

24-Month Roadmap's Change Requests - Updates

(as of 08/29/2016)

RE-LEASE	CR NUMBER	TITLE	REQUESTOR	BRIEF DESCRIPTION	Advocate Comments	STATUS UPDATES for 9/7/2016 AB 1296 MEETING
R16.9 - (Planned Deployment Date 9/26/2016)						
R16.2- R16.4- R16.7 R16.9	46047	IAP Transition - APTC to MC and MC to APTC	CovCA & DHCS	This CR is intended to address current gaps in functional and technical design by: 1) enhancing the timing by which APTC//QHP eligibility and enrollment is terminated, 2) implementing a new notice to inform consumers about the transition from Covered CA to Medi-Cal and Medi-Cal to Covered CA, 3) enhancing reports available to Covered CA, DHCS, and Counties to monitor individuals / cases who have been found Medi-Cal eligible by CalHEERS.		CR is scheduled for implementation in R16.9.
R16.4- R15.9- R16.2- R16.9	40758	Use lower income	DHCS	The purpose of this CR was to implement W & I Code Section 14005.65, which requires that the lower of the two amounts be used when they are both made available by the applicant or beneficiary. The purpose of this CR is to have the Business Rules Engine automatically compare the Current Monthly Income to the Projected annual Income/12 and use the lower of the two amounts in the eligibility determination.	(3/20/15) Advocates strongly support prioritizing this CR which implements income rules that were supposed to be effective Jan 2014.	CR is scheduled for implementation in R16.9.
R16.7 R16.9	52314	Duplicate Applications - Long Term Solution	DHCS & CovCA	Currently duplicate/multiple cases in CalHEERS are not disabled and if a consumer accesses the duplicate/multiple CalHEERS case, it can be reopened repeatedly, causing duplicative workload for the counties. The original intent was to allow for the duplicate cases to be closed in a way that does not allow any additional changes to be made on the case and to allow the counties to delink their county cases from the CalHEERS cases and relink to other existing CalHEERS cases. Note: Scope was refined to close the duplicate cases. The scope for linking/delinking of duplicate applications will be in a future CR.		CR is scheduled for implementation in R16.9.
R16.9	59947	Continuity of Care for Pregnant Women	DHCS & CovCA	The purpose of this CR is to add functionality in CalHEERS to allow pregnant women to retain their current Insurance Affordability Program (IAP) or to transition to another IAP when the pregnant women is eligible and selects to transition to another IAP. This CR will provide continuity of care for pregnant women as defined in the SHO 14-002.		CR is scheduled for implementation in R16.9.

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R16.9	59949	Apply MAGI Medi-Cal Effective Date Rules Year Round (including during Open Enrollment)	DHCS	<p>The purpose of this CR is to correct start/begin date of MAGI Medi-Cal eligibility for consumers that apply, and are MAGI Medi-Cal eligible, during a Covered CA Open Enrollment period and to correct start /begin date of MAGI Medi-Cal eligibility for consumers that become MAGI Medi-Cal eligible or remain MAGI Medi-Cal eligible after a reported change.</p> <p>This change request will not make any changes to the eligibility start date or timelines for individuals moving from APTC to Medi-Cal or Medi-Cal to APTC.</p>		CR is scheduled for implementation in R16.9.
R16.4 R16.9	37095	Enhanced System Functionality for Manual Overrides	CovCA	The purpose of this Change Request is to enhance CalHEERS functionality to allow specific SCR Roles the ability to manually override enrollment data to correct inconsistencies. This CR will support the ability of Covered California to manage complex cases and respond to appeals.		CR is scheduled for implementation in R16.9.
R16.9	27819	Reasonable Opportunity Period Discontinuance	CovCA	This CR will automate the Reasonable Opportunity process for lawful presence, citizenship, incarceration, and death. Consumers will be discontinued from eligibility for APTC/CSR/CCP automatically on the 96th day if they have failed to be e-verified or provide documentation to prove eligibility.		CR is scheduled for implementation in R16.9.
R16.7 R16.9 2017 Q2	56179	Provider Directory Functionality	CovCA	This CR is intended to implement an integrated provider directory available to consumers directly through the CalHEERS website.		This CR is now slated for Q2 of 2017.
R16.9	57637	GI 2.0 Product Upgrade	CovCA	This CR will upgrade the current Get Insured Product from GI 1.0 to GI 2.0 including the following modules: Individual Plan Shopping, Broker and Navigator Management, Carrier and Plan Management, and Enrollment Management		CR is scheduled for implementation in R16.9.
R16.9	59948	2017 Renewals Enhancements	CovCA	This CR is to implement additional system optimizations for consumers who participate in renewals for 2017. This CR will include multiple enhancements to improve the consumer experience during renewals in areas including, but not limited to: Notices, consumer portal functionality, eligibility determination, renewal process, batches, and portal content.		CR is scheduled for implementation in R16.9.
R16.9	60571	Consent to receive text messages and autodialed, prerecorded calls.	CovCA	The goal of this change request is to implement a business policy that allows consumers the opportunity to opt in or out of receiving Texts Messages and Autodialed and Prerecorded Calls from or on behalf of Covered California.		CR is scheduled for implementation in R16.9.

