

Executive Summary

CalHEERS Feature Release 16.4 (to be deployed on 05/16/2016) contains the following:

The following **Key New Features** have been added or modified in this release:

- Eligibility & Enrollment
- Technology

The following **Key System Updates** have been deployed in this release:

- Eligibility & Enrollment

The following **Key Fixes** have been updated or resolved in this release:

- None

The following **Alternate Procedures** have been provided with this release:

No Longer in Effect with this release

- None

New with this release

- None

Purpose and Scope

This document describes the contents of the CalHEERS Feature Release 16.4. 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
Eligibility & Enrollment				
CalHEERS MEC Check for Medi-Cal Eligibility				
30174	Change Request	CalHEERS eligibility determination rules did not include a MEDS specific aid code table for use when determining share of cost.	DHCS has produced a shortened Medi-Cal MEDS aid code table for use in CalHEERS eligibility for MAGI coverage groups. CalHEERS now denies the application or request for eligibility determination if the applicant or beneficiary is enrolled in one of the aid codes contained in the Medi-Cal	Eligibility Results

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			<p>MEDS aid code table.</p> <p>In addition, the following two snippets have been added to the <i>Eligibility Results</i> page:</p> <ul style="list-style-type: none"> • “We checked our files, and you already have health coverage. If you think this is incorrect, please contact your County Social Services office for help” displays for a Consumer if they are ineligible for MAGI Medi-Cal due to the MEDS MEC check. • “Your application is pending. This is because we were unable to check if you already receive Medi-Cal coverage” displays for a Consumer who is pending eligible due to MEDS being down or no CIN being returned by MEDS. 	
<p>Send 834 transactions that will terminate coverage and re-enroll remaining members at the case level instead of the member level when the primary household member is removed from the case.</p>				
43915	Change Request	When a primary household member is being removed from the case, the subscriber is flipped to the next oldest member and maintenance transactions are being sent to the carriers. Carriers are unable to process these transactions because they are inconsistent with the policy/case	834 transactions resulting in a case-level termination and reinstatement of remaining members while retaining the subscriber I.D. will now be sent, ensuring that carriers can properly ingest and update consumer case information. Additional	Household Enrollment Introduction

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		identification (policy) information.	noticing is being added to the portal to ensure that if a consumer is initiating a Report-A-Change that will add a terminated member back to a case which may cause an out of sync condition between CalHEERS and the carrier, a message “Please call the Covered California Service Center at 800-300-1506 to make this change to your account.” will display asking them to call the Service Center for assistance. An alternate procedure is being developed for delivery to the Service Centers to respond to this message.	
Federal and State Income Tax Regulations				
46220	Change Request	Consumers were previously allowed to self-attest that they had filed taxes and reconciled previous APTC allotments.	<p>To be in compliance with newly enacted federal and state regulations, consumers who have received APTC and have not filed an income tax return for that year, or have not reconciled their APTC for that period, will no longer be eligible for APTC. Once the non-filing status has been confirmed, the consumers will be moved to an unsubsidized plan until proof of filing has been provided and manually verified.</p> <ul style="list-style-type: none"> Changes to support the implementation of these regulations 	<ul style="list-style-type: none"> Individual homepage Update Consent and Attestation Application Signature Eligibility Results Application Signature for Reported Changes

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			<p>include:</p> <ul style="list-style-type: none"> • The Update Consent for Verification link on the <i>Individual homepage</i> has been renamed the Update Consent for Verification and Tax Filing Attestation link. • The <i>Update Consent for Verification</i> page has been renamed as the <i>Update Consent and Attestation</i> page. The Tax Filing Attestation section has been added to the page, and business logic to determine if a person should be redetermined for APTC has been added. • The following snippets on the <i>Eligibility Results</i> page have been suppressed: <ul style="list-style-type: none"> ○ Household income is not in the APTC program limits. (when the consumer is over 500% FPL) ○ You did not give us permission to check federal data. We need your permission to see if your household qualifies for premium assistance. 	

