility section • This snippet will not trigger during ROP batch • This snippet only triggers once per NOD01. Bullet points should be in line with the first set of bullets in the notice (left indented 0.3") <p>And has the following language:</p> <p><i>What is financial help? Financial help is based on the income and family size you report. To qualify, you must file income taxes, even if you do not usually file or have not filed in the past. Additionally, if you are married and live with your spouse, you must file taxes as "Married Filing Jointly." There are different kinds of help:</i></p> <ul style="list-style-type: none"> • <i>The federal Advance Premium Tax Credit (APTC) and the California Premium Subsidy lower the</i> 	<p>who is Eligible or Conditionally Eligible for at least APTC OR CSR OR California Premium Subsidy</p> <ul style="list-style-type: none"> • This snippet should populate immediately before snippet 238/246 • This snippet only triggers once per NOD01. Bullet points should be in line with the first set of bullets in the notice (left indented 0.3") <p>And has the following new language:</p> <p><i>Covered California financial help programs</i></p> <p><i>The Advance Premium Tax Credit (APTC) is a federal tax credit used to lower your health plan premium. Your APTC amount is based on your estimated annual income, household size and ZIP code. APTC is paid directly to your health insurance company to lower your health plan premium.</i></p> <p><i>It is important to report changes to your income right away, so you get the right APTC amount. If you get too much APTC during the year, you may have to pay some or</i></p>	

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
		<p><i>premium (monthly cost) for your health plan</i></p> <ul style="list-style-type: none"> • <i>Cost-Sharing Reductions (CSR) can lower out-of-pocket costs, such as co-pays and deductibles when you enroll in an enhanced silver plan</i> <p><i>Remember: If you get too much financial help during the year, you may have to pay some or all of it back when you file taxes. At the end of the year, if you qualify for more financial help, you may get a credit. For more information, visit CoveredCA.com/financial.</i></p> <p><u>Snippet 900</u>: This snippet triggers when:</p> <ul style="list-style-type: none"> • One or more members of the household are Eligible or Conditionally Eligible for QHP • This snippet will not be triggered if snippet 330 or 882 is triggered for the Consumer • Note: Snippet shall never populate outside of OE dates, even if a member of the HH has an open Medi-Cal Renewal. This snippet will not trigger if the run reason is Renewal 	<p><i>all of it back to the Internal Revenue Service (IRS) when you file your taxes. To change how much APTC you get, log in to your CoveredCA.com account.</i></p> <p><i>Cost-Sharing Reductions (CSR) are a federal benefit that lowers the cost of copays, co-insurance and deductibles when you enroll in an enhanced silver plan. If you qualify, CSR helps you save money when you use your health insurance. For more information, visit CoveredCA.com/financial.</i></p> <p><u>Snippet 900</u>: This snippet triggers when:</p> <ul style="list-style-type: none"> • One or more members are Eligible or Conditionally Eligible for QHP, AND at least one member is eligible to enroll or change their health plan. The snippet is not suppressed when the run reason is ROP batch • {OE or SEP end date} variable should populate either the OE end date or the SEP end date (if one is available) whichever is later • This snippet must populate directly after the Enrollment chart (if available) and before the proof chart (if available) for the case 	

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
		<ul style="list-style-type: none"> • This snippet should be formatted in the following way: <ul style="list-style-type: none"> ○ "Next steps..." should be left aligned. ○ "Sign up..." and "Pay your..." should be in line with the first set of bullets in the notice (left indented 0.3"). ○ "Go online:...", "Find in-person help:..." and "Call:..." should be in line with the second set of bullets in the notice (left indented 0.75") <p>And has the following language:</p> <p><i>Next steps for members who qualify for Covered California</i></p> <p><i>Sign up for health and dental plans. The last day to sign up is {OPEN_ENRL_END_DT}. If you want your coverage to start on January 1, pick a plan before December 15. If you pick a plan after that, your coverage will start later. To sign up:</i></p> <ul style="list-style-type: none"> • <i>Go online: Log into your CoveredCA.com account to view your choices and pick a plan.</i> • <i>Find in-person help: Go to CoveredCA.com/find-help to find a certified</i> 	<ul style="list-style-type: none"> • If no enrollment chart populates in a notice, this snippet must populate immediately after the individual eligibility snippets • Suppress snippet 900 if 923 populates for all QHP EL/CE individuals on a case <p>And has the following new language:</p> <p><i>Next steps for members who qualify for Covered California. Choose a new health and/or dental plan or make changes to your current plan before {OE or SEP end date}.</i></p> <ul style="list-style-type: none"> • <i>Go online: To view your choices and choose a plan, log in to your account at CoveredCA.com.</i> • <i>Find in-person help: To find a certified enrollment counselor or agent, go to CoveredCA.com/find-help.</i> • <i>Call: {Service_Center_Phone} (TTY: {Main_TTY_Line})</i> 	

