CalHEERS Release Notes
Feature Release 20.9

Executive Summary

CalHEERS Feature Release 20.9 (deployed on 09/21/2020) 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:

- Consumer Assistance
- eHIT
- Eligibility and Enrollment
- Enrollment-Financial Management
- Interfaces
- Marketing
- Notices
- Plan Management
- Technology
- Online Application

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

- Enrollment-Financial Management
- Eligibility
- Online Application
- Eligibility and Enrollment

Alternate Procedures that have been provided with this release:

No Longer in Effect with this release

- None

New with this release

- Online Application

Purpose and Scope

This document describes the content of the CalHEERS Feature Release 20.9. 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
N/A	N/A	N/A	N/A	N/A

Key System Updates

The following summarizes the modified features included in this release.

Consumer Assistance

Ref ID	Type	Previous Design/Problem	Updated/Resolved Functionality In this Release	Pages Impacted
147417	Change Request	Consumers who had trouble logging into their accounts were given an error message at the *Log In* page and directed to contact Covered California for help. They were not adequately informed of why they are being directed to the *Contact Us* page during the one-time password challenge process. An error message displays on the *Log In or Create an Account* page: *The user account is locked due to multiple invalid login attempts.*	**Functional Change:** *The Log In or Create an Account to Get Covered page is updated with the following new features:* • The error message that displays when a consumer incorrectly enters his or her password is updated: "We could not access your account. This could be because: The username or password is invalid. Please try again or click "Forgot username?" or "Forgot password?" for help." 1. The *Cannot Confirm Account* popup displays in the following situations:	Log In or Create an Account to Get Covered Register Your Account Verification Registration Validate One Time Password My Profile Choose Your Security Questions

Ref ID	Type	Previous Design/Problem	Updated/Resolved Functionality In this Release	Pages Impacted
			• Clicking the **Login** button when the account is blocked due to previously failed identity verification • Clicking the **Continue** button on the *Verify Identity Security Questions* page when the user fails to correctly answer their security questions a total of three times and does not have a registered OTP • Clicking the **Validate** button on the *Verify by One-time Passcode* page when the user has attempted a combination of security questions and/or OTP methods three times and failed • Clicking the **Login** button when the account is locked due to the maximum incorrect attempts at login is reached. 2. The popup *Maximum Number of Attempts Reached* displays when a user incorrectly enters their security answers a total of three times at the *Choose Security Questions* page. 3. The *Register Your Account* page is updated with the following new features: • When registering your email or registering your cell phone, the header of the page reflects the	

Ref ID	Type	Previous Design/Problem	Updated/Resolved Functionality In this Release	Pages Impacted
			action you are taking: *Register Your Email* and *Register Your Cell Phone.*	
			• Red **Remove** buttons are added to the *Register Your Account* page under the following sections when the Verification Method is registered:	
			o Email	
			o Cell Phone Number	
			o Security Questions	
			4. On the *Register your Account* page the paragraph was updated to remove the following:	
			• Click **Add** for any option to get started. Click **Edit** to update these settings.	
			5. The *Choose Your Security Questions* page is updated with the following new feature:	
			• A **Cancel** button is added to cancel the process of selecting a security question and navigates users back to the *Verification Registration* page.	
			6. The *Validate One Time Password* page is updated to add the following message:	
			• *If you do not receive the One Time Passcode within 5 minutes or if you entered an invalid passcode, contact*	

Ref ID	Type	Previous Design/Problem	Updated/Resolved Functionality In this Release	Pages Impacted
			Covered California at (800) 300-1506. 7. The *My Profile* page is updated with the following: • The message *Please click "Update"' after each section to save your changes* is added to the first sentence of the page. • Users who attempt to leave the *My Profile* page by clicking the Account Home icon, Secure Mailbox icon, Log Out dropdown option under the My Profile icon, or leave the language option within the Globe icon blank and without first saving their changes see the popup *Cancel Update Profile Information* if changes have been made and not saved. If users press **No, go back** they return to the My Profile page. If they click **Yes, cancel**, they are directed to the page they are attempting to reach. **Technical Changes:** The endpoints for the challenge security questions were updated in order to: • Return the applicable error messages for users who are locked or	

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			blocked from their accounts. • Allow users to register and remove OTP preferences on the *My Profile* page.	
149502	Change Request	Verification requirements for conditionally eligible Former Foster Youth (FFY) individuals are not suppressed. Document upload experience is not user-friendly.	**Functional Change:** All verifications are suppressed for conditionally eligible Former Foster Youth individuals except the Proof of Former Foster Youth Status. The *Documents & Correspondence* page is updated with the following new features: 1. New messaging is added above the **Add Document** button • *Upload a new file* 2. Clicking the **Add Document** button opens the *Add Document* popup. The *Document Category and Document Type* dropdowns are required for all users but optional for Former Foster Youth individuals and household members on a case with a Former Foster Youth Individual. These individuals do not receive an error message text if they do not select a document category option from the dropdown. 3. The **Upload** button is enabled when a file is	*Documents & Correspondence* *Add Document*

