

24-Month Roadmap's Change Requests - Updates

(as of 06/20/2016)

RE-LEASE	CR NUMBER	TITLE	REQUESTOR	BRIEF DESCRIPTION	Advocate Comments	STATUS UPDATES for 6/23/2016 AB 1296 MEETING
R16.7 - (Planned Deployment Date 8/1/2016)						
R16.4 R16.7	32277	Eligibility Based on LP/QNC- Eligibility for IAP Based on Immigration Status (including merged PRUCOL CR 3068)	DHCS	Per changes in CR #6197 (Verify Lawful Presence updates), new data elements previously unavailable in CalHEERS system are now available and are important in eligibility determination. These fields include Qualified Non-Citizen attestation, Qualified Non-Citizen hub verification, and Qualified Non-Citizen admin verification. In addition, attestations, hub verifications and admin verifications of Lawful Presence should be used in determining eligibility. For Medi-Cal and APTC, CalHEERS must determine both eligibility status (Eligible, Conditional, Pending, Ineligible) and scope (Full or Restricted) based on this information.	(3/20/15) Advocates support moving this important CR earlier. DHCS> Bi-weekly updates were provided in the Immigration Workgroup.	CR is scheduled to be implemented in CH in R16.7.
R16.2- R16.4 R16.7	3124	Non-Qualifying Immigrants (NQI) Medi-Cal Affordability Wrap (also referred as Affordability and Benefit Program for New Qualified Immigrants)	DHCS	Welfare & Institutions Code 14102 establishes an affordability program to cover the premium and cost-sharing charges for a New Qualified Immigrant who is over 21 years of age and under 65, who does not have a minor child under the age of 21 living in the home who is eligible for Medi-Cal benefits and would be eligible for FFP 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 New Qualified 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, 2018. 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/SEP and place them, if eligible, into the Affordability and Benefit and program for new qualified immigrants. NQI adults eligible for the 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 L9 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 program shall be made available at November 2017 Covered California open enrollment with eligibility coverage to commence January 1, 2018.	(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 scheduled to be implemented in R16.7, but will not be operational.

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R16.7	52341	Unmarried Pregnant Women Under 21 (CR formerly known as Pregnant Teen Income Disregard)	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 scheduled for implementation in R16.7.
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 Coverage 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 scheduled 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:</p> <ul style="list-style-type: none"> * Alien/INS Entry Date (DE2005), * Citizen/Alien Indicator (DE2009), * Alien Eligibility Code (DE2033). <p>2) CalHEERS shall send the three above-mentioned alien fields to MEDS when appropriate.</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.</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 scheduled for implementation in R16.7.
R16.4 R16.7	31943	RIDP Text Changes	DHCS & CovCA	Text changes for the new RIDP functionality in the Covered CA website.	<p>(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.</p>	CR is scheduled for implementation in R16.7.

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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 scheduled for implementation in R16.7.
R16.7 R16.7	3262	Provide APTC Members the Choice to Purchase Member Level Plans	CovCA	This CR includes the following features: 1. Allow consumers to select separate, subsidized health plans on the same application 2. Split APTC for a tax household across multiple enrollments, allowing federally-recognized American Indian/Alaskan Natives (AI/AN) APTC members to select an AI/AN plan separately from non-AI/AN family member(s).		CR is scheduled for implementation in R16.7.

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R16.9 - (Planned Deployment Date 9/26/2016)						
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 planned for implementation in R16.9.
R16.4- R15.9- R16.2- R16.9	40758	Use lower income	DHCS	As part of the Single Streamlined Application (CR 6933, implemented in release 15.3 on March 2, 2015), CR 3161 "SSA - Add Projected Annual Income and Reasonably Predicted Future Changes to income" provides the following functionality for determining MAGI individual household monthly income: * The sum of projected annual income amount (PAI) for each person in the MAGI household, divided by 12 (if PAI is available). * If PAI is unavailable, all countable income minus the 5% income disregard amount if applicable (California opted to add the disregard to the FPL), and minus any deductions. In accordance with W&I Code, Section 14005.65, the intent of this request is to implement the following additional MAGI individual household monthly income functionality when both current monthly income and PAI are available: * If current monthly income and PAI are both available, divide PAI by 12, compare PAI divided by 12 with currently monthly income, then use the lower of the two (PAI divided by 12 or current monthly income).	(3/20/15) Advocates strongly support prioritizing this CR which implements income rules that were supposed to be effective Jan 2014.	CR is planned for implementation in R16.9.
R16.7 R16.9	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. Note: Scope was refined to close duplicate applications. The scope for linking/delinking of duplicate applications will be in a future CR.		CR is planned for implementation in R16.9.

