24-Month Roadmap's Change Requests - Updates (Final)

(as of 05/19/2017)

RE-LEASE	CR NUMBER	TITLE	REQUESTOR	BRIEF DESCRIPTION	Advocate Comments	STATUS UPDATES for 5/31/2017 AB 1296 MEETING
R17.6 - Quarter 2 - (Planned Deployment Date 6/26/2017)						
R17.6 & R17.7	70497	Modify the online single streamline application (SSApp)	DHCS	The purpose of this CR is to modify the online single streamline application (SSApp) to meet regulatory and statutory requirements, be consistent with the paper SSApp, and ensure accurate eligibility determinations. The change request includes multiple changes needed to the online SSApp, including changes based on the Centers for Medicare and Medicaid Services (CMS) requirement, changes based on new legislation, updated messaging for improved consumer experience, and changes initially requested with CR 6933 that were deprioritized.		CR is scheduled for implementation in R17.6.
R17.6	70782	Short-Term Negative Action (STNA) Clean Up	DHCS	This change request is intended to clean-up case exceptions that resulted from the Short-Term Negative Action (STNA) process since January 2015. This CR will design an automated solution that will eliminate the need for the ongoing weekly STNA process.		CR is scheduled for implementation in R17.6.
~~R16.7~~ ~~R16.9~~ ~~2017 Q2~~ 2017 Q3	56179	Provider Directory Functionality	CovCA	This CR will implement a consolidated online provider directory for all Covered CA QHPs. The provider directory will enable consumers to conduct a search for their doctor, a dentist for their children, or hospital prior to selecting a health plan through CalHEERS. The CalHEERS plan selection pages will indicate whether a provider is in or out of network for each health plan.		CR is planned for implementation in Q3 of 2017.
R17.7	76084	Dynamic App	DHCS & CovCa	The purpose of this CR is to work in conjunction with CR 70497 (Modify the online single streamline application (SSApp)) and Chaotic Moon/Fjord to display to the consumer the minimum set of applicable questions necessary to determine eligibility. Currently, all consumers are asked the same set of questions and have to navigate through the full application. With the implementation of this CR, checkpoints will be performed throughout the application process to determine what questions to display (i.e. applicants vs. non-applicants).		CR is scheduled for implementation in R17.7.

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R17.9 - Quarter 3 - (Planned Deployment Date 9/26/2017)						
2017 Q3	64475	NQI Wrap (Plan Selection)	DHCS	This CR will add the refinements needed to fully implement CR 3124. This CR will allow NQI individuals who eligible for the Affordability and the Benefit Program to select the lowest silver and the second lowest silver plan during plan selection in the eligibility process. This CR will also update the static attestation language on the checkout page NQI individuals who opt into the program. This CR will also allow pregnant women who are in the Affordability and Benefit Program to have the option to keep or switch her health care coverage at the point in which she reports her pregnancy. The proposed change will utilize (in concept) the QHP pregnancy hold logic implemented in CR 59947 (QHP pregnancy hold) and allow her to make a choice.		CR is being withdrawn.
2017 Q1 2017 Q3 R17.9	69974	Eligibility for IAP Based on Immigration Status - Phase 2	DHCS	This CR will add additional refinements to the CalHEERS systm related to immigrant eligibility. This CR will make immigration document information fields optional and will refine what individuals to request the grant date and when to call the federal hub for immigration status verification. CR 69974 will update the immigration status drop down menus to include a detailed list of lawfully present immigration statuses add will add functionality related to the eligibility of lawfully presnet pregnant women and children. This CR will also add the functionality necessary to identify immigrants who are eligible for the Affordability and Benefit program which is sceduled for 2018 implementation.		CR is scheduled for implementation in R17.9.
R16.2 2017 Q3 2018	4469 82977	State Inmate Program	DHCS	First Level Request: Implement the State Inmate Program in CalHEERS. DHCS Staff will enter the application(s) into CalHEERS access channel. DHCS will be responsible for case management. If the "First Level Request" is not viable for Release 3 then please see "Second Level Request" below. (Based on discussion 4/24/2014 change request development will be first request implementation). Second Level Request: - Add the Inmate Program Aid Codes to the "Manual" drop-down list in the admin environment so DHCS Staff can override the CalHEERS Eligibility Determination Aid Code with the appropriate "Inmate Program Aid Codes" via a manual work-around process. DHCS would be responsible for case management. Add the ability to suppress Notices of Action.	(3/20/15) What NOAs are currently being generated that this CR will help suppress? DHCS> No current CalHEERS notices would be suppressed. This CR implements state inmate eligibility in CalHEERS. NOAs currently generated by state staff will continue to be generated by	CR is delayed and planned for 2018 implementation.

