Executive Summary

CalHEERS Feature Release 16.9 (deployed on 09/26/2016) contains the following:

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

- Cross-Business Area
- Technology
- Eligibility & Enrollment
- Plan Management
- Marketing
- eHIT

Key System Updates that have been deployed in this release:

- Technology
- Eligibility & Enrollment
- Financial Management
- Consumer Assistance
- Member Management
- Plan Management
- Federal Request

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

- eHIT
- Eligibility
- Enrollment-Financial Management
- MEDS
- Notices
- Online Application
- Reports
- Security
- Technical Architecture

Alternate Procedures that have been provided with this release:

No Longer in Effect with this release

- Online Application
- Enrollment-Financial Management
- Security
- Technical Architecture

New with this release

- Enrollment-Financial Management
- Online Application

Purpose and Scope

This document describes the content of the CalHEERS Feature Release 16.9. 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
**Cross-Business Area**				
**Discontinue/Disenrollment failed citizenship/lawful presence/deceased/incarceration over 95 days**				
27819	Change Request	This functionality did not previously exist.	The CalHEERS system will now run a batch to discontinue program eligibility and disenroll consumers in a Covered California Plan (CCP) that were re-run through the FDSH for incarceration, citizenship, lawful presence, and deceased in an Insurance Affordability Program or an Unsubsidized application, that had verification pending over 95 days. The following portal changes have been made: • The **View Case History** button has been added to the *Individual homepage.* • New snippets have been added to the *Eligibility Results* page. • **Eligibility Determination – Reasonable Opportunity Period (ROP). ROP** has been added as a **Transaction Name** on the *Transaction History* page. • The *Outstanding Verification* page has been added. • The *Personal Verification* page has **Name** and **Date of Birth** as table headers and are no longer editable attributes. • The *Personal Verification* page has **Reasonable Opportunity Expiration Date** column as non-editable. New ROP eligibility evaluation reason codes for citizenship, lawful presence, deceased, and incarceration are added to send to SAWS on DER transaction.	• Individual homepage • Eligibility Results • Transaction History • Outstanding Verification • Personal Verification

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
Technology				
Automate workflow processes for Covered California				
28970	Change Request	This functionality did not previously exist.	The purpose of this CR is to facilitate the upgrade of the BPM tool to Oracle 12c, enable and configure tool functionality for all roles, and enable the Paper Application, Manual Verification, and SEP Other workflows.	NA
Purchase and Deploy GOIP Subscription for OAAM				
65562	Change Request	This functionality did not previously exist.	The purpose of this CR is to deploy GOIP feature in Oracle Adaptive Access Management (OAAM); with this feature CalHEERS now has the ability to identify user's location and allow/block users from logging in from identified regions and/or countries.	NA
Eligibility & Enrollment				
Projected Annual Income (PAI) Logic Updates				
40758	Change Request	This functionality did not previously exist.	Income collection pages in the CalHEERS portal have been updated to collect and accurately process Projected Annual Income (PAI) when entered by the user. The following elements have been added to the *Add Self-Employment Income* page: • **How often** [dropdown] • **You can enter your income in the Net income field below if you know how much you make. You can also use this calculator to help determine what to enter. If you selected that you get paid monthly above, be sure to enter monthly income and expense amounts below. If you selected annual income above, be sure to enter your yearly income and expense amounts below.** [text] • **Enter your Gross Self Employment Income in this field. This is your**	• Add Self-Employment Income • Self-Employment Income • Income Summary • Expected Income for <year> • Employment Income • Personal Verification

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
			income before any expenses related to Self-Employment. [field]	
			• **Enter your Gross Self Employment Expenses in this field. This is your expenses related to Self-Employment.** [field]	
			• **If you'd like additional help use this link to determine your Net income (line 31 on the Schedule C).** [text]	
			• **How much net income (profits after expenses) will this person get from this source this <Frequency> ($):** [field]	
			The following text has been added to the *Income Summary* page:	
			• **Based on your current monthly income, we have calculated your annual income to be: $** <Income value in numericals>	
			• **You have stated your Projected Annual Income is: $** <Income value in numericals>	
			The following columns have been added to the table on the *Expected Income for <year>* page:	
			• **Record Created**	
			• **Record Superseded**	
			• **For Year**	
			The **Return to Summary** button will now be hidden on the *Employment Income* and *Self-Employment Income* pages when records have been modified.	
			The following attributes have been added to the *Personal Verification* page:	
			• **Household Income – Subsidy**	
			• **MAGI Medi-Cal Current Monthly Income**	

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
			• **MAGI Medi-Cal Projected Annual Income** New verification codes are added for MAGI Medi-Cal Projected Annual Income. Effective begin dates, end dates, and calendar year are also added in CalHEERS-SAWS eHIT interface.	
Insurance Affordability Programs Transition Automation Enhancements				
46047	Change Request	This functionality did not previously exist.	This change is intended to address current gaps in functional and technical design by: • enhancing the timing by which APTC/QHP eligibility and enrollment is terminated, • implementing a new notice to inform consumers about the transition from Covered CA programs to Medi-Cal, and • Enhancing reports available to Covered CA, DHCS, and Counties to monitor individuals/cases who have been found Medi-Cal eligible by CalHEERS. The following portal changes have been made: • New snippets have been added to the *Eligibility Results* page. • **In "Carry Forward" transition?** has been added to the *Budget Worksheet* page. CalHEERS-SAWS interface added data elements at the individual level to support the IAP transition process and SAWS notice generation. New Eligibility Evaluation Reason Code is added corresponding to Carry Forward Status.	• Eligibility Results • Budget Worksheet

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
**Dup App – Long Term CR - Provide Functionality to Close Identified Multiple/Duplicate Cases Created by Consumers**				
52314	Change Request	This functionality did not previously exist.	CR 52314 provides for the ability to close user-identified multiple/duplicate cases. This functionality is provided via the CalHEERS Portal by administrative pages that allow users of the system with specific security privileges to close out the identified cases. Consumers are messaged, after authenticating their credentials, of their case as an identified multiple/duplicate case. The screen provides language of the cases' current case situation. The functionality of the design calls for the modification of outbound transaction behavior to SAWS by suppressing an unsolicited transaction to the SAWS for the action of closing a case. From the inbound transaction path from SAWS to CalHEERS, business validation is put in place to prevent incoming transactions associated to these closed cases from having effect. New eHIT Business Validations are added in CalHEERS-SAWS interface. The following portal changes have been made: • The *Attention* popup (aka *Case Closed by Admin* popup or *Case Closure* popup) will display on the *Individual homepage* if the case is in Closed – Duplicate status. • The *Case Status* page has been created so that an admin can change a case from Open to Closed to prevent a user from accessing a case that has been flagged as a duplicate.	• Individual homepage • Case Status • Search Individual • Household Verifications • Personal Verification

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

			• The following changes have been made on the *Search Individual* page:
			  o The **Manual Verification** button will now display when a case is in Closed-Duplicate status.
			  o The **Manual Eligibility** button will now be disabled if the case has been closed as a duplicate case.
			  o The **View Access Code** button will now be disabled if the case has been closed as a duplicate case.
			  o The **Change Plan Effective Dates** button will now be disabled if the case has been closed as a duplicate case.
			• The **Redetermine Eligibility** button on the *Household Verifications* page will now be disabled when a case is closed for being a duplicate.
			• The **Save** button on the *Personal Verification* page will now be disabled when a case is closed for being a duplicate.	