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R17.Q1 - (Planned Deployment Date TBD)						
R16-7 2017 Q1	52600 (formerly 8415)	County of Responsibility / Electronic Inter-County Transfer (eICT)	DHCS	The purpose of this change request is for CalHEERS to have the ability to recognize a new county address, to de-link the County of Responsibility (FIPS County Code) from the previous county case, to accept the county of responsibility on initial case linkage via SAWS e-HIT unless case is already linked to another county, the ability to link to the new case and a new county case number, the ability to maintain historical values in a case, to remove validation from the EDR regarding residence address, to change the County of residence via the ICT process, and to archive the SAWS case number linkage if the consumer remains in the same County of Responsibility when moving in and out of MAGI-MC Eligibility. This is needed in order for a consumer residing in one county to have their case managed in another county.		CR is Scheduled for implementation in February 2017.
2017 Q1	57638	Income Data Quality & Usability Enhancement (formerly known as Mega Income)	DHCS	Based on feedback from the Transitions Workgroup and from the Income Summit, the following are were identified for correction and improvement: 1) Fluctuating Income; 2) Self-Employment Income; 3) Lump Sum Income; and 4) Countable Income. The purpose of this CR is to implement the changes for these income areas into CalHEERS and improve both the consumer experience and the Business Rules Engine income determinations.		CR is planned for implementation in Q1 of 2017.
2017 Q1	10021	Business Validation to SAWS to Prevent Data Overlay	DHCS	Currently, only the CalHEERS Case person number is used to match a person via the CalHEERS/SAWS eHIT Interface. If and when personal demographic data for the primary contact is updated under the same CalHEERS Case number or the same CalHEERS person number is associated to multiple members, CalHEERS will overlay the person demographic data at the primary contact level with the latest received demographic information. To prevent this from happening in the future, additional business validations and a change flag need to be added to the CalHEERS/SAWS eHIT interface to reject EDRs containing a person demographics mismatch while also allowing the SAWS to make intentional corrections to person demographic data.		CR is scheduled for implementation in February 2017.

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2017 Q1	10675	MEDS: Change HX18 and HX20 to Generate at an Individual Level	DHCS	Currently, the HX18/HX20 transactions are created at a case level and not at an individual level. In the event that one individual on the case has no CIN, the entire case transaction is held until a CIN is returned. This is causing a large backlog to occur in the event the case is considered APTC/CSR only, as MAGI or mixed MAGI cases are eHIT to the SAWS Systems, and CIN information is updated when the SAWS System returns updated case information.		CR is scheduled for implementation in February 2017.
2017 Q1 2017 Q3	69974	Eligibility for IAP Based on Immigration Status - Phase 2	DHCS	This CR will add additional refinements to the CalHEERS system related to immigrant eligibility. This CR will make immigration document information fields optional and will update drop down menus to include a detailed list of lawfully present immigration statuses and will add functionality related to the eligibility of lawfully present 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 scheduled for 2018 implementation.		CR is planned for implementation in Q3 of 2017.
R16.4- R16.7 2017-Q1 R17.2	30049	MAGI Income Passed to SAWS	DHCS	When determining MAGI Medi-Cal financial eligibility, the CalHEERS uses MAGI household income, which is the sum of the MAGI of the individuals present in the household whose MAGI is counted when determining MAGI household income. For example, in regard to MAGI of children and other tax dependents, the MAGI of children and other tax dependents is counted in the calculation of MAGI household income, only when such child or other tax dependent is expected to be required to file a tax return for the benefit tax year. An individual's MAGI is determined by collecting various income amounts entered on the application or renewal form and determining which income sources count towards the determination of an individual's MAGI and which income amounts do not count towards the determination of an individual's MAGI. For each MAGI Medi-Cal applicant and beneficiary, the SAWS must receive the MAGI household income (sum of the individual household member's MAGI) as well as individual income amounts/sources used to calculate an individual's MAGI income.		CR is scheduled for implementation in February 2017.
2017 Q1	72004	Business Rules Exposure for SAWS (BREs) - Phase A	DHCS & CovCA	This change request is intended to enhance the accuracy and remove barriers for County Eligibility Workers (CEWs) in researching, troubleshooting, and resolving MAGI eligibility determination discrepancies. This change will make the following details available to SAWS: 1) income determination details; 2) income deduction details; and 3) tax household size/detail.		CR is planned for implementation in Q1 of 2017.

