

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

(as of 01/13/2016)

RE-LEASE	CR NUMBER	TITLE	REQUESTOR	BRIEF DESCRIPTION	Advocate Comments	STATUS UPDATES for 1/15/2016 AB 1296 MEETING
R16.2 - (Planned Deployment Date 3/7/2016)						
R16.2	45507	Former Foster Youth Phase 2	DHCS	<p>This change request is Phase 2 of CR #3066. Since R15.9, all attested Former Foster Care (FFC) individuals were eligibility evaluated and determined by CalHEERS. In this phase, additional eligibility criteria will be programmed into CalHEERS, which includes:</p> <ul style="list-style-type: none"> * Allow page flow changes to suppress Tax, Health, and/or Income pages for single FFY applicant who attests to being FFY. * Verify enrollment in foster care and Medicaid in accordance with the CMS verification plan, which is to verify foster care and Medicaid enrollment through the county social services offices, post-eligibility determination and enrollment. * Allow FFY the ability to upload documents for verification of FFY status. 		CR is scheduled for implementation in R16.2.
R16.9 R15.9 R16.2	4846	CCHIP Interface and Integration (3 counties)	DHCS	<p>This CR is to develop a long term solution for the CalHEERS MAGI business logic to allow MAGI eligibility determinations and fully integrate CCHIP eligibility for participating counties. CCHIP are state & federal funded public programs that are required to use MAGI rules for eligibility pursuant to the ACA. Per federal guidance, children eligible for CCHIP are NOT eligible for APTC; therefore, this change request is critical.</p>	(3/20/15) What have we been doing for this population up until now?	CR is scheduled for implementation in R16.2.
R16.2 TBD	47816	Medi-Cal Access Program Integration Phase 2	DHCS	<p>This change request is Phase 2 of CR #8517, which was implemented in R15.9.</p>		CR is delayed.

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R16.4 R15.9 R16.2 R16.9	40758	Use lower income	DHCS	<p>As part of the Single Streamlined Application (CR 6933, implemented in release 15.3 on March 2, 2015), CR 3161 "SSA - Add Projected Annual Income and Reasonably Predicted Future Changes to income" provides the following functionality for determining MAGI individual household monthly income:</p> <p>* The sum of projected annual income amount (PAI) for each person in the MAGI household, divided by 12 (if PAI is available).</p> <p>* If PAI is unavailable, all countable income minus the 5% income disregard amount if applicable (California opted to add the disregard to the FPL), and minus any deductions. In accordance with W&I Code, Section 14005.65, the intent of this request is to implement the following additional MAGI individual household monthly income functionality when both current monthly income and PAI are available:</p> <p>* If current monthly income and PAI are both available, divide PAI by 12, compare PAI divided by 12 with currently monthly income, then use the lower of the two (PAI divided by 12 or current monthly income).</p>	(3/20/15) Advocates strongly support prioritizing this CR which implements income rules that were supposed to be effective Jan 2014.	CR is delayed and planned for implementation in R16.9.
R15.9 R16.2	37033	Enhancement Income for Open Enrollment	DHCS	<p>CalHEERS system to add programming to prorate, on a daily basis, the calculation of monthly and yearly income when reported income is end dated, for all income frequencies. CalHEERS system to add programming to differentiate between different weekly reported amounts from the same source. Create a shared income ID that will stay unchanged for the same source.</p>		CR is scheduled for implementation in R16.2.

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R16.2	35243	SB 1341- Scope and estimate costs to transfer NOA generation to SAWS	DHCS	This CR is a request for Accenture's support to help define and cost estimate the CalHEERS' solution for movement NOA functionality from CalHEERS to SAWS. A "SB 1341 Medi-Cal Notices Solutions Concepts" document has been drafted that contains alternative approaches for changing the CalHEERS notice functionality. Each of the SAWS Consortia and Accenture will review the alternatives, modify if appropriate, and then provide a cost estimate of the alternatives for budgeting purposes. When budget and approach decisions are made, the CR will be used to move forward with a solution design. From SB 1341: "This bill would require the Statewide Automated Welfare System to be the system of record for Medi-Cal and to contain all Medi-Cal eligibility rules and case management functionality. The bill would, notwithstanding this provision, authorize the California Healthcare Eligibility, Enrollment, and Retention System (CalHEERS) to house the business rules necessary for an eligibility determination to be made, as specified, pursuant to the federal Patient Protection and Affordable Care Act. The bill would, if that authority is exercised, require CalHEERS to make the business rules available to the Statewide Automated Welfare System consortia to determine Medi-Cal eligibility. The bill would specify the manner, effective January 1, 2016, in which the functionality to create and send notices of action for the Medi-Cal and premium tax credit programs would be implemented, including a requirement that the Statewide Automated Welfare System be used to generate noticing language and notice of action documents."	(3/20/15) Advocates urge that implementation of AB 617 occur concurrently with SB 1314 so that design accounts for these statutory requirements including a consolidated notice. Implementing separately would be more costly and consumers are confused by the current multiple notices. (9/11/2015) DHCS & Advocates discussed comment at the September 11, 2015 AB 1296 meeting.	CR is scheduled for implementation in R16.2.
R16.2	50102	Implement Functionality for Discontinuance and Denial NOA	DHCS	This CR requests the CalHEERS system to look at past eligibility history for an "eligible" and "conditionally eligible" status (not 8E) in the previous benefit month when the individual has a current eligibility status of a "pending" eligibility status and discontinue the consumer when a negative action is applied.		CR is scheduled for implementation in R16.2.

