

Executive Summary

CalHEERS Feature Release 19.6 (being deployed on 06/24/2019) contains updates to the following:

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

- eHIT

Key System Updates that have been deployed in this release:

- Interfaces
- eHIT
- Eligibility & Enrollment
- Technology

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

- None

Alternate Procedures that have been provided with this release:

No Longer in Effect with this release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 19.6. Any known issues are described together with the 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
eHIT				
Non-Compliance Reasons for EHIT Interface				
119408	Change Request	This is a new functionality which did not previously exist in CalHEERS.	CalHEERS can now recognize non-compliance reasons from SAWS for any specific	NA

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			<p>denial/discontinuance of application/cases. CalHEERS will be able to use specific denial/discontinuance reasons over generic reasons.</p> <p>This new functionality will allow SAWS to automate NOAs over manual creation of NOAs.</p> <p>This new functionality will also allow counties to deny/discontinue consumers appropriately for the following reasons:</p> <ul style="list-style-type: none"> • Failure to apply for or accept unconditionally income (i.e., UIB, SDI, Veteran’s Benefits). • Failure to provide the Veteran’s information to complete the MC 05. • Failure to provide other health insurance information. • Failure to comply with Third party Liability. • Failure to apply for Medicare. • Failure to provide 2.1Q (Child Support). • Failure to provide or apply for SSN. 	

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Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
			<ul style="list-style-type: none"> Failure to provide identity/name. 	

Key System Updates: The following summarizes the modified features included in this release.

Ref ID	Type	Previous Design/Problem	Updated/Resolved Functionality In this Release	Pages Impacted
Interfaces				
Same Day Eligibility Remediation (BRfS - Phase C Part 1)				
109744	Change Request	CalHEERS did not remediate intake applications during the intake process for initial applications and when adding members to existing cases.	<p>The eligibility remediation process is now done immediately with below mentioned conditions:</p> <ul style="list-style-type: none"> CalHEERS will provide authorized users the ability to remediate eligibility during the hours of 6:00 AM and 8:00 PM, for initial applications, when adding a person for manual renewals or a RAC on the same day the eligibility result was received. CalHEERS will remediate eligibility for individuals for whom an initial application was received during the hours of 6:00 AM and 8:00 PM within the same day regardless of run reason. All eligibility determinations from Batch processing are excluded from same day remediation. 	NA

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			<ul style="list-style-type: none"> When an authorized user re-runs eligibility during the hours of 6:00 AM and 8:00 PM to remediate any eligibility result received that day, CalHEERS will not invoke consumer protection programs with the remediated result for the same period of eligibility being evaluated. CalHEERS will generate all MEDS transactions after 8:00 PM for any changes to each program eligibility. CalHEERS will mark all DER-U's, generated in the same day remediation period, as "processed" after 8:00 PM when the last eligibility determination for all individuals resulted in any of the following programs and no MAGI Medi-Cal eligibility: <ul style="list-style-type: none"> APTC/CSR/CCP MCAP/CCHIP 	
eHIT				
R19.6 CalHEERS SAWS EHIT Interface Schema Update Version 12				
131449	Change Request	Currently we have Schema Version 11.	Schema Version is now updated to Version 12. OAG policies updated for v12.0 EHIT Schema.	
Eligibility & Enrolment				
Income Data Quality Enhancements Phase II				

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106890	Change Request	<ul style="list-style-type: none"> The SAWS populated the income admin verification when there was no income record for an individual. CalHEERS did not capture all the necessary income types for program eligibility determination for MAGI Medi-Cal and APTC determinations. The functionality requiring the consumer to add the other Registered Domestic Partner (RDP) was unavailable. The functionality wherein the consumers who have modified either CMI or user-entered PAI when both are active to confirm the change is correct and review for any further edits to income entries was not in place. The dates of receipt for lump sum payments and deductions had discrepancies. When a social security number (SSN) did not e-verify but is verified administratively, the system did not attempt to e-verify the SSN in any future runs. 	<ul style="list-style-type: none"> The SAWS does not need to populate the income admin verification when there is no income record for an individual. <p>Added functionality to allow CalHEERS to collect additional income types: The taxable portion of 1-5 is counted for APTC and the taxable portion of 4 is counted for MAGI Medi-Cal (1. AmeriCorps State/National Stipend and Education Award 2. AmeriCorps National Civilian Community Corps Stipend and Education Award 3. AmeriCorps Vista Stipend and Educational Award 4. Education scholarships, awards, fellowship grants used for living expenses 5. Education scholarships, awards, fellowship grants not used for living expenses.)</p> <ul style="list-style-type: none"> RDPs are now required to add their RDP, if they are not already on the application. The functionality wherein the consumers who have modified either CMI or user-entered PAI when both are active to confirm the change is correct and review for any further 	