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
		<p><i>enrollment counselor or agent.</i></p> <ul style="list-style-type: none"> • <i>Call: {Service_Center_Phone} (TTY: {Main_TTY_Line})</i> <p><i>Pay your first premium (monthly cost) directly to your health and dental insurance companies. You should get a bill with your premium due date. If you have questions about your bill, contact your insurance company.</i></p> <p><u>Snippet 354:</u> This snippet triggers when:</p> <ul style="list-style-type: none"> • One or more members are Eligible or Conditionally Eligible for QHP during Covered California Renewals • Note: Snippet shall not populate outside of CCP Renewal dates, even if a member of HH has an open Medi-Cal Renewal • This snippet should be formatted in the following way: <ul style="list-style-type: none"> ○ "Next steps..." should be left aligned ○ "If you want..." and "Pay your..." should be in line with the first set of bullets in the 	<p><i>If you do not enroll in a plan before {OE or SEP end date}, you must wait until the next open enrollment to enroll, unless you have a qualifying life event. You can apply for Medi-Cal anytime. To learn more, go to CoveredCA.com/QL.</i></p> <p><u>Snippet 354:</u> This snippet triggers when:</p> <ul style="list-style-type: none"> • One or more members are Eligible or Conditionally Eligible for QHP during Covered California Renewals • Note: Snippet shall not populate outside of Covered California Programs Renewal dates, even if a member of the household has an open Medi-Cal Renewal • This snippet should populate immediately after the enrollment chart (923) or snippet 900 and before the proof chart (if available) during Covered California Renewals 	

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
		<p>notice (left indented 0.3")</p> <ul style="list-style-type: none"> ○ "Go online:...", "Find in-person help:..." and "Call:..." should be in line with the second set of bullets in the notice (left indented 0.75") ○ "The last day..." and "Please note..." should line up with text from first set of bullets <p>And has the following language:</p> <p><i>Next steps for members who qualify for Covered California.</i></p> <ul style="list-style-type: none"> • <i>If you want to change your plan or add a member for {Next_Benefit_Year}:</i> <ul style="list-style-type: none"> ○ <i>Go online: Log into your CoveredCA.com account to view your choices and pick a plan.</i> ○ <i>Find in-person help: Go to CoveredCA.com/find-help to find a certified enrollment counselor or agent.</i> ○ <i>Call: {Service_Center_Phone} (TTY: {Main_TTY_Line})</i> <p><i>The last day to make a change is</i></p>	<p>And has the following new language:</p> <p>Note: <i>If you do not want coverage for {Next_Benefit_Year}, you must cancel your plan through Covered California at least 14 days before the date you need coverage to end.</i></p>	

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
		<p><i>{OPEN_ENRL_END_DT}. If you want your new coverage to start on January 1, make the change by December 15. If you make changes after that your new plan will not start until a later date.</i></p> <ul style="list-style-type: none"> • <i>Pay your first premium (monthly cost) directly to your health and dental insurance companies. You should get a bill with your premium due date.</i> • <i>If you have questions about your bill, contact your insurance company. In some cases, your coverage will not start until you pay your first premium.</i> <p><i>Please note: If you do not want coverage for {Next_Benefit_Year}, you must cancel your plan through Covered California at least 14 days before the date you need coverage to end.</i></p> <p><u>Snippet 882</u>: This snippet triggers when:</p> <ul style="list-style-type: none"> • This is for cases where at least one household member is Eligible or Conditionally eligible for APTC, CSR, or QHP and qualifies for special enrollment during OE 	<p><u>Snippet 882</u>: This snippet no longer triggers.</p> <p><u>Snippet 330</u>: This snippet no longer triggers.</p>	