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R15.9- R16.2	11708	Do Not Display non-MAGI Screen and Citizenship/Immigration Questions For Non-Applying Household Members	DHCS	Update CalHEERS functionality to ensure the following questions will not appear for household members not seeking benefits: <ul style="list-style-type: none"> · The non-MAGI screening question related to disability, long-term care and Medicare; · All Citizenship and immigration questions. 	(3/20/15) Advocates strongly support prioritizing this CR and thought this had already been programmed in CalHEERS. Non-applicants should also not be asked for SSN until income section of application and should be marked as optional. Advocates would like to see test screen shots of this fix.	CR is scheduled for implementation in R16.2.
R15.9- R16.2	10804	Use Administration Verification from SAWS to Grant Full Eligibility Determination	DHCS	Per federal regulations, a full eligibility determination cannot be granted at the first call to the Federal Data Services Hub if all data elements are "administratively verified" by the eligibility worker at the county level. The only data element that CalHEERS accepts, process, and stores in the first run is the California residency verification. This change request will allow the following verification elements, if administratively verified, to be granted a full eligibility determination at the first call to the BRE. These administrative verifications include the following verification elements: California Residency Verification, Social Security Verification, Citizenship Verification, Lawful Presence Verification, Not Receiving Minimal Essential Coverage Verification, Not Dead Verification, Not Incarcerated Verification, Income Verification, and Authorized Representative.		CR is scheduled for implementation in R16.2.
R16.2	47817	Update 2016 Annual FPLs in CalHEERS	DHCS	This CR requests the annual update to the FPL Table in OPA with the actual 2016 FPL values in the 16.2 system release. In January 2016, the Federal Health and Human Services Agency will publish the 2016 Federal Poverty Levels (FPLs) in the Federal Register (FR). 2016 FPLs will be effective on the date published in the FR, and must be implemented by CalHEERS in the 16.2 release in order to minimize the population of beneficiaries that may be incorrectly determined not eligible for Medi-Cal based on 2015 FPLs between January 1, 2016, to the date of implementation by CalHEERS.		CR is planned for implementation in R16.2.
R16.2	45851	Data Extract for Potential Reevaluation of Medi-Cal Eligibility with Updated 2015 FPLs	DHCS	This Change Request is for CalHEERS to provide a data extract identifying Medi-Cal beneficiaries whose 2015 eligibility determinations may potentially have been impacted by the updated 2015 FPLs (with implementation of CR 33930).		As noted in 9/11/15 meeting, CR had been withdrawn by DHCS.

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R16.2	37037	eHIT Schema 4.0	DHCS & CovCA	This change is opened as a place holder to capture and enhance the functionality post deployment of schema 3.0. The purpose of this CR is develop the Design Artifacts (e.g. BSD), and Build Artifacts (e.g. IDD) for the requested 4.0 eHIT updates.		CR is scheduled for implementation in R16.2.
R16.2	7169	Expedited/Flexible Application Entry for SCRs	CovCA	Covered CA discovered that during the process of entering Paper Applications, SCRs had to revisit applications multiple times because the Consumer failed to enter needed information. In an effort to reduce the time it takes to complete the paper application process, Covered CA would like for Service Center Representatives (SCRs) and/or any Covered CA designated role, to be able to skip required fields and continue entering the information provided by the Consumer. The system must be able to notify the Consumer of needed missing information and task the Service Center Representative when the missing information is received via mail, fax, or document upload. This change will reduce the number of times an SCR will need to revisit the application and will reduce the amount of time it currently takes SCRs to complete applications.		CR is scheduled for R16.2.
R16.2	32825	Implementation of CalHEERS Functionality for email/Electronic Notification to View Notice Securely Available in CalHEERS	CovCA	This change request implements CalHEERS Baseline functional requirements for E-Mail/Electronic notifications to consumers who have selected e-mail as their preferred mode of communication.		CR is scheduled for implementation in R16.2.
R16.2	48140	Courtesy Callback	CovCA	Courtesy Callback offers callers to Covered CA the option to provide a call back number once they have been placed in queue when certain business conditions are met. This allows the caller to terminate their call while at the same time preserving their position in queue. When their turn in queue comes up the IVR places a call to the number previously provided and routes the call to an SCR.		CR is planned for implementation in R16.2.