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2017 Q1	Application Maintenance	Annual FPL (for 2017) in CalHEERS	DHCS	This annual update to the FPL Table in OPA. This priority release/implementation will be with the actual 2017 FPL values in Q1 of 2017. In January 2017, the Federal Health and Human Services Agency will publish the final 2017 Federal Poverty Levels (FPLs) in the Federal Register (FR). 2017 FPLs will be effective on the date published in the FR, and must be implemented by CalHEERS in first quarter in order to minimize the population of beneficiaries that may be incorrectly determined not eligible for Medi-Cal between January 1, 2017, to the date of implementation by CalHEERS.		CR is planned for implementation in March 2017 (priority release).
R46-7-2017 Q1	29911	Collect Employer Name and Address and Generate Notice to Employers with Employees eligible to APTC	CovCA & DHCS	Federal and state regulations require Covered California to notify any employer if one of their employees has been determined eligible for APTC and enrolled in a QHP through Covered California and notify the employer of their appeal rights. CalHEERS does not currently produce this notification and the questions about a consumer's employer are voluntary on the application. This change request will require consumers to answer questions about their employer (name and mailing address) when an employee has been determined eligible for APTC prior to that consumer picking or updating a QHP. Additional employer information, EIN, and phone number will also be collected. The CalHEERS System shall also generate a report at implementation of this CR and upon request for consumer who are eligible to APTC, currently employed, and employer information has not been collected. This CR will change the question flow on the "Other Health Care" page of the application to be more dynamic. This CR will also remove the "Note to Employers and Employees" statement on the Household Member page from the Individual portal as this is in reference to SHOP. CR 70049 will be implemented at the same time to generate and mail the notice to the consumer's employer.		CR is planned for implementation in Q1 of 2017.
2017 Q1	65685	CEC Delegations	CovCA	The intended outcome is for CalHEERS to persist that consumer to CEC delegation indefinitely unless that delegation is actively removed. Currently, if a consumer has delegated a CEC, that delegation is automatically removed when the consumer enrolls in a plan. This causes confusion for both the CEC and the consumer because both parties have had a working relationship, and that relationship is terminated by the system.		CR is scheduled for implementation in February 2017
2017 Q1	65920	Reprint and Re-mail Document to Consumer	CovCA & DHCS	This is business process improvement that will lead to better customer service for consumers. Currently, the process to re-print and re-mail a notice to a consumer is manual and time-consuming. The intended outcome is for an SCR or consumer to quickly and easily re-deliver or reprint a notice that's in a consumer's inbox. The notice will be delivered to the consumer based on the consumer's communication preference (email or mail).		CR is scheduled for implementation in February 2017
2017 Q1	65922	Document Upload	CovCA & DHCS	The intended outcome of this CR is to allow internal and external users to upload documents to a case at any time, regardless of eligibility status. This will result in increased efficiency for Service Center staff and better customer service for consumers.		CR is planned for implementation in Q1 of 2017.
2017 Q1	4187	Implement NOD01 in twelve threshold languages	CovCA	This CR will implement NOD1 in the remaining 10 of the 12 threshold languages.		CR is planned for implementation in Q1 of 2017.

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R17.x - Quarter 2 - (Planned Deployment Date TBD)						
2017 Q2	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 planned for implementation in Q2 of 2017.
2017 Q2	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 planned for implementation in Q2 of 2017.