**Pregnant Women Enrolled in QHP to remain in QHP with option to transition to Medi-Cal**			
59947	Change Request	This functionality did not previously exist.	The purpose of this CR is to add functionality in CalHEERS to allow certain pregnant women to retain their current Qualified Health Plan (QHP) or to transition to an Insurance Affordability Program (IAP). The following portal changes have been made: • The **Keep or Switch Coverage** link has been added to the *Individual homepage*, and when clicked on navigates the user to the *Keep or Switch Coverage* page. • The *Keep or Switch Coverage* page has been added, which allows pregnant women to switch from a Covered California Plan (CCP) to	• Individual homepage • Eligibility Results • Keep or Switch Coverage • Budget Worksheet • Program Transition Override

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
			Medi-Cal, from CCP with premium assistance (APTC) to Medi-Cal Access Program (MCAP), or MCAP to CCP/APTC. • New snippets have been added to the *Eligibility Results* page. • **QHP pregnancy hold applies indicator** has been added to the *Budget Worksheet* page. • The *Program Transition Override* page has been created so that admins can return the consumer to their previous eligibility if they're accidentally transitioned into the incorrect program. A new Eligibility Evaluation Reason Code is added, and a Data Element is renamed in CalHEERS-SAWS interface.	
2017 Renewals Enhancements				
59948	Change Request	This functionality did not previously exist.	Additional CalHEERS optimizations have been implemented for consumers who participate in renewals for 2017. This CR includes multiple enhancements to improve the consumer experience during renewals. The following portal changes have been made: • The text on the *Income Introduction* page has been updated. • Text on the *Expected Income for <year>* page has been updated to show a dynamic date. • Text on the *Income Details* popup has been updated to show a dynamic year. • Text on the *Change Individual Expected Amount* popup has been updated to show a dynamic year. • Text on the *Update Expected Household Income for <year>*	• Income Introduction • Expected Income for <year> • Application Signature • Application Signature for Reported Changes • Preview Plans

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

			popup has been updated to show a dynamic year.
			• The **Maintaining your Verification** section on the *Application Signature* page will no longer display if the application type is unsubsidized.
			• A new table has been added to the *Application Signature for Reported Changes* page that displays the following:
			  o **Type of Change**
			  o **Change Element**
			  o **Old Value**
			  o **New Value**
			  o **Reason**
			  o **Event Date**
			• The *This isn't an application for health coverage* popup (aka *Preview Coverage Warning* popup) has been created and will display when loading the *Preview Plans* page.	

Plan Management				
Cross Functional Dental				
60481	Change Request	This functionality did not previously exist.	In an effort to optimize the current dental experience for consumers, this change request: • Allows a consumer to shop for a dental plan anytime that they can shop for a health plan. • Enables reenroll functionality in all scenarios (unless otherwise confirmed by CalHEERS as currently existing functionality). • Allows for passive and active renewal into dental plans for plan year 2017 and beyond. • Enables voluntary terminations at the plan-type level. • Removes the **Dental Decline** button and replaces it with the **Opt Out of Dental Insurance** button.	• Individual homepage • Eligibility Results • Household Enrollment Introduction • Dental Plan Selection • Terminate Participation

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
			• Updates notices. The following changes have been made to the *Individual homepage*: • The **Select Health/Dental Plan** link will now be enabled if 1 or more adult members is CCP eligible or conditionally eligible, it is OEP, and the family has opted out of dental coverage. • The **Change Plan** link will be disabled if the dental enrollment status is "Pending" or "Enrolled" and there is no QHP enrollment with "Pending" or "Enrolled" status. The following buttons have been added to the *Eligibility Results* page: • **Continue Dental Plan Update** • **Renew Dental Plan** • **Continue Dental Plan Update** • **Renew Dental Plan** The following changes have been made to the *Household Enrollment Introduction* page: • The following text has been added and will display if only 1 member is eligible or conditionally eligible for CCP/APTC/CSR programs OR if selecting only 1 health plan for the household: **If you do not wish to include all family members in a dental plan, complete health plan selection first. After choosing a health plan, you will have an opportunity to select which family members to enroll in a dental plan.** • The **Choose Health & Dental Plans** button has been added which	

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
			when clicked, navigates the user to the plan selection page.	
			• The *Dental Only Confirmation* popup (aka *Dental Only Active* popup) has been created so that consumers have to confirm that they only want dental coverage.	
			• The *Dental Plan Not Available* popup has been created to inform consumers that they must be enrolled in a health plan through Covered California in order to choose a different dental plan.	
			• The information regarding health plan renewal will not display if the system date is prior to the open enrollment period and the household can only renew their dental plan.	
			• The information regarding dental plan renewal has been added and will not display if the household can only renew their health plan.	
			The following changes have been made to the *Dental Plan Selection* page:	
			• The **Medical Plans w/ Embedded Pediatric Coverage** link has been changed from an icon to a link which, when hovered over, displays a table with health insurance plans that include children's dental coverage.	
			• The following revised text displays: **Dental plans are optional and do not qualify for financial assistance. Dental plans are billed separately from your health plan and will not be included in your health plan's monthly premium. There is no tax penalty if you do not enroll in a dental plan.**	

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
			The following changes have been made to the *Terminate Participation* page: • A checkbox was added next to the **Program** listed that allows users to terminate by plan type (i.e., health or dental).	
Plan Year 2017 - Adding New Issuer(s) and Extending standard payment WSDL				
60289	Change Request	This functionality did not exist previously.	CalHEERS now allows annual addition of health or dental issuer(s) and displays the applicable plan data, at Covered California's discretion, and provides the functionality to extend or remove the standard payment WSDL service to existing or new issuer(s).	NA
Marketing				
Update CalHEERS to Include Consumer Consent to Share PII With Any Covered CA Certified Representative				
60571	Change Request	This functionality did not previously exist.	The goal of this change request is to implement a business policy that allows consumers the opportunity to opt in or out of having their information shared for program purposes. The following changes have been made to the *Application Signature* page, the *Application Signature for Reported Changes* page, and the *Signature for Renewal* page: • The **Consent to Receive Text Messages and Calls** section has been added. • The *Phone Number Reminder* popup has been created and will display if the Primary Contact clicks on the **Yes** radio button for **Click Yes to receive text messages and calls about your health care coverage** and has not provided a phone number on the *My Profile* page. The following changes have been made to the *Contact Information* page:	• Application Signature • Application Signature for Reported Changes • Signature for Renewal • Contact Information

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
			• The Click Yes to receive text messages and calls about your health care coverage radio buttons have been added. • The following text has been added: **By clicking Yes, I consent to receive autodialed and pre-recorded calls and/or text/SMS messages at the telephone number I provided (including my cell phone number), from or on behalf of Covered California.** **I understand this is not a condition of purchase, and that message and data rates may apply.**	
			**eHIT	
		R16.9 Change Request Schema Impact Technical Implementation for External Partners**		
61123	Change Request	This functionality did not previously exist.	This CR has been implemented to update the CalHEERS SAWS eHIT schema to version 6.0 to align with functional changes in the 16.9 release. **CR27819:** New ROP eligibility evaluation reason codes are created to send to SAWS on DER transaction: • CI - Reasonable Opportunity Period Citizenship • IR - Reasonable Opportunity Period Non-Incarceration • LP - Reasonable Opportunity Period Lawful Present • DC - Reasonable Opportunity Period Non-Deceased **CR 47058:** CalHEERS-SAWS eHIT interface will populate the following verification codes for MAGI Medi-Cal Projected Annual Income: • INC - MAGI Medi-Cal Current Monthly Income	NA