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R16.4 - (Planned Deployment Date 5/16/2016)						
R16.9 R16.2 R16.4	4304	Modify Income Limit for Children Ages 6-19 for Aid Code P5 & P6	DHCS	The income limit for children age 6-19 enrolling for mandatory categorically needy coverage under the ACA children's group, aid codes P5 and P6, is 133% of the federal poverty level as referenced in 42 CFR 435.118(b)(2)(i). The MCED ACA Aid code list incorrectly identifies the income limit for ACA aid codes P5 and P6 as 108% FPL. This CR request CalHEERS to program income eligibility standard for enrollment in ACA aid codes P5 and P6 from 0% FPL up to 133% FPL. Implementing this system functionality will create an income eligibility overlap in the income range of 108% -133% FPL between aid codes P5/P6 and M5/M6. Aid codes P5/P6 follow the Medicaid rules and do not consider other health coverage as eligibility criteria. M5/M6 follow CHIP rules and do consider other health coverage as eligibility criteria. Therefore, children with income between 108%-133% FPL who are uninsured, do not have other health coverage, are aided in the CHIP aid codes M5/M6, while children who do have other health coverage are aided in the Medicaid aid codes P5/P6.	(3/20/15) Shouldn't the MAGI 5% disregard apply to these children? Thus, the income levels should change to 138% not 133%? Or is the 5% disregard applied after? DHCS> Discussed at 6/24/15 AB 1296 meeting. Advocate expressed concerns whether income limits are impacting eligibility. DHCS confirmed there is no impact to eligibility. There is a federal claiming issue related to Title 19 and Title 21.	CR is scheduled for implementation in R16.4.
R16.4	4633	Update Application for Deemed Infants	DHCS	Prior to the applicant beginning the on-line application, a link needs to be added to the "GET HELP WITH COSTS" page in order to provide information that needs to be given regarding deemed infants. The following needs to be added: * Infants less than one year old are eligible for Medi-Cal if their mother was on Medi-Cal or AIM at the time of delivery. You do not need to fill out an application to get Medi-Cal for an infant born to a mother with Medi-Cal or AIM at the time of delivery. Call your county social services office when your baby is born to make sure your baby is covered. Optional: If the following information is provided, the infant may be automatically eligible for Medi-Cal. You do not have to fill out Step 2 of this application for the infant. * Are you applying for a child less than 1 year old? £ Yes £ No If yes, did the child's mother have Medi-Cal or AIM when the child was born? £ Yes £ No If yes, will the child's mother be listed on this application? £ Yes £ No If yes, the mother is Person # _____ on this application If no, what is the mother's first and last name? Please provide the mother's Medi-Cal number, AIM number, or SSN _____	(3/20/15) Advocates urge this CR be moved to an earlier release as this is important eligibility functionality which advocates raised with the state in summer 2013 and was addressed on the paper SSApp.	CR is scheduled for implementation in R16.4.

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R16.2- R16.4	3068	PRUCOL	DHCS	<p>PRUCOL statuses cannot be verified through the FDSH Step 1 process. An applicant does not currently have the ability to self-attest to a PRUCOL category on the single streamlined application. CalHEERS needs to add up to two additional PRUCOL questions, to be determined later by DHCS, to collect PRUCOL data. The applicant(s) will get a conditional determination for the specific MC category, provided all other required data and verifications qualify them for Medi-Cal. Step 2 or Step 3 lawful presence verification will process the PRUCOL cases offline. The CMS Frequently Asked Questions indicates that any status can be verified using the G-845 Supplement-PRUCOL form. What we do not know is what the responses will look like. When the Step 2 or Step 3 responses are sent back in an offline manor, including the potential processing of the G845 Supplement-PRUCOL form, the rules will run again with the verification results, and the eligibility will be updated accordingly. CalHEERS needs to add two (2) additional questions to the single streamlined application:</p> <ol style="list-style-type: none"> 1. Is this applicant a PRUCOL Alien? Y/N if yes - 2. Which category _____(drop-down) <p>Administrative verification process when returned. SAWS will update and send to CalHEERS BRE. If this change request is not prioritized CalHEERS will not be able to accurately determine eligibility for this population and a workaround will need to be established.</p>	<p>(3/20/15) Advocates agree that individuals eligible for full-scope Medi-Cal as PRUCOL are properly screened by CalHEERS. But advocates are OPPOSED to adding the 2 additional questions in this CR to identify PRUCOL individuals. PRUCOL applicants are able to self-attest to PRUCOL when they answer Yes to the questions "Do you have satisfactory immigration status?" or "Are you an eligible immigrant?" Most consumers will not know what PRUCOL is to correctly answer such a question. To help identify potential PRUCOL individuals, recommend adding additional categories in the drop down menu of lawfully present individuals. Currently the list is limited to those who are lawfully present for purposes of APTC but the list should include those lawfully present for purposes of Medi-Cal as well. In addition, there should be a "catch all" category listed in the drop down menu indicating "I am known to Department of Homeland Security (DHS) but it is not taking steps to deport me.".....</p> <p>DHCS> Bi-weekly updates were provided in the Immigration Workgroup.</p>	Requested changes have been merged into CR #32277.
R16.4 R16.7	32277	Eligibility Based on LP/QNC Eligibility for IAP Based on Immigration Status (including merged PRUCOL CR 3068)	DHCS	<p>Per changes in CR #6197 (Verify Lawful Presence updates), new data elements previously unavailable in CalHEERS system, will become available and are important in eligibility determination. These fields include Qualified Non-Citizen attestation, Qualified Non-Citizen hub verification, and Qualified Non-Citizen admin verification. In addition, attestations, hub verifications and admin verifications of Lawful Presence should be used in determining eligibility. For Medi-Cal and APTC, CalHEERS must determine both eligibility status (Eligible, Conditional, Pending, Ineligible) and scope (Full or Restricted) based on this information.</p>	<p>(3/20/15) Advocates support moving this important CR earlier.</p> <p>DHCS> Bi-weekly updates were provided in the Immigration Workgroup.</p>	CR is delayed and planned for implementation in R16.7.