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
		<p>All dates are to be displayed in mm/dd/yyyy format.</p> <p><u>Snippet 330</u>: This snippet triggers when:</p> <ul style="list-style-type: none"> • When at least one household member is Eligible or Conditionally Eligible for APTC, CSR or QHP and qualifies for special enrollment • This snippet will not trigger when snippets 730 and 919 are triggered for the consumer • All dates are to be displayed in mm/dd/yyyy format • This snippet should be formatted in the following way: <ul style="list-style-type: none"> ○ "Pick...", "Warning...", and "Pay your..." should be in line with the first set of bullets in the notice (left indented 0.3") ○ "Go online:...", "Find in-person help:..." and "Call:..." should be in line with the second set of bullets in the notice (left indented 0.75") ○ "If you do..." should be in line with the 3rd set of bullets in the notice (left indented 1.25") 		

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
		<ul style="list-style-type: none"> ○ "If you do" should use an arrow symbol as the bullet style instead of "-" <p>Note: Italics should populate for all threshold languages, except for the following due to system limitations:</p> <ul style="list-style-type: none"> ▪ Armenian ▪ Cambodian (Khmer) ▪ Korean ▪ Chinese <p><u>Snippet 261</u>: This Snippet triggers once per NOD01</p> <p>And has the following language:</p> <p><i>Questions?</i></p> <ul style="list-style-type: none"> • <i>If you have created a CoveredCA account, log on to your account at CoveredCA.com; or</i> • <i>Call the Covered California Service Center at {Service_Center_Phone} . You can call Monday through Friday 8 a.m. to 6 p.m. During certain times of the year the Service Center may be available</i> <p><u>Snippet 6</u>: This snippet has the following language:</p>	<p><u>Snippet 261</u>: This is a static snippet that will populate in all NOD01 and triggers once per NOD01.</p> <p>And has the following new language: <i>Thank you,</i> <i>Covered California</i></p> <p><u>Snippet 6</u>: This snippet has the following updated language: <i>Return Address: Covered California PO Box 989725 West Sacramento, CA 95798-9725</i> <i>Individual Address:</i></p>	

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
		<p><i>Return Address: Covered California PO Box 989725 West Sacramento, CA 95798-9725</i></p> <p><i>Individual Address:</i></p> <p><i>{FIRST_NAME} {LAST_NAME}</i></p> <p><i>{ADDRESS_LINE1}</i></p> <p><i>{ADDRESS_LINE2}</i></p> <p><i>{CITY}, {STATE_CD (FK)} {ZIPCODE}</i></p> <p><i>Logo: Covered California Logo Tag Line: Your destination for affordable healthcare, including Medi-Cal</i></p> <p><u>Snippet 786</u>: This snippet triggers for subsidized application only and triggers when:</p> <ul style="list-style-type: none"> • The Consumer is conditionally eligible for QHP or conditionally eligible for CSR, AND • The consumer is not eligible for APTC, AND • Either the Consumer is applying during OE or is not eligible for special enrollment <p>This snippet will not trigger if Snippet 775 is triggered for the consumer.</p>	<p><i>{FIRST_NAME}</i> <i>{LAST_NAME}</i></p> <p><i>{ADDRESS_LINE1}</i></p> <p><i>{ADDRESS_LINE2}</i> <i>{CITY}, {STATE_CD (FK)}</i> <i>{ZIPCODE}-{ZIP+4}</i></p> <p><i>Logo: Covered California Logo Tag Line: Your destination for affordable healthcare, including Medi-Cal</i></p> <p><u>Snippet 786</u>: This snippet triggers for subsidized applications only and triggers when:</p> <ul style="list-style-type: none"> • The Consumer is Conditionally Eligible for a Qualified Health Plan (QHP) and the Consumer is not eligible for APTC/ CSR OR • The Consumer is Conditionally Eligible for CSR AND The Consumer is not Eligible or APTC <p>Other notice changes:</p> <p>CalNOD38 generates even if a notice for the current benefit year has already generated. In this situation the CalNOD38 for the next benefit year generates as well.</p> <p>The +4 Zip Code is added to the following notice triggers:</p> <ul style="list-style-type: none"> • CalNOD01a, b, c 	