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
			• PAI - MAGI Medi-Cal Projected Annual Income Effective begin dates, end dates, and calendar year are also added in CalHEERS-SAWS eHIT interface. The following Verification Type attribute is deprecated. CalHEERS will not send or accept this element. • RCB - Reasonable Compatibility **CR 46047**: CalHEERS-SAWS interface added the following data elements at the individual level to support the IAP transition process and SAWS generated notices: • CarryForwardTransitionFlag • CarryForwardBeginDate • IAPTransitionBeginDate • IAPTransitionEndDate • CarryForwardLiftInd The following Eligibility Evaluation Reason Code is added corresponding to Carry Forward Status: • PO: Program Transition Override – MAGI Medi-Cal to APTC **CR52314:** The following Business Validations are added in CalHEERS-SAWS interface: • CalHEERS cannot process the EDR. CalHEERS case is closed. • CalHEERS cannot process the Disposition. CalHEERS case is closed. • CalHEERS cannot process the Update Inbound. CalHEERS case is closed. **CR59947:**	

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
			• The New Eligibility Evaluation reason Code added in the eHIT system: UP - Unmarried Pregnant Woman Under 21 Disregard. • The renamed Data Element: From MCHIPPremium to TitleXXIPremium.	

Key System Updates

The following summarizes the modified features included in this release.

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
Technology				
CalHEERS Header and Footer Provided by CoveredCA.com				
58014	Change Request	The headers and footers on v.calheers.ca.gov and CoveredCA.com were out of sync as they were maintained by CalHEERS and Covered California, respectively.	The headers and footers on v.calheers.ca.gov and CoveredCA.com are in sync as they are now maintained solely by Covered California.	NA
Onboarding of new UHC (United Healthcare) EDI Vendor				
73336	Change Request	CalHEERS system was directly connected to United Healthcare (UHC) for Electronic Data Interchange (EDI)	This CR facilitates the onboarding of new UHC vendor, Health Plan Service (HPS) who has been partnered by UHC for EDI. Below mentioned support has been provided to establish connectivity between CalHEERS and HPS. • Bi-directional exchange of X12 (834) files with UHC via HPS • Connection to both test and production systems	NA

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
			• Replaced the connectivity to UHC by connecting HPS directly to CalHEERS system • CalHEERS system sends files via Secured File Transfer Protocol (SFTP) and carriers are responsible for securing their SFTP site.	
		**Eligibility & Enrollment		
		Implement End of Month Terminations**		
46384	Change Request	Consumers were allowed to select any midmonth date as their termination or end of coverage date as long as it was more than 14 days from the current date. The life event date was taken as the literal termination date instead of applying correct termination rules. When a service center representative (SCR) reported a life event date (SEP), the system used the current date instead of defaulting the termination date to the end of the month. Users were also allowed to report a change on cases that had a future-dated	The current system implementation of termination dates has been updated to align with policy guidance and to enhance system rules around reporting changes on a case with a future-dated termination. Termination dates will be defaulted to the end of the month in consideration of the 14 day rule (while still maintaining SCR rules for exception handling). The following portal changes have been made: • The **Termination Reason** column has been added to the **Member Details** table on the *Enrollment History* page and will display if the enrollment has at least one member in cancelled/terminated status, or the enrollment is cancelled/terminated. • New text including the effective termination date for the removed member(s) has been added to the *Application Signature for Reported Changes* page and will display when a household member is removed. • The **Effective Date** field on the *Terminate Participation* page was revised to the **Date** field, and explanatory text was added to	• Enrollment History • Application Signature for Reported Changes • Terminate Participation

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
		termination. Although changes on terminated cases were allowed within the portal, these updates were never transmitted to Carriers since the case was in a terminated status. In certain scenarios for pending enrollments, if a consumer reported a change to their account, then the system sent a sequence of transactions including a termination followed by an enrollment with the termination actually being a cancellation in coverage back to the coverage start date. This created a gap in coverage. This outcome was paralleled in scenarios where the SCR terminated participation on Pending enrollments when the intention was not to cancel coverage back to	describe that the effective termination date will be based on the date entered in the **Date** field. • **Termination Date** selections were added to the *Terminate Participation* page.	

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
		the coverage start date but to terminate coverage with some active segment of enrollment for that policy.		
APTC recalculation updates				
47370	Change Request	Depending on the application date, the correct eligible APTC amount for the benefit year did not always display. When recalculating the APTC during the benefit year, APTC already authorized was not considered, which may have resulted in an inaccurate APTC calculation.	The calculation for APTC has been updated to more accurately reflect the consumer's APTC based on the number of applicable coverage months for the household in the benefit year and accommodating benchmark premiums that vary by month. The following portal changes have been made: • New snippets have been added to the *Eligibility Results* page.	Eligibility Results
Get Insured (GI) 2.0 Integration Services				
57637	Change Request	Get Insured 1.0 was in use.	Get Insured 2.0 (GI 2.0) is in use. In addition to upgrading the 1.0 modules, GI 2.0 includes new modules available for use by CalHEERS. GI 2.0 will also include updates to existing GI portal pages. **Module: Individual Comparison Shopping Suite** • Improved shopping experience • Advanced Tile View • Enhanced plan compare feature • Advanced filters and sort for viewing health and dental plans	All GI pages: • Getting Started - Shop For Health Plans • Find a Plan • Plan Comparison • Plan Details • Checkout – Cart • Checkout - Provide eSignature

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
			• Add to cart Lightbox to encourage dental shopping • Plan Preview integrated with post-application Plan Selection • Quality Ratings on a 5-star system, with configurable sub-category display • Configurable Lightbox message pop-ups for disclaimers/instructions prior to checkout • Integrated dental shopping • Includes Family and Pediatric dental • Preview Plan for dental **Module: Enrollment Management Suite** • Automatic effectuation of Special Enrollment changes • Transmission of Agent of Record Changes • Automated processing of Life Change events • Enhanced auto-renewal flow to support improved performance **Module: Agent/Certified Enrollment Counselor Management Suite** • Significant usability enhancements to improve operational efficiency • Book of Business display to include enrollee, plan coverage, and eligibility details • Rich set of filter/sorting options, including due dates, plan, coverage, consumer • Download Book of Business in excel from Agent/CEC Portal – Work offline • Consolidated tracking of designation history to enable accurate reporting of Agents	• Checkout – Confirmation

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
			• Enhanced administrative function to manage CECs within and across Entities • Bulk transfer of consumers to another CECs within the same Entity **Module: Insurer Management Suite.** • Feature enhancements to improve operational efficiency: • "Shop as a Consumer" view from Issuer Portal to help facilitate self-service verification of QHP and Dental plans by the Issuers • Bulk update of plan certifications or verifications • Bulk download of Plan Benefits and Rates to facilitate offline verification **Module: Plan Management Suite** • Plan Service Area file download – Work offline, reconcile rating area mapping to zip codes **Module: Exchange Administrator Suite.** • GI 2.0 platform architecture improvements • Error Handling Framework to display user-friendly error messages (instead of 0000 error message) and better logging of error reasons • Batch Infrastructure – Dynamic Batch Scheduling like 834 generation	
Apply MAGI Medi-Cal Effective Date Rules Year Round (including during Open Enrollment)				
59949	Change Request	CalHEERS determined eligibility	The purpose of this CR is to correct CalHEERS MAGI Medi-Cal start/begin dates to ensure that consumers	• Individual homepage