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R16.4 R16.7	29176	Determine and Send Alien and INS Date of Entry to MEDS	DHCS	<p>1. CalHEERS shall send the following three alien fields to MEDS: 1) Alien/INS Entry Date (DE2005), 2) Citizen/Alien Indicator (DE2009), 3) Alien Eligibility Code (DE2033).</p> <p>2. CalHEERS shall send the three above-mentioned alien fields to MEDS when Qualified Non-Citizen status is verified by the hub or administratively. TBD for which Medi-Cal eligibility statuses (Eligible, Conditionally Eligible, Pending) and scope (Restricted Scope, Full Scope) these fields must be sent.</p> <p>3. CalHEERS shall send the three above-mentioned alien fields to MEDS on the following transaction types: HX18, HX20, HX12, HX34.</p> <p>4. CalHEERS shall determine the Citizen/Alien Indicator and/or the Alien Eligibility Code based on inputs from the applicant, the federal hub and/or administrative verifications. Two approaches have been discussed: a. Create 2 new Citizen/Alien Indicator values in MEDS, to be used exclusively by CalHEERS. CalHEERS to determine based on two federal hub inputs - 'QualifiedNonCitizenCode' and 'FiveYearBarApplyCode', inputs from the applicant and/or inputs from administrative verifications. Proposed MEDS values/descriptions: i. '3' - CalHEERS hub or administratively verified Qualified Non-Citizen subject to the five year bar ii. '4'- CalHEERS hub or administratively verified Qualified Non-Citizen not subject to the five year bar b. Map to the existing Citizen/Alien Indicator and Alien Eligibility Code values, using one or more of the following: NonCitCoaCode, EligStatementCd, Immigration Document Type, other inputs from the applicant and/or inputs from administrative verifications. i. Note 2: COA Code is an optional field on the Hub-To-Requester Response. TBD if this field can reliably be used.</p> <p>5. CalHEERS shall factor the applicant's response to the US Military/Veteran question when determining the Citizen/Alien Indicator and/or the Alien Eligibility Code.</p>	<p>(3/20/15) Advocates would like more information on how CalHEERS determines a person is subject to the five-year bar. There are a number of exceptions and we would to ensure they are being applied correctly. In addition, this CR should ensure that info from the FDSH indicates 5 year bar is completed, that info is updated in CalHEERS and MEDS and triggers a new eligibility determination. We would appreciate a fuller discussion of this as part of the design process. Finally, is this CR specifically designed for the NQI wrap program? Isn't this information already captured in CalHEERS and MEDS?</p> <p>DHCS> Bi-weekly updates were provided in the Immigration Workgroup.</p>	CR is delayed and planned for implementation in R16.7.
R16.4	52030	SB 75 - Full Scope Medi-Cal for All Children	DHCS	<p>This change request is to implement the provision of SB 75 which grants full scope Medi-Cal to children under age 19 regardless of immigration status if they meet all other eligibility criteria effective May 1, 2016. CalHEERS will place these children into the appropriate, existing full scope MAGI aid codes. If not implemented, eligible children under 19 regardless of immigration status will not receive full scope Medi-Cal as authorized SB 75 Section 35 and WIC Section 14007.8(a).</p>		CR is scheduled for implementation in R16.4.

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R16.2- R16.4 R16.7	3124	Non-Qualifying Immigrants (NQI) Medi-Cal Affordability Wrap	DHCS	Welfare & Institutions Code 14102 establishes an affordability program to cover the premium and cost-sharing charges for any individual who is 21 years of age or older, who does not have minor children eligible for Medi-Cal benefits and would be eligible for Medi-Cal benefits but for the five-year eligibility limitation under Section 1613 of Title 8 of the United States Code. This population is referred to as non-qualifying immigrants (NQI). Per this statute, DHCS will pay for both the cost sharing and the premium costs for the individual's Qualified Health Plan (QHP) in the Exchange. This program becomes operative January 1, 2014. NQI adults subject to the five-year bar will be identified by the federal hub since the Verify Lawful Presence (VLP) interface (version 33), CR 6933, was installed in R15.3 on March 2, 2015. CalHEERS functionality is needed to identify these individuals at Covered California open enrollment and place them, if eligible, into the Medi-Cal Benefits and Affordability Wrap program. NQI adults eligible for the affordability wrap are provided two aid codes: (1) Exchange aid code reflecting APTC/CSR coverage; and (2) a state-only, full-scope Medi-Cal aid code to serve as an indicator for wrap coverage. CalHEERS will maintain case management for the APTC/CSR components of the case and the SAWS will maintain case management of the Medi-Cal aid code. The affordability program shall be made available at November 2014 Covered California open enrollment with eligibility coverage to commence January 1, 2015.	(3/20/15) Advocates support delaying implementation of the NQI wrap to ensure other programming priorities are inputted first. DHCS> Bi-weekly updates were provided in the Immigration Workgroup.	CR is delayed and planned for implementation in R16.7.
R16.4	52313	Prevent multiple/duplicate accounts, applications and cases in CalHEERS - Short Term Solution	DHCS	CalHEERS functionality does not prevent the creation of multiple accounts and/or applications for the same household with the same members. These multiple applications can report the same, similar or differing information for the same members, can be granted different program eligibility and eligibility statuses, and can be linked differently across the CalHEERS, SAWS and MEDS systems. To mitigate this issue CalHEERS needs to search criteria upon account creation and have soft messaging on account creation and Hard Stop messaging requiring and Admin touch		CR is planned for implementation in R16.4.

