CalHEERS Release Notes
Feature Release 21.6

Executive Summary

CalHEERS Feature Release 21.6 (deployed on 06/21/2021) 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:

- eHIT
- Eligibility
- Eligibility & Enrollment
- Enrollment-Financial Management
- Interfaces
- Marketing
- Notices
- Online Application
- Technology

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

- Consumer Assistance
- Eligibility
- Enrollment-Financial Management
- Notices
- Online Application
- Service Center

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No Longer in Effect with this release: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 21.6. 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.

eHIT

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
125997	Change Request	The following issues exist with the COR: • The Address Validation returns only the Zip code in the *Suggested Address* section of *Confirm Your Address* popup. This *Suggested Address* section does not display the Zip +4 code which is an extension of the Zip code. This can cause users to select the incorrect COR. • EDR/DER transactions fail because CalHEERS is not sending MEDS a county code for mailing address when CalHEERS does not receive a county code	**Functional Changes:** CalHEERS displays the Zip+4 code for the Zip code that the user enters on the *Suggested Address 1* section of the *Confirm Your Address* popup in both Consumer view and the Flexible App in Admin View, this helps users to select the correct address and to have the correct COR assigned. • The following new warning message displays on the *Confirm Your Address* popup when the address validation service finds a **Close match** to the user entered address during account creation or when submitting an application: ○ *We could not find the address you entered*	Who is the Primary Contact for your Household? Select all Household Members Who do not Live with [Primary Contact] Confirm These Home and Mailing Addresses Area Correct Create Account

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		for a mailing address from SAWS in an EDR	*because it may not be complete. We found addresses that closely match the one you gave us. Please pick the option that best matches the correct address, and click "Ok" to continue. If you made a mistake, click "Cancel" to go back and re-enter your address.*
			
			• The following new warning message displays on the *Confirm Your Address* popup when the original address is selected**:**
			   o *IMPORTANT! Please make sure to check your information. A mistake in your address could affect your eligibility, your monthly payment, and the county your case is assigned to.*
			
			• The following new warning message displays on the *Confirm Your Address* popup when the address validation service does not find a match with a user entered address during account creation or submitting application:
			   o *We could not find the address you entered because it may not be complete. We also could not find any addresses that closely match to the one you*
				Authorized Representative Information
				
				Flexible Application

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
			gave us. Please click "Cancel" and review the address you entered. If you made a mistake, you can fix it. If the address you entered is correct, then click "Ok" to continue. • The *Confirm Your Address* popup message does not display if the address validation service finds a full match to a user entered address during the account creation or submitting application. The *Confirm Your Address* popup also displays the Zip+4 Code (as read only) for the suggested address output from the Address Validation Service. **Technical Changes:** CalHEERS adds the following backend services: • Generate HX05 transactions when COR is updated for existing Household Members that are Eligible or Conditionally Eligible for APTC/State Subsidy/CCP/CSR/MCAP/ CCHIP. Newly added Household Members do not have an HX05 generated • Update references to the old eligibility table *HBX_INDV_CASE_ELIG*	

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			with new eligibility table(s) for Disposition service implementation • The county code populates based on the zip code provided for mailing address, if the county code is not received in an EDR from SAWS, based on the county code to zip code mapping maintained in CalHEERS • CalHEERS persists the Zip+4 code for an address returned by the address validation service	

Eligibility

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
54538 (CR 176903)	Defect	During renewal when determining MCAP eligibility, there is no check for the MCAP due date as it has already passed. The MCAP due date displays incorrectly on the GI dashboard.	During renewal when determining MCAP eligibility a check is completed so the MCAP due date display is correct on the GI dashboard.	N/A
55603 (CR 170958)	Defect	Prior eligibility is not passed during renewal as the number of records returned is incorrect. This prevents the records from transmitting as needed.	Prior eligibility is passed during renewal as the number of records returned is correct allowing records to transmit as needed.	N/A

Eligibility & Enrollment

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
44000	Change Request	CalHEERS is not in compliance with State and Federal Regulations to	**Functional Changes:** CalHEERS implements a new PVC process to verify	Consumer Home

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		perform Periodic Verification Medicare-Death Confirmation (PVC) on a semi-annual basis. CalHEERS only verifies Medicare entitlement and Deceased during intake and renewals.	Medicare Part A and Deceased verification:
			
			• The semi-annual process verifies Medicare Part A entitlement for Consumers who have an active Health Enrollment with Enrolled/Pending status and their eligibility status is:
			   o Eligible/Conditionally Eligible for APTC/CSR/CAPS
			   o They have an E-Verified SSN
			
			• The semi-annual process verifies Death confirmation for Consumers who have an active Health and/or Dental Enrollment(s) (Enrolled/Pending) and their eligibility status is:
			   o Eligible or Conditionally Eligible for CCP, and
			   o They have an E-Verified SSN
			
			• The semi-annual process excludes cases with:
			   o At least one Consumer is in Carry Forward Status or
			   o At least one Consumer is in a QHP Hold
			
			CalHEERS allows Medicare Part A and Deceased flagged Consumers found by the PVC to agree or disagree with the results:
			
			• CalHEERS displays the following new alerts in the
				Check Your Information
				
				Review and Confirm Responses
				
				Personal Verification

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
			Account Alerts section on the Consumer Home page when there is at least one Household Member on the case with a Medicare Part A or Deceased periodic verification flag: o **Action Required by [MM/DD/YYYY]:** *Our records show [one or more members of your household] may have Medicare. Please **click here** to respond.* o **Action Required by [MM/DD/YYYY]:** *Our records show [one or more members of your household] may be deceased. Please **click here** to respond.* • CalHEERS displays the new *Check Your Information* page for Agents, CECs, CEWs, Consumers, and SCRs that allows each flagged member to agree or disagree to the Medicare Part A or Deceased attestation o SCRs and CEWs submit or save the Consumer attestation on the *Check Your Information* page • CalHEERS adds the *Review and Confirm Responses* page to allow Agents, CECs, and Consumers to review and submit the attestations	

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			o The following popups display during the attestation process:
			  ▪ *Thank You* popup displays when the user submits attestation
			  ▪ *Are you sure you want to cancel?* popup displays if user cancels attestation
			
			• CalHEERS updates the following when the Consumer agrees to being entitled to Medicare Part A and eligibility is run:
			  o Remove the PVC flag and PVC expiration date
			  o Set Medicare Part A entitlement question ("Are you eligible for free Medicare Part A?") to *Yes*
			  o Update the Medicare Verification status to *E-Verified*
			  o Discontinue Consumer from APTC/CSR/CAPS
			  o Generate Non-MAGI Medi-Cal referral due to Medicare Self-Attestation
			  o Remove the ROP date for Medicare, if it exists
			
			• CalHEERS updates the following when the Consumer disagrees to being entitled to Medicare Part A and eligibility is run:	

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			o Remove PVC flag and PVC expiration date o Update Medicare Verification Status to *Pass* o A Consumer who was Conditionally Eligible 'only' for Medicare, will become Eligible, if otherwise eligible. Remove ROP date for Medicare, if it exists • CalHEERS updates the following when the Consumer does not attest within the PVC expiration period and the ELG-1008-DD-01 no response batch runs: o Remove PVC flag and PVC expiration date o Update Medicare Verification Status to *Pending* o A consumer who was Conditionally Eligible 'only' for Medicare, will become Eligible, if otherwise eligible o Set ROP date for Medicare, if it does not already exist • CalHEERS updates the following if the Consumer agrees to the individual being Deceased: o Remove the PVC flag and PVC expiration date o *Deceased* on the *Personal Verification* page updates to *Yes.* (The value does not	

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			change back to *No*, unless an Admin clears the verification) ○ Update Deceased Verification Status to *E-Verified* ○ Discontinue Consumer from APTC/CSR/CAPS/CCP ○ Remove the ROP date for Deceased, if it exists • CalHEERS updates the following if the Consumer disagrees to the individual being Deceased: ○ Remove the PVC flag and PVC expiration date ○ Update Deceased Verification Status to *Pass* ○ Consumer becomes Eligible if otherwise Eligible to APTC/CSR/CAPS/CCP ○ Remove the ROP date for Deceased, if it exists • CalHEERS updates the following if the Consumer does not respond to the individual being Deceased within the PVC expiration period: ○ Remove PVC flag and PVC expiration date ○ Update Deceased Verification Status to *Pending* ○ A consumer who was Conditionally Eligible 'only' for Deceased, will become Eligible, if otherwise eligible. Set	

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			ROP date for Deceased if it does not exist already • CalHEERS uses the latest verification data from the PVC Process to determine eligibility for flagged household members and uses existing verification cache rules for unflagged HHMs on the case CalHEERS removes the PVC flag and expiration date and uses existing verification caching and eligibility determination rules for the following scenarios: • When a data element which impacts Medicare and/or Deceased verification has been updated • Consumer is no longer Eligible/Conditionally Eligible for APTC/CSR/CAPS and/or CCP • Consumer's case is closed as a duplicate • Consumer's Health plan is terminated for Medicare verification • Consumers Health and Dental plan is terminated for Deceased verification • Flagged Consumer Actively or Passively renews for the next benefit	