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
			<ul style="list-style-type: none"> • CalNOD61a, b and c • CalNOD03 • CalNOD11a • CalNOD12a, d • CalNOD38 • CalNOD61a, b and c • CalNOD62a, b, c, d • CalNOD63 • CalNOD64 • CalNOD69 • CalNOD70a, b <p>The CalNOD12a has the following trigger conditions:</p> <ul style="list-style-type: none"> • Has submitted an application (subsidized or un-subsidized) • Is enrolled in a QHP • Has or hasn't made the first premium payment (effectuated or non-effectuated) <p>The CalNOD12d has the following trigger conditions:</p> <ul style="list-style-type: none"> • Individual is currently only enrolled in a Dental Plan (effectuated or non-effectuated) <p>The CalNOD12e has the following trigger conditions:</p> <ul style="list-style-type: none"> • When all individuals in the household has: <ul style="list-style-type: none"> ○ Submitted an application (subsidized or un-subsidized) 	

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
			<ul style="list-style-type: none"> ○ Are Eligible or Conditionally Eligible for Covered California programs (APTC, CSR, CAPS or CCP AND ○ Are not enrolled in a QHP or QDP <p>CalNOD38 adds the following notice population trigger:</p> <ul style="list-style-type: none"> ● For current or future benefits years and not when redeterminaton is made retroactively for past benefit years <p>New Snippet 930 trigger is added:</p> <ul style="list-style-type: none"> ● Populate above snippet 261 <p>Do not trigger this snippet if snippet 900 triggers on the notice</p> <p>And has the following new language:</p> <p><i>Questions?</i></p> <ul style="list-style-type: none"> ● <i>Go online: To view your eligibility, next steps or to report changes, log in to your account at CoveredCA.com.</i> ● <i>Find in-person help: To find a certified enrollment counselor or agent, go to CoveredCA.com/find-help.</i> ● <i>Call:</i> <i>{Service_Center_Phone}</i> <i>(TTY: {Main_TTY_Line})</i> 	

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
		<p>The CalNOD62 notice has the following language and/or triggering conditions for the following:</p> <ul style="list-style-type: none"> • 1095 (CalNOD62b) – Corrected checkbox is checked for an enrollment without any changes after the CalNOD62a generates • Duplicate 3895 form generates and checks the Corrected checkbox even though no information has changed 	<p>The CalNOD62 language and/or triggering conditions are as follows:</p> <ul style="list-style-type: none"> • In a scenario with two or more enrollments, CalNOD62b,d shows the corrected checkbox which is checked only for that enrollment and not for other enrollments if a correction occurs only on one of the enrollments • The Corrections batch generates an original notice and not a revised notice when two or more enrollments on a case and one Consumer is Eligible and another is left Pending, resulting in an original form generating for only one Consumer, and the pending Consumer later becomes Eligible(after the original form generated for the case) <p>The CalNOD64 adds the following:</p> <ul style="list-style-type: none"> • An individual who is current Eligible or Conditionally Eligible, or Pending eligible for MAGI Medi-Cal. They are placed in Carry Forward status until MAGI Medi-Cal eligibility is determined by county eligibility workers <p>CalNOD69 adds the following: variable:</p>	

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
			<ul style="list-style-type: none"> This amount should also include the CA Premium Credit N/A will only appear for Dental enrollments. For Consumers enrolled in a Health plan, this variable will never populate as N/A 	

Online Application

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
53750 (CR 180333)	Defect	CalHEERS incorrectly displays a <i>View Confirmation</i> popup with the Consumer View and the Flexible Admin View buttons when a Consumer with a pre-deployment case clicks the Renew button.	CalHEERS checks for Admin credentials and no longer displays the <i>View Confirmation</i> popup if the user did not log in as an Admin.	Consumer Home Page
57656 (CR 180333)	Defect	Verbiage is missing from the 2022 Renewals Spanish translation in the <i>Next Steps</i> section on the Consumer Home page.	Verbiage is added to the 2022 Renewals Spanish translation in the <i>Next Steps</i> section on the Consumer Home page.	Consumer Home
57675 (CR 180333)	Defect	SSA hub calls exceed the three call limit when the user clicks the Done button on the <i>Individual Information Menu</i> page.	No SSA hub calls are made after the maximum count of three is exceeded.	<i>Individual Information Menu</i>

