CalHEERS Release Notes
Feature Release 21.2

Executive Summary

CalHEERS Feature Release 21.2 (deployed on 02/15/2021) 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
- eHIT
- Eligibility
- Eligibility & Enrollment
- Enrollment-Financial Management
- Interfaces
- Notices
- Online Application

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

- Consumer Assistance
- eHIT
- Enrollment-Financial ManagementNotices
- Online Application

Alternate Procedures that have been provided with this release:

- Online Application

No Longer in Effect with this release:

- Online Application

New with this release:

- Online Application

Purpose and Scope

This document describes the content of the CalHEERS Feature Release 21.2. 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
165682	Change Request	Consumers are not aware that Covered California (CA) can send emails to them about their current health coverage and information on Covered CA campaigns when they provide their email address.	**Functional Changes:** CalHEERS displays a new message that alerts Consumers that they are consenting to receive health information when they enter their email address during a Report a Change, Renewal, Single Streamlined Application, or account creation. The following new message displays for the below situations: *By entering in your email address, you may receive emails about health information and your account from Covered California.* • On the *Create an Account to Apply* page when the Consumer clicks on the **Email** tile as their preferred method of contact	Create an Account to Apply Flexible Application - Household Primary Contact section Who is the Primary Contact for your household? My Profile Add Household Member Edit Household Member

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

			• Above the **Email** field as static text on the following pages:
			  o *Flexible Application - Household Primary Contact* section
			  o *Who is the Primary Contact for your household?*
			  o *My Profile*
			  o *Add Household Member*
			  o *Edit Household Member*	

55026 (CR 169255)	Defect	Agents and Agency Managers are unable to sort Consumers by **First Name A-Z**, **First Name Z-A**, **Last Name A-Z**, or **Last Name Z-A** in the **Sort By** drop down menu option on the *HOUSEHOLD* column on the *Active Consumers* page.	Agents and Agency Managers can sort Consumers by **First Name A-Z**, **First Name Z-A**, **Last Name A-Z**, or **Last Name Z-A** in the **Sort By** drop down menu option on the *HOUSEHOLD* column on the *Active Consumers* page.	Active Consumers

eHIT

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
160301	Change Request	CalHEERS SAWS eHIT Interface schema is using version 16. Updates are required in order to be aligned with changes made with Change Request 160528 BREfS Initiatives #1 and #2: Consume SAWS Eligibility Authorization and Manage Downstream processes.	**Functional Changes**: There are no functional changes for this CR. See Change Request 160528 for a description of the changes relating to BREfS: Initiatives #1 and #2: Consume SAWS Eligibility Authorization and Manage Downstream processes. **Technical Changes**: CalHEERS eHIT schema is updated to eHIT Interface schema version 17 and includes	N/A

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
			changes made with Change Request 160528.	
54938 (CR 169255)	Defect	Soft Pause incorrectly lifts in the current month for a Consumer changing from a non-premium to a premium aid code.	Soft Pause lift occurs correctly in the future month for a Consumer changing from a non-premium to a premium aid code.	N/A

Eligibility

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
53923 (CR 169255)	Defect	The *Meets 435.119c: Adults ineligible to the New Adult Group due to dependent child under age 19 without Minimum Essential Coverage (MEC)* flag on the *Budget Worksheet* page is incorrectly suppressed for persons whose MAGI income is below 114%, even after meeting exception criteria. As a result, *Yes* does not display in the *Budget Worksheet* for this flag and SAWS does not receive the correct value.	The *Meets 435.119c: Adults ineligible to the New Adult Group due to dependent child under age 19 without Minimum Essential Coverage* flag on the *Budget Worksheet* page is correctly triggered for persons whose MAGI income is below 114%. *Yes* displays as expected for the flag on the *Budget Worksheet* page and SAWS receives the correct value.	Budget Worksheet
54268 (CR 169255)	Defect	CalHEERS does not populate the dollar amount on the *Manual Verification* page when PAI is received in EDR and the DER is not populated.	CalHEERS populates the dollar amount on the *Manual Verification* page when PAI is received in EDR and populates the DER accordingly.	Manual Verification

Eligibility & Enrollment

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
153824	Change Request	• The ROP Batch job could not run for individual verification attributes, rather all	**Functional Changes:** Updates to the ROP Batch process include:	ROP Batch Configuration Administration Home

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		attributes had to be run at once • The ROP Batch jobs were exempt from the verification caching rules • Covered CA did not have the ability to simulate the ROP Batch job and determine potential effects • Several defects existed in the ROP Batch process	• Modifications to the batch job to run one or more verification attributes ○ A new *ROP Batch Configuration* page allows SCR Operations Supervisor users with ROP Management Entitlement to configure the following aspects: ▪ Select how many individuals will be included in the batch ▪ Select the batch start and end dates ▪ Turn individual verification attributes **ON/OFF** • An attribute must be turned **ON** for adverse action to be taken • If an attribute is turned **OFF** or the corresponding ROP date is in the future, no adverse action will be taken based on that attribute and the Consumer will remain Conditionally Eligible for APTC/CSR/CAPS /CCP ▪ If the response for the attribute comes back as e-verified, the	ROP Batch Configuration Simulation

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			Consumer will no longer be considered Conditionally Eligible for that attribute o A link to the *ROP Batch Configuration* page displays on the *Administration Home* page for SCR Operations Supervisor users with ROP Management Entitlement o The following popups display: ▪ *Confirm Changes* displays when a user clicks the **Save** button after making a change ▪ *Stop ROP Batch* displays when a user has successfully stopped a batch o Error messages display next to the respective item on the following pages when an invalid configuration is created: ▪ *ROP Batch Configuration* ▪ *ROP Batch Configuration Simulation* o Batch process updates to support configuration changes include:	

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
			▪ BAT31A (Identify ROP Individual Case) is modified ▪ BAT31B (ROP Verification and Re-determine Individual Eligibility) is modified ▪ BAT31C (ROP Configuration) is added • The ROP Batch re-verification process adheres to the verification caching rules • A new run reason, Continuing SIM (Sub-run Reason ROP Simulation) is added to the verification caching rules • A new *ROP Batch Configuration Simulation* page allows SCR Operations Supervisor users with ROP Management Entitlement the ability to simulate an ROP Batch and review the CCP Eligibility outcome for the Consumers that will be discontinued from benefits in the subsequent production run o During the simulation run, live verification services and a re-run of eligibility occurs. It does not impact production eligibility results	