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			year for Covered California programs	
			• Consumer's eligibility determination uses PVC attestation for Medicare Part A and/or Deceased and the Consumer becomes Eligible or Discontinued to APTC/CSR/CAPS/CCP due to a Non-ESI or SSA service or Admin Verification.	
			Technical Changes: CalHEERS adds the following to the Single Streamlined Application:	
			• CalHEERS adds new run reason and transaction code PV: *Periodic Reverification*	
			• CalHEERS adds the following new backend services: ○ Set expiration date for flagged household members ○ Update the *PDM_MEDICARE_RESP* and *PDM_DECEASED_RESP* tables with the individual responses from the cached information in the *HBX_PDM_VERIFICATION* table	
			• CalHEERS adds the following new batch jobs:	

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
			o PVC Process verifies Consumer death confirmation and Medicare Part A eligibility o PDM-1001-DD-01 sets the expiration date and flags individuals who are found to be entitled to Medicare Part A or Deceased by the PVC Process o ELG-1008-DD-01 runs eligibility for all flagged individuals who do not provide an attestation within the PVC expiration period o ELG-1009-DD-01 runs eligibility batch at the end of each day for all flagged individuals who have a saved attestation CalHEERS removes and links together the following characters from the name fields (first, middle, last, suffix) when creating the interface file. This is only applicable to Medicare Payloads. • & (ampersand) • ' (apostrophe) • ″ (quotation mark) • < (less than) • > (greater than) • -- (double dash) • # (hash key) CalHEERS consumes H43 service (new interface-batches) interacting with CMS to request and receive the	

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			response for Medicare and Deceased verification.	
160401	Change Request	CalHEERS does not have functionality to override an open plan shopping without a SEP or Account Transfer (AT) for issues such as exchange error or material error e.g., through no fault of the Consumer and where the issue does not map to an actual SEP event that can be used to trigger an AT.	**Functional Changes:** CalHEERS allows L3 Admin users the ability to override and open plan shopping: • The new **Open Shopping Window** button displays on the *Current Application* page on the most recent application within a given plan year where a Consumer can shop for a plan o Displays when one Household Member is eligible to purchase a QHP The new *Override to Open Plan Shopping Window* popup displays when the L3 Admin users click the **Open Shopping Window** button: • Current calendar year and upcoming year display for Consumers during Open Enrollment • Current calendar year and the prior enrollment year display for Consumers during SEP • Users input the following information: o Select **Event Reason**: ▪ *Agency Error/Inaction* ▪ *Divorce/Death of Enrollee*	Current Application

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
			▪ *Exceptional Circumstance* ▪ *Other Exchange Recognized SEP* ○ Enter *Plan Shopping Window* dates ○ Select **Coverage Start Date** ○ Provide **Override Reason** **Technical Changes:** CalHEERS adds new override reason *AI – No Reason Given* when Admin overrides SEP before plan selection.	
164544	Change Request	CEWs are not able to review MAGI Medi-Cal eligibility results to ensure that the results are correct prior to authorization.	**Functional Changes:** CalHEERS implements Eligibility Review functionality for MAGI Medi-Cal eligibility results that require CEWs review. When the MAGI Medi-Cal Eligibility Results in CalHEERS database are Pending for SAWS confirmation and is Awaiting Review CalHEERS sends the MAGI Medi-Cal Eligibility Results determined by CalHEERS BRE on the DER/DER-U\. The Eligibility Result sent on the DER/DER-U is the potential eligibility that will be finalized once the CEW reviews and confirms via Disposition. In order to finalize the Eligibility Results once the confirmation is received from SAWS via Disposition,	Consumer Home Case Summary - Program Eligibility by Person Welcome to Your Household Eligibility Results Summary Individual Eligibility Details

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
			CalHEERS triggers the BRE and the results in CalHEERS portal and the database are updated based on SAWS confirmed Eligibility Results for the MAGI Medi-Cal program. Eligibility Results that are *Awaiting Review* and not yet confirmed by the CEW will not be used in subsequent redeterminations of eligibility. While a case is in *Awaiting Review* status, any subsequent redeterminations will use the existing finalized Eligibility Results. If there is a subsequent RAC while Eligibility Results are in *Awaiting Review* status, the data from the subsequent RAC will remain. Programs other than MAGI Medi-Cal will not be impacted by Eligibility Review functionality except for the following specific scenarios: *Covered California Programs* • When an individual is in Awaiting Review for a Discontinuance from Full Scope MAGI Medi-Cal because they do not meet the Soft Pause criteria, the individual will be ineligible for Covered California programs until the CEW reviews and confirms the Discontinuance. If the Discontinuance is not for Full Scope MAGI Medi-Cal, the individual will be	

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			evaluated for Covered California Programs without waiting for CEW confirmation. MCAP/CCHIP • When an MCAP or CCHIP Consumer completes a RAC that moves them into the MAGI Medi-Cal FPLs, their eligibility for MAGI Medi-Cal program will be in *Awaiting Review* status and the Consumer will remain in their existing eligibility until MAGI Medi-Cal Eligibility Results are confirmed by CEW. • Once CalHEERS receives the Disposition from SAWS for an individual confirming MAGI Medi-Cal eligibility, the individual is Discontinued from MCAP or CCHIP as of the first of the following month from the run date. A chart listing, of the information above, is also available in the attached document: Appendix_Release Notes_21.6.docx CalHEERS displays the following new messages to Consumers whose MAGI Medi-Cal eligibility results are in Awaiting Review status:	

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
			• The *Welcome to Your Household Eligibility Results Summary* page: o *Medi-Cal: Awaiting Review* • The *Individual Eligibility Details* section of the *Welcome to Your Household Eligibility Results Summary* page: o *Medi-Cal: Awaiting Review: Your local County Office will review your Medi-Cal eligibility and contact you if additional information is needed. You do not need to take any action at this time.* • The *Program Eligibility History Summary* section of the *Program Eligibility by Person* page displays the below message as a merged cell for [Program], [Aid Code], [Status], and [Source EDBC] values: o *Medi-Cal: Awaiting Review: Your local County Office will review your Medi-Cal eligibility and contact you if additional information is needed. You do not need to take any action at this time.* • The *Household Summary* section of the *Account Home* page displays *Program Eligibility* as *Medi-Cal: Awaiting Review*	

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			CalHEERS will not display the following Eligibility Factors on the *Individual Eligibility Details* section of the *Welcome to Your Household Eligibility Results Summary* page for individuals whose MAGI Medi-Cal eligibility results are in Awaiting Review status: • Immigration status must be verified. • Household income is in the Medi-Cal program limits. • We could not verify your exemption from having a Social Security number. • You do not qualify for Medi-Cal health coverage because your household income is above the Medi-Cal limit. • Our records indicate that you have existing Medi-Cal coverage. If you think this is an error, please contact your local county office. [Click here to find your local county office](http://www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx) • Thank you for providing your new information to us. We are reviewing your case for all Medi-Cal programs, and we may contact you for additional information. You will stay on Medi-Cal until we contact you. We will notify you by mail of the results. • A residence address change was submitted.	

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
			Your local county office may be contacting you. **Technical Changes:** CalHEERS sends the following new EERCs: *MAGI Medi-Cal: Awaiting Review* (RV) on the DER and DER-U when eligibility review is required by SAWS MAGI Medi-Cal Eligibility Result: Prospective Change (PM) when an individual has a prospective change to MAGI Medi-Cal Eligibility Result that is not being sent on the DER/DER-U for the benefit month. CalHEERS sends a DER-U with *Exchange Info Update* and defaulted to "Yes" when confirmation for MAGI Medi-Cal Discontinuance is received from SAWS.	
164783	Change Request	CalHEERS does not have configurable SEP reasons or the ability to add SEP reasons in a short timeframe when Covered California requests an SEP reason that needs to be implemented quickly. Covered California uses and modifies current SEP reasons as a workaround.	**Functional Changes:** CalHEERS creates seven new configurable placeholder SEP reasons allowing Covered California the flexibility to add new SEP reasons quickly. The following attributes are configurable based on Covered California's request for all SEP reasons: • Description (English/Spanish) • Coverage Effective Start Date	Choose an Event that Best Applies to This Household Choose an Event that Best Applies to Your Household Open Enrollment Special Enrollment

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
			• Coverage Effective End Date	
			• Priority in the SEP drop down	
			• Coverage Code Category	
			• Consideration for OSEP	
			The SEP reasons follow the coverage date and application rules:	
			• CalHEERS applies the SEP first of the following month rule in the following scenarios: o Currently enrolled Consumer reports a change but does not attest to an SEP, and the RAC results in a detected SEP o Currently enrolled Consumer reports a change with no attested or detected SEP, and the RAC results in a detected increase or decrease in their financial assistance	
			• CalHEERS applies the QLE effective dating rule for the *Birth/Adoption/Placement for Adoption/Placement in Foster Care* SEP reasons	
			• All other SEP reasons, other than *Birth/Adoption/Placement for Adoption/Placement in*	

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			Foster Care SEP reasons, will follow first of the following month effective dating rule • No SEP reasons are currently configured to follow the 15-day rule CalHEERS implements the flexibility for Covered California to configure any SEP reasons that displays during Open Special Enrollment Period (OSEP). • The SEP reasons display in the QLE dropdown menu in the order of priority configured on the following pages: o *Choose an Event that **Best** Applies to Your Household* o *Choose an Event that **Best** Applies to This Household* o *Special Enrollment* o *Open Enrollment* CalHEERS renames the radio button **MEC or Marriage/Domestic Partnership** to **First of the following month** on the *Coverage Date Category* section of the following pages: • *Special Enrollment* • *Chose an Event that **Best** Applies to This Household* page	