Service Center

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
161534	Change Request	CalHEERS receives Salesforce data via a flat file which may impact the Marketing Cloud Integration.	<p>Functional Changes: There are no functional changes.</p> <p>Technical Changes: To support the Marketing Cloud Integration, the</p>	

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
			<p>following Interface changes between CalHEERS and Salesforce are implemented:</p> <ul style="list-style-type: none"> • Additional data elements added to the Household Search transaction include: <ul style="list-style-type: none"> ○ publicName ○ alternatePhoneNumber ○ comments ○ certificateNumber ○ userStatus ○ businessPhoneNumber • CalHEERS sends Agent/Assister data in a new Agent/Assister Search Service Operation which includes request and response messages • CalHEERS receives Agent/Assister search requests containing unique identifiers of Agent/Assister information • CalHEERS sends responses containing demographic and contact information related to the Agent/Assister requested 	

Key Fixes

The following summarizes the key defect fixes implemented in this release.

Notices

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
57632	Defect	Snippet 920 displays an underline in front of text, and the plan name is not properly aligned in the	Snippet 920 displays with no underline in front of text, and the plan name is properly aligned to fully displaying the	N/A

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
		<i>Enrollment Summary</i> table, cutting off text.	text in the <i>Enrollment Summary</i> table.	

Online Application

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
56527	Defect	The <i>Plan Selection Not Available</i> popup does not display when users click the Choose Plan button for their 2020 application in the year 2021 during the OE period.	The <i>Plan Selection Not Available</i> popup now displays when users click the Choose Plan button for their 2020 application in the year 2021.	Consumer Home Page
56602	Defect	When users try to view the optional SOGI (Sexual Orientation and Gender Identity) demographic information for household members on the <i>Eligibility Results</i> page, the <i>We Apologize</i> error popup displays due to coding issues.	When users try to view the SOGI demographic information for household members on the <i>Eligibility Results</i> page, the <i>We Apologize</i> error popup no longer displays.	Household Eligibility Results Summary
56916	Defect	Consumer does not remain in CF status for the next benefit year and incorrectly moves directly to MAGI Medi-Cal after SAWS Batch Renewal is run.	Consumers move into Carry Forward status for the next benefit year.	N/A
57531	Defect	Spacing issues display in snippet text on the <i>Program Details</i> section of the <i>Individual Eligibility Results</i> page.	Snippet text on the <i>Program Details</i> section of the <i>Individual Eligibility Results</i> page no longer display spacing issues.	Individual Eligibility Results

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
57540	Defect	CalHEERS incorrectly navigates users from the <i>See Full Details</i> page to the <i>Keep or Switch Coverage</i> page when a user clicks the Switch Program button in the <i>Next Steps</i> section.	CalHEERS navigates users to the <i>Switch Program</i> section of the <i>See Full Details</i> page when a user clicks the Switch Program button in the <i>Next Steps</i> section.	See Full Details
57750	Defect	County Users and Service Center Admin users experience delays while performing Bulk User Operations and the request continually displays <i>In Progress</i> when performing a file change.	County Users and Service Center Admin users no longer experience delays while performing Bulk User Operations and the request successfully moves to the <i>Completed Requests</i> section.	Bulk User Operation

Alternate Procedures

Summary of Alternate Procedures

This section summarizes Alternate Procedures **No Longer in Effect** as of this release. Except for the following (and those noted in previous release notes), all other Alternate Procedures from previous releases remain in effect.

AP#	Alternate Procedures No Longer in Effect	Ref ID	Release Delivered
N/A	N/A	N/A	N/A

This section summarizes the **NEW** Alternate Procedures for known issues agreed to be resolved in a future release.