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
		start/begin dates for IAP applications submitted through the CalHEERS portal during a Covered California open enrollment period to begin January first of the upcoming year.	determined initially eligible for MAGI Medi-Cal are effectuated during Open Enrollment and when adding a member during Covered CA Renewals. The following portal changes have been made: • When the **Apply Now** button is clicked on the *Individual homepage* during open enrollment, the household will be evaluated for MAGI Medi-Cal effective the month of application, and then a second determination will be performed for the open enrollment year for any non-Medi-Cal individuals. • The maintain mode (**Report a Change** mode) of the *Individual homepage* will always be shown to a case that has only an active Medi-Cal enrollment unless they are in renewal mode; the **Apply Now** mode will not display for these cases during open enrollment. • The following text has been added to the *Household Enrollment Introduction* page and the *Household Enrollment Summary* page, and will display when the individual is evaluated for the current year and for the open enrollment year in successive eligibility runs, and if the page is in the context of the open enrollment year: **Your eligibility has also been evaluated for <current_benefit_year>. You are able to select a plan for that year by returning to your home page.**	• Household Enrollment Introduction • Household Enrollment Summary

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
MCAP Aid Code, 0E Effective October 1, 2016				
65541	Change Request	Effective October 12, 2015, the California Healthcare Eligibility, Enrollment, and Retention System (CalHEERS) determined eligibility for the Medi-Cal Access Program (MCAP) and assigned aid code 0D to eligible pregnant women.	Effective October 1, 2016, new applicants or renewals who are determined MCAP eligible/pending eligible will integrate into the Medi-Cal Managed Care delivery system, with aid code 0E to mirror the full-scope pregnancy aid code, M7.	NA
Financial Management				
Retroactive Billing for Per-Member Per-Month (PMPM)				
43965	Change Request	The PMPM billing schedule invoiced Carriers in advance of the enrollment coverage period. Covered California billed Carriers in advance of the enrollment coverage month (e.g. April 15th for the May 1st –May 31st enrollment period).	The purpose of this change request is to update the current PMPM billing schedule to invoice Carriers in arrears rather than in advance of the enrollment coverage period.

The CalHEERS system bills Carriers an assessment fee in arrears for the previous month of coverage. For example, on April 15th when the PMPM billing cycle completes, the invoices generated to the Carriers should reflect and bill for the per-member-per-month count for the March 1 - March 31, enrollment coverage period. | NA |
| **Change Per-Member Per-Month (PMPM) Billing to Percentage of Premium** | | | | |
| 60324 | Change Request | The Accenture Billing Engine (ABE) generated invoices for Carriers based on a flat rate Per-Member Per-Month (PMPM) rate that was the | The intended outcomes of this change are:
• For ABE to generate invoices based on a percentage of the consumer's premium amount instead of a PMPM amount. | NA |

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
		same for all Carriers.	• For ABE to have the functionality to specify a different percentage amount for each Carrier each year. • For ABE to maintain functionality to run retroactive additions and terminations on the current bill, including by PMPM for 2014-2016. • For ABE to update the Member Level Detail Report to reflect the percentage amount calculation, along with reflecting historical information (e.g., by PMPM, etc.).	
		Consumer Assistance		
		My Profile **page changes for Get Insured (GI) users**		

45954	Change Request	GI users were able to do the following things on the *My Profile* page:
		• Click on the **Update Consent for Verification** left navigation button and navigate to that page
		• Edit the following fields:
		  o **First Name**
		  o **Last Name**
		  o **Street Address 1**
		  o **Street Address 2**
		  o **City**
		  o **State**
		  o **Zip Code**
		  o **Email**
		  o **Phone Number**
			The following changes have been made to the *My Profile* page:
			• The **Update Consent for Verification** left navigation button will now be disabled for all Get Insured (GI) roles (Certified Enrollment Entities, Enrollment Entity Admin, Agents, Agent Managers, Plan Admin, Issuer Admin, and Issuers)
			• The following fields will now display as read-only fields for Certified Enrollment Entities, Certified Enrollment Counselors, Agents, and Issuers:
			  o **First Name**
			  o **Last Name**
			  o **Street Address 1**
			  o **Street Address 2**
			  o **City**
			  o **State**
			  o **Zip Code**
			  o **Email**
			  o **Phone Number**
			• If **Email Address** changed in GI pages and an update has been received from IND35, remove prepopulated email address and
				My Profile

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
		In addition, if **Email Address** or **Cell Phone Number** changed in GI pages, users were not required to reset **One Time Passcode**.	require user to reset **One Time Passcode** • If **Cell Phone Number** changed in GI pages and an update has been received from IND35, remove prepopulated cell phone number and require user to reset **One Time Passcode**	
**Member Management**				
**Book of Business Updates (Agent Extract Changes)**				
56038	Change Request	Agents were not informed when someone made changes to cases on their book of business that may have required agent support.	By implementing this CR, agents will be better informed about their caseload, and will be able to more quickly reach out to consumers who need enrollment assistance. Specifically, agents will acquire a periodic extract/report that will inform agents when their consumers, SCR/CEWs, or the system make changes to enrollment status or eligibility; withdraw an application; report a change; or upload a verification or document.	NA
**Plan Management**				
**AHBX Plan Preview page updates**				
67089	Change Request	Covered California leveraged an independent Shop and Compare tool which allowed users to determine a preliminary eligibility and shop and compare for plans. This tool did not integrate with the CalHEERS application, eligibility or enrollment modules.	In order to ensure a seamless consumer experience with the migration to the Get Insured (GI) 2.0 platform, and to eliminate Covered California management of duplicative consumer tools, the *Preview Plans* page has been updated as follows: • The following text has been added: **Enter the AGE of each person, whether they are enrolling or not. Uncheck the Enrolling box next to the age for those household members not enrolling.** • **Enrolling** checkboxes have been added next to each household member.	Preview Plans

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
		Consumers were not navigated to the CalHEERS plan preview pages since they did not meet the Covered California business need.		
Federal Request				
1095 Reporting in the month of termination for non-payment				
60493	Change Request	When a consumer was terminated by a Carrier due to non-payment of premium, the 1095-A Part III displayed Gross Premium and APTC amounts for the last month of coverage.	When a consumer is terminated due to non-payment of premium, the 1095-A Part III will include APTC amount and zero out the Gross Premium for last month. This will allow the IRS to hold consumers accountable for APTC amounts paid to Issuers in the month of termination (due to non-payment).	NA

Key Fixes

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

Ref ID	Type	Previous Design/Problem	Updated/Resolved Functionality In this Release	Pages Impacted
eHIT				
29112	Defect Fix	The e-mail notice batch jobs did not pickup records for sending e-mails. • EML-1000-DD-03 • EML-1000-DD-04 • EML-1000-DD-01 • EML-1000-DD-02	The e-mail notice batch jobs picks up records for sending e-mails. • EML-1000-DD-03 • EML-1000-DD-04 • EML-1000-DD-01 • EML-1000-DD-02	NA
28220	Defect Fix	Changes to Phone number sent via SAWS "Update Inbound" were not updated on *Household Primary Contact* page.	Changes to Phone Number sent via SAWS "Update Inbound" are updated on *Household Primary Contact* page.	Household Primary Contact