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
			CalHEERS hides the **Regular** radio button on the *Coverage Date Category* section of the following pages: • *Special Enrollment* • *Chose an Event that **Best Applies to This Household** page* **Technical Changes:** The new placeholder SEP reasons are mapped to the following not in use SEP codes when a transaction is sent to SAWS: • MS • BM • AD • DM • LJ • MR • IS The following SEP reasons are mapped differently in eHIT transactions: • *Victim of domestic abuse or spousal abandonment* • *Newly qualifies for app-based driver stipend* Updates to the *Victim of domestic abuse or spousal abandonment* SEP Code are as follows: • CalHEERS removes the mapping of *Victim of*	

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			domestic abuse or spousal abandonment SEP code from the *Returned from Active Duty Military Service* SEP Code • CalHEERS maps *Victim of domestic abuse or spousal abandonment* SEP code to the SEP code *DV* in eHIT CalHEERS updates the *Newly qualifies for app-based driver stipend* SEP code as follows: • CalHEERS removes the mapping of *Newly qualifies for app-based driver stipend* SEP code from the *Loss of MEC* SEP code • CalHEERS maps *Newly qualifies for app-based driver stipend* SEP code to the existing SEP code *NH* in eHIT	
166386	Change Request (Agile)	The *Household Eligibility Results Summary* page and the *Household Eligibility Individual Results* page require updates to display accurate information that is clear and concise to CalHEERS users.	This Change Request is piloting CalHEERS transition to Agile development according to Scrum methodology. **Functional Changes:** Updates to the *Household Eligibility Results Summary* page are as follows: • Updates to the header, title and subtitle • Household members default to the card view and display the following information:	Welcome to Your Household Eligibility Results Summary Household Eligibility Individual Results

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

			o *Name*
			o *Age*
			o **See Full Details** hyperlink
			
			• A table view icon is available. The following displays in table view:
			  o Program Headers
			    ▪ *Covered California*
			    ▪ *Medi-Cal*
			  o Sub-Programs
			    ▪ *CCP*
			    ▪ *Financial Help*
			    ▪ *Enhanced Silver Benefits*
			    ▪ *Medi-Cal*
			    ▪ *MCAP*
			    ▪ *CCHIP*
			  o **Name** (hyperlink), *Age*
			  o Household Members display in the order in which they were added to the Application/Case
			  o *Ellipses*
			    ▪ Clicking the **Ellipses** icon displays the **See Full Details** hyperlink
			
			• The following displays on the **Contact Us** section if at least one household member on the case is MAGI Medi-Cal Eligible or Conditionally Eligible:
			  o Local county office, corresponding phone number and hyperlink to full list of locations
			  o Covered California phone number	

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
			o MCAP phone number if at least one household member on the case is MCAP Eligible or Conditionally Eligible or Pending o CCHIP Phone number if at least one household member on the case is CCHIP Eligible or Conditionally Eligible From the **See Full Details** link for each individual on the *Welcome to Your Eligibility Results Summary* page displays the following detailed information: • Program results • A label displays one of the following status: o *Eligible* o *Conditionally Eligible* o *Pending* o *Pending Medi-Cal* o *Awaiting Review* o *Eligible – Limited* o *Eligible – Restricted* o *Discontinued* o *Ineligible* o *Did Not Apply* • A *Quick Link* column is available. Clicking the **Jump to this section** link for that program row provides additional information on the program and eligibility for that program.	

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			• *[HHM's] Next Steps* section provides a link to **Choose a Plan** and **Upload Documents***.* **Note:** To review individual results click on the **Jump to this section** link for that individual. The *More Actions (Optional)* section has links to the following: • **More Benefits** • **Additional Demographic Information** The last section on the *Individual Results* page is *Appeal*. This section provides information on the appeals.	
167777	Change Request	Issuer Admins cannot upload the following templates: • *SERFF Template* • *Provider Network* • *Formulary Drug* • *Plan Benefits* Issuer Admins cannot perform mass updates to the status of Health plans on the *Qualified Health Plans* page. Updates are required on the *Enrollment Availability* page for Issuer Admins. Users are not able to export a log file with validations for service areas and unmapped zip	**Functional Changes:** A new *Plan URLs* page is created for Issuer Admins to upload one of the following templates for Issuer Representatives: • *SERFF Template* • *Provider Network* • *Formulary Drug* • *Plan Benefits* Once a file is uploaded, the *Plan URLs* page displays the following columns: • *File Name* • *Template* • *Plan Year* • *Date* • *Status* • *Log File* • *Download*	Applications Compare Plans Confirmation Confirm Your Plan Selection Dental Plans Enrollment Availability Health Plans Issuer Details My Eligibility History My Enrollments

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
		codes for Dental plans and Health plans on the *Plan ID Crosswalk* page. Updates are required on the *Plan Details* page for Issuer Representatives. CalHEERS does not display a message warning users their session may time out. The *Applications* page does not display the Household Member's (HHM's) Dental application status. There are inconsistencies between the *Shop Dental Plans For [YYYY]* section and *Shop Health Plans For [YYYY]* section on the *My Enrollment Dashboard* page. Users cannot easily remove applied filters on the *Health Plans* and *Dental Plans* pages when shopping for plans. The *My Eligibility History* page requires updates to display information more clearly. The *Plan Details* page does not list each HHMs premium rate separately for easy comparison.	The *Qualified Health Plans* page is updated for Issuer Admins. • A new **Select All Plans** checkbox displays allowing users to mass update the certification status of Health plans o Clicking the **Select All Plans** checkbox displays the total number of plans selected The following columns are removed on the *Enrollment Availability* page for Issuer Admins: • *Future Enrollment Availability* • *Future Effective Date* The *Plan ID Crosswalk* page is updated for Issuer Admins. • A new *Log File* column displays allowing users to export a log file with validations for service areas and unmapped zip codes for Dental plans and Health plans • A new *Status* column displays the status of the log file The *Plan Details* page is updated for Issuer Representatives to match the look and feel of the *Plan*	My Enrollment Dashboard Plan Details Plan URLs Plan ID Crosswalk Qualified Health Plans Delegation History My Eligibility History

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		The *Dental Plans* section of the *My Enrollments* page does not separate dental benefits between adults and children in a household. Column sizes are not standardized on pages where plan logos display. The Agency portal does not meet all Americans with Disabilities Act (ADA) standards. Code refactoring is required on the side navigation panel of the following pages: • *Consumer Home* • *Delegation History* • *My Eligibility History*	*Details* page for Issuer Admins. • *Plan Name* is renamed to *Issuer Name* • *Provide Network URL* displays • *Plan Sbc URL* displays • *Plan Brochure URL* information displays A new *Session timeout warning* popup displays for users in CalHEERS. • The popup displays with an **OK** button and a warning message informing the user their session will timeout or a message informing the user their session has already timed out A new *Dental Application Status* label displays on the *Applications* page in both the *Current Application* and *Past Applications* section with one of the following statuses displayed: • *CL*: Closed • *EN*: Enrolled • *Not Available* CalHEERS updates the *My Enrollment Dashboard* page so that there is consistency between the *Shop Dental Plans For [YYYY]* section and	

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
			Shop Health Plans For [YYYY] section.	
			• The **Go to Dashboard** button is added to the *Shop for Dental Plans For [YYYY]* section	
			• The **Change Plan** button is updated as the primary call to action button	
			• The **Disenroll** button is updated to the secondary call to action button	
			CalHEERS adds an **X** icon to each applied filter in the *FILTERS APPLIED* section of the *Health Plans* and *Dental Plans* pages, allowing users to easily remove filters while shopping for plans.	
			The *My Eligibility History* page is updated with a cleaner look and feel:	
			• Updated header	
			• Updated section heading to distinguish between current and past applications	
			• New sections display: ○ *Application Status* ○ *Application ID* ○ *Cost Sharing Reductions* ○ *Coverage Year* ○ *Date Created* ○ *Date Submitted*	

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Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
			o *Max Household APTC* o *Max Household State Subsidy* o *Primary Contact* • New messaging: o *To view your next steps, please return to your dashboard* o *Actions you can take for this application* • New buttons: o **Go To Dashboard** o **View Eligibility** o **View Your Plan Details** o **View & Print Application Summary** Each Household Members (HHMs) premium rate is listed separately in the *Member Level Premium* popup that displays after clicking the **Details** link on the *Plan Details* page. CalHEERS now displays and update the *Routine Dental (Adult)* and *Dental Checkup (Child)* items as separate benefits in the *Benefit Summary* section of the *My Enrollments* page; *Dental Plan* section. The column size on the following pages that display plan logos are standardized regardless of which plan logo displays:	

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
			• *Compare Plans* • *Confirmation* • *Confirm Your Plan Selection* • *Dental Plans* • *Health Plans* • *Issuer Details* • *My Enrollments* • *Plan Details* **Technical Changes:** Updates are made across the Agency portal to adhere to ADA compliance. Code for the side navigation panel on the following pages is updated: • *Consumer Home* • *Delegation History* • *My Eligibility History*	
175148	Change Request	CalHEERS does not have the functionality to implement the American Rescue Plan 2021. This plan locks the APTC FPL for those individuals receiving Unemployment Insurance.	With the implementation of the American Rescue Plan 2021 CalHEERS implements the following: • The BRE overrides income and locks the FPL at 138.1% when the following is true: ○ Primary Tax Filer or their spouse attests to receiving Unemployment Insurance Benefits (UIB) for the current benefit year (end-dated or ongoing) ○ The APTC household FPL is over the MAGI Medi-Cal limit for the current benefit year	Budget Worksheet My Options Case Notes

