The following table describes the process for an individual transitioning from MAGI Medi-Cal to APTC that is initiated by CalHEERs. The first column denotes the item number and system, the second column describes the step and process flow for the specific item and the third column describes the logic flow for each item.

Item # (system)	Process Description	Process Flow
1 (CalHEERS)	Consumer is Enrolled in MAGI-Medi-Cal	If 1 then 2.
2 (CalHEERS)	Report A Change performed in CalHEERS	If 2 then 3.
3 (CalHEERS)	Run Business Rules Engine (BRE)	If 3 then 4.
4 (CalHEERS)	Soft Pause Eligible?	If 4 is no, then Separate Workflow: Not Soft Pause Eligible. If 4 is yes, Send unsolicited DER, then 5.
5 (SAWS)	Screen for and Determine Eligibility for Non-MAGI MC (Follows process as defined in ACWDL 14-18)	If 5, then 6.
6 (CalHEERS)	Lift Soft Pause	If 6, then 7.
7 (SAWS)	Eligible for Non-MAGI MC?	If yes, then 16. If no, then 8.
8 (SAWS)	Submit EDR for MC Termination	If no EDR, then 9. If EDR, then 11.
9 (SAWS)	Set Termination Date for Medi-Cal (EW40)	If 9, then 10.
10 (MEDS)	Post EW40 transaction	If 10, then END.
11 (CalHEERS)	Run BRE	If 11, then 15. If DER, then 14.
12 (CalHEERS)	Establish APTC/QHP Eligibility in MEDS (Send HX20)	If 12, then 13.
13 (MEDS)	Post HX20 transaction	If 13, then END.
14 (SAWS)	Confirm Eligibility Results between CalHEERS and SAWS	If 14, then END.

Item # (system)	Process Description	Process Flow
15 (CalHEERS)	QHP Plan Selection, Enrollment, and Premium Payment Consumer Support Resources: • Plan Selection task guide for county workers • County liaison • Referral to CC Service Center / Service Channels at client request	If 15, then 12.
16 (SAWS)	Enroll in other MC Program	If 16, then END.

Assumptions

- Step 4: Soft Pause- Allows for full Medi-Cal evaluation of Aged, Blind, Disabled programs as well as for children under 19 y/o (MAGI Medi-Cal continues during this period). If the consumer is not Soft Pause eligible, the referral process to APTC/QHP will proceed.
- Step 5: The beneficiary may take up to 30 days to respond to screening information request from the County Eligibility Worker.
- Step 15: Current operating assumption is that a CEW will assist with the selection of a Covered CA plan in the case of Medi-Cal Discontinuance.
- Client may choose to decline coverage anywhere within process from either agency or choose to not provide adequate information required for a full determination.

The following table describes the process for an individual transitioning from MAGI Medi-Cal to APTC that is initiated by SAWS. The first column denotes the item number and system, the second column describes the step and process flow for the specific item and the third column describes the logic flow for each item.

Item # (system)	Process Description	Process Flow
1 (SAWS)	Consumer is Enrolled in MAGI-Medi-Cal	If 1 then 2.
2 (SAWS)	Report A Change performed in CalHEERS	If 2 then 3.
3 (CalHEERS)	Run Business Rules Engine (BRE)	If 3 then 4.
4 (CalHEERS)	Soft Pause Eligible?	If 4 is no, then Separate Workflow: Not Soft Pause Eligible. If 4 is yes, Send unsolicited DER, then 5.
5 (SAWS)	Screen for and Determine Eligibility for Non-MAGI MC (Follows process as defined in ACWDL 14-18)	If 5, then 6.
6 (CalHEERS)	Lift Soft Pause	If 6, then 7.
7 (SAWS)	Eligible for Non-MAGI MC?	If yes, then 16. If no, then 8.
8 (SAWS)	Submit EDR for MC Termination	If no EDR, then 9. If EDR, then 11.
9 (SAWS)	Set Termination Date for Medi-Cal (EW40)	If 9, then 10.
10 (MEDS)	Post EW40 transaction	If 10, then END.
11 (CalHEERS)	Run BRE	If 11, then 15. If DER, then 14.
12 (CalHEERS)	Establish APTC/QHP Eligibility in MEDS (Send HX20)	If 12, then 13.
13 (MEDS)	Post HX20 transaction	If 13, then END.
14 (SAWS)	Confirm Eligibility Results between CalHEERS and SAWS	If 14, then END.

Item # (system)	Process Description	Process Flow
15 (CalHEERS)	QHP Plan Selection, Enrollment, and Premium Payment Consumer Support Resources: • Plan Selection task guide for county workers • County liaison • Referral to CC Service Center / Service Channels at client request	If 15, then 12.
16 (SAWS)	Enroll in other MC Program	If 16, then END.

Assumptions

- Step 2: When changes are reported to the county, some steps may be streamlined due to real-time information provided by the beneficiary to the County Eligibility Worker.
- Step 4: Soft Pause- Allows for full Medi-Cal evaluation of Aged, Blind, Disabled programs as well as for children under 19 y/o (MAGI Medi-Cal continues during this period). If the consumer is not Soft Pause eligible, the referral process to APTC/QHP will proceed.
- Step 5: The beneficiary may take up to 30 days to respond to screening information request from the County Eligibility Worker.
- Step 15: Current operating assumption is that a CEW will assist with the selection of a Covered CA plan in the case of Medi-Cal Discontinuance.
- Client may choose to decline coverage anywhere within process from either agency or choose to not provide adequate information required for a full determination.