Ref ID	Type	Previous Design/Problem	Updated/Resolved Functionality In this Release	Pages Impacted
Eligibility				
27792	Defect Fix	There were no high-dated active eligibility records for 209k individuals, and multiple high dated records for 906 individuals.	There are no discrepancies in high-dated active eligibility and multiple high dates records for individuals.	NA
28909	Defect Fix	When a user was no longer eligible for Children's Health Initiative Program (CCHIP), notice CalNODO1 did not display the reason for discontinuance.	When a user is no longer eligible for CCHIP, notice CalNODO1 displays the reason for discontinuance.	NA
Enrollment-Financial Management				
27625	Defect Fix	JAWS Contrast Analyzer failed for buttons on All GI pages.	JAWS Contrast Analyzer passes for buttons on All GI pages.	All GI pages (Getting Started - Shop For Health Plans

Find a Plan

Plan Comparison

Plan Details

Checkout – Cart

Checkout - Provide eSignature

checkout – confirmation) |
| 27183 | Defect Fix | When an enrollment was not processed, the following generic message "your enrollment could not be processed error code: 000" was displayed on the *GI e-Signature* page. | When an enrollment is not processed, the *GI e-Signature* page displays the following error message "your enrollment could not be processed error code: 000" along with the specific reason from the list below. | GI e-Signature |

Ref ID	Type	Previous Design/Problem	Updated/Resolved Functionality In this Release	Pages Impacted
			• Merge Case (Caseid, memberId Mismatch etc.). • Enrollment Type/Maintenance Reason Mismatch. • Mismatch of soft deleted flag in hbx_Indv_Plan_Enrl and hbx_indv_plan_members table. • Enrollment status not in Sync with HBX and GI. • Incorrect enrollment Coverage Start date and Coverage end date. • Member not found on GI side with provided member identifier. • When details of the case doesn't match in GI like Address, ZIP code etc. • Member doesn't exist on GI when continue health plan is done for the existing enrollment id.	
26843	Defect Fix	When a user clicked the **Continue** button after entering the **Plan Selection Date** in the *Plan Selection Date* popup on the *Household Enrollment Introduction* page, a "We Apologize" error message displayed.	When a user clicks the **Continue** button after entering the **Plan Selection Date** in the *Plan Selection Date* popup on the *Household Enrollment Introduction* page, the *Shop for Health Plans* page displays.	Household Enrollment Introduction
30189	Defect Fix	When a user clicked the **Choose Health & Dental Plans** button on the *Household Enrollment Introduction* page, the application did not proceed.	When a user clicks the **Choose Health & Dental Plans** button on the *Household Enrollment Introduction page*, the *Plan Selection* page is displayed.	Household Enrollment Introduction

Ref ID	Type	Previous Design/Problem	Updated/Resolved Functionality In this Release	Pages Impacted
30251	Defect Fix	When a user clicked the **Continue** button after entering the **Plan Selection Date** in the *Plan Selection Date* popup on the *Household Enrollment Introduction* page, a We Apologize error message was displayed.	When a user clicks the **Continue** button after entering the **Plan Selection Date** in the *Plan Selection Date* popup on the *Household Enrollment Introduction* page, the *Shop for Health Plans* page is displayed.	Household Enrollment Introduction
29476	Defect Fix	When a user clicked the **Continue** button on the *Individual Payment Box* popup on the *Household Enrollment Summary* page*,* a new window opened to the *Individual Homepage/Administration Homepage.*	When a user clicks the **Continue** button on the *Individual Payment Box* popup on the *Household Enrollment Summary* page*,* a new window opens to the *Payment Process* page.	Household Enrollment Summary
27340	Defect Fix	When a user was terminated, the AHBX database updated the status as "Cancel" with the **Coverage End Date** being the **Coverage Start Date**; however, the GI database updated the status as "Term" with the **Coverage End Date** being the **Effective Date** mentioned on the *Terminate Participation* page.	When a user is terminated, both the AHBX and GI databases have the same status and **Coverage End Date**.	NA
21164	Defect Fix	When a member was added to an already effectuated enrollment, the AHBX database updated the enrollment status as "Enrolled"; however, the GI database updated the enrollment status as "Pending."	When a member is added to an already effectuated enrollment both the AHBX and GI databases update the enrollment status as "Enrolled."	NA
28513	Defect Fix	Approximately 18k enrollees had duplicate	There are no duplicate enrollee records in the GI database enrollment table.	NA

Ref ID	Type	Previous Design/Problem	Updated/Resolved Functionality In this Release	Pages Impacted
		records in the GI database enrollment table.		
29871	Defect Fix	IRS Void Batch job updated the incorrect tax year (2015 for 2014) in tax_year for HBX_IRS_1095_ RECIPIENT_DATA.	IRS Void Batch job updates the correct tax year in tax_year for HBX_IRS_1095_ RECIPIENT_DATA.	NA
28439	Defect Fix	ENR-1000-DD-01 batch job did not populate the LASTMODIFIEDDTM column in HBX_INDV_CASE_ RENEWAL table.	ENR-1000-DD-01 batch job populates the LASTMODIFIEDDTM column in the HBX_INDV_CASE_ RENEWAL table with correct values.	NA
27054	Defect Fix	AHBX database added new dependents into already enrolled enrollments; however, the GI database kept them as pending.	Both AHBX and GI databases add the new dependents into already enrolled status.	NA
21279	Defect Fix	The delegation records in GI database persisted even when the IND47 call to AHBX database failed.	The delegation records in GI database persist only when the IND47 call to AHBX database is successful.	NA
27666	Defect Fix	JAWS did not read the checkbox for children dental plans on the *Plan Selection* page.	JAWS reads the checkbox for children dental plans on the *Plan Selection* page.	Plan Selection
27416	Defect Fix	Asterisk (*) size on the *Provide eSignature* page was smaller than other pages.	Asterisk (*) size on the *Provide eSignature* page is the same size as other pages.	Provide eSignature
MEDS				
30201	Defect Fix	MEDS batch job HX20 returned exception error for cases with alphanumeric phone numbers.	MEDS batch job HX20 completes successfully for cases with alphanumeric phone numbers.	NA
Notices				
30485	Defect Fix	E-mail (EML-1000-DD-02) batch job failed when the e-mail notice generation count was more than 8k,	E-mail (EML-1000-DD-02) batch job completes successfully.	NA