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
			• CalHEERS processes a one-time eligibility batch redetermination on active Covered CA subsidized cases where the Primary Tax Filer or their spouse attests to receiving UIB for the current benefit year (end-dated or ongoing). • CalHEERS uses the new Sub Run Reason Code UIL and QLE reason *None of the above* in the Re-determination batch (ELG-1002-DD-01) when running eligibility on the cases as part of this one-time redetermination process for overriding the exchange FPL% for the evaluated benefit year. • CalHEERS excludes the following cases from the one-time process to run eligibility for overriding the exchange FPL% for the evaluated benefit year: o At least one member on the case is in Carry Forward status o A case is closed as duplicate o Cases with Dental Enrollment Only o Cases with Health plan in Terminated or Cancelled status (for all members on the case) o Cases with no consent for the current year (individuals receiving	

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
			CCP Only due to no consent in 2021) o Cases where all CCP eligible individuals are Ineligible/Discontinued to APTC/CSR/CAPS due to reasons other than income limit (e.g., self-attested to Medicare) o Cases with *Application Status* as *Terminated* o Cases where an Admin has failed the income verification • CalHEERS overrides the income verification status (Subsidy/CA Subsidy) for individuals who met the UI Lock criteria to E-Verified if their income verification status is *Pending* or *Not Verified* and if verification is overridden, then CalHEERS displays *Overridden* as the source for income verification (Subsidy/CA Subsidy) • CalHEERS generates CalNOD01C for redetermined cases with the new Household Snippet 929 to inform Consumers of their changes and the reason for redetermination: o *The American Rescue Plan (2021 federal stimulus package) provides additional financial help for* Consumers *who*	

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
			received Unemployment Insurance benefits in 2021. Because someone in your household added Unemployment Insurance benefits, we checked to see if you qualify for more or new financial help beginning {Eligibility Start Date}. If you are enrolled in a health plan, we applied the maximum amount of financial help you qualify for. We have sent this information to your health insurance company to make updates to your bill, if needed. • CalHEERS automatically adds a Case Note upon the completion of the eligibility batch redetermination: o *Due to a legislative update, the eligibility for this case has been redetermined to evaluate for enhanced financial assistance eligibility because a household member reported receiving unemployment income for this benefit year. No change to application data has been made. Financial assistance may have been updated effective 07/01/2021. Billing from*	

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
			the carrier may not reflect the change until the August invoice. • The popup *Are you sure you want to delete? Consumers may lose some financial help benefits* displays when Admin Users delete the following income records: ○ *Unemployment Insurance Benefits* ○ *Pandemic Unemployment Compensation* ○ *Lost Wages Assistance* ○ *Disaster Unemployment Assistance* • New indicators are added to the *Budget Worksheet:* ○ *Unemployment Insurance Benefit (UIB) FPL override applies* ○ *Overridden FPL%* • A new banner displays on the *My Options* page when using Shop and Compare alerting Consumers that if they received UIB they may be eligible for additional financial help	
177296	Change Request	Consumers who were previously ineligible for premium assistance may become eligible under the American Rescue Plan. There is a population of Consumers who believe that they are not eligible for assistance and enroll directly through the	**Functional Change:** With the implementation of the American Rescue Plan 2021, CalHEERS transitions the Off-Exchange enrollments to CalHEERS so Consumers can take advantage of any premium subsidies or Medi-Cal programs that Consumers may be eligible for.	All pages except the following: Plan Selection Sign and Submit

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

		carriers, rather than through CalHEERS, including Consumers who are covered under COBRA benefits after losing employment. These enrollments are referred to as Off Exchange.	A batch is created to transition these enrollments to CalHEERS by implementing the following:
			
			• A Covered California carrier only link/microsite displays with plans from that carrier to Consumers who are referred to CalHEERS
			   o CalHEERS hides the *Filter Label* and *Company Filter* from the *Plan Selection* page for Consumers who are referred to Covered California via the Covered California carrier only link/microsite
			   o Consumers who are referred to CalHEERS via the Covered California carrier only link/microsite have an option to view plans from other carriers. CalHEERS filters the plans for Consumers who are sent to CalHEERS via the Covered California carrier only link/microsite
			
			• CalHEERS adds carrier co-branding on every page of the application for Consumers who are referred to CalHEERS via the Covered California carrier-only link/microsite with the exception of the	

Version 4

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
			Secure Mailbox and the *Shop and Compare* pages • The *Sign and Submit* page is updated with the following: o *AGENT/BROKER ASSIGNMENT: I provide consent to the automatic transfer of my currently delegated agent/broker to my Covered California enrollment so they may continue to serve me in my new enrollment.* o Added Admin consent message *Y/N* o *Note: Delegation transfer is dependent on your agent's current Certification with Covered California and receipt of information from your health insurance carrier. Once the agent/broker has been added to your enrollment, you can remove their delegation at any time by clicking "Manage Delegates" in your Account Home or by calling the Service Center at (800) 300-1506.* • The business rules for microsite co-branding are as follows: • Display the microsite based Carrier logo only if the user has	

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
			accessed CalHEERS from Covered California landing page or if the Primary Contact is in CalHEERS. • Display Carrier logo only if the user is new Consumer or their Authorized Representative. • Do not display Carrier logo if the entire Household is MAGI Medical/CCHIP or MCAP eligible • Do not display Carrier logo if the Primary Contact has not been active for more than 60 days • Do not display Carrier logo if Plan selection is completed for at least one Household member • Do not display Carrier logo if Plan disclaimer is accessed by the user • Do not display Carrier logo during Renewal • Do not display Carrier logo during RAC flow if Plan selection is complete for both Health and Dental plans	

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
			• Do not display Carrier logo during *Shop and Compare* • Do not display Carrier logo on *Secure Mailbox*	

Enrollment-Financial Management

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
55776 (CR 170958	Defect	The text on the second and third bullet point inside the *Adjust your Premium Tax Credit* popup in the APTC Slider are incomplete. The second bullet reads: • *The amount of tax credit you'll actually receive will be based on the income you declare on your* The third bullet reads: • *If your actual Income on your*	The text on the second and third bullet point inside the *Adjust your Premium Tax Credit* popup in the APTC Slider are complete. The second bullet reads: • *The amount of tax credit you'll actually receive will be based on the income you declare on your {Tax Year} tax return.* The third bullet reads: • *If your actual Income on your {Tax Year} tax return is higher than the estimate you provided during the enrollment process, you might end up qualifying for a smaller tax credit – or no tax credit at all.*	Plan Details

Interfaces

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
95607	Change Request	CalHEERS must update the FTB monthly file process for receiving Form 540 data to real time due to security concerns with the move to the Amazon Web	**Functional Changes:** FTB real time Application Programming Interface (API) calls are limited to once a week, on Tuesday, per verified SSN when none of the impacted data elements for	N/A

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
		Services (AWS) cloud platform. CalHEERS does not have the mechanism to make external calls to FTB.	income verification have changed. **Technical Changes:** CalHEERS integrates with the FTB Interface in real time, including the ability to request Form 540 - FTB performs an exact, case insensitive match on First Name, Last Name, SSN, and DOB of the taxpayer to retrieve Form 540 data - CalHEERS makes parallel FTB calls for each household member during eligibility determination to avoid processing delays - CalHEERS implements a new database schema in existing CalHEERS HBX database with additional security controls to store the FTB Interface call log and FTB Verification Cache data	
159518	Change Request	CalHEERS current Remote Identity Proofing (RIDP) and Fraud Archive Reporting Service (FARS) schemas are no longer compatible with CMS.	**Functional Changes:** The following updates made to the CalHEERS current RIDP and FARS schemas to allow compatibility with CMS: A new FARS response code displays on the *Identify Confirmation Failed* page: *HS000000 – RF3 - Use Limit Violation - User has*	Identity Confirmation Failed

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

			attempted to remote identity proof 6 times within 16 hours through Hub and must wait allotted time before attempting identity proofing again
			
			Technical Changes: CalHEERS makes the following updates to be compatible with CMS:
			
			• CalHEERS makes the following schema updates:
			  ○ RIDP updates from H1.1 to H139
			  ○ FARS updates from H66.1 to H140
			
			• CalHEERS can receive and process new FARS Final Decision Code *RF3 – Use Limit Violation / Prompt to Experian Call Center*	

160257	Change Request	CalHEERS does not allow the users listed below to view and correct an AT error prior to processing an enrollment update or plan selection during a new eligibility period: • Agents • Agency Managers • Approved Admin Staff L1 and L2 • Authorized Representatives • Consumers • CECs • CEWs • PBEs • SCRs • SCR Admins	**Functional Changes:** CalHEERS displays a new warning message with a **View Details** hyperlink on the Consumer Home and *Welcome to Your Household Eligibility Results Summary* pages that directs Agents, Agency Managers, Approved Admin Staff L1 and L2, Authorized Representatives, Consumers, CECs, CEWs, SCRs, and SCR Admins that there is an AT error for the selected year. • The *We apologize, there has been an error processing your case.*	Account Transfer History Consumer Home Welcome to Your Household Eligibility Results Summary