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			o At least one verification attribute needs to be toggled **ON** to be able to run the ROP Batch Simulation o A Simulation Report is generated on the same day the simulation is run and results are delivered to Covered CA o Production mode runs re-use the verification response received during the simulation run but reruns the eligibility ▪ Verification responses are stored for 60 days **Technical Changes:** A ROP Simulation Batch job schema is added. • The Eligibility outcome in the simulation schema and the production schema may be different due to updated verification response received during the simulation run • Verification data is stored in the production schema. Eligibility results are stored in the simulation schema • Data 60 days or older is removed on a monthly basis • The simulation batch job will only insert new records, and	

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			the existing eligibility records are not updated as there are no prior records in the simulation schema to run update queries ROP backend service is added to persist data between the *ROP Batch Configuration* page and the HBX database. During ROP/Simulation Batch, CalHEERS makes SSA and VLP verification calls only if the person is enrolled and their verification is outstanding. • Error codes are populated • The call is skipped if there is insufficient information	
159613	Change Request	The following issues exist during eligibility determination for cases transitioning from MAGI Medi-Cal to Covered CA: • Negative Actions cannot be configured • Consumers with an existing application do not have a streamlined experience to create an account linked to their existing applications • CalHEERS does not indicate to users on the *Budget Worksheet* page if the individual transitioned from MAGI Medi-Cal, CCHIP, or MCAP to Covered CA programs	**Functional Changes:** The following eligibility improvements are made to ensure individuals transitioning from MAGI Medi-Cal to Covered CA Programs are determined correctly: • A new *Negative Action Configuration* page is accessible from a link on the *Administration Home* page. This page is used to configure the negative action impact to a Consumer's APTC/CAPS/CSR/CCP eligibility o Users with a Negative Action Configuration entitlement can toggle the following **ON** and **OFF** switch for each Negative Action:	Negative Action Configuration Administratio n Home Choose Application Access a Current Case Case Access Details Create an Account to Apply Budget Worksheet View Only Navigation

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		• The *Household Info* section on the *View Only Navigation* page displays the QLE sent by SAWS or selected by the Consumer during MAGI Medi-Cal MCAP/CCHIP transition to CCP
		
		• MEDS MEC verification rules are as follows:
		  o The expiration date for MEDS MEC verification is 90 days
		  o CalHEERS does not call MEDS MEC during CalHEERS Renewals
		  o CalHEERS only calls MEC MEDS during Report a Change if an impacted data element is changed, verification is expired, or verification is pending/ not verified
		
		• The Eligibility Factors that display on the *Eligibility Results* page do not display correctly and cause confusion for Consumers
			▪ CCP within MAGI Medi-Cal income limit
			    ▪ CCP outside MAGI Medi-Cal income limit
			    ▪ APTC/CSR/CAPS outside MAGI Medi-Cal income limit
			  o If the setting is **ON**, the Consumer will be Eligible for Covered CA programs regardless of Negative Action received from SAWS (if otherwise eligible)
			  o If the setting is **OFF**, the Consumer will be Ineligible for Covered CA programs based on the Negative Action received from SAWS
			
			  o The following popups display:
			    ▪ The *Attention* popup alerts users that they have entered an invalid configuration
			    ▪ The *Unsaved Changes Detected* popup alerts users that they have unsaved changes
			
			• The account creation process is streamlined by the following updates:
			
			  o A new page, *Choose Application*, displays when Consumers select **Create an Account** on the Covered CA home page
				Eligibility Results

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			▪ Consumers can choose between the **Link Existing Application** or **Create New Application** buttons on the *Choose Application* page o The *Access a Current Case* page is added to allow Consumers to enter their access code to link an existing application to their account o Consumers reach the *Access a Current Case* page when they select the **Link Existing Application** button on the *Choose Application* page o The *Case Access Details* page is added to allow Consumers to retrieve or generate an access code ▪ An *Access Code* popup displays the Consumer's access code and prompts them to document it ▪ A *Maximum Search Attempts* popup displays on the Consumer's third incorrect attempt to search for their access code and redirects them to the *Contact Us* page ▪ A *Review Access Code* popup displays when the user does	

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			not successfully generate an access code and one of the following conditions is met: • The Consumer's information entered does not match an existing case • The case is Closed-Duplicate • The case is already linked to another account o The *Create an Account to Apply* page is updated with the following: ▪ The *Enter Access Code* question and correlating help text are removed ▪ If a Consumer successfully retrieves an existing access code or generates a new one, related fields are pre-populated and disabled ▪ A **Cancel** button is added • The *Budget Worksheet* displays *Yes* for the *MAGI Medi-Cal to Covered CA Transition?* indicator for cases that run after the implementation of CR 159613 if the individual transitioned from MAGI Medi-Cal, CCHIP, or MCAP to Covered CA programs	

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			o *Yes* continues to display on eligibility determinations on an individual level if the following are true: ▪ Consumer is not in Carry Forward status and did not move back into MAGI Medi-Cal, MCAP, or CCHIP ▪ The current date of the run is less than or equal to the Transition End Date ▪ *No* displays if the above criteria is false o Cases that ran prior to CR 159613 do not display a value o The transition end date is the expiration date of the Loss of MEC QLE plus an additional 30 days o The value switches from *Yes* to *No* and the transition end date is set to *Null* when any of the following conditions are met: ▪ The eligibility determination run is after the transition end date ▪ The Consumer moves back into MAGI Medi-Cal, MCAP, or CCHIP benefits ▪ The Consumer moves into Carry Forward status	