Ref ID	Type	Previous Design/Problem	Updated/Resolved Functionality In this Release	Pages Impacted
		which impacted the CalNOD12 and 1095 tax notice generations.		
Online Application				
29837	Defect Fix	When a user clicked the **Send Text** button after completing the text registration section on the *Login Assistance - Register Email And Phone Number* page to generate a One Time Passcode (OTP), a "We Apologize error message" displayed.	When a user clicks the **Send Text** button after completing the text registration section on the *Login Assistance - Register Email And Phone Number* page to generate an OTP, the OTP generated is sent to the respective cell phone number.	Login Assistance - Register Email And Phone Number
29749	Defect Fix	When a user clicked the **Send Email** or **Send Text** button after completing the applicable email or text registration section on the *Login Assistance - Register Email And Phone Number* page to generate an OTP, a "We Apologize error message" displayed.	When a user clicks the **Send Email** or **Send Text** button after completing the applicable email or text registration section on the *Login Assistance - Register Email And Phone Number* page, the OTP generated is sent to the respective email address or cell phone number.	Login Assistance - Register Email And Phone Number
29506	Defect Fix	When a Children's Health Initiative Program (CCHIP) worker changed the **CCHIP Enrollment Date** to the day when CCHIP Conditional Eligibility was determined and clicked the **Save** button on the *CCHIP* page, the following validation message "Enrollment date cannot be before eligibility start date" was displayed.	When a CCHIP worker changes the **CCHIP Enrollment Date** to the day when CCHIP Conditional Eligibility was determined and clicks the **Save** button on the *CCHIP* page, the save is successful.	CCHIP
29235	Defect Fix	The **Appeal Decision** header under the **Important Information & Options** section on the *Eligibility Results* page was not aligned.	The **Appeal Decision** header under the **Important Information & Options** section on the *Eligibility Results* page is aligned.	Eligibility Results

Ref ID	Type	Previous Design/Problem	Updated/Resolved Functionality In this Release	Pages Impacted
28783	Defect Fix	Below mentioned were issues on the *Household Members* page when accessed via Firefox browser: • Dropdown list for the **Document Type*** field were not displayed completely. • Dropdown list for the **Please Select the Immigration Status that best applies*** field were not displayed completely. • The Horizontal Scroll bar for the **Please Select the Immigration Status that best applies*** field dropdown list was missing.	Below mentioned are fixes on the *Household Members* page when accessed via Firefox browser: • Dropdown list for the **Document Type*** field are displayed completely. • Dropdown list for the **Please Select the Immigration Status that best applies*** field are displayed completely. • The Horizontal Scroll bar for the **Please Select the Immigration Status that best applies*** field dropdown list is present.	Household Members
28202	Defect Fix	When an admin clicked the **Flexible Admin View** button in the *View Confirmation* popup on the *Individual Homepage*, an exception error message was displayed.	When an admin clicks the **Flexible Admin View** button in the *View Confirmation* popup on the *Individual Homepage*, the application is displayed on the *Flexible Application* page.	Individual Homepage
28919	Defect Fix	Notice CalNOD01ab was not generated for cases after renewal.	Notice CalNOD01ab is generated successfully for cases after renewal.	NA
29250	Defect Fix	When a user attempted to access the Covered California website on multiple tabs, the multi-tab popup displayed in English for a Spanish user, and the popup was not aligned.	When a user attempts to access the Covered California website on multiple tabs, the multi-tab popup displays in Spanish for a Spanish user, and the popup is aligned.	NA
29106	Defect Fix	The **user id** for notes entered via the *Flexible Application* page, reflected the user who	The **user id** for notes entered via the *Flexible Application* page, reflects the user who entered notes on the *Flexible Application*	Notes

Ref ID	Type	Previous Design/Problem	Updated/Resolved Functionality In this Release	Pages Impacted
		first viewed notes on the *Notes* page.	page when viewed on the *Notes* page.	
29303	Defect Fix	When a user reported a change to the response for the question **Is this person pregnant?*** on the *Personal Data – Demographic Information* page and clicked the **Continue** button, a "We Apologize error message" displayed.	When a user reports a change to the response for the question **Is this person pregnant?*** on the *Personal Data – Demographic Information* page and clicks the **Continue** button, Report a Change Summary page is displayed.	Personal Data – Demographic Information
29236	Defect Fix	When a user clicked the **Case Notes** link on the *Personal Verification* page, a "We Apologize error message" displayed.	When a user clicks the **Case Notes** link on the *Personal Verification* page, the *Notes* page is displayed.	Personal Verification
28226	Defect Fix	When an admin changed the **Renew Mode** option and clicked the **Update** button on the *Renew Mode for Covered California Programs* page, a "We Apologize error message" displayed.	When an admin changes the **Renew Mode** option and clicks the **Update** button on the *Renew Mode for Covered California Programs* page, the *Opt-In / Opt –out Confirmation* popup is displayed.	Renew Mode for Covered California Programs
30060	Defect Fix	An admin had to click twice to select a value for the **Search By** field on the *Search Individual* page.	An admin can select a value for the **Search By** field on the *Search Individual* page by clicking once.	Search Individual
29368	Defect Fix	The **Update my Consent for** field on the *Update Consent and Attestation* page displayed 5-years irrespective of the value of the consent year chosen.	The **Update my Consent for** field on the *Update Consent and Attestation* page displays the value of the consent year chosen.	Update Consent and Attestation
29369	Defect Fix	The **Update my Consent for** field on the *Update Consent and Attestation* page and AHBX table HBX_INDV_CASE_ VERIF_CONSENT in AHBX database did not	The **Update my Consent for** field on the *Update Consent and Attestation* page and AHBX table HBX_INDV_CASE_ VERIF_CONSENT in AHBX database depreciates the number of consent years with time.	Update Consent and Attestation

Ref ID	Type	Previous Design/Problem	Updated/Resolved Functionality In this Release	Pages Impacted
		depreciate the number of consent years with time.		
28114	Defect Fix	Below mentioned were issues in the *Upload Document* popup on the *Upload Documents* page: • Clicking the **Document Name** input box in the *Upload Document* popup triggered the *Choose File to Upload* popup. • **Upload** button was enabled in the *Upload Document* popup before the **Document Name** was populated. • Clicking **Document Name** or double clicking in the white space between **Document Type** and **Document Name** text triggered the *Choose File to Upload* popup. • Clicking the **Select the file to upload** link moved focus to the **Document Name** field.	Below mentioned are fixes in the *Upload Document* popup on the *Upload Documents* page. • Clicking the **Document Name** input box in the *Upload Document* popup does not trigger the *Choose File to Upload* popup. • **Upload** button is enabled in the *Upload Document* popup after the **Document Name** is populated. • Clicking **Document Name** or double clicking in the white space between **Document Type** and **Document Name** text does not trigger anything. • Clicking the **Select the file to upload** link does not move focus to the **Document Name** field.	Upload Documents
Reports				
28635	Defect Fix	A few of the submitted applications missed their corresponding pending application attributes and had invalid time spans for effective date.	All of the submitted applications have their pending application attributes and valid effective date.	NA

Ref ID	Type	Previous Design/Problem	Updated/Resolved Functionality In this Release	Pages Impacted
		Impacted Attributes: Application **Impacted Subject Area:** All		
29411	Defect Fix	The **Consent for Verification Flag** & **Data From Tax Return** fields were populated during renewal in the Application Attributes folder. **Impacted Attributes:** Application Attributes Folder **Impacted Subject Area:** Application, Submitted Individual, Enrollee	The **Consent for Verification Flag & Data From Tax Return** fields are no longer populated during renewal in the Application Attributes folder, as per new portal functionality added in release 16.7.1.	NA
28778	Defect Fix	The **Decline Reason Decode** field populated **Null** values. **Impacted Attributes:** Delegate **Impacted Subject Area:** Delegation	The **Decline Reason Decode** field populates the functional description of the corresponding specific numerical code for a declined reason.	NA
Security				
29773	Defect Fix	When a user clicked the **Continue** button after answering the security questions on the *Answer Questions* page, a "We Apologize error message" displayed.	When a user clicks the **Continue** button after answering the security questions on the *Answer Questions* page, the *Individual Homepage* is displayed.	Answer Questions
29748	Defect Fix	When a user clicked the **Log In** button on the *Log in or Create an Account page*, a "We Apologize error message" displayed.	When a user clicks the **Log In** button on the *Log in or Create an Account page*, the *Login Assistance - Register Email And Phone Number* page displays.	Login Assistance - Register Email And Phone Number
Technical Architecture				
28976	Defect Fix	When a user clicked the **Espanol** link on the	When a user clicks the **Espanol** link on the *Covered California*	Covered California Homepage

Ref ID	Type	Previous Design/Problem	Updated/Resolved Functionality In this Release	Pages Impacted
		Covered California homepage, question marks (??) were displayed through the page.	*homepage,* the page displays correctly in Spanish.	