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~~R16.2~~ ~~2017 Q3~~ 2018	~~9428~~ 82978	County Inmate Program	DHCS	The CalHEERS System shall have the County Inmate program indicator and said indicator will also be in the eHIT interface and will drive the county inmate aid code determination. 19 - 64 - N7 (Limited Scope) N8 (Restricted Scope) ACWDL 13-18 page 8, generate the MAGI-MC NOA with county inmate snippet language. The CalHEERS System shall treat county inmate application indicator as self attestation for Covered California programs eligibility determination purposes. The CalHEERS System shall generate the CALNOD01 Notice for County Inmate applications. The CalHEERS System will deny eligibility to APTC/CSR for an individual that attests to being incarcerated.		CR is delayed and planned for 2018 implementation.
~~2017 Q3~~ 2018 Q1	83286	BREfS Phase C - Standby Eligibility Service and Overrides	DHCS	Currently, the eHIT interface is a single service wherein the Eligibility Determination Request (EDR) operation engages the verification services (VIED) and eligibility business rules engine (BRE) in CalHEERS to return an eligibility determination via the Determination of Eligibility Response (DER) operation. The CalHEERS eligibility determination results must be accepted by counties, since neither the existing eHIT interface, nor the BRE functionality on the CalHEERS portal currently provide a "preview" of eligibility or the ability to override a CalHEERS eligibility determination.		CR is delayed and planned for implementation in Q1 of 2018.
~~2017 Q3~~ 2018	82920	BREfS Phase D - Separating Verification Service	DHCS	Currently, the eHIT interface is a single service wherein the Eligibility Determination Request (EDR) operation engages the verification services (VIED) and eligibility business rules engine (BRE) in CalHEERS. CalHEERS uses VIED to coordinate the verifications responses into the BRE and return an eligibility determination via the Determination of Eligibility Response (DER) operation.		CR is delayed and planned for implementation in 2018.

RE-LEASE	CR NUMBER	TITLE	REQUESTOR	BRIEF DESCRIPTION	Advocate Comments	STATUS UPDATES for 5/31/2017 AB 1296 MEETING
R17.9	83395	MCAP/CCHIP Transition to Medi-Cal	DHCS	The purpose of this CR is to add functionality in CalHEERS allowing MCAP subscribers to retain their current IAP, and ensuring the necessary transactions are being sent to MEDS to avoid gaps in coverage when subscribers transition to Medi-Cal from MCAP or CCHIP.		CR is scheduled for implementation in R17.9.
2017 Q3	81432	Upate to Income Service Request and Income Caching Rules	DHCS	CalHEERS leverages three income verification services (IRS, FTB, EDD). With R16.9, a new income type (MAGI PAI) was added and incorporated into the income verification caching rules. Currently if at least one of the income types is not cached, all three income verification services are invoked again to re-verify the income data attested by the consumer. The intended outcome is for CalHEERS to enhance the income verification caching rules to reduce the frequency of the income verification services being called.		CR is planned for implementation in Q3 of 2017.

RE-LEASE	CR NUMBER	TITLE	REQUESTOR	BRIEF DESCRIPTION	Advocate Comments	STATUS UPDATES for 5/31/2017 AB 1296 MEETING
2017 Q3 R17.9	82343	CalHEERS-MEDS Reconciliation	DHCS	CalHEERS is the system of record for COVCA/Exchange, MCAP, CCHIP, and State Inmate program eligibility. MEDS must be reconciled periodically with CalHEERS for consumers eligible to these programs (excludes Medi-Cal eligibility records). The process should mirror the SAWS-MEDS reconciliation. CalHEERS must send a full set of all current month eligibility records for consumers active in these programs to MEDS. The data will be sent using a MEDS transaction (e.g., RX20) which has the same format as the existing HX transactions. MEDS will generate the necessary transactions (e.g. RX20, RX40, RX12, etc.) based on the comparison between the MEDS records and the CalHEERS records. As a result, consumer's eligibility in MEDS will be updated or terminated, and/or client or case information will be updated, accordingly. MEDS will also generate and send to CalHEERS reconciliation alerts and reports. CalHEERS must process and analyze the reconciliation alerts and reports to identify and remediate the issues/errors identified. CalHEERS is the system of record for COVCA/Exchange, MCAP, CCHIP, and State Inmate program eligibility. MEDS must be reconciled periodically with CalHEERS for consumers eligible to these programs (excludes Medi-Cal eligibility records). The process should mirror the SAWS-MEDS reconciliation. CalHEERS must send a full set of all current month eligibility records for consumers active in these programs to MEDS. The data will be sent using a MEDS transaction (e.g., RX20) which has the same format as the existing HX transactions. MEDS will generate the necessary transactions (e.g. RX20, RX40, RX12, etc.) based on the comparison between the MEDS records and the CalHEERS records. As a result, consumer's eligibility in MEDS will be updated or terminated, and/or client or case information will be updated, accordingly. MEDS will also generate and send to CalHEERS reconciliation alerts and reports. CalHEERS must process and analyze the reconciliation alerts and reports to identify and remediate the issues/errors identified.		CR is scheduled for implementation in R17.9.
R17.9	7536	Send Web Service responses and batch transaction Alerts	DHCS	CalHEERS receives Web Service responses and batch alerts from MEDS for Web Service requests sent by CalHEERS, Currently, the batch Alerts and Web Service responses received by CalHEERS are not visible to any Covered CA business areas. Web Service responses and Alerts sent by MEDS indicate data issues that may result in record mismatches between CalHEERS and MEDS.		CR is scheduled for implementation in R17.9.