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			• The following changes are made related to the Loss of MEC QLE: o The Household Info section on the *View Only Navigation* page displays the *Lost or will lose health coverage* QLE when the Business Rules Engine (BRE) detects a loss of MEC during MAGI Medi-Cal/MCAP/CCHIP transition to CCP o The Loss of MEC QLE overrides the QLE provided by SAWS or selected by the Consumer, allowing the Consumer to select a plan o Loss of MEC QLE is set at the household level, as long as, one person on the case is transitioning from MAGI Medi-Cal or MCAP or CCHIP to Covered CA programs o CalHEERS calls MEDS if the last call or Admin Verification is over 30 days old for APTC/CSR/CAPS/CCP Eligible/Conditionally Eligible Consumers on CalHEERS Renewals or Report a Change eligibility determinations	

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			• The Eligibility Factors (EligFactor) that display on the *Eligibility Results* page are updated as follows: ○ EligFactor 098 is added and displays for Consumers Ineligible to APTC/CSR/CAPS due to Consumer not being a part of tax filing household: ▪ *You are not part of the primary tax filer's household. If you want financial help to lower the cost of a Covered California health plan, you must apply on a separate application. Or, if this is a mistake, please update the tax filing household on your current application.* ○ EligFactor 099 is added and displays for Consumers Ineligible to APTC/CSR/CAPS due to married filing separately, Federal Tax Returns, and not planning to file reasons: ▪ *You are not eligible to receive premium assistance for one or more of the following reasons:*	

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			• *The primary tax filer does not plan to file federal income taxes.* • *The primary tax filer has a spouse but does not plan to file taxes as "Married Filing Jointly."* • *The primary tax filer plans to file taxes as "Married Filing Separately."* ▪ *Someone in your household did not file a federal income tax return with IRS Form 8962 for a year when they got premium tax credits.* o EligFactor 100 displays for Consumers Ineligible/discontinued for APTC/CSR/CAPS and CCP due to negative action: ▪ *You do not qualify for Covered California plans or financial help. This is based on Medi-Cal case information provided by your local county. If you think this is an error, call the*	

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			county office to find out what is still needed. [Click here to find your local county office]. (*http://www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx*). o The following Eligibility Factors are removed from the *Eligibility Results* page and are replaced by EligFactor 099: ▪ EligFactor 071 ▪ EligFactor 089 o The following Eligibility Factors are suppressed on the *Eligibility Results* page if the Consumer is Ineligible/ Discontinued from APTC/CSR/CAPS and income is within limits: ▪ EligFactor 012 is suppressed for Consumers Ineligible/Discontinued from CSR ▪ EligFactor 013 is suppressed for Consumers Ineligible/Discontinued from APTC ▪ EligFactor 014 is suppressed for Consumers Ineligible/Discontin	

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			ued from State Subsidy o EligFactors 021, 026, and 027 no longer display for Consumers Ineligible/Discontinued from APTC/CSR/CCP due to reasons other than income o EligFactor 031 trigger is updated to display if consent for income verification has not been provided for Consumers applying for APTC/CSR/CAPS **Technical Changes:** New backend services are added for the following: • Check if Consumer details entered on the *Case Access Details* page match a valid case with an unused access code • Retrieve and save the access code • Read and save negative action configuration • Get Special Enrollment details (including transition flag and transition date) if QLE of Loss of MEC during transition is detected by the BRE The following AHBX data elements are added:	

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
			• Coverage type code • Coverage period The following changes have been made to the Single Streamlined Application: • The *Choose Application*, *Access a Current Case,* and *Case Access Details* pages are added • The *Create Account* page is modified • The *Access Code, Maximum Search Attempts,* and *Review Access Code* popups are added The following new eligibility factors are added: • Not planning to file taxes • Not part of household • Negative action	
159952	Change Request	Manual workarounds are needed to effectuate retroactive MAGI Medi-Cal eligibility, resulting in misalignment between CalHEERS and SAWS eligibility history as CalHEERS does not allow retroactive (retro) MAGI Medi-Cal for Consumers with existing APTC/CAPS eligibility.	**Functional Changes:** CalHEERS is able to grant retroactive MAGI Medi-Cal eligibility for any month within the three-month period prior to the Carry Forward Transition month. The business rules for the new functionality are as follows: • MAGI Medi-Cal is granted for any month within the three-month retro period immediately preceding the Carry Forward Transition month if the Consumer is determined Eligible or Conditionally Eligible to MAGI Medi-Cal in the first month (prospectively) of the Carry Forward period. This may result in dual eligibility	N/A

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
			for the granted retroactive month(s)	
			• A Consumer found ineligible to MAGI Medi-Cal during the Carry Forward period prospectively is ineligible to MAGI Medi-Cal in any month of the three-month retro period	
			• If a Consumer is Eligible or Conditionally Eligible for APTC or CAPS and is enrolled in a plan, the Consumer is Ineligible for MAGI Medi-Cal outside of the three-month retro period ○ Note: If a Consumer was not receiving APTC or CAPS benefits for the requested prior month and is otherwise determined Eligible to MAGI Medi-Cal, CalHEERS determines MAGI Medi-Cal eligibility as Eligible for that prior month	
			Technical Changes: • The following changes are made to the Eligibility Evaluation Reason Codes (EERC) to support this change: ○ EERC *CX* is updated so that it is only sent when SAWS requests a prior period that is within a person's Carry Forward transition period and up to three retroactive	

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			months prior to the transition month ○ EERC *CQ* is added and is sent when a Consumer's Carry Forward status ends and the requested benefit month is outside of the three-month retroactive period for MAGI Medi-Cal	
160258	Change Request	Certified Insurance Agents (CIAs), Agency Managers, CECs, PBEs, and Approved Admin Staff L1 & L2 cannot search for Consumer records that are not delegated to them, creating a likelihood of duplicate cases by the Enroller when a Consumer reaches out to them for assistance. Enrollers are not able to delegate a Consumer to themselves unless the delegation request is initiated by the Consumer or SCR from the CalHEERS portal.	**Functional Changes:** CIAs, Agency Managers, CECs, PBEs, and Approved Admin Staff L1 & L2 can search and delegate a Consumer that exists in CalHEERS system, including those that are not currently delegated to user via the new Delegation Tool. • The Delegation Tool navigates users to the *Consumer Delegation* page to self-delegate a Consumer's case • Users can remove the delegation of the existing Agent or Enrollment Counselor on the case and re-delegate the case to themselves • A new delegation end reason, *Accelerated Consumer Delegation Consent,* is available on the *Delegation History* page. This reason displays to the existing Enroller when a new Agent/CEC removes the existing Enroller delegation from the	Agent Dashboard Consumer Delegation CEC Dashboard Delegation History Does this [HHM] have a Social Security Number (SSN)? Select an Agent for Consumer Delegation Start Consumer Application