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			successfully selected and a green check mark displays.	
			A **Delete** link is also added; clicking the **Delete link** discards the selected file.	
			Clicking the **Upload** button opens a success state within the *Add Document* popup tab summarizing the document category, document type, and file details provided by the user. N/A is displayed as the category and type if user does not select category and type in the success state.	
			Pending verification checkboxes will not display for conditionally eligible Former Foster Youth individuals other than proof of foster youth verification.	
			On the bottom of this success state pop up, a **Close** button link is added. Clicking **Close** keeps the user on the *Documents & Correspondence* page.	
			4. In the Admin view of the *Documents and Correspondence* page, a new tab is added for SCR and CEW users to upload a document or link an ECM ID to the case. New messaging is added above the **Add Document** button.	
			• *Upload a new file or link an ECM document*	

Ref ID	Type	Previous Design/Problem	Updated/Resolved Functionality In this Release	Pages Impacted
			Technical Change: Lightweight Application Programming Interface (API) changes to existing API end point to handle document upload for multiple individuals and suppress documents for FFY.	
155237	Change Request	Certified Enrollers can search based on First Name, Last Name, Application Type, Issuer, Current Status, Next Steps, Enrollment Status, and Application Year. Search results display household, case, and coverage information for up to 2000 users.	**Functional Change:** 1. Additional search functions are added on the *Active Consumers* page to allow Certified Enrollment Counselors (CECs), Agency Managers and Admin Staff Level 1 and Level 2 to narrow results. The default search filters include: • First Name (of the primary HHM) • Last Name (of the primary HHM) • Date of Birth (of the primary HHM) • Last 4 digits of SSN (of the primary HHM) • Case ID 2. The following fields were moved from the search function on the Active *Consumers* page and moved to the advanced search drop down: • Application Type • Application Year • Current Status • Enrollment Status	*Active Consumers*

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			• Issuer • Next Steps 3. Search results displays on the *Active Consumers* page. • *Sort by* dropdown added. Dropdown values include First Name A-Z, First Name Z-A, Last Name A-Z, and Last Name Z-A Functionality. Click **Go** button to run the filter against the list of active consumers based on the selected value. • The Household column displays household information including Primary Contact, Phone, Email, Address, DOB, Last 4 digits of SSN. • The Case details column includes Case ID, Subscriber ID, Application Type, Application Year, Current Status, and Next Steps. • The Carrier coverage details include the carrier's logo, Plan Name, Plan type, Premium Office Visit co-pay, Generic Drug Co-pay, and Deductible, where available. Click on the **Advance Search +** button to expand the filter. The **–** button collapses the filter section.	

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			4. In Progress applications do not display when searched using the following: • *Date of Birth*, Last 4 digits of SSN, *House number* and/or Subscriber ID filters for both Primary and other members of the household. **Technical Change:** The following search parameters have been added to the Active Consumer Case/Active Delegation search feature on the Agency Portal/Counselor Portal: 1. Case ID 2. DOB 3. House Number 4. SSN The following results parameters have been added: • DOB • SSN • Subscriber Flag	

eHIT

Ref ID	Type	Previous Design/Problem	Updated/Resolved Functionality In this Release	Pages Impacted
157399	Change Request	CalHEERS SAWS eHIT Interface schema updates are required in order to be aligned with changes made in Change Request 158675 BREfs:	**Functional Changes:** There are no functional changes for the CR. See Change Request 158675 for a description of the changes relating to BREfs: Enhance eHIT Verifications.	N/A

Version 3

Ref ID	Type	Previous Design/Problem	Updated/Resolved Functionality In this Release	Pages Impacted
		Enhance eHIT Verifications

Current eHIT Interface Schema is version 15. | **Technical Changes:**

CalHEERS eHIT schema updated to include changes made with Change Request 158675.

Updated to eHit Interface Schema version16. | |

Eligibility and Enrollment

Ref ID	Type	Previous Design/Problem	Updated/Resolved Functionality In this Release	Pages Impacted
53614 (CR 162400)	Defect	Carry forward is not being lifted in the following situations: 1. For retro months after lifting carry forward for current and future months 2. For a prior month 3. Individual is not being granted MAGI Medi-Cal and Exchange Eligibility in the transition month	Carry forward is lifted as required. • For the prior month after Carry forward was lifted for the current and future months • For a prior month as required • Individuals are granted dual eligibility in the transition month	N/A
155515	Change Request	The State Subsidy Fair Share Adjustment Percentage amount needed to be updated for 2021 benefit year.	The State Subsidy program will continue to use the 2020 Required Contribution table for the 2021 Required Contribution Table.	N/A
139051	Change Request	The display of all attributes are not consistent on the *Personal Verification* page. CalHEERS Passive Renewals primarily pulled from RRV data for Deceased, Income, and Medicare verification.	**Functional Change:**

The following changes have been made to the *Personal Verification* page.

1. Household Member's Verification Table displays all attributes for every individual.
2. Attribute descriptions display in static order for | Personal Verification |

Ref ID	Type	Previous Design/Problem	Updated/Resolved Functionality In this Release	Pages Impacted
		During CalHEERS Active Renewals, Data Services is called for each Incarceration verification if the cache is expired. During CalHEERS passive renewals, the cached data value is used. During reapplication, the hub was called for each verification of Deceased, Incarceration, ESI-MEC, Non-ESI MEC, Income, Medicare, SSN, Citizenship, and Lawful Presence. Cached verification expiration dates were previously 90 days for the following attributes: Deceased, Incarceration, ESI-MEC, Non-ESI MEC, Income, and Medicare.	every individual in the household. 3. The Valid Until column will display "N/A" if there is no longer a verification expiration date. The following changes have been made to the BRE run rules: 1. Cached verification expiration dates in the Valid Until column will not be set for the following attributes: • Deceased • Incarceration • ESI-MEC • Non-ESI MEC • Income • Medicare 2. CalHEERS Active/ Passive Renewals pulls data for the following attributes from RRV data*: • Deceased • Income • Medicare If RRV data is not available, the Admin verification value is used. If the Admin verification value is not available, the Data Services is called. *Unsubsidized and subsidized cases without consent, will not have RRV data for Income and	