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			<ul style="list-style-type: none"> <li data-bbox="865 321 1190 1241">• The following snippet has been added to the <i>Eligibility Results</i> page: You are not eligible to receive premium assistance because you either did not file taxes, you did not give consent to verify your information using electronic sources or your household income is too high. You may become eligible to receive premium assistance if you give consent and/or attest to filing your taxes. For more information, please call the Customer Service Center at 1-800-300-1506 or you can click on the Update Consent and Attestation page. <li data-bbox="865 1266 1190 1864">• Removed prior year tax filing attestation language (“I know that I must report any changes to information on this application. For example, I must report a new address, a new member of the household, or a change in income.”) from the <i>Application Signature</i> page and the <i>Application Signature for Reported Changes</i> page. 	

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			<ul style="list-style-type: none"> A new notice (CalNODXX) will be triggered and sent to consumers who have failed to file taxes or reconcile previous APTC allotments. 	
MEDS Alert Files				
47630	Change Request	The CalHEERS case number was not included on the alert files that MEDS sends to CalHEERS, making it cumbersome for the SCR and CEW.	The CalHEERS case number is now included on the alert files that MEDS sends to CalHEERS.	NA
SB 75 - Full Scope Medi-Cal for All Children				
52030	Change Request	Eligibility determination rules outlined by Senate Bill (SB) 75 were not previously available in CalHEERS.	<p>This change request implements the provision of SB 75 which grants full scope Medi-Cal to children under age 19, regardless of immigration status, if they meet all other eligibility criteria effective May 1, 2016. CalHEERS will place these children into the appropriate, existing full scope MAGI aid codes.</p> <p>Children found eligible for this program will no longer be asked to provide Proof of Citizenship or Lawful Presence and Proof of Immigration Status.</p>	Eligibility Results
Account Access / Application Linkage				
52313	Change Request	CalHEERS functionality did not limit the creation of multiple accounts and/or applications for the same household with	CalHEERS prevents the creation of multiple accounts and/or applications for the same	<ul style="list-style-type: none"> Individual homepage Search

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		<p>the same members. Existing logic for the admin search functionality was not comprehensive and did not always return known consumers, which resulted in multiple applications being created. In certain circumstances, the Withdraw Application link remained enabled for MAGI Medi-Cal consumers after the application had been submitted, enabling the consumer to withdraw their application after submission, which resulted in the closure of the CalHEERS case, with the corresponding SAWS case remaining open.</p>	<p>household with the same members. The admin search functionality has been enhanced to return complete search results.</p> <p>The following portal changes have been made:</p> <ul style="list-style-type: none"> • The Withdraw Application link has been disabled for MAGI Medi-Cal consumers on the <i>Individual homepage</i> unless the user has initiated an application in the system, and the application status is in progress. • The following advanced search criteria options (checkboxes) have been added to the <i>Search Individual</i> page: <ul style="list-style-type: none"> ○ Phonetic Name Search ○ Name “Like” Search ○ DOB Range Search <p>Additionally, the Date of Birth column has been moved right next to the Individual Name column (it was previously 5 columns to the right). Finally, when the Search button is clicked, the validation is no longer</p>	<p>Individual</p> <ul style="list-style-type: none"> • User Information

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			<p>case-sensitive.</p> <ul style="list-style-type: none"> • Text on the <i>User Information</i> page has been revised from “Enter your Access Code” to “Do you have an Access Code to link your case?” • When the Continue button on the <i>User Information</i> page is clicked, validation rules are no longer invoked if the Access Code has been provided. • The following validations have been added to the Continue button on the <i>User Information</i> page: Check DOB and SSN against existing CalHEERS account records. If a match is found, trigger <i>User Already Exists</i> popup. • The <i>User Already Exists</i> popup has been created and says, “It appears that you may already have an account. Did you forget your username or password? If yes, please click here. If you aren’t sure if you already have an account, please contact the Covered California Service Center at 1-800-300- 	

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			1506. A Service Center representative can help set up your account or reset your password.”	
Technology				
Enabling Self-Service Password Reset using registered email and or text functionality				
36484	Change Request	Users had to answer the security questions set at initial account creation to enable password reset. Many users could not remember the values set, resulting in calls to the Service Center Help Desk to reset passwords.	<p>Users can now choose between answering their security questions and having a one-time numeric passcode sent to them through email or text message, any time they want to reset their password, retrieve their username, or are challenged during login to validate their identity.</p> <p>The following portal changes have been made:</p> <ul style="list-style-type: none"> • The following business rules have been added to the Email field on the <i>Settings</i> page: <ul style="list-style-type: none"> ○ Display but disable text field if One Time Passcode (OTP) has been enabled for email. ○ If the User has opted-in for OTP, then the field is not editable. The User must make the email update by clicking the Edit button in the One 	Settings