Alternate Procedures

Summary of Alternate Procedures

This section summarizes Alternate Procedures **No Longer in Effect** as of this release. Except for the following (and those noted in previous release notes), all other Alternate Procedures from previous releases remain in effect.

#	Alternate Procedures No Longer in Effect	Ref ID	Release Delivered
Online Application			
209	The Document Type and Immigration Status dropdowns on the Household Members page have display issues (Firefox browser only).	28783	16.9
Enrollment-Financial Management			
210	Clicking **Pay Now** button on the *Current Enrollment* page for **Chinese Community Health Plan** and **Western Health** carriers displays *Administration Home* page popup instead of payment site.	29476 Duplicate of 29513	16.9
137	The *Timeout Warning* popup does not display when the session timed out on the *Application Signature* Page.	19495	16.9
Security			
212	When a user clicks the **Log In** button on the *Log in or Create an Account* page, a "We Apologize" error message is displayed	29748	16.9
211	When a user clicks the **Send Email** or **Send Text** button on the *Login Assistance - Register Email And Phone Number* page, a "We Apologize" error message is displayed.	29749 Duplicate of 31324	16.9
215	When a user clicks the **Continue** button on *Answer Questions* page, a "We Apologize" error message is displayed.	29773 (Not Reproducible)	16.9
218	When a user clicks the **Send Text** button on the *Login Assistance - Register Email And Phone Number* page to generate a One Time Passcode (OTP), a "We Apologize" error message is displayed.	29837 Duplicate of 31324	16.9
Technical Architecture			
200	When a user clicks on the Espanol link in the header of the *Individual Homepage*, question marks (?????) display throughout the page.	28976 Fixed Indirectly by 26481	16.9

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

#	New Alternate Procedures	Ref ID	Planned Release
Enrollment – Financial Management			
219	Health Enrollments are not getting Terminated after lifting Carry Forward Eligibility	31373	16.10

#	New Alternate Procedures	Ref ID	Planned Release
Enrollment – Financial Management			
223	CR46384 - removed one member for death but the entire household is showing a termination reason of death.	31530	16.10
Online Application			
220	Keep or Switch for 2016 QHP Pregnancy Hold During Renewals/Open Enrollment	31399	16.10
221	Admin Program Transition Override for 2016 QHP Pregnancy Hold During Renewals/Open Enrollment	31481	16.10
222	Admin Program Transition Override will not work after consumer switches from QHP to MCAP	31470	16.10

Alternate Procedure 219: Health Enrollments are not getting Terminated after lifting Carry Forward Eligibility	
Users Impacted	Consumers (Individuals) for SAWS channels
Area Impacted	Enrollment – Financial Management
What's Happening Now	When SAWs confirms Medi-Cal eligibility for member(s) by lifting carry forward APTC, the enrollment should be terminated automatically. But enrollment doesn't get terminated for Medi-Cal confirmed members due to this defect. This issue is only for Companion EDR (EDR-C) Transaction. There is no issue with regular EDR transaction.
Actions to Take	If an enrollment has more than one member and not all members in that enrollment has Medi-Cal confirmed: 1. SCR user or Consumer can submit blank RAC. It opens manual plan update process. The manual update process terminates the member(s) from enrollment. If All members in an enrollment are moved Medi-Cal then: 1. SCR login to the portal. 2. Search for the case 3. Click on View home. It takes individual home page. 4. Click on terminate participation 5. Select the enrollment and terminate.
SCR/Defect	Defect 31373
Planned Release	16.10

Alternate Procedure 220: Keep or Switch for 2016 QHP Pregnancy Hold During Renewals/Open Enrollment	
Users Impacted	Individuals and Admin Users
Area Impacted	Online Application
What's Happening Now	*2016 QHP Pregnancy Hold Only (Home Page in Renewal Mode)* When a woman is in a QHP Pregnancy Hold for 2016 and her case is in Renewal Mode, she will be unable to access the Keep or Switch page to take action on her 2016 QHP Pregnancy Hold from the Individual Home Page. *2016 QHP Pregnancy Hold Only (Home Page in 2017 context after completing Renewal)* When a woman is in a QHP Pregnancy Hold for 2016 after completing renewals, she will be unable to access the Keep or Switch page to take action on her 2016 QHP Pregnancy Hold from the Individual Home Page. *2016 and 2017 QHP Pregnancy Hold (Home Page in 2017 context after completing Renewal OR after completing Open Enrollment for 2017 and reporting a change for 2016)* When a woman is in a QHP Pregnancy Hold for both 2016 and 2017 after completing renewals OR after completing Open Enrollment for 2017 and then reporting a change for 2016, she will be only be able to access the Keep or Switch page to take action on her 2017 QHP Pregnancy Hold from the Individual Home Page. She will be unable to access the Keep or Switch page to take action on her 2016 QHP Pregnancy Hold from the Individual Home Page
Actions to Take	*2016 QHP Pregnancy Hold Only (Home Page in Renewal Mode)* Accessing the Keep or Switch page to take action on the 2016 QHP Pregnancy Hold can be done in the following manner: **Admin only**: By Opting out of Renewal Mode 1. From the Admin Search page, search for the case number 2. Click on the Manual Verifications button 3. Click on Renew Mode on the Left Hand Navigation 4. Select "Off" from the dropdown

Alternate Procedure 220: Keep or Switch for 2016 QHP Pregnancy Hold During Renewals/Open Enrollment	
	5. Click the **Update** button on the Renew Mode for Covered California Programs Page
	6. Click Ok button in the *Your Update has been successfully saved* pop up
	7. Navigate to the Individual Home Page
	8. The Keep or Switch link will enabled. Admin return the case to Renewal Mode after taking action on the 2016 QHP Pregnancy Hold.
	2016 QHP Pregnancy Hold Only (Home Page in 2017 context after completing Renewal)
	Accessing the Keep or Switch page to take action on the 2016 QHP Pregnancy Hold can be done in the following manner:
	Admin or Individual: By clicking on the "*click here*" link on the 2016 Eligibility Results page message that informs the consumer of her potential eligibility for a more beneficial program.
	1. This page is visible to the user immediately after reporting the change that places the woman in the QHP Pregnancy Hold, however, if the user navigates away from the page or logs out of the application, here's are the steps for navigating back to the page:
	a. From the Individual Home Page, click on Summary checkbox on the train track
	b. From the APPLICATION HISTORY page, click on the "View Eligibility Results" for appropriate 2016 Report a Change record (which should correspond to the results that indicated the person is in the QHP Pregnancy Hold)
	c. From the Eligibility Results page, click on the "*click here*" link in the message that informs the consumer of her potential eligibility for a more beneficial program.
	d. This will navigate the user to the Keep or Switch page that will allow the user to take action on the 2016 QHP Pregnancy Hold
	*<u>Note</u>: This will only work if the user did not previously elect to **Keep** current coverage as the "click here" link will no longer be displayed. If the link is not displayed, the consumer will have to wait until R16.10, to take action on the 2016 QHP Pregnancy Hold*