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			Medicare and will not be called during Active Renewals. 3. CalHEERS Passive and Active Renewals pulls from the new Incarceration Batch (created as part of CR146748) data cached. - If the cache does not have Incarceration data, the Admin verification value is used. - If the Admin verification value is not available, SSA Services is called. 4. During reapplication, CalHEERS uses the cached verification for SSN if it has been e-verified and there is no change to impacted data elements. During reapplication, CalHEERS uses the cached verification for Citizenship, and Lawful Presence if the consumer has been e-verified or admin verified and there is no change to impacted data elements. During reapplication, CalHEERS calls the hub for the following attributes if outside of the refresh cycle: Deceased, Incarceration, ESI-MEC, Non-ESI MEC, Income, and Medicare. If during the refresh cycle, the hub is not called.	

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			Technical Change: The following technical changes have been made: 1. The existing records for verification – ESI, Non-ESI, Income, Medicare, Deceased, Incarceration is set to a Cache duration of '999999' as to not expire. 2. Verifications that are not from the HBX Results Verification table should be 'Not Applicable' and non-editable on personal verification page. 3. For both Active and Passive Renewals, CalHEERS pulls the deceased and incarceration verifications from the HBX Results Verification table. Priority is given to RRV data over Admin verification. 4. If the latest verification in the HBX Results Verification table is cached as admin or RRV, then do not make HUB call to SSA and pass the verification results to OPA. 5. The logic is cleared that triggers the cache in Reapply mode to clear and call the hub. 6. During reapplication, CalHEERS shall use the cached verification for Deceased, Incarceration, ESI-MEC, Non-ESI MEC, Income, and Medicare and	

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			not call the hub if there is a cached verification within the refresh cycle and there is no change to the impacted data elements.	
146748	Change Request	Updates needed for the 2021 renewals.	**Functional Change:** The following changes are implemented for the 2021 renewals: The following will apply for Incarceration: A new Incarceration batch (VER-3000-DD-01) is created to get the incarceration verification from SSA for all individuals in the cases. - Use the data from the Incarceration batch if available, if not; - Use the Admin verification value. - If not available, call business partner 1. During intake a person is ineligible for enrollment in CCP if the Medicare hub response indicates that the person is receiving Medicare. For an ongoing case, an individual who is currently eligible or conditionally eligible for CCP but has not selected a plan becomes ineligible for CCP if the Medicare hub response indicates that the person is receiving Medicare. A person who is eligible for CCP and has an active plan	Eligibility Results

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			selection (Pending or Enrolled or future terminated status) and receives hub response indicating that the person is receiving Medicare, that person's CCP eligibility is not impacted.	
			2. An unsubmitted RAC now has a 30-day timeframe to be submitted before it expires with a nightly batch after 30 days. In addition the 30 day timeframe for an unsubmitted RAC will reset when an update to an unsubmitted RAC is saved.	
			3. Specific information is displayed on the *Eligibility Results* page when individuals are determined Conditionally Eligible, Ineligible for Covered CA programs due to self-attestation to receiving ESI, Non-ESI and Medicare, and the following hub responses, MEDS responses and/or Hubs/MEDS error responses include: • Existing Non-ESI Coverage • Existing ESI Coverage • Existing Medi-Cal • MEDS Interface Error Response/Hub Down • Hub Error Responses/Hub Down	

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			4. On the *Eligibility* page display specific information when individuals are determined Conditional Eligibility/Ineligible for Covered CA programs due to the following hub results: • Existing Non-ESI Coverage • Existing ESI Coverage • Existing Medi-Cal • MEDS Interface Outage 5. During RAC/Renewals Eligibility *Results* display ineligible when individuals are determined Ineligible to APTC/CSR/CAPS due to the hub returning active Medicare coverage during plan selection. 6. Change the passive renewal due date to the day prior to the last batch sweep date for cases that have not actively renewed and have a FTR code of 009. Other Partner Requirements: 1. Allow a consumer with an active dental only plan to enroll in a QHP when they Report a Change and have a valid Qualifying Life Event. 2. Include the original policy ID in the 834 renewal transactions to carriers when a consumer actively renews in the same plan	

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			after shopping to compare prices	

Technical Change:

The AHBX Batch process runs on cases that have gone through the RRV process and:

1. A new batch VER-3000-DD-01 will fetch the incarceration verification from SSA for all individuals in the cases.

2. A new batch job ELG-3000-DD-01 calls IRS for new data on the cases which previously had an FTR code of 009 returned from IRS during the RRV Batch process. This batch will pick up cases with FTR code of 009 who have actively renewed and cases with FTR code 009 that will be passively renewed and run eligibility. Set the informational update flag in the DER-U to indicate if the transaction qualifies for an exchange program informational update only.