RE-LEASE	CR NUMBER	TITLE	REQUESTOR	BRIEF DESCRIPTION	Advocate Comments	STATUS UPDATES for 5/31/2017 AB 1296 MEETING
2017 Q3	90113	User Interface Upates for Renewals and Report a Change	CovCA & DHCS	The purpose of this CR is to continue the User Interface upgrades on the CalHEERS consumer portal. The focus of the changes included in this CR are the flow for Renewals and Report a Change.		CR is planned for implementation in Q3 of 2017.
R17.9	92588	Implement Agency Module Phase 1 - Part 2	CovCA	This CR is implementing the hierarchy to support the Agency to Agent relationship in the CalHEERS system to mirror the Covered California policy change for Open Enrollment. With implementation of this CR, Agencies will be able to establish an account in CalHEERS, build their Agent roster, and manage their Agents.		CR is scheduled for implementation in R17.9.
2017 Q3	70678	NCOA and CASS	CovCA	This CR is being implemented as an operational efficiency. The intended outcome of this CR is to: 1. CASS certify outbound mailings to standardize addresses, increase the number of notices that are delivered, and achieve the lowest automated, presorted rates. 2.Perform NCOA on outbound mailings to properly forward mail to consumers who have moved to a new address.		CR is planned for implementation in Q3 of 2017.
2017 Q3 R17.9	6614	Auto Discontinue Members/Cases	CovCA	This CR continues the automation begun with CR 27819. It automates the eligibility discontinuance/redetermination for consumers that fail to provide valid documentation to verify an inconsistency for Income.		CR is scheduled for implementation in R17.9.

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2017 Q3	82949	Renewals 2018	CovCA	This CR is to implement additional CalHEERS optimizations for consumers who participate in renewals for 2018. This CR will include multiple enhancements to improve the consumer experience during renewals in areas including, but not limited to: Notices, consumer portal functionality, batches, and portal content.		CR is planned for implementation in Q3 of 2017.

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RE-LEASE	CR NUMBER	TITLE	REQUESTOR	BRIEF DESCRIPTION	Advocate Comments	STATUS UPDATES for 5/31/2017 AB 1296 MEETING
2018 - Quarter 1 - (Planned Deployment Date TBD)						
2018 Q1	90492	Cases Stuck in Medi-Cal Renewal Mode	DHCS	When an action taken by the county results in ineligibility or when a negative action is conducted for one or all individuals in the MAGI Medi-Cal case and there is no MAGI Medi-Cal Renewal 'Disposition' sent for the case by SAWS, the case becomes "stuck" in Renewal Mode. As a result, any Covered California eligible consumers on the case are unable to change or select a plan. Known actions that cause this problem include: • Negative Action is sent without a Renewal Disposition • Report A Change is sent without a Renewal Disposition • Case going through the Short Term Negative Action Process		CR is planned for implementation in Q1 of 2018.
~~2017 Q3~~ ~~2018 Q1~~ 2018 Q2	44000	Semi-annual redetermination for death, Medicare, Medicaid, CCHIP	CovCA	The intended outcome of this CR is to implement State regulations that require the Exchange to examine available data sources on a semiannual basis to identify the certain changes of circumstances for consumers in receipt of APTC or CSR.		CR is planned for implementation in Q2 of 2018.
~~R15.9~~ ~~R16.2~~ ~~R16.4~~ 2018	3067	4-Month Continuing MAGI based Medi-Cal for Parent/Caretaker Relatives	DHCS	• Create a simple and distinct electronic verification service, decoupled from the eligibility business rules, that is accessible both via the CalHEERS portal and to SAWS via eHIT.	(3/20/15) Advocates would like to understand what the workaround is for this. DHCS> Discussed this CR at 4/17/15 AB 1296	CR is planned for 2018.