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			Consumer's case and delegates oneself to that case from the *Consumer Delegation* page	
			• A new **Delegation Tool** link is available from the respective Dashboards for the following user roles: o Agents o CECs o PBEs	
			• Approved Admin Staff L1 and L2 can access the Delegation Tool from the new **Delegation Tool** link that navigates users to the new *Select an Agent for Consumer Delegation* page which is available from the **Agency Delegation** dropdown menu option for o The *Select an Agent for Consumer Delegation* page allows users to search for an active Agent before navigating to the *Consumer Delegation* page	
			• A new *Consumer Delegation* page is available via the **Delegation Tool** o A banner *Welcome! You are viewing the Accelerated Consumer Delegation Consent Page of Covered California* displays.	

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

			The following additional messages display on the *Consumer Delegation* page:
			
			• *We need some very important information about your Consumer so that we can search for them in our database.*
			• *Enter information below to delegate yourself to this Consumer's case. The information to be entered below is confidential. Please consider before proceeding.*
			
			Users can complete the following steps on the *Consumer Delegation* page:
			
			1. Search for a Consumer in order to delegate the Consumer's case to oneself.
			  • A *No Match Found* popup displays if no match is found
			  • A *Multiple Matches Found* popup displays if multiple matches are found
			  • A *Match Already Delegated* popup displays if a Consumer is already delegated to the user's book of business
			
			2. If one match is found, the user is navigated to the *One Time Text Message Verification* section of the *Consumer Delegation* page to send the Consumer an	

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			authentication code to complete the delegation process.
			
			• *The delegation process was successful* popup displays if the delegation process is successful
			• *The delegation process was unsuccessful* popup displays if the Consumer is not added to the CECs book of business due to a system error
			
			The duplicate application warning popup, *This Consumer is already in our system* displays for Agents, Agency Managers, CECs, PBEs, and Approved Admin Staff L1 and L2 on the *Does this [HHM] have a Social Security number (SSN)?* page when users assist a Consumer with their application. The popup displays if a household member's information matches an existing household member's information and the user clicks on **Done** or **Next** button and one of the following occurs:
			
			• Consumer's SSN and DOB matches an existing household member in CalHEERS OR
			• Consumer's first name, last name, DOB and one of the following matches an existing household member in CalHEERS:
			  o Cell phone number
			  o Email	

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			o Residence address (Line 1 and Zip Code) *This Consumer is already in our system* popup displays with the following: • A message, *Caution! This Consumer may already have an application, or they may have applied in the past. This action could create a duplicate record. Delegate to an existing case. Consumer application may be completed by the Service Center.* • A **Delegate** button to navigate users to the Consumer Delegation page • A **Continue Application** button to navigate users to the Consumer's Home page The popup informs CECs, PBEs, CIAs, Agency Managers, and Approved Admin Staff L1 and L2 that the Consumer already exists in CalHEERS, warning users they may be creating a potential duplicate application. A new *Status* column is added to the results sections of the *Start Consumer Application* page in the Agent Portal, allowing users to verify if an Agent is active before beginning a Consumer's application.	

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160528	Change Request	CalHEERS currently accepts Non-MAGI Medi-Cal Eligibility Results from SAWS via the Disposition service in eHIT for the purposes of Discontinuing Covered CA program eligibility, but CalHEERS does not consume, display, or utilize Eligibility Results received from SAWS that differ from the CalHEERS Eligibility Results for any other purposes.	**Functional Changes:** CalHEERS consumes and processes SAWS authorizations for Medi-Cal programs when eligibility on the Disposition differs from that provided by CalHEERS. CalHEERS displays Eligibility Results authorized by SAWS. • The program name *Medi-Cal* now displays for Consumers when they are Eligible for Non-MAGI Medi-Cal on the following pages: 　o *Household Eligibility Results Summary* 　o *Individual Eligibility Details* • The *Case Summary – Program Eligibility by Person* page is updated with the following changes: 　o The *Program Eligibility History Summary* section now displays Non-MAGI Medi-Cal Aid Codes (MEC and Non-MEC) authorized by SAWS under Non-MAGI Medi-Cal programs 　o The *Current Eligibility Summary* section displays Non-MAGI Medi-Cal Eligibility Results authorized by SAWS 　o When Medi-Cal Programs (MAGI Medi-Cal and Non-MAGI Medi-Cal) eligibility is modified by SAWS via Disposition, CalHEERS	Household Eligibility Results Summary Individual Eligibility Details Case Summary - Program Eligibility by Person Case Summary - Application History

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			now displays the source *SAWS*
			  ▪ Any Non-MAGI Medi-Cal record that is Eligible, Ineligible, or Discontinued, lists the source as SAWS
			  ▪ CalHEERS does not display the source as *SAWS* for Exchange/ CCHIP/MCAP records
			  ▪ Any MAGI Medi-Cal record that is Eligible from Disposition and when eligibility Dispositioned by SAWS differs from that provided by CalHEERS, the source is listed as *SAWS*
			  ▪ **Note**: Eligibility Status of Conditionally Eligible is not supported by Disposition and is considered the same as Eligible
			
			 • The *Request Type* section of the *Case Summary - Application History* page displays the *Report a Change* request type if the determination is due to SAWS Disposition	

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			• The following Eligibility Status/Factors and Eligibility are updated: ○ EligStatus 001 displays when Consumers are eligible for Non-MAGI Medi-Cal ○ EligFactor 029 displays when Disposition is received from SAWS with a Medi-Cal MEC Aid Code that is different from that provided by CalHEERS • The following updates are made to the portal case notes rules: ○ CalHEERS inserts a case note when the eligibility authorized by SAWS Disposition differs from that determined by CalHEERS: ▪ *MAGI Medi-Cal aid code <xx> received in Disposition with the begin date of <MM/DD/YYYY> for <Person Full Name> with override reason: <xxx>* ○ CalHEERS inserts a case note when SAWS Disposition is received with Non-MAGI Medi-Cal Aid Code differing from the aid code determined by CalHEERS: ▪ *Non-MAGI Medi-Cal aid code <xx>*	