3. CalHEERS shall set the exchange informational flag to "No" when the following occur:

   - A change to case data

   - Change to MAGI Medi-Cal, MCAP, CCHIP benefits,

Ref ID	Type	Previous Design/Problem	Updated/Resolved Functionality In this Release	Pages Impacted
			• Non-MAGI referral is generated • A person is either soft paused or in carry forward. 4. Set the informational update flag indicating the change is not an exchange program information update when the following occurs: • Change in MAGI Medi-Cal Eligibility Status • Change in Non-MAGI Medi-Cal Potential Eligibility Status (Non-MAGI Referral is generated) • Change in MCAP Eligibility Status • Change in CCHIP Eligibility Status • Soft Paused Person • Carry Forward Person • Change in case data	
153206	Change Request	When the APTC calculation is being calculated for the Second Lowest Cost Silver plan it is being done at the individual level instead of the household level. When this occurs any household where there are more than 3 children in the household the APTC calculation is incorrect	**Functional Changes:** The APTC calculation is correctly returning the Second Lowest Cost Silver Plan (SLCSP) at the household level. For households with more than 3 children the SLCSP for the fourth child onwards is not factored in the APTC calculation.	N/A

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		because all individuals are included.	If there are more than 3 children (relationship as CHILD) under the age of 21, then the premium for only the 3 oldest children is used to calculate the total premium. For example, if there are 5 children ages 12, 10, 8, 6 and 4 then only the premium for the three older children (12, 10 and 8) is calculated. The premium for the 6-year-old and 4-year-old is $0.00. **Technical Changes:** The Interface Data Elements for Date of Birth has been removed from the AHBX Interface since it is not being used as per current implementation. A recalculated request from GI to HBX, "enrollmentPremiumDtoList.slcspPremiumAmount" is the "Household Level Benchmark Premium Amount". The Second Lowest Cost Silver Plan (SLCSP) amount in the account transfer is sent based upon this change.	
158676	Change Request	Individuals are being moved to Carry Forward status that: • Are eligible to APTC/CSR/State Subsidy/CCP • Have not enrolled in a health plan;	**Functional Changes:** The Carry Forward Requirements are updated as follows: 1. When a Covered CA consumer Reports a change or completes a Renewal that moves them within the MAGI Medi-Cal FPL limits, this initiative will	N/A

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		• Are transitioning from CCP to MAGI Medi-Cal	accurately check enrollment status for APTC/CSR/CCP/State Subsidy eligible consumers. If the consumer is not enrolled in a health plan, the consumer will be moved to MAGI Medi-Cal without Carry Forward being applied. If the consumer is enrolled in a health plan, Carry Forward will continue to be applied. 2. The following changes are made to Prior Month Determination Eligibility Periods: • MAGI Medi-Cal eligibility is determined ineligible if the prior period being requested has an APTC and/or State Subsidy eligible or conditionally eligible record, and the individual was enrolled in a health plan and the prior period being run is not part of a Carry Forward transition period. • MAGI Medi-Cal is granted for a prior month for members who are not eligible for APTC or State Subsidy in that prior month, regardless of whether	

Ref ID	Type	Previous Design/Problem	Updated/Resolved Functionality In this Release	Pages Impacted
			they are enrolled in a health plan.	
			If the individual was not enrolled in a health plan in that prior period, MAGI Medi-Cal is granted for that prior period, if otherwise eligible.	
			3. The following Carry Forward rules apply:	
			• Apply Carry Forward rule if the Consumer is enrolled in a health plan and does not have a termination date in the future, during transition from APTC/CSR/CCP/State Subsidy to MAGI Medi-Cal.	
			4. If Consumer has a current enrollment status of 'Pending' or 'Enrolled', the consumer will continue to be moved into Carry Forward Status.	
			Do not Apply Carry Forward rule if consumer is enrolled in a health plan and has a termination date in the future during transition from APTC/CSR/CCP/State Subsidy to MAGI Medi-Cal.	
			Note: Carry Forward will not take effect for a newly applying APTC/CSR/State Subsidy/CCP consumer whose Eligibility or Conditional Eligibility is not currently effective in the current year and only has an effective	

Ref ID	Type	Previous Design/Problem	Updated/Resolved Functionality In this Release	Pages Impacted
			date in the future. If that consumer then Reports A Change that meets the eligibility criteria for MAGI Medi-Cal. **Technical Changes:** The CalHEERS SAWS MEDS Interface is updated to add a check on Carry Forward when a Report a Change (RAC) is completed on the CalHEERS portal. A check to determine if an APTC/CSR/SSP Consumer is enrolled in a current health plan without a termination date is added. A check to determine if an APTC/CSR/SSP Consumer is enrolled in a prospective health plan without a termination date is added.	

Enrollment-Financial Management

Ref ID	Type	Previous Design/Problem	Updated/Resolved Functionality In this Release	Pages Impacted
54157 (CR 162400)	Defect	The net premium amount is calculated incorrectly and displays a negative value in the enrollment table. The terminated member was included in the terminated enrollment again which caused a negative net premium	The new premium amount calculates correctly with no negative value in the enrollment table.	N/A

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		value after finalizing plan.		
54081 (CR 162400)	Defect	When the Policy Based Payments (PBP) batches for all enrollments run for the current month and CMS processes the files and sends back the inbound file for the current month, in some situations the inbound file produces an error code (ER-060). This error prevents impacted cases from having a subscriber populated on the policy.	The issue causing ER-060 is fixed. Subscribers are populated on policies as required.	N/A
54062 (CR 162400)	Defect	When a consumer reports a change with a decrease in income, an individual becomes eligible for APTC from the State subsidy program. The system calculates prospective months for APTC instead of the entire year (coverage months).	When a consumer reports a change with a decrease in income the annual APTC and CAPS is calculated based on coverage months of the benefit year.	N/A
51089 (CR 162400)	Defect	Auto renewal occurs in error for household members who are aged out in a Catastrophic Bronze plan with APTC (and CAPS) amounts = $0.00.	Auto renewal only occurs for non-aged out members when they are in a Catastrophic Bronze plan and the APTC (and CAPS) amounts = $0.00 The results of an aged-out member is NOT auto enrolled.	N/A
51263 (CR 162400)	Defect	The Bend Mark Premium (BMP) of the CCP eligible member is considered after the	The APTC amount obtained considers the BMP of only the APTC eligible members in the month.	N/A