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R16.4	30174	Implement CalHEERS MEDS (MEC) Check for Medi-Cal Eligibility	DHCS	CalHEERS does not currently perform a MEC check for potential MAGI-Medi-Cal eligible individuals at application, renewal or change of circumstances. This change request is for CalHEERS to perform an MEC eligibility check with the Medi-Cal Eligibility Data System (MEDS) at application, renewal or change of circumstances to prevent duplicate applications and to allow the counties to transition consumers into MAGI eligibility when appropriate. The CalHEERS System shall activate the MEDS MEC check for all eligibility determination requests (intake and RAC) (MAGI Medi-Cal). If CalHEERS receives an EHIT from SAWS indicating that no MEC check is needed, CalHEERS will not perform the MEC check. CalHEERS shall also allow administrative users at the portal to bypass the MEC check as determined by the administrative user. If not implemented, non-MAGI applicants or beneficiaries are being granted eligibility in MAGI aid codes inappropriately. This creates systems problems, inappropriate federal financial participation claiming and sometimes financial hardship to child beneficiaries when they are transitioned from buy-in aid codes to Title XXI MAGI aid codes which don't support buy-in and are inappropriately bought-out of Medicare Part B.		CR is scheduled for implementation in R16.4.
R15.9 R16.2 R16.4	3043	Soft Pause - Create Pending Status for MAGI-Medi-Cal Adverse Action	DHCS	This CR is update CalHEERS BRE to make MAGI Medi-Cal Discontinuance or MAGI Medi-Cal no Premium to Premium Status of "Pending" and make updates to eHIT DER transaction to pass Pended MAGI Medi-Cal Discontinuances/ no Premium to Premium changes to SAWS. It will also have updates to include specific individuals to include (Parents, Caretakers, Pregnant Women and Children). The implementation will create the ability for CEW's/SAWS to lift the Soft Pause and create a flag that identifies a case that is being protected by Soft Pause for CEW's / SAWS to view. NOTE: Part 1: Soft Pause for Parents and Children has been implemented. NOTE: Part 2: Soft Pause for Caretakers Relatives and Pregnant Women has NOT been implemented, as well as adds the ability to lift the soft pause.	(3/20/15) This is important eligibility functionality that should not be postponed any further and should be retained in 15.9 release or earlier. Advocates would like to review NOA snippets that explain this soft pause to consumers at the eligibility results screen. Note that this CR should not prevent a consumer from getting APTCs if they are over 65 as there are consumers who should remain eligible for APTC even if they are over 65 and categorically eligible for non-MAGI but will be over income or over resources for non-MAGI eligibility.	CR is scheduled for implementation in R16.4.

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R16.4 R16.7	31943	RIDP Text Changes	CovCA & DHCS	Text changes requested by CWDA and DHCS for the new RIDP functionality in the Covered CA website.	(3/20/15) Advocates would like to review the text changes. Advocates have also asked for changes in the RIDP and would like to discuss what has been implemented and what is still yet to be done.	CR is delayed and planned for implementation in R16.7.
R16.9 R15.9 R16.4	8415 (refer to 52600)	Servicing County and Case Management County	DHCS	This change request is for functionality to support Servicing Counties and Case Management Counties when a consumer is placed in one county and case management is the responsibility of another county.	(3/20/15) Advocates support prioritizing this CR.	Refer to CR #52600.
R15.9 R16.2 R16.4 TBD	3065	Continuous Eligibility (CE) for Pregnant Women	DHCS	This CR will implement CE for Pregnant Women. Those eligible are: <ul style="list-style-type: none"> • Medi-Cal eligible pregnant women enrolled under the 185 or 200 percent program with no SOC who with the increase in income would otherwise have eligibility to the pregnancy program. • Pregnant women in the Medically Needy or Medically Indigent program who with an increase in income have a SOC or a higher SOC. • Pregnant women on public assistance (PA) or other PA (SSI/SSP) who due to an increase in income lose PA eligibility and zero SOC cash-based Medi-Cal. Qualification requirements: To qualify for CE a pregnant woman must be "eligible for and receiving" Medicaid benefits at the time of the income increase. This means that the pregnant woman must have met her share-of-cost (SOC)(been certified) at least once during her pregnancy, prior to or in the same month of the income increase in order for her (and later her infant) to qualify for CE/DE. DE is for infants, CE for pregnant women.	(3/20/15) We understand CE for Pregnant Women is continuing to function in the SAWS. DHCS> Discussed this CR at 4/17/15 AB 1296 meeting. DHCS/MCED stated these consumer protection programs (CPP) had been postponed to 2016 release.	CR is delayed.