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R16.9	59947	Continuity of Care for Pregnant Women	DHCS & CovCA	The purpose of this CR is to add functionality in CalHEERS to allow pregnant women to retain their current Insurance Affordability Program (IAP) or to transition to another IAP when the pregnant women is eligible and selects to transition to another IAP. This CR will provide continuity of care for pregnant women as defined in the SHO 14-002.		CR is planned for implementation in R16.9.
R16.9	59949	Apply MAGI Medi-Cal Effective Date Rules Year Round (including during Open Enrollment)	DHCS	The purpose of this CR is to correct start/begin date of MAGI Medi-Cal eligibility for consumers that apply, and are MAGI Medi-Cal eligible, during a Covered CA Open Enrollment period and to correct start /begin date of MAGI Medi-Cal eligibility for consumers that become MAGI Medi-Cal eligible or remain MAGI Medi-Cal eligible after a reported change. This change request will not make any changes to the eligibility start date or timelines for individuals moving from APTC to Medi-Cal or Medi-Cal to APTC.		CR is planned for implementation in R16.9.
R16.9	27819	Reasonable Opportunity Period Discontinuance	CovCA	This CR will automate the Reasonable Opportunity process for lawful presence, citizenship, incarceration, and death. Consumers will be discontinued from eligibility for APTC/CSR/CCP automatically on the 96th day if they have failed to be e-verified or provide documentation to prove eligibility.		CR is planned for implementation in R16.9.
R16.7 R16.9	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 R16.9.

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R17.x - Quarter 1 - (Planned Deployment Date TBD)						
R16.7 2017 Q1	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 Q1 of 2017.
2017 Q1	57638	Income Data Quality & Usability Enhancement (formerly known as Mega Income)	DHCS	Based on feedback from the Transitions Workgroup and from the Income Summit, the following are were identified for correction and improvement: 1) Fluctuating Income; 2) Self-Employment Income; 3) Lump Sum Income; and 4)) Countable Income. The purpose of this CR is to implement the changes for these income areas into CalHEERS and improve both the consumer experience and the Business Rules Engine income determinations.		CR is planned for implementation in Q1 of 2017.

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R46.4- R46.7 2017 Q1	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 planned for implementation in Q1 of 2017.
2017 Q1	10021	Business Validation to SAWS to Prevent Data Overlay	DHCS	Currently, only the CalHEERS Case person number is used to match a person via the CalHEERS/SAWS eHIT Interface. If and when personal demographic data for the primary contact is updated under the same CalHEERS Case number or the same CalHEERS person number is associated to multiple members, CalHEERS will overlay the person demographic data at the primary contact level with the latest received demographic information. To prevent this from happening in the future, additional business validations and a change flag need to be added to the CalHEERS/SAWS eHIT interface to reject EDRs containing a person demographics mismatch while also allowing the SAWS to make intentional corrections to person demographic data.		CR is planned for implementation in Q1 of 2017.
2017 Q1	10675	MEDS: Change HX18 and HX20 to Generate at an Individual Level	DHCS	Currently, the HX18/HX20 transactions are created at a case level and not at an individual level. In the event that one individual on the case has no CIN, the entire case transaction is held until a CIN is returned. This is causing a large backlog to occur in the event the case is considered APTC/CSR only, as MAGI or mixed MAGI cases are eHIT to the SAWS Systems, and CIN information is updated when the SAWS System returns updated case information.		CR is planned for implementation in Q1 of 2017.

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2017 Q1	Application Maintenance	Annual FPL (for 2017) in CalHEERS	DHCS	This annual update to the FPL Table in OPA. This priority release/implementation will be with the actual 2017 FPL values in Q1 of 2017. In January 2017, the Federal Health and Human Services Agency will publish the final 2017 Federal Poverty Levels (FPLs) in the Federal Register (FR). 2017 FPLs will be effective on the date published in the FR, and must be implemented by CalHEERS in first quarter in order to minimize the population of beneficiaries that may be incorrectly determined not eligible for Medi-Cal between January 1, 2017, to the date of implementation by CalHEERS.		CR is planned for implementation in Q1 of 2017 (priority release).
R16.7- 2017 Q1	29911	Collect Employer Name and Address and Generate Notice to Employers with Employees eligible to APTC	CovCA & DHCS	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 Q1 of 2017.
2017 Q1	65685	CEC Delegations	CovCA	The intended outcome is for CalHEERS to persist that consumer to CEC delegation indefinitely unless that delegation is actively removed. Currently, if a consumer has delegated a CEC, that delegation is automatically removed when the consumer enrolls in a plan. This causes confusion for both the CEC and the consumer because both parties have had a working relationship, and that relationship is terminated by the system.		CR is planned for implementation in Q1 of 2017.

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2017 Q1	65920	Reprint and Re-mail Document to Consumer	CovCA & DHCS	This is business process improvement that will lead to better customer service for consumers. Currently, the process to re-print and re-mail a notice to a consumer is manual and time-consuming. The intended outcome is for an SCR or consumer to quickly and easily re-deliver or reprint a notice that's in a consumer's inbox. The notice will be delivered to the consumer based on the consumer's communication preference (email or mail).		CR is planned for implementation in Q1 of 2017.
2017 Q1	65922	Document Upload	CovCA & DHCS	The intended outcome of this CR is to allow internal and external users to upload documents to a case at any time, regardless of eligibility status. This will result in increased efficiency for Service Center staff and better customer service for consumers.		CR is planned for implementation in Q1 of 2017.