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			received in Disposition with the begin date of <MM/DD/YYYY> for <Person Full Name> with override reason: <xxx> o Case Notes created from SAWS Disposition will have user ID *<Consortia Code> - Disposition* o The following Override Reason Codes from SAWS will display when eligibility is different from that determined by CalHEERS: ▪ *ALJ* - Administrative Decision/ALJ Ruling ▪ *DEF* - CalHEERS/ SAWS Defect ▪ *PNI* - Policy Not Implemented The following rules apply when SAWS sends a Disposition with MCAP/CCHIP/Exchange Aid Codes differing from that determined by CalHEERS: • CalHEERS does not override the existing CalHEERS determined Aid Code for that individual on the case to MCAP/CCHIP or Covered CA program • CalHEERS does not Discontinue the existing Medi-Cal or Exchange	

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			program, when SAWS sends the Disposition with an overridden Aid Code of MCAP/CCHIP even though it is considered a MEC program
			
			• CalHEERS does not set a Consumer to Soft Pause, Carry Forward, QHP Hold, CCHIP, or MCAP if the Consumer is determined Eligible for Non-MAGI Medi-Cal (MEC) with a high dated end date
			
			• If a Consumer was previously Conditionally Eligible and did not meet the criteria to become Eligible, the person will remain Conditionally Eligible, if the only difference between CalHEERS and the Disposition is the Consumer's status
			
			The following updates are made to Verification Caching:
			• The following run reasons are added:
			   ○ *Continuing (DISP)*
			   ○ *Continuing (DISP) for Non-MAGI Medi-Cal only Household*
			
			• All verification calls are suppressed for Non-MAGI Medi-Cal only households when eligibility is run via SAWS Disposition
			   ○ For all other households, when	

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
			eligibility is run via SAWS Disposition, only MEDS MEC verification calls are suppressed • When a Disposition is received from SAWS resulting in Non-MAGI Medi-Cal MEC eligibility, the MEDS Electronic Verification cache is cleared • CalHEERS suppresses unsolicited DER generated from consuming Disposition and re-evaluating eligibility **Technical Changes:** • CalHEERS Disposition pseudo logic is updated to insert case notes in the event of a Disposition • CalHEERS backend services are updated so that CalHEERS can receive and save SAWS Aid Codes in the event of a Disposition • The following backend services are added: o Retrieve and save: ▪ Eligibility status ▪ Eligibility start date ▪ Disposition end date ▪ Disposition eligibility status ▪ SAWS Disposition Aid Code o Send Non-MAGI Medi-Cal Aid Code to SAWS in response	

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
			• CalHEERS overwrites the existing MAGI Medi-Cal record with the effective start and end date provided by SAWS • CalHEERS triggers a BRE run when Medi-Cal MEC Aid Code on the Disposition differs from that provided by CalHEERS • CalHEERS suppresses the MEDS verification calls when running the BRE due to Disposition to trigger subsequent downstream processes including; 834's, NOD's and MEDS transactions	
167776	Change Request	CalHEERS does not display confirmation popups for Agents, CECs, Agency Managers, and Entity Managers on their respective dashboards prior to declining a delegation request or inactivating a Consumer.	CalHEERS updates user dashboards for Agents, CECs, Agency Managers, and Entity Managers to include the following confirmation popups: • The *Are You Sure?* popup displays when an Agent or CEC clicks the **Decline** button from the **Actions** dropdown menu on the *Pending Delegation Requests* page or *Pending Requests* page, respectively to decline a Consumer's delegation request • The *Confirm Removal of Delegation* popup displays when an Agency or Entity Manager clicks the **Mark as Inactive** button from the **Actions** dropdown menu on the *Active Consumers* page	Pending Delegation Requests Pending Requests Active Consumers

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
			to remove an active Consumer from the Agent's book of business Both popups display the same message: *Are you sure you want to remove your delegation for this consumer's account? If you confirm you will no longer have access to this account, and this consumer will have to send you a new delegation request before you can access their account again.*	
170898	Change Request	CalHEERS is not able to offer Medi-Cal coverage to adults applying for MAGI Medi-Cal who are determined to be Pending Eligible due to outstanding verifications, other than Deceased/MEDS, until the county can verify the applicant's information and finalize the eligibility determination.	CalHEERS extends the existing full scope Accelerated Enrollment Program to MAGI Medi-Cal adults who are Conditionally Eligible to MAGI Medi-Cal with Aid Code 8E due to pending verifications, other than Deceased/ MEDS. • Eligibility Status is Conditionally Eligible for MAGI Medi-Cal • Applicable Consumers' are placed in 8E Aid Code Accelerated Enrollment benefits are discontinued for individuals when SAWS sends an EDR which does not resolve the outstanding verification.	N/A
174845	Change Request	CalHEERS updates are required to align with the presidential executive order to extend Open Enrolment through May 15, 2021.	CalHEERS supports the presidential executive order to extend Open Enrolment through May 15, 2021.	N/A

Enrollment-Financial Management

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
54504 (CR 169255)	Defect	Health plan premiums are incorrectly calculated at less than $1.00 when APTC is less than the gross premium but the difference is less than minimum premium per household.	Health plan premiums are calculated correctly at more than or equal to $1.00 when APTC is less than the gross premium but the difference is less than the minimum premium per household.	N/A
54505 (CR 169255)	Defect	The Gross Premium minus the APTC and State Subsidy does not equal the Net Premium on cases when disenrollment occurs, and the benefit end date is before the SEP effective date. APTC/premiums before the SEP and the State Subsidy amount from the SEP are used.	The Gross Premium minus the APTC and State Subsidy is equal to the Net Premium on cases when disenrollment occurs, and the benefit end date is before the SEP effective date.	N/A
55204 (CR 169255)	Defect	An incorrect blank alert displays when users click the **Shop for Plans** button from the *My Enrollment Dashboard* page in the following situations: • Coverage is cancelled for a plan, at a later date a RAC is completed for 2021, and the application is submitted • A Renewal is completed; a Health Plan is selected by the Consumer; then an SCR cancels the existing 2021 enrollment, and completes and submits a RAC	A blank alert no longer displays when users click the **Shop for Plans** button from the *My Enrollment Dashboard* page.	My Enrollment Dashboard
55250 (CR 169255)	Defect	The **Back to Dashboard** link does not display on the *Health Plans* page.	The **Back to Dashboard** link displays on the *Health Plans* page.	Health Plans
54506 (CR 174050)	Defect	Negative premiums in the audit table are causing Gross Premium minus APTC and State Subsidy to not equal the Net Premium.	The Gross Premium minus APTC and State Subsidy equals the Net Premium minus monthly values.	N/A