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

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R16.4	47630	CalHEERS Case Number added to Alert File from MEDS	DHCS	DHCS is adding the CalHEERS Case Number to the Alert file sent to CalHEERS. CalHEERS needs to accept the updated file layout and use the CalHEERS Case Number returned on the Alert to populate the CalHEERS Case ID field on the MEDS Message screens designed as part of CR7536. The addition of the CalHEERS Case Number will also facilitate research and analysis. Without this change, finding all MEDS error messages (Web Service Responses and Alerts) associated with any CalHEERS Case ID will be more difficult. A CSR or CEW would have to know the CIN for the transaction that alerted. If they wanted to research an entire case, they would have to find each individual CIN and look the Alerts up individually. With this change, they would be able to find all the individual Alerts associated with a single case using a single query.		CR is scheduled for implementation in R16.4.
R16.4 R16.9	45852	MEDS Batch Transactions to Indicate Created Date and Time of CalHEERS Event in Header Field of the Transaction Line	DHCS	CalHEERS transactions are processed out of order of the events for various Interface Integration reasons. Individual level transactions may process even though the higher Case level transaction may not have processed. MEDS has identified that the Batch Transactions created in CalHEERS should represent the event date and time in the header of each of the MEDS Batch HX transactions. The intent is that the MEDS system can order by the Created Date and Time of the transactions sent from CalHEERS. The outcome is to reduce the amount of alerts that are produced from processing. CalHEERS will modify MEDS Batch Transactions HX20u, HX12, HX34, and HX40 to use the Event Date and Time in the header of the individual level batch transactions. This change is critical to ensure proper processing of MEDS transactions for both Medi-Cal and CovCA programs.		CR is delayed and planned for implementation in R16.9.
R16.4	54364	ADA Compliance Findings - Visual and text-based cues	CovCA	This CR will resolve ADA compliance findings by increasing the contrast between the foreground text and background color on navigation panels, disabled buttons, and required field asterisks icons and by providing text equivalents for information communicated solely via images.		CR under discussion and may move to a later release.
R16.4	46220	Consumers Not Eligible to APTC If Received APTC and Did Not File Income Taxes or Reconcile Their APTC for that Year	CovCA	This CR will allow Covered California to take action on consumers who have received APTC and have not filed an income tax return for that year and/or reconciled their APTC. Regulations require consumers who have received APTC and have not filed an income tax return for that year and reconciled their APTC to be determined no eligible for APTC.		CR is planned for implementation in R16.4.
R16.4 R16.9	37095	Enhanced CalHEERS Functionality for Specific SCR Roles for Manual Overrides	CovCA	The purpose of this Change Request is to enhance CalHEERS functionality to allow for specific SCR Roles for ability to manually override enrollment data to correct inconsistencies. This CR will support the ability of Covered California to manage complex cases and respond to appeals.		CR is planned for implementation in R16.9.
R16.4	43915	Send 834 Term/Re-enroll for Change in Subscriber ID as Primary Household Member	CovCA	This CR will update 834 transaction business rules when there is a change in subscriber. Carriers are unable to accept changes in the primary subscriber as maintenance transactions.		CR is planned for implementation in R16.4.

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R16.7 - (Planned Deployment Date 7/2016)						
R16.7	52600 (formerly 8415)	County of Responsibility / Electronic Inter-County Transfer (eICT)	DHCS	The purpose of this change request is for CalHEERS to have the ability to recognize a new county address, to de-link the County of Responsibility (FIPS County Code) from the previous county case, to accept the county of responsibility on initial case linkage via SAWS e-HIT unless case is already linked to another county, the ability to link to the new case and a new county case number, the ability to maintain historical values in a case, to remove validation from the EDR regarding residence address, to change the County of residence via the ICT process, and to archive the SAWS case number linkage if the consumer remains in the same County of Responsibility when moving in and out of MAGI-MC Eligibility. This is needed in order for a consumer residing in one county to have their case managed in another county.		CR is planned for implementation in R16.7.
R16.2 R16.4 R16.7 R16.9	46047	IAP Transition - APTC to MC and MC to APTC	CovCA & DHCS	This CR is intended to address current gaps in functional and technical design by: 1) enhancing the timing by which APTC//QHP eligibility and enrollment is terminated, 2) implementing a new notice to inform consumers about the transition from Covered CA to Medi-Cal and Medi-Cal to Covered CA, 3) enhancing reports available to Covered CA, DHCS, and Counties to monitor individuals / cases who have been found Medi-Cal eligible by CalHEERS.		CR is delayed and planned for implementation in R16.9.

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R16.4- R16.7 TBD	30049	MAGI Income Passed to SAWS	DHCS	When determining MAGI Medi-Cal financial eligibility, the CalHEERS uses MAGI household income, which is the sum of the MAGI of the individuals present in the household who's MAGI is counted when determining MAGI household income. For example, in regard to MAGI of children and other tax dependents, the MAGI of children and other tax dependents is counted in the calculation of MAGI household income, only when such child or other tax dependent is expected to be required to file a tax return for the benefit tax year. An individual's MAGI is determined by collecting various income amounts entered on the application or renewal form and determining which income sources count towards the determination of an individual's MAGI and which income amounts do not count towards the determination of an individual's MAGI. For each MAGI Medi-Cal applicant and beneficiary, the SAWS must receive the MAGI household income (sum of the individual household member's MAGI) as well as individual income amounts/sources used to calculate an individual's MAGI income.		CR is delayed.
R16.7	12055	Electronic verification of Medicare enrollment from SSA via the federal hub	DHCS	Individuals enrolled in Medicare are not eligible for enrollment in the "New Adult Expansion Group". Currently CalHEERS programming uses applicant self-attestation to determine if the applicant is enrolled for "Other Health Coverage" under Medicare. If an applicant with Medicare does not attest to enrollment in Medicare on the application, CalHEERS may incorrectly enroll the individual in the New Adult Group. The purpose of this CR is to have CalHEERS program the use of electronic verification of Medicare enrollment received from Social Security Administration via the federal hub when determining eligibility under the ACA new adult expansion coverage group.		CR is planned for implementation in R16.7.
R16.7	34752	CalHEERS to SAWS Horizontal Integration	CDSS	CoveredCA.com currently, at the end of the application process, allows an individual to request a referral for other assistance programs such as CalFresh and CalWORKS. This referral process leaves the client without coverage from those additional programs, and waiting to hear back from a county eligibility worker at some point down the road. Often, these referrals do not lead to completed applications because the client is no longer interested, or doesn't want to deal with it at the point in time of follow-up. Limited County resources often prevent these follow-ups from taking place within a reasonable time frame and this represents a missed opportunity to provide needed services. The purpose of this change request is for CalHEERS to allow applicants to immediately continue on and complete an application for additional benefits, such as CalFresh and CalWORKS, to eliminate the wait time before having the opportunity to complete an application for additional benefits, to identify applicants more likely to be eligible for additional benefits and more actively encourage them to apply for those benefits, and to simplify the process for applying for additional benefits by utilizing the information already provided in the health application (this will occur within SAWS). Without this change, applicants will likely continue to miss the opportunity to apply for additional benefits for which many are eligible at the time of application for a health plan. This will continue to diminish the number of California's receiving benefits from multiple programs for which they are entitled.		CR is planned for implementation in R16.7.