RE-LEASE	CR NUMBER	TITLE	REQUESTOR	BRIEF DESCRIPTION	Advocate Comments	STATUS UPDATES for 5/31/2017 AB 1296 MEETING
R15.9 R16.2 R16.4 2018	2967	Continuous Eligibility for Children (CEC)	DHCS	• Provide the ability to request separate verifications by verification source both via the CalHEERS portal and to SAWS via eHIT.	(3/20/15) Advocates had understood that CEC could continue to function in SAWS and want to understand how this is working today. DHCS> Discussed this	CR is planned for 2018.
R15.9 R16.2 R16.4 2018	2972	Transition Medi-Cal (TMC)	DHCS	• Provide an electronic verification service that can be leveraged for potential use with Non-MAGI and/or other non-health programs in the future.	(3/20/15) Advocates support postponing this CR as TMC rules exists in SAWS today and other CRs are more critical.	CR is planned for 2018.
R15.9 R16.2 R16.4 2018	3065	Continuous Eligibility (CE) for Pregnant Women	DHCS		(3/20/15) We understand CE for Pregnant Women is continuing to function in the SAWS. DHCS> Discussed this	CR is planned for 2018.
2018 Q1 2018 TBD	88353	Implementation of GI PCP Selection Module and Provider Map				The implementation timeframe for this initiative is TBD.
R15.9 R16.2 R16.7+ TBD	8703	Medi-Cal Plan Selection Changes	DHCS	This CR is based on advocate feedback subsequent to design approval. Medi-Cal plan selection will enable consumers to use either the CalHEERS portal or existing county / HCO processes to make Medi-Cal Plan selection. Those plan selections will then be available on the CalHEERS portal. Changes and plan updates reported at either source will also appear throught he CalHEERS portal.	(3/20/15) Advocates support moving eligibility determinations before online plan selection. We gave design input in Spring 2014 and request the opportunity to reivew changes before design is finalized.	The implementation timeframe for this initiative is TBD.

Status	Definition
Accenture Access Impact	Once CCB approves the CR to move from "Proposed" to "Accenture Assess Impact", Accenture will analyze based on business requirements and identify initial Rough Order of Magnatitude (ROM) cost. In parallel track, the State also conducts its analysis (see State Assess Impact). Once CCB reviews and approves the requirements and cost estimation, the CR status becomes "Approved for Design".
Approved for Design	Once CCB approves for Design, the CR status becomes "Approved for Design". This authorizes Joint Application Design (JAD) sessions to begin where requirements are reviewed and designs of the system functionalities are documented. The output from the JADs is the final design document for the CR.
Approved for Implementation	Once the design artifacts are signed off by the sponsor(s), the CalHEERS State staff will verified and updated cost information and present to CCB for final approval. Once CCB approves, the CR status becomes "Approved for Implementation".
CCB Review	The Change Control Board (CCB) consists of three voting members; they are the Project Director of CalHEERS, the Chief Tecnology Officer of Covered CA, ad the Chief Information Officer of Department of Health Care Services). As CRs enter each phase of the Software Development Life Cycle (up to Build), they are presented to the voting members for review and approval. When a CR are presented to the Change Control Board (CCB) for approval, any actions items related to the CR are captured and mitigated prior to CCB determining approval/non-approval.
Closed	All work completed, verified, and invoiced.
Mitigated	This status identifies items that are reported as 'in the system'; however, there were no requirements or artifacts that reference the solution. As such, until the State receives documentation and the resolution is reviewed and approved, the changes remain in "Mitigation" status.
New	After following internal governance process, the sponsor (DHCS or Covered CA) or CalHEERS initates the Change Request (CR). The CR is created and recorded in the CalHEERS Project's change request tracking system. The CR status becomes "New".
Proposed	After creating and recording the CR, additional details are added to the CR by the CalHEERS business analyst(s), and an email is sent to the CalHEERS' State Change Control Lead. The CR status is changed to "Proposed" where the next step is for the Change Control Board to review and approve.
State Access Impact	Once CCB approves the CR to move from "Proposed" to "State Assess Impact", the State will analyze impact and determine readability. In parallel track, Accenture also conducts their analysis (see Accenture Assess Impact). Once CCB reviews and approves the requirements and cost estimation from Accenture, the CR status becomes "Approved for Design".