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
			popup displays when the above users click the **View Details** hyperlink • Based on the users' profile, CalHEERS displays the AT error message(s) and steps to fix the AT error(s) o The following users can see all fixable and non-fixable errors: ▪ Agency Managers ▪ Agents ▪ Approved Admin Staff L1 and L2 ▪ CECs ▪ PBEs o The following users can address all fixable errors: ▪ Agency Manager ▪ Agents ▪ Approved Admin Staff L1 and L2 ▪ CECs ▪ CEWs ▪ PBEs ▪ SCRs o The following users will only see one fixable error, can only address one fixable error, and can call the service center to address any additional fixable errors: ▪ Consumers ▪ Authorized Representative • A new page, *Account Transfer History,* displays when CEWs and SCRs	

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

			select the **Account Transfer History** tab on the *Case Summary* page
			
			o The *Account Transfer History* page displays a table of AT transactions for the Consumer's case for the past 90 days with the following information:
			  ▪ *Determination Date*
			  ▪ *Transaction ID*
			  ▪ *Transfer ID*
			  ▪ *AT Status (Successful/Failed)*
			
			o By default, the AT transactions are sorted by the *Determination Date* in descending order
			o CEWs and SCRs can filter and sort AT transactions by the following information:
			  ▪ *Determination Date (*must be within a 90-day range when filtering)
			  ▪ *Transaction ID*
			  ▪ *Transfer ID*
			  ▪ *AT Status*
			
			o The following information is available for each AT record:
			  ▪ *AT Error message(s)*
			  ▪ *User Role* who triggers the AT
			  ▪ *BRE ID*
			  ▪ *Time*
			  ▪ *Application Year*	

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
			o AT transactions prior to the 21.6 release do not display on the *Account Transfer History* page	

Marketing

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
161277	Change Request	CalHEERS does not allow Broker Admin (aka Agency Admin/Agent Admin) and Entity Admin portals to transfer the entire Book of Business (BoB) of an Agent/Agency and CEC/Entity to another Agent/CEC internal or external to the source Agency/Entity. CalHEERS does not allow bulk transfer of Consumer cases from one CEC to another CEC within the Entity portal. Updates are required on the *Transfer Consumer Delegations* page for Agency Manager to match the look and feel of the *Transfer Consumer Delegations* page in the Entity portal. CalHEERS does not allow selection of more than 10 Consumer cases to be transferred from one Agent/CEC to another Agent/CEC within the Agency and Entity.	**Functional Changes:** The Agency Manager and Entity Manager portals are updated so that portals have similar Consumer case(s) delegation transfer flow, bulk transfer flow and export capabilities. CalHEERS creates a new *Transfer Book Of Business* page allowing Broker Admins and Entity Admins to transfer Agent's/Agency's entire BoB and CEC's/Entity's entire Book of Business BoB. • Broker Admins can transfer an entire BoB of an Agency or Agent to another Agent either within the same Agency or part of a different Agency • Entity Admins can transfer an entire BoB of an Entity or Certified Enrollment Counselor (CEC) to another CEC either within the same Entity or part of a different Entity The new *Transfer Book Of Business* page displays with the following five field options for Broker Admins and Entity Admins to identify the user	Active Consumer Active Delegation Agency Manager Information Agent Information Delegation History Transfer Book Of Business Transfer Consumer Delegation Search a CEC for exporting Book of Business

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
		CalHEERS does not allow Entity Managers or CECs to export the entire BoB in the Entity portal. CalHEERS accepts only 25 characters for **Address Line 1** and **Address Line 2** and 50 characters for the **City** field in the *Correspondence Address* section on the following pages: • *Agency Manager Information* • *Agent Information* CalHEERS does not allow Agents, Entity, and CEC to search for Consumer First Name and Last Name with a search operator of 'Contains'. CalHEERS shall display *CAPS* column after *APTC* column in the *Premium and APTC Grid* popup. CalHEERS does not capture the delegation changes all enrollments including terminated enrollments within the current benefit plan year.	who will receive the Consumer cases or BoB for transfer: • Business Name • Business Tax ID • User's First Name • User's Last Name • User's License Number/Certification Number CalHEERS creates a new *Transfer Consumer Delegation* page for Entity Managers to transfer specifically selected Consumer cases to a CEC within their Entity or an entire BoB from one/multiple CEC(s) within their Entity to another Active CEC within their Entity. CalHEERS updates the *Transfer Consumer Delegations* page for Agency Managers. • The **Re-assign** button is renamed to **Transfer** • A new message displays at the top of the page informing user to click the **Transfer** button to initiate the transfer process The new *Transfer Consumer Delegations* page displays with the following five fields for Entity Managers to search and select the CEC who will receive the Consumer cases or BoB: • **CEC First Name** • **CEC Last Name** • **Site** • **CEC Email**	

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
			• **CEC Certification No**	
			The following popups display on the *Transfer Book Of Business* page and *Transfer Consumer Delegation* page notifying the users of the transfer status:	
			• *Transfer in progress* popup displays when Consumer's cases are in the process of transferring to a new user	
			• *Success* popup displays when transferring the Consumer's cases to the new user is successful	
			• *Partial Success* popup displays when only some of the Consumer's cases have been transferred to the new user	
			• *Failure* popup displays when transferring Consumer's cases to the new user was unsuccessful	
			• *Oops! Something went wrong* popup displays when transferring the Consumer's cases to the new user failed due to system error	
			The following message displays on *Transfer Book Of Business* page if a user attempts to transfer BoB of an Agent/CEC and the same Agent/CEC's BoB is already in the process of transfer by another user:	
			• *This action cannot be completed at this time. Please try again later, or*	

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
			contact the Agent/CEC Service Center.	
			The following new *Reason for End* displays on the *Delegation History* page when a Broker Admin or Entity Admin transfers their entire BoB of an Agency/Agent, Entity/CEC to another Agent/CEC either internal or external to the source Agency/Entity.	
			• *CC Admin Staff*	
			CalHEERS updates the *Active Consumer* so that Agency Managers can now select up to 100 Consumer cases to transfer at one time.	
			• A new **Select All** checkbox allows users to select all the Consumers across the *Active Consumer* page	
			• A new **Clear All** link allows users to unselect Consumer cases. Clicking the **Clear All** link displays the *Please confirm "Clear All"* popup with a counter of the total cases selected	
			CalHEERS updates *Active Delegation* page for Entity Managers.	
			• Users can select up to 100 Consumer cases to transfer at one time	
			• A new **Change Delegation** link navigates users to the *Transfer Consumer Delegations* page	

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
			• A new **Clear All** link displays the *Please confirm "Clear All"* popup with a counter of the total cases selected • A new **Export Book of Business (All CECs)** link exports the BoB exports an excel file of the entire Entity • A new **Export Book of Business for a CECs** link navigates users to the new *Select a Certified Enrollment Counselor for Exporting Book of Business* page where Entity Manager searches for a CEC and exports the CECs BoB • A new **Select All** checkbox selects all the Consumers across the *Active Delegations* page CalHEERS adds the **Export Book of Business** link to the *Active Consumer* page for CECs to export their BoB. CalHEERS updates **Address line 1**, **Address line 2,** and the **City** fields in the *Correspondence Address* section on the following pages to a max of 30 characters in each field: • *Agency Manager Information* • *Agent Information* CalHEERS updates the search operation to 'contains' of the Consumers First Name or Last Name *Active Consumer* page for the following list of users:	

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
			• Agents • Entity • CEC The *Premium and APTC Grid* popup is updated so that the *CAPS* column displays after the *APTC* column. **Technical Changes:** CalHEERS captures the delegation changes for terminated enrollments within current benefit plan year. CalHEERS generates two maintenance 834 transactions for Agent delegation changes associated with terminated enrollments. • 834 EDI transactions generate for de-delegation • 834 EDI transactions generate for the delegation of the new agent	

Notices

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
161531	Change Request	The existing notice triggers and/or language do not align with the requested changes for R21.6. The CalNOD01 notice has the following language and/or triggering conditions: Snippet 169: This snippet triggers when:	The changes implemented with this release capture the new triggers and/or language for notices. The CALNOD01 notice language and/or triggering conditions are as follows: Snippet 169: This snippet triggers when: • The run reason is Report a Change (RAC), OR	N/A

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
		• The run reason is Report a Change (RAC) Snippet 910: This snippet triggers when: • A Consumer is eligible for California Premium Subsidy Snippet 911: This snippet triggers when: • A Consumer is Eligible for California Premium Subsidy Snippet 912: This snippet triggers when: • The person's subsidy income is not within the California Premium Subsidy income limits AND • The person's California Premium Subsidy status is Ineligible or Discontinued Snippet 913: This snippet triggers when: • The person's subsidy income is not within the California Premium Subsidy income limits AND • The person's California Premium Subsidy status is Ineligible or Discontinued for a reason other than income	• The run reason is Periodic Reverification Snippet 910: This snippet triggers when: • A Consumer is eligible for California Premium Subsidy • The snippet is not suppressed when the run reason is ROP batch Snippet 911: This snippet triggers when: • A Consumer is eligible for California Premium Subsidy • The snippet is not suppressed when the run reason is ROP batch Snippet 912: This snippet triggers when: • The person's subsidy income is not within the California Premium Subsidy income limits AND • The person's California Premium Subsidy status is Ineligible or Discontinued • The snippet is not suppressed when the run reason is ROP batch Snippet 913: This snippet triggers when: • The person's subsidy income is not within the California Premium Subsidy income limits AND • The person's California Premium Subsidy status is Ineligible or Discontinued for a reason other than income	