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
54509 (CR 174050)	Defect	Member *Coverage Start Date* does not match the *Coverage End Date* on the *Current Enrollments* page for cancelled enrollments when an SCR updates the **Benefit Start Date** and **Benefit End Date**.	Member *Coverage Start Date* matches the *Coverage End Date* on the *Current Enrollments* page for cancelled enrollments when an SCR updates the **Benefit Start Date** and **Benefit End Date**.	Current Enrollments
54510 (CR 174050)	Defect	There is a data mismatch between the *Enrollment Premium* and the *Enrollment* tables, causing different premium values to display on the *Administration Enrollment Dashboard* and *Current Enrollments* pages.	The *Enrollment Premium* and *Enrollment* tables are in sync and the correct values display on the *Administration Enrollment Dashboard* and *Current Enrollments* pages.	Administration Enrollment Dashboard Current Enrollments

Interfaces

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
159517	Change Request	Electronic Data Interchange (EDI) 834 transactions are generated to the Carriers with the Agent information only when there is an update (enroll, modify, or dis-enroll) to the associated Consumer's enrollment record. This CR is phase 2 of 2 to address the problem. Phase 1 of 2 was implemented in Release 20.9 with CR 144858.	**Functional Changes:** A new **Case ID** search field is added to the *Enrollments Search* page on the *Enrollment* tab, allowing Agents Issuer Enrollment Representatives to perform a search for a Consumer's Household Case ID. • The Case ID is added to the search results on the *Enrollments* page The following error message displays on the *Enrollments Search* page if the Issuer Enrollment Representatives Agent does not enter 10 numeric digits: • *Please enter a 10-digit numeric Household Case ID*	Enrollments Active Consumer

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

			• Additionally, the Case ID displays on the following:
			   o Enrollments tile
			   o *Enrollment Export File*
			
			The *Household Eligibility Information* popup on the *Active Consumer* page displays the CA Premium Subsidy eligibility for each household member, as well as the CA Premium Subsidy amount (per month) at the household level.
			• The **CA Premium Subsidy** field remains blank if the household is not Eligible for the California Premium Subsidy
			
			• The *CA Premium Subsidy* column in the *Applicant Eligibility* section displays the following options:
			   o *Yes* for Eligible household members
			   o *No* for Non-Eligible household members
			
			Technical Changes:
			The Agent of Record information is generated and sent to the Carriers through an 834 EDI transaction based on modified Agent information.	

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
			The Interface between GI and HBX is updated to include the following: • State Subsidy Flag • State Subsidy Amount	
165733	Change Request	CalHEERS enhancements are needed in the following areas: • Users cannot update the income/deduction name for the records that are received on EDR without an income or deduction name • Medicare Part A and B does not display for all applying and non-applying members • The *Budget Worksheet* page does not display the result for MCAP pregnancy holds • Static text is missing in the Spanish translation for the Eligibility factor – EligStatus 033	**Functional Changes:** The following enhancements are added to CalHEERS: • For a Renewal or RAC, a user can update the **Name** field for the records that are received via EDR • On the *Select all household members who are currently enrolled in Medicare* page, all applying and non-applying household members display • On the *Budget Worksheet* page, the response will display *Yes* for the *MCAP pregnancy hold applies?* indicator the Consumer meets eligibility criteria for MAGI Medi-Cal but is being held in MCAP due to a MCAP pregnancy hold • Updates to the Spanish translation for the static text displays *So your health coverage can start, you must pay your first premium by the due date. You may*	Select all household members who are currently enrolled in Medicare Budget Worksheet How is [HHMs] income changing? How is [HHMs] deduction changing?

Version 4

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
			contact your health plan directly, or you can wait for them to bill you. Please do not send your payment to Covered California.	

Notices

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
160443	Change Request	The Notices/Snippets below do not support the changes introduced as part of Release 21.2. • CalNOD61 uses a separate *Getting Help in a Language Other than English* attachment page and not the standardized version currently used on most notices. In addition, variable updates are needed for CalNOD61A, CalNOD61B, and CalNOD61C • CalNOD69 does not trigger for newly added dependents in batch if no subsequent denial or discontinuance is received for that dependent on the same day	**Functional Changes:** The following Notices/Snippets are updated to support the 21.2 Release: • The NOD11 notice is updated as follows: ○ NOD11A variables are updated. The notice is for all Consumers who are currently enrolled or were previously determined Eligible for APTC/CSR who selected a health plan irrespective of plan effectuation and have not provided consent ○ NOD11B is discontinued • CalNOD61 notice is updated as follows: ○ CalNOD61A, CalNOD61B, and CalNOD61C variables updated ○ The *Getting Help in a Language Other than*	

Version 4

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
			English attachment page is merged with NOD61A, B, or C prior to generating the notice. This document is now attached to the notice and is not a separate document • CalNOD69 triggers and text updates, as well as associated appeals page, for newly added dependents in batch if no subsequent denial or discontinuance is received for that dependent on the same day **Technical Changes**: • NOD01 notice is updated as follows: o Snippets 911, 912 and 913 do not trigger if a Consumer is in Carry Forward status o Snippet 911, 912 and 913 do not trigger if Snippet 775 is triggered for the Consumer	
164939	Change Request	Adobe is retiring LiveCycle Enterprise Suite 4 and replacing it with Adobe Experience Manager (AEM). An upgrade to AEM is required so that CalHEERS can continue to access and deliver features for the generation of NOAs and forms, including fillable and savable forms.	**Functional Changes**: There are no functional changes for this CR. **Technical Changes**: CalHEERS is upgrading to Adobe Experience Manager to allow CalHEERS to continue to access and deliver features for the	N/A