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			<p>Time Passcode section. If the User has opted out, then the field is editable.</p> <ul style="list-style-type: none"> • The following text has been added beneath the Email field in the Personal Details section on the <i>Settings</i> page: Click the 'Edit' button in the 'One Time Passcode' section below to change your email address. • The One Time Passcode section (One Time Passcode, Email Address, and Cell Phone Number) has been added to the <i>Settings</i> page. • The <i>Opt Out Confirmation</i> popup has been created and says, "If you do not wish to use your email address or cell phone number for login assistance, click 'Continue' below." • The <i>One Time Passcode Confirmation</i> popup has been created and says, "We noticed that you registered for one login assistance option. We encourage you to register for both 	

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			options. To register for the other option, please click the 'Back' button. Otherwise, please click the 'Continue' button."	

Key System Updates

The following summarizes the modified features included in this release.

Ref ID	Type	Previous Design/Problem	Modified Functionality In this Release	Pages Impacted
Eligibility & Enrollment				
Soft Pause				
3043	Change Request	Soft pause for parents and children was implemented.	<p>Soft pause for caretaker relatives and pregnant women has now been implemented, as well as the ability for the County Eligibility Worker to lift the soft pause.</p> <p>Portal updates made are:</p> <ul style="list-style-type: none"> A new snippet has been added to the Eligibility Determination Factors section of the <i>Eligibility Results</i> page for consumers who are placed in soft pause hold to describe the intent of soft pause and next steps. Yes and No radio buttons have been added next to the question "Is this person pregnant?" on the <i>Personal Data – Demographic Information</i> page. The question "Has the 	<ul style="list-style-type: none"> Eligibility Results Personal Data – Demographic Information Budget Worksheet

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			<p>pregnancy ended? If so, when did the pregnancy end?" has also been added to this page.</p> <ul style="list-style-type: none"> Two new reasons (Pregnant Woman and Caretaker Relative) now display in the Soft Paused Due To field on the <i>Budget Worksheet</i> page. 	
Federal Poverty Level for P5 and P6 Aid Code				
4304	Change Request	The Medi-Cal Eligibility Division (MCED) Affordable Care Act (ACA) aid code list incorrectly identified the income limit for ACA aid codes P5 (citizen) and P6 (undocumented) as 108% Federal Poverty Level (FPL). Therefore, some children who should have been found eligible for Medi-Cal coverage in the P5/P6 aid codes could have been determined ineligible for Medi-Cal, although eligible for CCHIP. In addition, claims for these same children were reimbursed at the CCHIP 65/35 match rate.	The MCED ACA aid code list correctly identifies the income limit for ACA aid codes P5 and P6 as 133% FPL. Therefore, children are correctly found eligible for Medi-Cal coverage in the P5/P6 aid codes. In addition, claims for these same children are reimbursed at the 50/50 Medicaid match rate.	NA
Deemed Infant				
4633	Change Request	The <i>Applying for an Infant Under One</i> popup on the <i>Apply for Benefits - Get Help With Costs</i> page, in the online application did not match the paper application.	The <i>Applying for an Infant Under One</i> popup on the <i>Apply for Benefits - Get Help With Costs</i> page says, "If you were enrolled in Medi-Cal at the time of the birth of your infant and your infant is under age one, and you are only applying for your infant, you can finish this application or you can contact your local county	Apply for Benefits - Get Help With Costs

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			<p>social services office to report the birth of the baby to begin Medi-Cal coverage. You can find your county social services office at http://www.dhcs.ca.gov/services/medi-cal/pages/countyoffices.aspx. If you are applying for the first time for your entire household or you are updating your household information, please continue with this application." Therefore, the online application now matches the paper application.</p>	

Key Fixes

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

Ref ID	Type	Previous Design/Problem	Functionality Fixed In this Release	Pages Impacted
None				

Alternate Procedures

Summary of Alternate Procedures

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

#	Alternate Procedures No Longer in Effect	Ref ID	Release Delivered
None			

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

#	New Alternate Procedures	Ref ID	Planned Release
None			