Ref ID	Type	Previous Design/Problem	Updated/Resolved Functionality In this Release	Pages Impacted
		person becomes APTC eligible.		
53871 (CR 162400)	Defect	When an issuer Admin updates the URL and clicks the Submit button on the *Manage QHPs* page, the image is highlighted in red and is not defined.	When an issuer Admin updates the URL and clicks the Submit button on the *Manage QHPs* page, the image is highlighted in red and defined.	Manage QHPs
48450 (CR 162400)	Defect	Child in CCHIP program is not active in existing dental plan.	Child in CCHIP program is active in existing dental plan.	N/A

Interfaces

Ref ID	Type	Previous Design/Problem	Updated/Resolved Functionality In this Release	Pages Impacted
144858	Change Request	Electronic Data Interchange (EDI) 834 transactions are generated to the Carriers with the Agent information only when there is an update (enroll, modify, and dis-enroll) to the associated consumer's enrollment record.	**Functional Change:** Four additional EDI 834 transactions are generated to the Carrier for the impacted enrollment records when updates are made to the Agent information in the Broker Admin Portal. When an Agent Admin clicks on the **Edit** button on the *Agent Information* page and makes changes to one or all of the fields mentioned below, all enrollments (pending/confirm/terminate/future terminate) for the current year, when this Agent is the delegated Agent, who receives information updates. • First Name • Last Name • Agent License Number	Delegation History Agent Information

Ref ID	Type	Previous Design/Problem	Updated/Resolved Functionality In this Release	Pages Impacted
			• Federal Employer Identification Number (EIN) The new information displays after the Agent Admin clicks on the **Save** button on the *Agent Information* page. It also displays on the Issuer Enrollment Portal *Enrollment Search* page, *Delegation History* pop-up as well as the *Enrollment View* page. **Technical Change:** Four additional EDI 834 transactions are generated based on the modified Agent information.	
158675	Change Request	County Eligibility Workers (CEWs) have to log into the CalHEERS Portal to manually access verification data elements that are not sent via eHIT.	**Functional Change:** There are no functional changes for this Change Request **Technical Change:** The Determine Eligibility Response (DER) web-service is expanded to send additional verification data elements. The following required elements are transmitted to SAWS via the eHIT interface for Manual Verification. The data elements will only be sent if they are available (on the *Personal Verification* page). 1. Administrative Verification Value: • Attested • System-generated values. 2. Administrative Verification Status:	N/A

Ref ID	Type	Previous Design/Problem	Updated/Resolved Functionality In this Release	Pages Impacted
			• E-Verified • Fail • Not Verified • Pass • Pending 3. Administrative Verification Source: • ADMIN • EDD • FDSH • FDSH:DHS • FDSH:ESI • FDSH:FTB • FDSH:EDD • FDSH:FTD:EDD • FDSH:NON-ESI • FDSH:IRS • FDSH:SSA • FTB • FTB:EDD • MEDS:FTB • MEDS (MER) • MEDS (MEC • SAWS • Sight Verified 4. Administrative Begin Date: • YYYY-MM-DD The following optional elements are transmitted to SAWS via the eHIT interface for Manual Verification.	

Ref ID	Type	Previous Design/Problem	Updated/Resolved Functionality In this Release	Pages Impacted
			1. Administrative End Date: • YYYY-MM-DD 2. Administrative Verification Reasonable Opportunity Expiration Date: • YYYY-MM-DD The following optional elements are transmitted to SAWS via the eHIT interface for eVerifications. The data elements will only be sent if they are available (on the *Personal Verification* page). 1. Administrative Verification Value: • Attested • System-generated values. 2. Administrative Verification Status: • E-Verified • Fail • Not Verified • Pass • Pending 3. Administrative Verification source: • ADMIN • EDD • FDSH • FDSH:DHS • FDSH:ESI • FDSH:FTB • FDSH:EDD	

Ref ID	Type	Previous Design/Problem	Updated/Resolved Functionality In this Release	Pages Impacted
			• FDSH:FTD:EDD • FDSH:NON-ESI • FDSH:IRS • FDSH:SSA • FTB • FTB:EDD • MEDS:FTB • MEDS (MER) • MEDS (MEC • SAWS • Sight Verified **Note:** For FDSH: IRS, FTB and EDD, the sources include FDSH: SSA for MAGI-Medi-Cal Current Monthly Income, MAGI Medi-Cal Projected Annual Income and Household Income-Subsidy. 4. Administrative Begin Date: • YYYY-MM-DD 5. Administrative End Date: • YYYY-MM-DD 6. Administrative Verification Reasonable Opportunity Expiration Date: • YYYY-MM-DD In addition to existing verification status codes, there are three new codes that are sent to SAWS via the eHIT interface: 1. AMI - American Indian/ Alaskan Native	