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
			generation of NOAs and forms, including fillable and savable forms.	
53650 (CR 169255)	Defect	NOD01 incorrectly displays the ROP date from the past benefit year.	NOD01 correctly displays the ROP date from the current benefit year.	N/A
54964 (CR 174050)	Defect	Snippet 365 on NOD01 incorrectly displays negative income when deductions are greater than income.	Snippet 365 on NOD01 correctly displays negative income when deductions are greater than income.	N/A

Online Application

Ref ID	Type	Previous Design/Problem	Updated/Resolved Functionality In this Release	Pages Impacted
53169 (CR 169255)	Defect	The *Household Relationships* section of the *Review [HHM's] Information* page is misaligned when a person is added during a RAC.	The *Household Relationships* section of the *Review [HHM's] Information* page is aligned as expected when a person is added during a RAC.	Review [HHM's] Information
53282 (CR 169255)	Defect	CalHEERS incorrectly inserts the SCR's name when the SCR logs in and navigates to the *Case Notes* page and reviews the following case note: • *Alimony income or alimony paid deduction records were provided prior to the collection of the divorce, modification, or separation date. System will default the date as 12/31/2018 until a date is provided.*	CalHEERS does not auto insert the SCR's name when the SCR logs in and navigates to the *Case Notes* page and reviews the following case note: • *Alimony income or alimony paid deduction records were provided prior to the collection of the divorce, modification, or separation date. System will default the date as 12/31/2018 until a date is provided.*	Case Notes
53321 (CR 169255)	Defect	The relationship status reverts back to the intake application status for HHMs after users attempt to complete a RAC to update the marital status. Clicking the **OK** button on the *Please Review Your Household*	The relationship status saves after users complete a RAC to update the marital status. Clicking the **OK** button on the *Please Review Your Household* popup navigates users to the *Confirm These*	Confirm These Relationships and Marital Statuses are Correct

Ref ID	Type	Previous Design/Problem	Updated/Resolved Functionality In this Release	Pages Impacted
		popup incorrectly navigates users to the *Confirm These **Home and Mailing Addresses** Are Correct* page, instead of keeping users on the *Confirm These Relationships and Marital Statuses are Correct* page.	*Relationships and Marital Statuses are Correct* page.	
53581 (CR 174050)	Defect	The Spanish validation message displays the incorrect message on the *Create an Account to Apply* page when a password contains a dictionary word. The English validation message does not display.	The correct Spanish and English validation messages display on the *Create an Account to Apply* page when a password contains a dictionary word.	Create an Account to Apply
53627 (CR 169255)	Defect	The *Budget Worksheet* page incorrectly displays the total countable income of the tax filer in the dependent's section of the worksheet.	The *Budget Worksheet* page correctly displays the tax filer's income only in the tax filer's section of the worksheet. The dependent's section only displays his or her respective countable income.	Budget Worksheet
53648 (CR 169255)	Defect	The Agent Portal incorrectly displays the *Relationship* of minors as *Parent* on the *Household Composition for [HHM]* page.	The Agent Portal correctly displays the *Relationship* of minors on the *Household Composition for [HHM]* page.	Household Composition for [HHM]
53973 (CR 174050)	Defect	For cases where a new HHM is added in a RAC and then an unsubsidized HHM is removed in a second RAC, the following issues display on the *Has Your **Household Changed?*** page: • The *Are you sure you want to delete [HHM]?* popup does not display if a plan is not selected during the first RAC • The *How do you want to remove [HHM] from*	For cases where a new HHM is added in a RAC and then an unsubsidized HHM is removed in a second RAC, the following displays on the *Has Your **Household Changed?*** page: • The *Are you sure you want to delete [HHM]?* popup displays if a plan is not selected during the first RAC	Has Your Household Changed?

Ref ID	Type	Previous Design/Problem	Updated/Resolved Functionality In this Release	Pages Impacted
		your household? popup does not display the popup title if a plan is selected during the first RAC	• The *How do you want to remove [HHM] from your household?* popup displays the popup title if a plan is selected during the first RAC	
55227 (CR 169255)	Defect	The ROP Expiration Dates for the *Income* and *Incarceration* attributes on the PERSONAL VERIFICATION page are incorrectly removed when a user changes a last name during a RAC.	The ROP Expiration Dates for the *Income* and *Incarceration* attributes on the PERSONAL VERIFICATION page remain when a user changes a last name during a RAC.	PERSONAL VERIFICATION
54516 (CR 174050)	Defect	The **Show More** button incorrectly displays next to the *b. Allowable Deductions (Monthly)* line item on the *MAGI Medi-Cal Household Income Budget* section of the *Budget Worksheet* page. Deductions incorrectly populate when users click the **Show More** button.	The **Show More** button correctly displays next to the *b. Allowable Deductions (Monthly)* line item on the *MAGI Medi-Cal Household Income Budget* section of the *Budget Worksheet* page. Deductions correctly populate when users click the **Show More** button.	Budget Worksheet
54694 (CR 174050)	Defect	ADA requirements are not met for the **Current Start Date** and **New Start Date** fields on the *Renewal/Open Enrollment Date Management* page when logged in as an Extended Enrollment SCR Admin.	ADA requirements are met for the **Current Start Date** and **New Start Date** fields on the *Renewal/Open Enrollment Date Management* page when logged in as an Extended Enrollment SCR Admin.	Renewal/ Open Enrollment Date Management
54936 (CR 169255)	Defect	Information entered in the **Address Line 1** and **Address Line 2** fields incorrectly display together in the **Address Line 1** field on the *Agent Information* page when the Broker Admin updates an Agent's address and selects the **Address You**	Information entered in the **Address Line 1** and **Address Line 2** fields correctly display on the *Agent Information* page when the Broker Admin updates an Agent's address and selects the **Address You Entered** option from	Agent Information