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			<p>edits to income entries is now restored.</p> <ul style="list-style-type: none"> If a one-time lump sum payment has already been received or a one-time lump sum deduction has already been paid then the user will only be able to enter a current or past date. If a one-time lump sum payment has not been received yet or a one-time lump sum deduction has not been paid yet then the user will only be able to enter a current or future date. <p>If a Social Security Number (SSN) only has Admin verification, then a request will be made to attempt to e-verify. If the SSN cannot be e-verified, then Admin pass will continue to be displayed as the verification status. If the SSN can be e-verified, then the e-verification will be displayed as the verification status. If an admin fails the SSN, the fail will be displayed as the verification status and a call will not be made to e-verify the SSN. There will be a one-time data conversion so that an SSN that is Admin verified and was previously e-verified will display e-verification as the verification status.</p>	
Technology				

Ref ID	Type	Previous Design/Problem	Updated/Resolved Functionality In this Release	Pages Impacted
SEP Electronic Verification Vendor Integration				
98352	Change Request	The SEP Eligibility Verification was happening manually.	<p>Covered California has procured a SEP Electronic Verification Vendor to automate the verification of SEP reasons. The SEP Electronic Verification Vendor solution will receive data from CalHEERS needed to perform SEP eligibility verification. The result of the eligibility verification performed electronically by the vendor solution will be returned to CalHEERS.</p> <p>The following are the highlights of this integration</p> <ul style="list-style-type: none"> • Perform real-time Special enrollment period verifications against the Health Management Systems & Health Coverage Verification data source. • Have the capability to send households with gated SEP/QLE to HMS HCV for electronic verification of loss of MEC • The following consumer demographic data is sent in the initial electronic verification call to HCV (if available from the application): <ul style="list-style-type: none"> ○ First and last name ○ Date of birth 	

Ref ID	Type	Previous Design/Problem	Updated/Resolved Functionality In this Release	Pages Impacted
			<ul style="list-style-type: none"> ○ Social Security Number ○ Gender ○ Residential Address. ● Marks consumers transitioning from Medi-Cal as verified for loss of MEC. ● Doesn't send consumers verified for loss of MEC to HMS HCV for electronic verification. ● Accept and store the following responses from the HCV service: <ul style="list-style-type: none"> ○ No Match ○ Verified ○ Not Verified ○ Pending ● No longer displays the results of the electronic verification in the UI for consumers. ● Prompts the users to provide the following optional health plan coverage data fields when a no match response is returned from HMS: <ul style="list-style-type: none"> ○ Selection of carrier from list ○ Issuer Code ○ Carrier Name ○ Policy Number ○ Group Number. ● Displays a list of HMS carriers to the consumer 	

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			<p>when they are entering their prior coverage information.</p> <ul style="list-style-type: none"> • The Admin user can update a carrier list on a GI page. • Sends a second call to the HMS HCV service when a user provides the additional health plan coverage data fields. • Includes a configuration to allow the collection of additional fields for a no-match response to be turned off for QLE's other than loss of MEC. • Supports a configuration that opens plan selections for all SEP consumers according to the existing logic regardless of electronic response from HCV. • Initiate a Real Time service call with the API Gateway via a signed JSON Web Token (JWT) 	

Key Fixes

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

Ref ID	Type	Previous Design/Problem	Updated/Resolved Functionality In this Release	Pages Impacted

Ref ID	Type	Previous Design/Problem	Updated/Resolved Functionality In this Release	Pages Impacted

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.