Acronym	Definition
ACA	Affordable Care Act
ACWDL	All County Welfare Directors' Letter
AE	Accelerated Enrollment
AIM	Access for Infants and Mothers (now know as Medi-Cal Access Program)
APTC	Advanced Premium Tax Credit
AR	Authorized Representative
ASHS	Applicable State Health Subsidy
BDA	Beginning Date of Aid
BI	Business Intelligence
BPEL	Business Process Execution Language
BRE	Business Rules Engine
BSD	Business Service Definition
CalHEERS	California Healthcare Eligibility, Enrollment, and Retention System
CalHSMI	CalHEERS / SAWS / MEDS Interface
CalWIN	One of the three SAWS, provides service to 18 counties
CalWORKS	California Work Opportunities and Responsibility for Kids
CCHIP	California Children's Health Insurance Programs
CDSS	California Department of Social Services
CE	Continuous Eligibility
CEC	Continuous Eligibility for Children
CEE	Certified Enrollment Entity
CEW	Certified Eligibiilty Worker
CFR	Code of Federal Regulations
CIA	Certified Insurance Agent
CIN	Client Index Number
C-IV	One of the three SAWS, provides service to 39 counties
CMS	Centers for Medicare & Medicaid Services
CPP	Consumer Protection Programs
CSR	Cost Sharing Reduction
CWDA	(CA) County Welfare Directors Association
DE	Deemed Eligibility
DER	Determination Eligibility Response
DHCS	Department of Health Care Services
DMV	Department of Motor Vehicles
DSH	(Federal) Data Services Hub
ECM	Enterprise Content Management
EDR	Eligibility Determination Request
eHIT	Electronic Health Information Transfer
eICT	Electronic Inter-County Transfer Interface
ESB	Enterprise Service Bus
EW	Eligibility Worker
FFC	Former Foster Care
FFM	Federally Facilitated Marketplace
FPL	Federal Proverty Level
GI	General Inquiry
HCO	Health Care Options
HTTP	HyperText Transfer Protocol
HTTPs	HyperText Transfer Protocol Secure
HX	Health Exchange and Medi-Cal Interface (HEMI) Transaction
IAP	Insurance Affordability Program
ICD	Interface Control Document
ICT	Inter County Transfer
IDD	Interface Design Document
IFSV	Income and Family Size Verification

INS	Immigration and Naturalization Service	
IRS	Internal Revenue Service	
JAD	Joint Application Design	
LEADER	One of the three SAWS, provides service to Los Angeles county	
LP	Lawful Presence	
LRS	Leader Replacement System	
M/C	Medi-Cal	
MAGI	Modified Adjusted Gross Income	
MEC	Minimum Essential Coverage	
MEDS	Medi-Cal Eligibility Data System	
MOE	Maintenance Of Effort	
NA Back 9	A universal back page to be used on all NOAs for Medi-Cal, CalWORKS, and/or CalFresh.	
NOA	Notice of Action	
NOD	Notice of Deficiency	Notice of Decision?
NQI	Newly Qualified Immigrants	
OBIEE	Oracle Business Intelligence Enterprise Edition	
OPA	Oracle Policy Administration	
OTech	Office of Technology Services (under California Department of Technology)	
PA	Public Assistance	
PAI	Projected Annual Income	
PBE	Plan-Based Enroller	
PII	Personally Identifiable Information	
PMPM	Per Member Per Month	
PRUCOL	Permanently Residing Under Color of Law	
QHP	Qualified Health Plan	
QNC	Qualified Non-Citizen	
RIDP	Remote Identify Proofing	
RRV	Renewal and Redetermination Verification	
SAWS	Statewide Automated Welfare System	
SBM	State-Based Marketplace	
SCR	Service Center Representative	
SFTP	Secure File Transfer Protocol	
SLA	Service Level Agreement	
SOAP	Simple Object Access Protocol	
SOC	Share of Cost	
SSA	Single Statewide Application	
SSI/SSP	Supplemental Security Income/State Supplementary Payment	
SSL	Secure Sockets Layer	
SSN	Social Security Number	
TBD	To Be Determined	
TMC	Transition Medi-Cal	
UAT	User Acceptance Testing	
UI	User Interface	
VLP	Very Lawful Presence	
XML	Extensible Markup Language	