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
		Snippet 436: This snippet had the following language: *You no longer qualify for insurance through Covered California. The records we checked still show that this person may have passed away. We understand how this information may affect you and apologize for any inconvenience this may cause. If this is an error, you may re-apply.* *You can also contact your Covered California Certified Enrollment Counselor or Insurance Agent for help re-applying. If you don't already have one, you can find a Certified Enrollment Counselor or Insurance Agent at CoveredCA.com/get-help/local. Or, by calling the Service Center at {Service_Center_Phone} for help.* Snippet 917: This snippet triggers when: • The person is an applicant, AND • Is not eligible for CCP • The person has a negative action, AND • The person's income is within the MAGI FPL range AND populates right after Snippet 451	• Is not suppressed when the run reason is ROP batch Snippet 436: This snippet has the following updated language: *Our records show this person is deceased (has died). They no longer qualify for insurance through Covered California. We understand this information may be upsetting. We apologize for any discomfort this letter may cause. If this is an error, call the Social Security Administration (SSA) at 1-800-772-1213. Tell them this person was identified as deceased by mistake. Then call Covered California to correct your household information.* Snippet 917: This snippet triggers when: • The person is an applicant, AND • Is not eligible for CCP • The person has a negative action, OR • The person has a non-compliance reason AND the person's income is within the MAGI FPL range AND • Populates right after Snippet 451 or Snippet 365 when the snippet appears on a notice for a Consumer Snippet 443: This snippet triggers for all applicants when:	

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

		Snippet 443: This snippet triggers for all applicants when:
		• There is no space after this header
		• Is not triggered if Snippet 775 is triggered for the Consumer
		
		Snippet 718: This snippet triggers for all applicants when:
		• The Consumer is Discontinued for CCHIP
		• This snippet will not trigger if Snippet 775 is triggered for the Consumer
		
		Snippet 702: This snippet triggers for all applicants when:
		• Snippet 718 is triggered for the Consumer, AND either:
		  o The run reason not CCHIP renewal, OR
		  o The run reason is CCHIP renewal age out batch, but the Consumer meets the age requirements for CCHIP
		• {Effective Disenrollment date} value shall be displayed in mm/dd/yyyy format
			• There is no space after this header
			• Is not triggered if Snippet 775 or 480 is triggers for the Consumer
			
			Snippet 718: This snippet triggers for all applicants when:
			• The Consumer is Discontinued for CCHIP
			• This snippet will not trigger if Snippet 775 or 480 is triggered for the Consumer
			
			Snippet 702: This snippet triggers for all applicants when:
			• Snippet 718 is triggered for the Consumer, and either:
			  o The run reason is not CCHIP renewal, OR
			  o The run reason is CCHIP renewal age out batch, but the Consumer meets the age requirements for CCHIP
			• {Effective Disenrollment date} value is displayed in mm/dd/yyyy format
			• This snippet does not trigger if snippet 480 is triggered for a Consumer
			
			Snippet 922: This snippet triggers for all applicants when:
			• The person is an applicant, AND
			• The person is EL/Pending for MAGI Medi-Cal, AND
			• The person is not eligible for CCP, AND
			• The person has been placed in Soft Pause, OR	

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

		Snippet 922: This snippet triggers for all applicants when:
		• The person is an applicant, AND
		• The person is EL/Pending for MAGI Medi-Cal, AND
		• The person is not eligible for CCP, AND
		• The person has been placed in Soft Pause, OR
		• Snippets 303, 439, 779, 776, 299 or 783 must not generate when snippet 922 triggers for a Consumer
		
		Snippet 918: This snippet triggers for all applicants when:
		• The person is an applicant, AND
		• The person is EL/Pending for MAGI Medi-Cal, AND
		• The person is not eligible for CCP, AND
		• The person has been placed in Soft Pause, OR
		• Populate right after Snippet 451
		
		Snippet 434: Has the following language:
		
		You no longer qualify for insurance through Covered California. We were unable to verify your U.S. citizenship or national
			• The person is in eligibility review with a potential MAGI Medi-Cal status of Discontinued
			• Snippets 303, 439, 779, 776, 299 or 783 do not generate when snippet 922 triggers for a Consumer
			
			And has the following new language:
			
			Medi-Cal Eligibility
			You may qualify or continue to be eligible for Medi-Cal. If you have any questions, please contact your local county office.
			
			This snippet triggers when:
			• The person is an applicant, AND
			• The person is EL/Pending for MAGI Medi-Cal, AND
			• The person is not eligible for CCP, AND
			  o The person has been placed in Soft Pause, OR
			  o The person is in eligibility review with a potential MAGI Medi-Cal status of Discontinued
			
			• Snippets 303, 439, 779, 776, 299, or 783 do not generate when snippet 922 triggers for a Consumer
			
			Snippet 918: This snippet triggers for all applicants when:
			• The person is an applicant, AND	

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
		status. If your citizenship or national status changes, you may re-apply for health insurance through Covered California. *You can also contact your Covered California Certified Enrollment Counselor or Insurance Agent for help re-applying. If you don't already have one, you can find a Certified Enrollment Counselor or Insurance Agent at CoveredCA.com/get-help/local. Or, by calling the Service Center at {Service_Center_Phone} for help.* Snippet 435: Has the following language: *You no longer qualify for insurance through Covered California. We were unable to verify your immigration status. If your immigration status changes, you may re-apply for insurance through Covered California.* *You can also contact your Covered California Certified Enrollment Counselor or Insurance Agent for help re-applying. If you don't already have one, you can find a Certified Enrollment Counselor or Insurance*	• The person is EL/Pending for MAGI Medi-Cal, AND • The person is not eligible for CCP, AND • The person has been placed in Soft Pause, OR • The person is in eligibility review with a potential MAGI Medi-Cal status of Discontinued • Populate right after Snippet 451 • Snippet 365 will not trigger if this snippet is triggers Snippet 434: Has the following updated language: *You no longer qualify for insurance through Covered California. We were unable to verify your U.S. Citizenship or national status. If your citizenship or national status changes, you may re-apply for health insurance through Covered California.* Snippet 435: Has the following updated language: *You no longer qualify for insurance through Covered California. We were unable to verify your immigration Status. If your immigration status changes, you may re-apply for insurance through Covered California.* Snippet 437: Has the following updated language:	

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
		Agent at CoveredCA.com/get-help/local. Or, by calling the Service Center at {Service_Center_Phone} for help. Snippet 437: Has the following language: *You no longer qualify for insurance through Covered California. The records we checked still show that this person may have passed away. We understand how this information may affect you and apologize for any inconvenience this may cause. If this is an error, you may re-apply.* *You can also contact your Covered California Certified Enrollment Counselor or Insurance Agent for help re-applying. If you don't already have one, you can find a Certified Enrollment Counselor or Insurance Agent at CoveredCA.com/get-help/local. Or, by calling the Service Center at {Service_Center_Phone} for help.* Snippet 923: This Snippet triggers for all individuals as follows: • For all individuals on a case who are enrolled	*You no longer qualify for insurance through Covered California. Our records still show that you are incarcerated (in jail or prison). If you were recently released from jail or prison, you may re-apply.* The following new snippets have been added: Snippet 920: Has the following updated language: *Don't have an online account? Go to CoveredCA.com/create-account. Enter your information and access code: {Access_Code}* *Follow the instructions to complete your online account registration.* This snippet triggers when: • At least one member of the household is applying, AND they do not have an online account linked to that case • This snippet should populate after snippet 805 or 829 Snippet 921: Has the following updated language: *Your income is above the County Children's Health Initiative Program limit.* This snippet triggers when: • Snippet 718 is triggered for the Consumer, AND	

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
		in a Covered CA Health and/or dental plan, AND • Populates with the most recent enrollment (pending or confirmed) information available at the time of batch run • Will not populate for terminated or cancelled enrollments • Populates before the proof chart if a proof chart generates on the notice OR • Populates after the individual eligibility snippets, if a proof chart does not generate on the notice	• Snippet 702 OR 703 is triggered for the Consumer, AND • Consumer's FPL is over 322% Snippet 923: This snippet populates for all individuals as follows: • In the case and are enrolled in a Covered CA Health and/or dental plan, AND • Populates with the most recent enrollment (pending or confirmed) information available at the time of notice generation • Will not populate for terminated or cancelled enrollments • Populates before the proof chart if a proof chart generates on the notice OR • Populates after the individual eligibility snippets, if a proof chart does not generate on the notice • Begins immediately after the previous snippet (not on a new page) • If the enrollment summary table in Snippet 923 cannot fit onto the current page, the chart can split onto the next page, but text within a row should not be split across two pages. Other notice changes: NOD01C will generate when source is CalHEERS and the	