#	Alternate Procedures No Longer in Effect	Ref ID	Release Delivered
None			

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

#	New Alternate Procedures	Ref ID	Planned Release
None			

Glossary

Acronym	Full Form	Acronym	Full Form
ABE	Accenture Billing Engine	IRS	Internal Revenue System
ADA	Americans with Disabilities Act	ISO	Information Security Officer
AHBX	Accenture Health Benefit Exchange	IVR	Interactive Voice Response
AI	American Indian	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)
ALM	Application Lifecycle Management	LFP	Lawful Presence

Glossary

Acronym	Full Form	Acronym	Full Form
AN	Alaskan Native	LV	Life event needs verification
APTC	Advance Premium Tax Credits	MCAP	Medi-Cal Access Program
BOB	Book of Business	MCIEP	Medi-Cal Inmate Eligibility Program
BPM	Business Process Management	MEC	Minimal Essential Coverage
BRE	Business Rules Engine	MEDS	Medi-Cal Eligibility Determination System
CCHCS	California Correctional Health Care Services	MNE	Manual Eligibility
CCHIP	County Children's Health Initiative Program	NHeLP	National Health Law Program
CCP	Covered California Programs	NIST	National Institute of Standards and Technology
CDCR	California Department of Corrections and Rehabilitation	NMEC	Non-MAGI MEC AID Code
CEC	Certified Enrollment Counselor	NQI	New Qualified Immigrants
CEE	Certified Enrollment Entities	OAG	Oracle API Gateway
CEW	County Eligibility Worker	OAM	Oracle Access Manager
CFS	Carry Forward Status	OBIEE	Oracle Business Intelligence Enterprise Edition
CIN	Client Index Number	OIM	Oracle Identity Manager
CMI	Current Monthly Income	OPA	Oracle Policy automation
CMS	Centers for Medicare & Medicaid Services	PAI	Projected Annual Income
COR	County of Responsibility	PBE	Plan Based Enroller
CR	Change Requests	PBPS	Pitney Bowes Presort Services
CSR	Cost Share Reduction	PDF	Portable Document Format
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)	PLR	Policy Level Reporting
CSV	Comma Separated Value	QDP	Qualified Dental Plan
DER	Determination of Eligibility Response	QHP	Qualified Health Plan
DHCS	Department of Health Care Services	RDP	Registered Domestic Partner
DIVS	Document Imaging and Verification Solution	ROP	Reasonable Opportunity Period
DWH	Data Warehouse	RTC	Rational Team Concert
ECM	Electronic Content Management System	SA	Subject Area

Glossary

Acronym	Full Form	Acronym	Full Form
EDD	Employment Development Department	SAWS	Statewide Automated Welfare Systems
EDI	Electronic Data Interchange	SCIN	Statewide Client Index Number
EDR	Eligibility Determination Request	SCR	Service Centre Representative
EERC	Eligibility Evaluation Reason Code	SFTP	Secured File Transfer Protocol
EPO	Exclusive Provider Organization	SIR	Service Investigation report
ESI	Employer Sponsored Insurance	SLCSP	Second Lowest cost silver plan
ETL	Extract, Transform and Load	SNOW	Service Now
FDSH	Federal Data Services Hub	SQL	Structure Query Language
FFY	Former Foster Youth	SSA	Social Security Administration
FIPS	Federal Information Processing Standard	SSApp	Single Streamlined Application
FPL	Federal Poverty Level	SSN	Social Security Number
FTB	Franchise Tax Board	STNA	Short Term Negative Action
FTI	Federal Tax Information	UAT	User Acceptance Test
FTR	Failure to Reconcile	UPW	Unplanned Pregnant Woman
GI	Get Insured	URL	Uniform Resource Locator
HCV	Health Coverage Verification	USPS	United States Postal Service
HHM	Household Member name	VLP	Verify Lawful Presence
High Dated	The record/data end date is set far off into the future with a pseudo date, such as the year 2500.	WAT	Web Accessibility Toolbar
HMS	Health Management System	WCC	Web Center Content
IAP	Insurance Affordability Programs	WP	Work Products
ICT	Inter County Transfer	WSDL	Web Services Descriptor Language
IDD	Interface Definition Document	XML	Extensible Markup Language
IMM	Immigrant		