Ref ID	Type	Previous Design/Problem	Updated/Resolved Functionality In this Release	Pages Impacted
			2. CAI - Household Income- CA Subsidy 3. SUI - Household Income- Subsidy	

Marketing

Ref ID	Type	Previous Design/Problem	Updated/Resolved Functionality In this Release	Pages Impacted
158416	Change Request	The Google Analytics code is outdated, thus preventing Covered California and Media users from updating tags and effectively tracking consumer activities.	Added Google Tag Manager (GTM) to the Help/Certified Enrollers webpage. Through GTM, Covered California and Media users have the ability to add, modify, and or remove tags on the Help/Certified Enrollers webpage. Google Tag Manager is added to the Find Help Certified Enrollers webpage.	N/A

Notices

Ref ID	Type	Previous Design/Problem	Updated/Resolved Functionality In this Release	Pages Impacted
53907 (CR 162400)	Defect	Two issues listed below have been identified for Snippet 900/NOD01: • Websites are displaying in bold in error • The two lines beneath the final bullet on page 2 lose their indentation when they split onto page three	Websites are no longer bolded as expected. The indention is correct on page 3 on the NOD01 notice.	
156486	Change Request	The Notices/snippets below do not support the changes	**Functional Change:** Changes made to support the 20.9 release.	

Ref ID	Type	Previous Design/Problem	Updated/Resolved Functionality In this Release	Pages Impacted
		introduced as part of release 20.9 Notices NOD12A, NOD12B, NOD12C, and NOD12D were all independent notices. NOD12A was triggered only for effectuated plans. NOD12B captured non-effectuated plans. NOD12D generates for Dental Plans only. Snippet 883 provided directions related to the outdated consumer consent. Snippet 154 triggered when the consumer was Ineligible, Discontinue for APTC/QHP due to MEC and not in CFS. Each year the tax year was populated non-dynamically. NOD62A and the 1095-A original form was created as a static notice. NOD62B and the 1095-A corrected form was created as a static notice. Snippets 917, 918, and 919 did not exist. Gaps existed for	The following notices have been discontinued and are replaced by NOD12A: • NOD12B • NOD12C The following changes were made to the NOD12A and NOD12B notices: 1. NOD12A language and triggers, are updated. NOD12A is updated to include information formerly captured in NOD12B and NOD12C. NOD12A triggers for households with one or more individuals who are currently enrolled in a CCA health plan (Subsided or unsubsidized) regardless of effectuation. The following changes were made to the NOD62: 1. The tax year is dynamically populated in the notices for tax year 2020 and beyond. 2. NOD12D language and variables are updated. NOD12D remains an independent notice. 3. NOD62A language and variables are updated. 4. NOD62B language and variables are updated. The following language updates were made to the NOD01: 1. Snippet 883 is updated for consumers who need to update consent. The snippet	

Ref ID	Type	Previous Design/Problem	Updated/Resolved Functionality In this Release	Pages Impacted
		cases/ individuals found ineligible due to negative action received from SAWS, cases/individuals found ineligible due to Soft Pause, and cases denied for the current year when the consumer applied for the next year with a QLE during open enrollment. NOD01C triggered only when the Individual's information was successfully verified by the Hub.	reads: **Update Your Consent (Permission)** We need your permission to check electronic records to see if you qualify for financial help for the new benefit year. You can give us permission online: • Log in to your CoveredCA.com account. • Find and expand the "Account Information" section. • Click "Consent for Verification" to give us permission to check. If you need help updating your consent (permission), please call Covered California. The following trigger updates were made to NOD01: 1. Snippet 154 triggers when the consumer is not eligible for APTC, CSR, California Premium Subsidy or QHP, not in carry forward status, and either: • The consumer attested to MEC, or • An admin or the hub has failed the consumer's ESI MEC, MEDS MEC, or non-ESI MEC verification • The consumer is not enrolled in a plan and has attested to being eligible for or enrolled in Medicare	

Ref ID	Type	Previous Design/Problem	Updated/Resolved Functionality In this Release	Pages Impacted
			The following new snippets are created for NOD01: 1. Snippet 917 is added for consumers who are an applicant, are not eligible for CCP, have a negative action, and whose income is within the MAGI FPL range. The snippet reads: Your income is too low to qualify for Covered California. Please contact your local county office if you have questions about your Medi-Cal eligibility. 2. Snippet 918 is added for consumers who are an applicant, is Eligible Pending for MAGI Medi-Cal, AND, not eligible for CCP, and have been placed in Soft Pause. The snippet reads: You may qualify or continue to be eligible for Medi-Cal. If you have any questions, please contact your local county office. 3. Snippet 919 is added for consumers who get denied coverage for the current benefit year due to reporting a qualifying life event during Open Enrollment for the upcoming benefit year. This snippet reads: You applied or reported a change for {benefit year} that does not qualify for a special enrollment before December 31. If you have not already, make sure to apply or update your application for {next benefit	

Ref ID	Type	Previous Design/Problem	Updated/Resolved Functionality In this Release	Pages Impacted
			year} to see if you qualify for Covered California.	
			Technical Change:	
			The following notices are changed as follows:	
			1. NOD12A variables are updated.	
			2. NOD12D variables are updated.	
			3. NOD01C triggers irrespective of whether the Individual's information is successfully or unsuccessfully verified by the Hub.	
			4. NOD62A process flow for the notice is updated. The tax year variable is a dynamic field and the tax year will be generated dynamically for every tax year. The 1095-A Form in NOD62A is separated from the notice. NOD62A Notice and the 1095-A Original Form are generated by the notices batch job. The NOD62A notice with the applicable 1095-A Original Form is merged before uploading to the consumer's Documents & Correspondence page, mailing or e-mailing (uploading to Secure Mailbox).	
			5. NOD62B process flow for the notice is updated. The tax year variable is a dynamic field and the tax year will be generated dynamically for	

Ref ID	Type	Previous Design/Problem	Updated/Resolved Functionality In this Release	Pages Impacted
			every tax year. CalNOD62B Notice and the 1095-A Corrected/Voided Form are generated by the notices batch job. The NOD62B notice with the applicable 1095-A Corrected/Voided Form is merged before uploading to the consumer's Documents & Correspondence page, mailing or e-mailing (uploading to Secure Mailbox).	