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
			run reason is Periodic Reverification. NOD01 and NOD64 are updated to include update County Contact Phone Numbers NOD64 generates one time at the beginning of the Carry Forward status period when the following conditions are met: An individual is an applicant and is identified as being n Carry Forward status. An individual is in Carry Forward status when: • Currently Eligible or Conditionally Eligible for APTC, CSR, CCP, and • The individual is redetermined Eligible, Conditionally Eligible or Pending Eligible for MAGI Medi-Cal. NOD72A generates for Consumers when a successful delegation occurs through the Accelerated Consumer Delegation consent request. NOD72B generates for Consumers when an unsuccessful delegation occurs through the Accelerated Consumer Delegation consent request. NOD70A is generated to Consumers when the Periodic	

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
			Data Matching (PDM) service returns entitled to Medicare NOD70B is generated to Consumers when the Periodic Data Matching (PDM) service returns Consumer as Deceased. NOD73 generates for Enrollers when CalHEERS runs the Duplicate Prevention Logic that yields *Multiple Matches Found* causing the Consumer delegation process to be unsuccessful. NOD69 generates when there is a change in Enrollment information such as: 1) One or more members of the household are newly enrolled OR 2) One or more members of the household changed or updated their plan AND 3) BRE did not run and the CALNOD01 was not generated	
55139 (CR 176903)	Defect	A full stop is missing at the end of Snippet 365 for the Vietnamese language for notice NOD01AB.	A full stop occurs at the end of Snippet 365 for the Vietnamese language for notice NOD01AB.	N/A
55176 (CR 176903)	Defect	For the Hmong language Snippet 912 is not generating in NOD01AB.	Snippet 912 is generating for NOD01AB in the Hmong language.	N/A
55226 (CR 176903)	Defect	For the Spanish and Hmong NOD01AB notices, Snippet 911 has an additional bracket (}) in the annual income amount.	For the Spanish and Hmong NOD01AB notices, Snippet 911 does not have an additional bracket (}) in the annual income amount.	N/A
55324 (CR 176903)	Defect	On NOD01 the cent amount does not display ($467.1) on the {TAX_CREDIT_AMOUNT} for Snippet 359.	On NOD01 the cent amount displays correctly ($467.10) on the {TAX_CREDIT_AMOUNT} for Snippet 359.	N/A

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Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
55408 (CR 170958)	Defect	State Form 3895 erroneously generates when enrollments were never Confirmed/Effectuated.	State Form 3895 correctly generates for enrollments that are Confirmed/Effectuated.	N/A

Online Application

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
53154 (CR 176903)	Defect	Users are unable to view notices and documents when using the combination of an iPhone with the Safari web browser.	Users are able to view notices and documents when using the combination of an iPhone with the Safari web browser.	Document and Correspondence
53157 (CR 176903)	Defect	The **View in English** link does not open the NOD69 (dependent added) on the *Documents and Correspondence* page.	The **View in English** link opens the NOD69 (dependent added) on the *Documents and Correspondence* page.	Documents and Correspondence
53337 (CR 176903)	Defect	The address of a newly added fourth member pre-populates the address of the third member added during a RAC.	The address of a newly added member during a RAC is not pre-populated with an address.	Confirm These **Home and Mailing Addresses** Are Correct
53765 (CR 170958)	Defect	SCR users are unable to view Manual Verifications, instead they receive a *We Apologize* error when the case has at least one individual with Eligible, Conditionally Eligible, or Discontinued CCHIP eligibility.	SCR users are able to view Manual Verifications when the case has at least one individual with Eligible, Conditionally Eligible or Discontinued CCHIP eligibility.	Manual Verification
53987 (CR 170958)	Defect	The following ADA issues are appearing on the *Case Summary* page: • There are overlapping numbers on the **CSS** dropdown of the *Case Transaction History* tab • Field sets and labels on the *Documents and*	The following ADA issues appearing on the *Case Summary* page are working as expected: • There are no overlapping numbers on the **CSS** dropdown of the *Case Transaction History* tab from the *CSS* dropdown	Case Summary

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
		Correspondence tab on the **Account Information Case History** link are not defined	• Field sets and label on the *Documents and Correspondence* tab on the **Account Information Case History** link are defined	
54005 (CR 170958)	Defect	An ADA issue occurs as a *No Alt* message displays when you hover over the *Get Help* icon on the Consumer login page.	The ADA issue does not exist as an *Alt* message does not display when you hover over the *Get Help* icon on the Consumer login page.	N/A
54248 (CR 170958)	Defect	A *We Apologize* error occurs on the *User Account Admin* page when updates are made for users with the entitlement combination of SAO, SAOM, SAOB, SAOR and SAMPW.	On the *User Account Admin* page user updates are made without error when said user has the entitlement combination of SAO, SAOM, SAOB, SAOR and SAMPW.	User Account Admin
54260 (CR 170963)	Defect	During a RAC, CalHEERS suppresses verifications on the *Upload Eligibility Documents* page for members who move from FFY status due to age.	During a RAC, CalHEERS requires verification on the *Upload Eligibility Documents* page for members who move from FFY status due to age.	Upload Eligibility Documents
54377 (CR 176903)	Defect	When adding the *Document Type* of *American Indian or Alaska Native Tribal Documents* under the *Document Category* of *Proof of Foster Youth Status* displays as *Out of State Documents* incorrectly after it is uploaded.	When adding the *Document Type* of *American Indian or Alaska Native Tribal Documents* under the *Document Category* of *Proof of Foster Youth Status* it displays correctly after upload.	Add Document
54468 (CR 170958)	Defect	Phone numbers updated in the *Primary Contact* section of the *Flexible Application* do not display in the *Contact Phone* and *Email* section.	Phone numbers updated in the *Primary Contact* section of the *Flexible Application* display correctly in the *Contact Phone* and *Email* section.	Flexible Application

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
54721 (CR 170958)	Defect	The *Account Summary* page for Authorized Representatives is not ADA compliant as there is no ID for the **Edit** and **Back** buttons.	The *Account Summary* page for Authorized Representatives is ADA compliant as there are ID for the **Edit** and **Back** buttons.	Account Summary
54905 (CR 176903)	Defect	Authorized Representatives are unable to access their case as they are not displaying on the *Authorized Representative Information* page.	Authorized Representatives are able to access their case as they correctly display on the *Authorized Representative Information* page.	Authorized Representative Information
55104 (CR 176903)	Defect	When logged in as an Admin Staff L1, a loading box views briefly and goes away when trying to view documents on the *Documents and Correspondence* page.	Admin Staff L1 are able to view documents on the *Documents and Correspondence* page	Documents and Correspondence
55233 (CR 170958)	Defect	When submitting a 2021 with income that has ended prior to the current date, the income disappears while user navigates through the application.n.	The income displays appropriately when income has ended prior to the current date when submitting a 2021 application.	Estimate 2021 Household Income
55273 (CR 176903)	Defect	A *We Apologize* error displays instead of the error message *Email cannot be blank when Mode of Communication is Email* when a user removes the email address from the *My Profile* page and clicks the **Update** button.	The correct message *Email cannot be blank when Mode of Communication is Email* when a user removes the email address from the *My Profile* page and clicks the **Update** button.	My Profile
55713 (CR 170958)	Defect	ROP dates do not display after the RSV-1002-DD-01 batch runs.	ROP dates display after the RSV-1002-DD-01 job runs.	N/A
55863 (CR 170958)	Defect	Invalid 1095-A and 3895 void forms are generated for enrollments that are canceled prior to the batch run date.	1095-A and 3895 forms do not generate if the enrollment is canceled prior to the batch job.	N/A

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
55896 (CR 170958)	Defect	When users on www.coverdca.com select Spanish as their language and click apply online the language that displays for users is English instead of Spanish.	When users on www.coverdca.com select Spanish as their language and click apply online Spanish displays correctly.	N/A
55978 (CR 176903)	Defect	A blank page displays when Certified Enrollment Counselors, Insurance Agencies, Certified Insurance Agents and Approved Admin Staff select **View Terms and Conditions of Use** or the **View the Notice of Privacy Practices** link.	The links **View Terms and Conditions of Use** or the **View the Notice of Privacy Practices** open when Certified Enrollment Counselors, Insurance Agencies, Certified Insurance Agents and Approved Admin Staff click them.	Use of This Website
56612 (CR 176903)	Defect	On the *Documents and Correspondence* page, mail identified by the HBX_ATTACHMENT table as *Returned Mail* displays as *General Correspondence* and mail identified by HBX_ATTACHMENT table as *General Correspondence* displays as *Returned Mail*.	On the *Documents and Correspondence* page, mail identified by the HBX_ATTACHMENT table as *Returned Mail* displays as *Returned Mail* and mail identified by HBX_ATTACHMENT table as *General Correspondence* displays as *General Correspondence.*	Documents and Correspondence

Technology

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
171601	Change Request	CalHEERS does not prevent files with malware or viruses from uploading. Additionally, CalHEERS does not notify Consumers and users that the file they are uploading contains malware or a virus.	**Functional Change:** CalHEERS rejects files with malware or viruses from uploading. • A new warning message displays for Broker Admins, CEWs, Entity Admins, Issuer Admins, Issuer Representatives and SCRs when attempting to upload a document with a malware	Bulk User Operation Certified Enrollment Counselors Company Profile