Ref ID	Type	Previous Design/Problem	Updated/Resolved Functionality In this Release	Pages Impacted
		Entered option from the *Check Your Address* popup.	the *Check Your Address* popup.	
55494 (CR 174050)	Defect	The **Select Year** toggle on the *Consumer Home* page does not display the 2021 option when a Consumer enrolls in a 2021 plan and then completes a RAC for 2020 and become eligible for the other program (CCP/Medi-Cal), in the following situations: • Cases that are Medi-Cal eligible in 2020 and CCP eligible in 2021 • Cases that are CCP eligible in 2020 and Medi-Cal eligible in 2021	The **Select Year** toggle on the Consumer Home page correctly displays the 2021 option when a Consumer enrolls in a 2021 plan and then completes a RAC for 2020 and become eligible for the other program (CCP/Medi-Cal) in the following situations: • Cases that are Medi-Cal eligible in 2020 and CCP eligible in 2021 • Cases that are CCP eligible in 2020 and Medi-Cal eligible in 2021	Consumer Home

Key Fixes

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

Consumer Assistance

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
55312	Defect	The **Export Book of Business** link is unresponsive on the *My Delegations - Active Consumers* page. Agents and Agency Managers are unable to export their book of business.	The **Export Book of Business** link on the *My Delegations - Active Consumers* page allows Agents and Agency Managers to export their book of business.	My Delegations – Active Consumers

eHIT

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
55547	Defect	SAWS cases where negative actions are applied to all members and the Primary Contact provided **Home Phone**	SAWS cases where negative actions are applied to all members and the Primary Contact provided **Home Phone** as	N/A

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
		as the method of contact are not discontinued.	the method of contact are discontinued.	

Enrollment-Financial Management

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
55654	Defect	When using Internet Explorer browser, the *Plan Details* page does not display the health and dental plan details when users click on any of the **Carrier Logo** buttons.	When using Internet Explorer browser, the *Plan Details* page displays the health and dental plan details when users click on any of the **Carrier Logo** buttons.	Plan Details

Notices

Ref ID	Type	Previous Design/Problem	Updated/Resolved Functionality In this Release	Pages Impacted
55020	Defect	Notice NOD12 incorrectly displays Agent/CEC contact details instead of the Primary or Admin contact for the Entity.	NOD12 correctly displays the Primary or Admin contact details for the Entity.	Special Enrollment
55183	Defect	Formatting and spacing issues display on NOD12 for the following languages: • Arabic • Chinese • Farsi • Korean	Formatting and spacing display correctly on NOD12 for the following languages: • Arabic • Chinese • Farsi • Korean	N/A

Online Application

Ref ID	Type	Previous Design/Problem	Updated/Resolved Functionality In this Release	Pages Impacted
53356	Defect	The **Manual Verification** button on the *Search Individual* page incorrectly enables for cases that are closed-duplicate and then re-opened by an Admin user without re-applying.	The **Manual Verification** button on the *Search Individual* page correctly disables for cases that are closed-duplicate and then re-opened by an Admin user without re-applying.	Search Individual
54898	Defect	Agency Managers cannot search for Consumers on the *Active Consumers* page using the like search functionality for both the **Agent First Name** and **Agent Last Name** search filters.	Agency Managers can search for Consumers on the *Active Consumers* page using the like search functionality for both the **Agent First Name** and **Agent Last Name** search filters.	Active Consumers
54947	Defect	A Consumer is unable to navigate past the *Special Enrollment* page when the application contains more than one household member, the application has not yet been submitted, and the Consumer completes the following steps: 1. Consumer clicks the **Edit** button on the *Review Household Information* page 2. Consumer clicks the **Review** button for the Primary Contact on the *Tell us About the People in Your Household* page 3. Consumer **Removes** the Primary Contact member 4. Consumer clicks **Done** button and is navigated back to the *Special Enrollment* page 5. Consumer clicks the **Next** button on the *Special Enrollment* page and is unable to navigate past this page to the *Who is the*	A Consumer can navigate past the *Special Enrollment* page when the application contains more than one household member, the application has not yet been submitted, and the Consumer completes the following steps: 1. Consumer clicks the **Edit** button on the *Review Household Information* page 2. Consumer clicks the **Review** button for the Primary Contact on the *Tell us About the People in Your Household* page 3. Consumer clicks the **Remove** button for the Primary Contact member 4. Consumer clicks the **Done** button and is navigated back to the	Special Enrollment

Ref ID	Type	Previous Design/Problem	Updated/Resolved Functionality In this Release	Pages Impacted
		Primary Contact for your Household? page	*Special Enrollment* page Consumer clicks the **Next** button on the *Special Enrollment* page and can continue to the *Who is the Primary Contact for your Household?* page	
55161	Defect	The *Verification Date* values for *Deceased* and *Incarceration* attributes display incorrectly on the *PERSONAL VERIFICATION* page after the reapplication is completed via SAWS EDR.	The *Verification Date* values for *Deceased* and *Incarceration* attributes display correctly on the *PERSONAL VERIFICATION* page after the reapplication is completed via SAWS EDR.	PERSONAL VERIFICATION
55245	Defect	We Apologize Error 517TSYLA incorrectly displays when an SCR or Consumer clicks the **Renew** button on the Consumer Home page for cases in Renewal mode with at least one HHM with an Out-of-State address.	We Apologize Error 517TSYLA does not display when an SCR or Consumer clicks the **Renew** button on the Consumer Home page for cases in Renewal mode with at least one HHM with an Out-of-State address. Users can proceed with the Renewal as expected.	Consumer Home

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.

Online Application

AP#	Alternate Procedures No Longer in Effect	Ref ID	Release Delivered
324	A Consumer is unable to navigate past the *Special Enrollment* page	54947	21.2

AP#	Alternate Procedures No Longer in Effect	Ref ID	Release Delivered
325	Agency manager is not able to search consumers, when the search criteria is Like search for *Agent First name* and *Agent Last name*	54898	21.2

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

Online Application

AP#	CIT #	New Alternate Procedures	Ref ID	Planned Release
327	0016-21	Delegation Tool, Authentication process does not enable the **Send One Time Authentication Code** button after the first and second attempt to enter an expired code	55859	21.6

Glossary

Acronym	Full Form
ABE	Accenture Billing Engine
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

Acronym	Full Form
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
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

Acronym	Full Form
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
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 Request
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

Acronym	Full Form
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