Alternate Procedure 220: Keep or Switch for 2016 QHP Pregnancy Hold During Renewals/Open Enrollment	

	2016 and 2017 QHP Pregnancy Hold (Home Page in 2017 context after completing Renewal OR after completing Open Enrollment for 2017 and reporting a change for 2016)
	
	Accessing the Keep or Switch page to take action on the 2016 QHP Pregnancy Hold can be done in the following manner:
	
	Admin or Individual: By clicking on the "*click here*" link on the 2016 Eligibility Results page message that informs the consumer of her potential eligibility for a more beneficial program.
	
	1. This page is visible to the user immediately after reporting the change that places the woman in the QHP Pregnancy Hold, however, if the user navigates away from the page or logs out of the application, here's are the steps for navigating back to the page:
	   a. From the Individual Home Page, click on Summary checkbox on the train track
	   b. From the APPLICATION HISTORY page, click on the "View Eligibility Results" for appropriate 2016 Report a Change record (which should correspond to the results that indicated the person is in the QHP Pregnancy Hold)
	   c. From the Eligibility Results page, click on the "*click here*" link in the message that informs the consumer of her potential eligibility for a more beneficial program.
	   d. This will navigate the user to the Keep or Switch page that will allow the user to take action on the 2016 QHP Pregnancy Hold
	*__Note__: This will only work if the user did not previously elect to **Keep** current coverage as the "click here" link will no longer be displayed. If the link is not displayed, the consumer will have to wait until R16.10, to take action on the 2016 QHP Pregnancy Hold*

SCR/Defect	Defect 31399
Planned Release	R16.10

Alternate Procedure 221: Admin Program Transition Override for 2016 QHP Pregnancy Hold During Renewals/Open Enrollment	
Users Impacted	Individuals and Admin users
Area Impacted	Online Application
What's Happening Now	*User switched for 2016 QHP Pregnancy Hold (Home Page in Renewal Mode)* When a SCR has elected to end a woman's QHP Pregnancy Hold for 2016 by switching her to a more beneficial program in error/without the consumer's consent, the admin will be unable to return the woman to her previous coverage (back to the QHP Pregnancy Hold) while the case is in Renewal Mode. *User switched for 2016 QHP Pregnancy Hold (Home Page in 2017 context after completing Renewal)* When a SCR has elected to end a woman's QHP Pregnancy Hold for 2016 by switching her to a more beneficial program in error/without the consumer's consent, the admin will be unable to return the woman to her previous coverage (back to the QHP Pregnancy Hold for 2016) if the 2017 renewal has already been completed. *User switched for 2016 and 2017 QHP Pregnancy Hold (Home Page in 2017 context after completing Renewal OR after completing Open Enrollment for 2017 and reporting a change for 2016)* When a SCR has elected to end a woman's QHP Pregnancy Hold for 2016 and 2017 during Renewals or Open Enrollment, by switching her to a more beneficial program in error/without the consumer's consent, the admin will be able to return the woman to her previous coverage for 2017. She will be unable to return her to previous coverage for 2016.
Actions to Take	*User switched for 2016 QHP Pregnancy Hold (Home Page in Renewal Mode)* The admin can return the consumer to previous coverage (and put her back in the Pregnancy Hold for 2016) in the following manner: **Admin only**: By Opting out of Renewal Mode 1. From the Admin Search page, search for the case number

Alternate Procedure 221: Admin Program Transition Override for 2016 QHP Pregnancy Hold During Renewals/Open Enrollment	
	2. Click on the Manual Verifications button 3. Click on Renew Mode on the Left Hand Navigation 4. Select "Off" from the dropdown 5. Click the **Update** button on the Renew Mode for Covered California Programs Page 6. Click Ok button in the *Your Update has been successfully saved* pop up 7. Navigate to the Individual Home Page 8. The Keep or Switch link will enabled. Admin return the case to Renewal Mode after taking action on the 2016 QHP Pregnancy Hold. ***2016 QHP Pregnancy Hold Only (Home Page in 2017 context after completing Renewal)*** The admin can return the consumer to previous coverage (and put her back in the Pregnancy Hold for 2016) after R16.10. Since the planned go-live date for R16.10 is only one week after the start of Renewals and prior to the 15th of the month, waiting for R16.10 will not disadvantage the consumer. If waiting for R16.10 is not an option, the SCR can log a help desk ticket and CalHEERS can apply a data fix to return the consumer to previous coverage. ***2016 and 2017 QHP Pregnancy Hold (Home Page in 2017 context after completing Renewal OR after completing Open Enrollment for 2017 and reporting a change for 2016)*** The admin can return the consumer to previous coverage (and put her back in the Pregnancy Hold for 2016) after R16.10. Since the planned go-live date for R16.10 is only one week after the start of Renewals and prior to the 15th of the month, waiting for R16.10 will not disadvantage the consumer. If waiting for R16.10 is not an option, the SCR can log a help desk ticket and CalHEERS can apply a data fix to return the consumer to previous coverage.
SCR/Defect	Defect 31481
Planned Release	R16.10

Alternate Procedure 222: Admin Program Transition Override will not work after consumer switches from QHP to MCAP

Users Impacted	Individuals and Admin users
Area Impacted	Online Application
What's Happening Now	When a SCR has elected to end a woman's QHP Pregnancy Hold by switching her to a MCAP in error/without the consumer's consent, the admin will be unable to return the woman to her previous coverage from the Program Transition Override page.
Actions to Take	The admin can return the consumer to previous coverage after R16.10. Waiting for R16.10 will not disadvantage the consumer as long the admin attempts to return the consumer to previous coverage prior to 10/15/2016. If waiting for R16.10 is not an option, the SCR can log a help desk ticket and CalHEERS can apply a data fix to return the consumer to previous coverage.
SCR/Defect	Defect 31470
Planned Release	R16.10

Alternate Procedure 223: CR46384 - removed one member for death but the entire household is showing a termination reason of death.

Users Impacted	All Users
Area Impacted	Enrollment – Financial Management
What's Happening Now	There are more than 1 members in an enrollment and the user reports a change to remove a member with the termination reason as "Death". After the user submits the application, he/she is allowed to "Continue Health Plan Update". During plan selection, the user decides to Shop for new plan (which will in-turn terminate the old enrollment and enroll the user in new one). Now on the Enrollment History page, the Termination reason for the old enrollment (should be in Terminated status) shows up as "Death" for all members where-as only one member was terminated with the reason "Death" and others due to selecting new plan.

Alternate Procedure 223: CR46384 - removed one member for death but the entire household is showing a termination reason of death.	
Actions to Take	On "Enrollment History" tab, select the latest enrollment that is in Enrolled/Pending status to look for the current set of members who are still enrolled
SCR/Defect	Defect 31530
Planned Release	16.10