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RE-LEASE	CR NUMBER	TITLE	REQUESTOR	BRIEF DESCRIPTION	Advocate Comments	STATUS UPDATES for 1/15/2016 AB 1296 MEETING
R16.7	52341	Pregnant Teen Income Disregard- Unmarried- Pregnant Women Under 21	DHCS	The purpose of this change request is for CalHEERS to exempt all household income when determining the eligibility for unmarried pregnant women not eligible for any other mandatory or optional categorically needy coverage group who are either (a) under age 21 and living with her parents and is not going to file a tax return for the taxable year or (b) under age 21 and is going to be claimed as a tax dependent by parents in the taxable year (as outlined in State Plan Amendment 13-029). If not implemented, unmarried pregnant women not eligible for any other mandatory or optional categorically needy coverage group that are under age 21 may not receive medical coverage. Or, the pregnant women may be subjected to erroneous premium payments if enrolled in a Qualified Health Plan.		CR is planned for implementation in R16.7.
R16.7	29911	Collect Employer Name and Address and Generate Notice to Employers with Employees eligible to APTC	CovCA	Federal and state regulations require Covered California to notify any employer if one of their employees has been determined eligible for APTC through Covered California and notify them of their appeals rights. CalHEERS does not currently produce this notification and the questions about a consumer's employer are voluntary on the application. This change request will require consumers to answer questions about their employer (name and mailing address) and to generate a notice to be sent to any employer when an employee has been determined eligible for APTC. Additional employer information, EIN, contact person, and phone number will also be collected for the 1095 report. The CalHEERS System shall also generate a report at implementation of this CR and upon request for consumer who are eligible to APTC, currently employed, and employer information has not been collected. Notices shall be generated to consumers who are eligible to APTC, currently employed and employer information has not been collected. The notice shall instruct the consumer to log into CalHEERS or contact a SCR and update employer information. This CR will also remove the "Note to Employers and Employees" statement on the Household Member page from the Individual portal as this is in reference to SHOP.		CR is planned for implementation in R16.7.
R16.7	3262	Provide APTC Members the Choice to Purchase Member Level Plans and Allow RDPs and Children under the Age of 26 on Same Plan with Parents	CovCA	This CR includes the following features: Guaranteed issue for subsidized 1. Members level plan selection (for Subsidized App) 2. Split APTC for a tax household across multiple enrollments. This includes American Indian/Alaskan Natives (AI/AN) APTC members being able to select an AI/AN plan separately from non-AI/AN family member(s). 3. Multiple primary tax filers on the same case (domestic partners, children who are tax filers under age 26, or married spouses filing separately due to being victims of spousal abandonment or domestic abuse). 4. Apply rules for distribution of APTC across multiple tax filers. 5. Apply Age Out Rules for 26 years olds.		CR under discussion and may move to a later release.
R16.7	56178	Responsive Web Design for CalHEERS	CovCA	The intended outcome is for all consumer-facing pages of CalHEERS to be fully accessible and usable by consumers using a mobile device by modifying the CalHEERS web pages.		CR is planned for implementation in R16.7.

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RE-LEASE	CR NUMBER	TITLE	REQUESTOR	BRIEF DESCRIPTION	Advocate Comments	STATUS UPDATES for 1/15/2016 AB 1296 MEETING
R16.7	56179	Provider Directory Functionality	CovCA	This CR is intended to implement an integrated provider directory available to consumers directly through the CalHEERS website.		CR is planned for implementation in R16.7.
R16.9 and Beyond						
R16.2- R16.7+ TBD	40020	Enhance CalHEERS/SAWS SFTP Process to Volume	DHCS	The approved design of the eHIT Interface #7 Document and Image file transfer process follows a legacy SAWS implementation from the Electronic Inter-County Transfer Interface (e.g. eICT). On a per case basis, the current implementation creates a single zip for transfer among the SAWS consortia. The current implementation needs to be enhanced as the volumes of NOA and Imaged documents are larger than anticipated. This change request adds functionality to bundle daily case zips transfer, also known as Zip of zips. This change request enhances the process as the volumes of needed transfers is not satisfied by singleton transfers. From a technological perspective, it also provides a more compliant approach to existing systems that may not be able to support hundreds of simultaneous file transfer connections in order to meet the existing volumes and implementation.	(3/20/15) Advocates consider this a priority as it is a function that is also useful for consumers who would no longer have to send paper documents to the county. Recommend moving to 15.9 release if possible but ensuring it is a priority in the 16.2 release.	The implementation timeframe for this initiative is TBD.
R16.7 TBD	52314	Duplicate Applications - Long Term Solution	DHCS & CovCA	Currently duplicate/multiple accounts are not disabled and if a duplicate/multiple CalHEERS case is closed a notice is not generated to the consumer to inform them that the account and/or case is disable/closed. This change is a request to generate notices to consumers if a CalHEERS account has been disabled and/or a case has been closed; this noticing is dependent on Dup App Quick Wins ICR being implemented with the ability to disable accounts and close cases. A SAWS case cannot be delinked from a CalHEERS case which creates an additional workload for the counties when there are duplicate/multiple cases for the consumer. SAWS needs to be able to delink duplicate/multiple SAWS cases from a CalHEERS case and be able to link a delinked case to an existing CalHEERS case via eHIT. This will reduce duplicate and multiple cases and reduce workload associated with duplicate/multiple cases and provide case consistency.		The implementation timeframe for this initiative is TBD.