Plan Management

Ref ID	Type	Previous Design/Problem	Updated/Resolved Functionality In this Release	Pages Impacted
142436	Change Request	On the *Health Plans page*, the consumer is confused when the (*May Not Apply*) text is displayed on a Yearly Deductible as a $0-dollar value. The sort feature on the *Health Plans* page only sorts by *Total Expense Estimate* and *Monthly Premium (low to high).* While a consumer is scrolling down through available plans on the *Health Plans* page, the **Back to preferences** link cannot be viewed unless a consumer scrolls back to the top of the Plan Selection page.	**Functional Change:** On the *Health Plans* page: 1. The *(May Not Apply)* text and accompanying tooltip is hidden for plans with a $0 deductible. The sort feature *Preferred Doctor or Provider* is added on the *Health Plans* page. When Consumer selects that sort the primary sort is based on the number of providers covered. When two plans have the same number of providers covered the secondary sort is *Total Expense Estimate.* A new **Search** label displays on each health plan tile. Click on the **Search** link to navigate back to the *Preferences* page. The following tooltip displays for the **Search** link.	Health Plans

Ref ID	Type	Previous Design/Problem	Updated/Resolved Functionality In this Release	Pages Impacted
			• *Search for a doctor, dentist for your children, or hospital that you may want to use in your health plan.*	

Technology

Ref ID	Type	Previous Design/Problem	Updated/Resolved Functionality In this Release	Pages Impacted
122247	Change Request	The Covered California IVR system experiences an error when it attempts to authenticate a caller who has multiple enrollments in CalHEERS. This results in the consumer having to speak to an SCR to be authenticated.	**Functional Change:** There are no functional changes for this Change Request **Technical Change:** The IVR Authentication Request Web Service accepts multiple coverage years which allows CalHEERS to authenticate Consumers with multiple enrollments.	N/A

Online Application

Ref ID	Type	Previous Design/Problem	Updated/Resolved Functionality In this Release	Pages Impacted
53891 (CR 162400)	Defect	ADA issue found on the *Company Profile* page after the Company name is changed through an Admin profile. The image is undefined and highlighted in red.	Images are defined and highlighted in blue on the *Company Profile* page after the Company name is updated using the Admin profile.	Company Profile
53554 (CR 162400)	Defect	Error code JNL6IM4V *Modifying an application in view mode is not allowed.* Displays in the developer console but does not display on the page when	Error Code JNL8IM4V no longer displays when steps are followed as indicated in the design problem.	N/A

Version 3

Ref ID	Type	Previous Design/Problem	Updated/Resolved Functionality In this Release	Pages Impacted
		the following steps are taken: • Submit a case • Click the R*eview Application* button • Navigate to the *Income Review* page • Refresh the browser • Add or Edit income displays in the developer console but does not display for the Consumer.		
53435 (CR 162400)	Defect	On the *SCR Search* home page when the page is in Spanish the *Enrollment Page* button does not display in Spanish. When the radio button is selected the application navigates the user to the *Enrollment Dashboard* but is in English.	When the Spanish speaking user is on the *SCR Search* home page the **Enrollment Page** button will display is Spanish.	N/A
53430 (CR 162400)	Defect	Error code E9HP5LCF displays while clicking on the *Program Eligibility by Person* link on the *View Case* page.	Error code E9HP5LCF does not display when clicking on the *Program Eligibility by Person* page.	Program Eligibility by Person
53420 (CR 162400)	Defect	Street address displays as Direccion instead of Domicilio on the Spanish version on the *Create New Account* page.	Street address displays as Domicilio as expected on the Spanish version on the *Create New Account* page.	Create New Account Page
53375 (CR 162400)	Defect	On the *Documents And Correspondence* page in the	On the *Documents And Correspondence* page in the Consumer portal when the	N/A

Ref ID	Type	Previous Design/Problem	Updated/Resolved Functionality In this Release	Pages Impacted
		Consumer portal when the NOD69 (Dependent added) generates the Document category column displays as *Others* instead of *Other.*	NOD69 (Dependent added) generates the Document category column displays as *Other* as expected.	
53318 (CR 162400)	Defect	During APTC calculation the previous BMP value for a person discontinued from APTC is being considered for prior months eligibility.	During APTC Calculation for prior months the Benchmark Premium values are considered for eligible APTC members.	N/A
53309 (CR 162400)	Defect	After a RAC is completed the Gross Premium amount is being updated for the previous month and the future month as well.	After a RAC is completed changes in the Gross Premium amount is changed from the prospective month as per the eligibility rules.	N/A
53289 (CR 162400)	Defect	A null point exception (PN4P7BVZ) occurs while performing a renewal and an individual search request is completed for an in-flight application.	Null point exception (PN4P7BVZ) is not triggered while performing a renewal and an individual search request is completed for an in-flight application.	N/A
53872 (CR 162400)	Defect	ADA issue found on the *Current Enrollments* page after the Company profile is updated. The image is undefined and highlighted in red.	Images are defined and highlighted in blue on the *Current Enrollments* page after the Company profile is updated using the Admin profile.	Current Enrollments
54072 (CR 162400)	Defect	The *My Security Profile* button displays on the *Enrollment Dashboard* page in	The *My Security Profile* button does not display on the *Enrollment Dashboard* page when logged in as an SCR.	Enrollment Dashboard