AP#	CIT #	New Alternate Procedures	Ref ID	Planned Release
N/A	N/A	N/A	N/A	N/A

Glossary

Acronym	Full Form
ABE	Accenture Billing Engine

Acronym	Full Form
ADA	Americans with Disabilities Act
Administrator (Admin)	SCR and CEW user roles
AHBX	Accenture Health Benefit Exchange
AI/AN	American Indian/Alaskan Native
ALM	Application Lifecycle Management
APTC	Advance Premium Tax Credits
BoB	Book of Business
BPM	Business Process Management
BRE	Business Rules Engine
CCHCS	California Correctional Health Care Services
CCHIP	County Children's Health Initiative Program
CCP	Covered California Programs
CDCR	California Department of Corrections and Rehabilitation
CEC	Certified Enrollment Counselor
CEE	Certified Enrollment Entities
CEW	County Eligibility Worker
CFS	Carry Forward Status
CIN	Client Index Number
CMI	Current Monthly Income
CMS	Centers for Medicare & Medicaid Services
COR	County of Responsibility
CR	Change Requests
CSR	Cost Share Reduction
CSS	Cascading Style Sheets (CSS is a style sheet language used for describing the look and formatting of a document written in a markup language)
CSV	Comma Separated Value
DER	Determination of Eligibility Response
DER-U	Determination of Eligibility Response Unsolicited
DHCS	Department of Health Care Services
DIVS	Document Imaging and Verification Solution
DWH	Data Warehouse
ECM	Electronic Content Management System
EDD	Employment Development Department
EDI	Electronic Data Interchange
EDR	Eligibility Determination Request
EERC	Eligibility Evaluation Reason Code
EPO	Exclusive Provider Organization
ESI	Employer Sponsored Insurance
ETL	Extract, Transform and Load
FDSH	Federal Data Services Hub
FFY	Former Foster Youth
FIPS	Federal Information Processing Standard
FPL	Federal Poverty Level

Acronym	Full Form
FTB	Franchise Tax Board
FTI	Federal Tax Information
FTR	Failure to Reconcile
GHIX	GetInsured Health Insurance Exchange
GI	Get Insured
HBX	Health Benefit Exchange
HCV	Health Coverage Verification
HHM	Household Member name
High Dated	The record/data end date is set far off into the future with a pseudo date, such as the year 2500.
HMS	Health Management System
IAP	Insurance Affordability Programs
ICT	Inter County Transfer
IDD	Interface Definition Document
IMM	Immigrant
IRS	Internal Revenue System
ISO	Information Security Officer
IVR	Interactive Voice Response
JAWS	Job Access with Speech (JAWS is a computer screen reader program for Microsoft Windows that allows blind and visually impaired users to read the screen either with a text-to-speech output or by a Refreshable Braille display)
LP	Lawful Presence
LV	Life event needs Verification
MAGI	Modified Adjusted Gross Income
MCAP	Medi-Cal Access Program
MCIEP	Medi-Cal Inmate Eligibility Program
ME	Manual Eligibility
MEC	Minimal Essential Coverage
MEDS	Medi-Cal Eligibility Data System
NHeLP	National Health Law Program
NIST	National Institute of Standards and Technology
NMEC	Non-MAGI MEC AID Code
NOA	Notices of Action
NQI	New Qualified Immigrants
OAG	Oracle API Gateway
OAM	Oracle Access Manager
OBIEE	Oracle Business Intelligence Enterprise Edition
OIM	Oracle Identity Manager
OPA	Oracle Policy automation
PAI	Projected Annual Income
PBE	Plan Based Enroller
PBPS	Pitney Bowes Presort Services
PDF	Portable Document Format
PLR	Policy Level Reporting

Acronym	Full Form
QDP	Qualified Dental Plan
QHP	Qualified Health Plan
QLE	Qualifying Life Event
RAC	Report A Change
RDP	Registered Domestic Partner
ROP	Reasonable Opportunity Period
RTC	Rational Team Concert
SA	Subject Area
SAWS	Statewide Automated Welfare Systems
SCIN	Statewide Client Index Number
SCR	Service Center Representative
SDI	State Disability Insurance
SEP	Special Enrollment Period
SFTP	Secured File Transfer Protocol
SIR	Service Investigation report
SLCSP	Second Lowest cost silver plan
SNOW	Service Now
SQL	Structure Query Language
SSA	Social Security Administration
SSApp	Single Streamlined Application
SSN	Social Security Number
STNA	Short Term Negative Action
UAT	User Acceptance Test
UI	User Interface
UIB	Unemployment Benefits
UPW	Unmarried Pregnant Woman
URL	Uniform Resource Locator
USPS	United States Postal Service
VLP	Verify Lawful Presence
WAT	Web Accessibility Toolbar
WCC	Web Center Content
WP	Work Products
WSDL	Web Services Descriptor Language
XML	Extensible Markup Language