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RE-LEASE	CR NUMBER	TITLE	REQUESTOR	BRIEF DESCRIPTION	Advocate Comments	STATUS UPDATES for 1/15/2016 AB 1296 MEETING
R16.2- TBD	2968	DMV State Residency Verification	DHCS	The March 23, 2012, Medicaid final rule grants states the option to require verification for state residency. If a state requires verification, it must verify through electronic means unless the state can prove that such information cannot be electronically verified. DHCS has concluded that it will elect to verify state residency for all Medi-Cal applicants through an electronic interface with the DMV. CalHEERS shall work the DMV to establish a secure electronic interface that will share information between the two systems on a real-time basis. CalHEERS shall send information to DMV requesting state residency verification from the DMV and the DMV shall send information back to CalHEERS stating whether the information was "verified" or "un-verified". CalHEERS shall also update their verification procedures to ensure that all applications are checked against the DMV for state residency verification.	(3/20/15) Advocates support a change in policy to continue the current policy of suspending residency verifications and not building this interface. We oppose any additional CalHEERS programming resources used to enable this functionality while there are more pressing eligibility and enrollment issues not functioning. If implemented, advocates would like to a) know what other databases can be checked if consumer's state residency can't be verified via the DMV and b) review text of eligibility results screen or NOA snippet informing individuals their state residency could not be electronically verified.	The implementation timeframe for this initiative is TBD.
R16.9- R16.2- R16.7+ TBD	8703	Medi-Cal Plan Selection Changes	DHCS	This CR is based on advocate feedback subsequent to design approval. Medi-Cal plan selection will enable consumers to use either the CalHEERS portal or existing county / HCO processes to make Medi-Cal Plan selection. Those plan selections will then be available on the CalHEERS portal. Changes and plan updates reported at either source will also appear through the CalHEERS portal.	(3/20/15) Advocates support moving eligibility determinations before online plan selection. We gave design input in Spring 2014 and request the opportunity to review changes before design is finalized.	The implementation timeframe for this initiative is TBD.
R16.7 TBD	42058	Extend Identity Management to Create Delegated Administration for County and Service Center Level Users	DHCS & CovCA	Currently the CalHEERS consumer accounts are managed through a manual process. The manual process delays changes or creation of user access and requires CalHEERS to manage user accounts. Implement automated identity management (e.g., account creation, password reset) so that county and service center security administrators can manage accounts for county and service center users. Implementing automated identity management will reduce staff costs to support identity administration. Doing so will also help reduce time to onboard new county eligibility workers and new service center representatives, and help minimize time to address password resets.		The implementation timeframe for this initiative is TBD.
R16.2- TBD	4469	State Inmate Program	DHCS	First Level Request: Implement the State Inmate Program in CalHEERS. DHCS Staff will enter the application(s) into CalHEERS access channel. DHCS will be responsible for case management. If the "First Level Request" is not viable for Release 3 then please see "Second Level Request" below. (Based on discussion 4/24/2014 change request development will be first request implementation). Second Level Request: - Add the Inmate Program Aid Codes to the "Manual" drop-down list in the admin environment so DHCS Staff can override the CalHEERS Eligibility Determination Aid Code with the appropriate "Inmate Program Aid Codes" via a manual work-around process. DHCS would be responsible for case management. Add the ability to suppress Notices of Action.	(3/20/15) What NOAs are currently being generated that this CR will help suppress? DHCS> No current CalHEERS notices would be suppressed. This CR implements state inmate eligibility in CalHEERS. NOAs currently generated by state staff will continue to be generated by state staff until this CR is implemented.	The implementation timeframe for this initiative is TBD.

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R16.2 TBD	9428	County Inmate Program	DHCS	The CalHEERS System shall have the County Inmate program indicator and said indicator will also be in the eHIT interface and will drive the county inmate aid code determination. 19 - 64 - N7 (Limited Scope) N8 (Restricted Scope) ACWDL 13-18 page 8, generate the MAGI-MC NOA with county inmate snippet language. The CalHEERS System shall treat county inmate application indicator as self attestation for Covered California programs eligibility determination purposes. The CalHEERS System shall generate the CALNOD01 Notice for County Inmate applications. The CalHEERS System will deny eligibility to APTC/CSR for an individual that attests to being incarcerated.		The implementation timeframe for this initiative is TBD.
R16.2- R16.7+	3123	Pregnancy Wrap	DHCS	Welfare & Institutions Code 14148.65 and 14148.67 creates an affordability and benefit program for pregnant women with incomes above 139 percent and up to 213 percent of the Federal Poverty Level (FPL) who are currently enrolled in a Qualified Health Plan (QHP) through Covered California. This program would provide pregnant women with no share of cost health benefits so that pregnant women may receive a benefit package equal to full-scope, comprehensive benefits that are provided for Medi-Cal beneficiaries who are pregnant. Under proposed statute, DHCS will pay for both the premiums and the cost sharing components of the beneficiary's QHP coverage if the pregnant woman is eligible for pregnancy-related and postpartum services and is currently enrolled in a QHP. The CalHEERS system will determine potential eligibles for the pregnant women	(3/20/15) Advocates agree this should be a priority if CMS determines pregnancy Medi-Cal is not MEC. Advocates would like to review text notifying women of their potential dual eligibility and choices.	DHCS has withdrawn this CR.