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
			or virus on all pages, except the *VLP Summary* page: o *The document you are trying to upload may have a virus or malware. We cannot accept the document as it is. Please upload a new document.* • A new warning message displays for Broker Admins, CEWs, Entity Admins, Issuer Admins, Issuer Representatives and SCR's when attempting to upload a document with a malware or virus on the *VLP Summary* page: o *The document you are trying to upload may have a virus or malware. We cannot accept the document as it is. Please select 'Cancel' and upload a new document.* • A new warning message displays for Agency Managers, Agent, Approved Admin Staff L2, Authorize Representatives, CEC's, Consumers, Entity Managers and PBEs when attempting to upload a document with a malware or virus: o *The document you are trying to upload may have a virus or malware. We cannot accept the document as*	Confirm Your Identity Document Upload Documents and Correspondence Flexible Application Household Primary Contact Individual Market Profile Manage Provider File Uploads Plan ID Crosswalk Public Profile Profile Quality Rating RIDP Registration Status

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
			it is. Please upload a new document or contact us at [phone number] for help. • A new warning message displays for Broker Admins, CEWs, Entity Admin, Issuer Admin, Issuer Representatives and SCR when attempting to upload a photograph with a malware or virus o *The photograph you are trying to upload may have a virus or malware. We cannot accept the photograph as it is. Please upload a new photograph.* • A new warning message displays for Agency Managers, Agents, Approved Admin Staff L2, Authorized Representatives, CECs, Consumers, Enrollers, Entity Managers and PBEs when attempting to upload a photograph with a malware or virus: o *The photograph you are trying to upload may have a virus or malware. We cannot accept the photograph as it is. Please upload a new photograph or contact us at [phone number] for help.* • The phone number display rules are as follows:	Upload Eligibility Documents Upload E&O Declaration VLP Summary

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
			o Agents: 877-453-9198 o CECs and PBEs: 855-324-3147 o Consumers and Authorized Representatives:800-300-1506 **Technical Change:** CalHEERS records all failed upload attempts caused by users and Consumers attempting to upload files with malware or viruses into the *HBX_ATTACHMENT* table.	

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
55858	Defect	Agents are unable to navigate past the first page of inactive Consumers on the *Inactive Delegation Requests* page.	Agents are able to navigate past the first page of inactive Consumers on the *Inactive Delegation Requests* page.	Inactive Delegation Requests
56771	Defect	The access code is not generated when users enter a numeric only SAWS case ID on the *Let us help you find your access code* page during the *Link Existing Application* process.	The access code is generated when users enter a numeric only SAWS case ID on the *Let us help you find your access code* page during the *Link Existing Application* process.	Let us help you find your access code

Eligibility

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
55771	Defect	The expected EERC code of *SL* is not shown for the future benefit month after a Soft Pause is lifted.	The expected EERC code of *SL* is shown for the future benefit month after a Soft Pause is lifted.	N/A
56127	Defect	Individuals are not dually eligible when they are in a Covered California program and apply for retroactive MAGI Medi-Cal during retro run (2020 year) of eligibility when Carry Forward is lifted for the next year (2021).	Individuals are dually eligible when they are in a Covered California program and apply for retroactive MAGI Medi-Cal during a retro run (2020 year) of eligibility when Carry Forward is lifted for the next year (2021).	N/A

Enrollment-Financial Management

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
53644	Defect	Eligibility results display differently on the *Household Eligibility Results* page and the *Enrollment Dashboard* page when income is increased during a RAC with eligibility changing from MAGI Medi-Cal (Eligible) to APTC (Conditionally Eligible).	Eligibility results display the same on the *Household Eligibility Results* page and the *Enrollment Dashboard* page when income is increased during a RAC with eligibility changing from MAGI Medi-Cal (Eligible) to APTC (Conditionally Eligible).	Welcome to Your Household Eligibility Results Summary Enrollment Dashboard
55566	Defect	Incorrect information displays on the *Household and Contact Information* page regarding the Home and Mailing address of the dependent when the dependent has a different Home and Mailing Address and the Mailing Address is different from the Subscriber's Mailing Address.	Correct information displays on the *Household and Contact Information* page regarding the Home and Mailing address of the dependent when the dependent has a different Home and Mailing Address and the Mailing Address is different from the Subscriber's Mailing Address.	Household and Contact Information
56163	Defect	When a Consumer voluntarily disenrolls from a Health plan but changes their plan within their	When a Consumer voluntarily disenrolls from a Health plan but changes their plan within	N/A

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
		enrollment period, APTC is changed to 0 in error.	their enrollment period, APTC is not changed.	
56708	Defect	CalHEERS allows an Agent to accept re-delegation of a Consumer's case after Agent is de-delegated when the Consumer's case was marked as inactive.	CalHEERS does not allow an Agent to accept re-delegation of a Consumer's case after Agent is de-delegated when the Consumer's case was marked as inactive.	N/A

Notices

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
55637	Defect	The *Need a digital copy* section of CalNOD62C incorrectly displays on the second page of the notice even if there is available space on the first page.	The *Need a digital copy* section of CalNOD62C correctly displays on the first page if there is space.	N/A
55652	Defect	The *Documents and Correspondence* page displays the CalNOD62A {Tax Year} as CalNOD62A_Generic in error. The link on the Account Home page *Previous Tax Forms* is misspelled.	The *Documents and Correspondence* page displays the CalNOD62A {Tax Year} as expected. The links on the Account Home page *Previous Tax Forms* displays with the correct spelling.	Documents and Corresponden ce
55925	Defect	The tax year does not display correctly in the document name when reprinting the original 1095-A and 3895 tax forms.	The tax year displays correctly in the document name when reprinting the original 1095-A and 3895 tax forms.	N/A
56917	Defect	Two corrected 1095-As generate for prior years for Consumer with multiple enrollments	Corrected 1095A's generates once for prior years for Consumer with multiple enrollments	N/A

Online Application

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
54222	Defect	The *Proof of Foster Youth Status (Optional)* displays on the *Upload Eligibility Documents* page when a HHM ages out from the FFY age range during a RAC	The *Proof of Foster Youth Status (Optional)* does not display on the *Upload Eligibility Documents* page when a HHM ages out from the FFY age range during a RAC	Upload Eligibility Documents
54512	Defect	When a CEC assigned to a delegation performs a RAC, the incorrect name of the CEC displays on both the *Enrollment History* table under *Created By* and on the *Enrollment snapshot* popup.	When a CEC assigned to a delegation performs a RAC, the correct name of the CEC displays on both the *Enrollment History* table under *Created By* and on the *Enrollment snapshot* popup.	Enrollment History
55859	Defect	Agents entering an expired One Time Passcode (OTP) on the *Delegation Results One Match Found* page receive an incorrect message and CalHEERS disables the **Send One Time Passcode Code** button.	Agents entering an expired OTP on the *Delegation Results One Match Found* page receive the correct message and CalHEERS enables the **Send One Time Passcode Code** button.	Delegation Results One Match Found
55868	Defect	The 1095-A and/or 3895 void or correction forms are not generated for cases when an IRS policy has more than one enrollment (aka FTB policies) with the same IRS policy number.	The 1095-A and/or 3895 void or correction forms are generated for cases when an IRS policy has more than one enrollment (aka FTB policies) with the same IRS policy number.	N/A
55959	Defect	Error Code DOKN5XM0 generates when users with multiple entitlements navigates through citizenship information.	CalHEERS adds changes for the Duplicate Prevention Logic (DPL) check so it runs based on a user's role to prevent error message DOKN5XM0 from triggering incorrectly. DPL now only performs for Agency Manager users and no longer performs for Admin role with multiple entitlements of Agents, and SCR Supervisor Operation users.	Citizenship Information Page

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
56001	Defect	The Spanish text on the *Budget Worksheet* displays as *Is the retention of pregnancy MCAP applied.*	The Spanish text *Does pregnancy MCAP retention apply* displays on the *Budget Worksheet.*	Budget Worksheet

Service Center

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
54294	Defect	CEC users receive the error *Oracle Access Manager Operation Error Access to the URL /apspahbx/agentAssister/ecm has been denied for user. Contact your website administrator to remedy this problem.* popup after clicking on **Export Book of Business** link on the *Active Consumers* page.	CEC users receive the *Disclaimer* popup after clicking on the **Export Book of Business** link on the *Active Consumers* page.	Active Consumers

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
326	Dated Income for a 2021 Application Does Not Display Correctly on Income Pages	55233	21.6
327	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

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
328	CIT # 0063-21	Is this Enrollment Counselor Certified? does not display on the Enrollment Counselor Information page	57075	21.7
329	CIT # 0063-21	Agent profile pages are failing to load when accessed from the Agent Status page	57550	21.7
330	CIT # 0063-21	We Apologize error displays after clicking Full Details link to view Eligibility Results.	57566	21.6.0.1

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
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

Acronym	Full Form
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
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

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Acronym	Full Form
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 report
SLCSP	Second Lowest cost silver plan
SNOW	Service Now
SQL	Structure Query Language
SSA	Social Security Administration
SSApp	Single Streamlined Application
SSN	Social Security Number
STNA	Short Term Negative Action
UAT	User Acceptance Test
UI	User Interface
UIB	Unemployment Benefits
UPW	Unmarried Pregnant Woman
URL	Uniform Resource Locator
USPS	United States Postal Service
VLP	Verify Lawful Presence
WAT	Web Accessibility Toolbar

Acronym	Full Form
WCC	Web Center Content
WP	Work Products
WSDL	Web Services Descriptor Language
XML	Extensible Markup Language

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