Ref ID	Type	Previous Design/Problem	Updated/Resolved Functionality In this Release	Pages Impacted
		error for SCRs. This button should only be available to Consumers.		
53674 (CR 162400)	Defect	The *Book of Business* page is not ADA compliant in the following areas: • The CSS Validation **Waiting** icon is displayed • Show Images: Validation - Images are not defined and highlighted in blue • Field set/labels validation: Labels/fields are not defined and highlighted in blue	The *Book of Business* page is ADA compliant in the following areas: • The CSS Validation **Waiting** icon is not displayed • Validation Images are defined and highlighted in blue • Field set/labels validation: Labels/fields are defined and highlighted in blue	Book of Business
53709 (CR 162400)	Defect	The *Agency Staff Registration* page is not ADA compliant in the following areas: • CSS Validation: The **Waiting** icon is displayed • Validation-Images are not defined and highlighted in blue	The *Agency Staff Registration* page is ADA compliant in the following areas: • CSS Validation: The **Waiting** icon should not be displayed • Validation-Images are defined and highlighted in blue	Agency Staff Registration

Key Fixes

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

Enrollment-Financial Management

Ref ID	Type	Previous Design/Problem	Updated/Resolved Functionality In this Release	Pages Impacted
53362	Defect	The APTC amount obtained after the second	The APTC amount obtained after a second RAC in this	N/A

Ref ID	Type	Previous Design/Problem	Updated/Resolved Functionality In this Release	Pages Impacted
		Report a Change (RAC) to remove Gained Medicare benefits for the Primary contact includes the Benchmark Premium (BMP) of the CCP eligible member in error.	scenario calculates the APTC amount for only the eligible members as expected.	
51089	Defect	An enrollment of two members (one age out, one non) in a Catastrophic plan is auto renewed in 2020 BRONZE plan with APTC (and CAPS) amounts > $0.00	The non-age out member is auto enrolled in 2020 Catastrophic plan (APTC (and CAPS) amounts = $0.00). The age out member will NOT be auto enrolled for 2020. Manual plan selection for 2020 is needed.	N/A

Eligibility

Ref ID	Type	Previous Design/Problem	Updated/Resolved Functionality In this Release	Pages Impacted
54292	Defect	For Passive Renewal the Application should be renewed with enrollments for exchange eligible members when the household has a MCAP member. For Active Renewal Plan selection should be open for exchange eligible members when the household has a MCAP member.	For Passive Renewal the Application is renewed with enrollments for exchange eligible members when the household has a MCAP member. For Active Renewal Plan selection is open for exchange eligible members when the household has a MCAP member.	N/A

Online Application

Ref ID	Type	Previous Design/Problem	Updated/Resolved Functionality In this Release	Pages Impacted
53827	Defect	An Incorrect Agent name is displayed on *The*	The correct Agent name is displayed on *The Enrollment*	Enrollment Details

Ref ID	Type	Previous Design/Problem	Updated/Resolved Functionality In this Release	Pages Impacted
		Enrollment Details page of Issuer portal when the Broker Admin updates the agent's name.	*Details* page of Issuer portal when the Broker Admin updates the agent's name.	
53719	Defect	BPM tasks should generate in SEP when the following occurs: • When a Consumer, but not an SCR, selects a Qualifying Life Event (QLE) of *Other Qualifying Life Event;* and Any Document is failed in DEVS verification in Manual Verification page	BPM tasks generate in SEP when the following occurs: • When a Consumer selects a Qualifying Life Event (QLE) of *Other Qualifying Life Event;* and Any Document is failed in DEVS verification in Manual Verification page	N/A

Eligibility and Enrollment

Ref ID	Type	Previous Design/Problem	Updated/Resolved Functionality In this Release	Pages Impacted
54153	Defect	When logged in as an SCR Read Only role the Essential Health Benefits (EHB) Premium amount displays on the **Show Premium History** link.	When logged in as an SCR Read Only role the EHB Premium amount does not display on the **Show Premium History** link.	N/A

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.

AP#	Alternate Procedures No Longer in Effect	Ref ID	Release Delivered
N/A	N/A	N/A	N/A

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
322	CIT # 0104-20	Agency Managers are unable to complete Like search	54349	20.10
323	CIT # 0107-20	Some coverage details of the consumers are NOT displayed on the Active Consumers page	54618	21.2

Glossary

Acronym	Full Form
ADA	Americans with Disabilities Act
Administrator (Admin)	SCR and CEW user roles
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
DIVS	Document Imaging and Verification Solution
DWH	Data Warehouse
ECM	Electronic Content Management System

Acronym	Full Form
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
NIST	National Institute of Standards and Technology
NMEC	Non-MAGI MEC AID Code

Acronym	Full Form
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
RRV	Renewal and Re-Determination Verification
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