



**California Department of Health Care Services (DHCS)
County Site Visits (September – October 2014)
Compilation of Issues and DHCS Feedback**

<p>DHCS Facilitator(s)</p>	<p>Anastasia Dodson, DHCS Associate Director Tara Naisbitt, Medi-Cal Eligibility Division (MCED), Division Chief Alice Mak, MCED Assistant Division Chief</p>
<p>Participating Counties and Dates</p>	<p>Los Angeles County – September 18, 2014 Riverside County – September 18, 2014 San Bernardino County – September 19, 2014 San Mateo County – September 23, 2014 Stanislaus County – September 24, 2014 Sonoma County – October 1, 2014 Alameda County – October 22, 2014</p>
<p>Meeting Purpose and Goals</p>	<p>DHCS to discuss application processing challenges, policy and system issues/concerns, and Medi-Cal renewals.</p>
<p>Summary of County feedback</p>	
<p>Counties reported that their experiences are unprecedented in terms of volume of work, inadequate clerical and eligibility staffing to process the volume of cases, and most importantly, due to many outstanding CalHEERS change requests, the workarounds used to process the cases. At times, the workarounds didn't work. Specifically, counties understand historically how delays in system upgrades lead to short term manual work processes until systems catch up. However since late 2013, with the introduction of CalHEERS and the federal data hub interface with SAWS systems, counties report their new MAGI eligibility determinations using CalHEERS business rules doesn't always process cases timely or correctly which contributed to workload challenges, which impede compliance with mandates.</p> <p>Outlined below are the specific topics discussed by counties, summarizing each issue and DHCS response to them.</p>	

Issue	Sub-Topics	Issue Description and DHCS Responses
Renewals	Pre-ACA Renewal Response Rates	<ul style="list-style-type: none"> Return rates are low Some consumers are hesitant to return RFTHI because of IRS implications (claimed other relatives as tax dependent).
	Pre-ACA Renewal Outreach Efforts	<ul style="list-style-type: none"> Counties are partnering with health plans to do outreach. Health plans are doing outbound calls and sending post cards to beneficiaries reminding them to complete their annual Medi-Cal renewal. DHCS has sent out the renewal flyer for county use in 10/2014 as part of the Pre-ACA renewals outreach efforts.
	RFTHI Forms and Processing Times	<ul style="list-style-type: none"> Counties reported inadequate number of RFTHI pages for household information - DHCS All County Welfare Directors' Letter (ACWDL) 14-03 (Released February 10, 2014) instructed counties to copy additional pages for own use if necessary. Counties report that the average time for the County Eligibility Worker (CEW) to fill out the RFTHI on the phone is 32 minutes/call. Counties experiencing competing priorities to work on both the Medi-Cal backlog and balancing the workload of Pre-ACA renewals.
	Pre-ACA Renewal Discontinuances	<ul style="list-style-type: none"> Counties have processed RFTHI packets and reported they are waiting for DHCS guidance on individuals that have failed to return packets - DHCS provided official guidance in ACWDL 14-31 (Released September 11, 2014) to discontinue Pre-ACA Medi-Cal beneficiaries who have failed to return the RFTHI packets after the two-contact rule.
	Translations of Medi-Cal Renewal Forms (MAGI Pre-populated Form)	<ul style="list-style-type: none"> Translated versions of the MAGI Medi-Cal Pre-Populated renewal form has been approved by DHCS 11/2014. DHCS vendor is currently finalizing the documents and DHCS will make this available to counties shortly.
	LIHP Aid Code L1 at Renewals	<ul style="list-style-type: none"> There is no auto termination in MEDS for this aid code at renewal. ACWDL 14-31 on the Alternate Renewal Policy also applies to the LIHP transition population.
Medi-Cal Pending Backlog	Automated Batch and County Cleanup Efforts	<ul style="list-style-type: none"> Counties working with DHCS-ITSD (MEDS), CWDA, CalHEERS, and SAWS on automated batches to decrease backlog Income discrepancies between systems. Counties need to do considerable cleanup on cases after automated batches. DHCS continues to work with counties on batch fallout and exceptions. DHCS holds a Monday-Wednesday-Friday 11-12 PM batch process call with counties and automation teams to provide updates, approaches, and free forum discussion on batch issues.

Income-Related Issues	Income Fluctuation	<ul style="list-style-type: none"> Counties report issues with income fluctuation (monthly vs. annual incomes) between SAWS and CalHEERS. DHCS has submitted a CalHEERS Change Request (CR 3161) that will assist in collecting income for individuals who have fluctuating income in the year. Due to competing priorities within the State, CR 3161 is anticipated to be released in CalHEERS in March 2015 along with the CalHEERS online application portal updates. Currently, counties will need to collect projected annual income or effectively date current income back to January 1. Counties should not request verification documentation at application. However, if electronic verification of income has failed, e.g., income determined by CalHEERS to not be reasonably compatible, counties may use income. Information available in the county system with regard to CalWORKS/CalFRESH eligibility. If county income information does not exist, counties must request income verification documentation. If a client does not provide effectively dated income back to January or projected annual income at application and the county has made the requisite number of attempts to obtain this information, the client has fail to provide information at applications and thus counties should deny the application for failure to provide.
	Taxable Income of Dependents	<ul style="list-style-type: none"> Counties are reminded that the income of tax dependents cannot be counted in mixed households. DHCS has provided specific responses to this topic in the County Operations Questions & Answer Log.
	Income Dating	<ul style="list-style-type: none"> Counties report inaccurate income determinations due to income dating. CalHEERS Change Request (CR 9202) that was released in August 2014 has deployed income dating within the CalHEERS portal effectively date income and various income entries. CalHEERS released a companion Job/Desk Aid through their CIT communications; counties can reach out to their CIT Point of Contact to receive a copy.
	Income Mapping	<ul style="list-style-type: none"> Counties can reach out to respective SAWS for an income mapping chart between SAWS and CalHEERS.
	Income Deductions	<ul style="list-style-type: none"> There are currently no income deductions in CalHEERS. Counties need to use a negative number to reflect loss in income. DHCS is working with CalHEERS on a Change Request (CR 5254) for income deductions.
	Budget Worksheet	<ul style="list-style-type: none"> Counties report that the inability to view budget worksheet in CalHEERS creates complexity for workers since they cannot verify how budget was calculated. A CalHEERS design has been completed on a budget worksheet in CalHEERS to allow County eligibility workers to view budget. This is waiting for implementation for March 2015.
	Instructions/ Workarounds	<ul style="list-style-type: none"> Counties are concerned with the “instructions/workarounds” provided by the State on how to input income in order for CalHEERS to do the right computation. Unfortunately these workarounds don’t work for all SAWS.

APTC/Medi-Cal Case Transitions	Gap in coverage	<ul style="list-style-type: none"> Concern possible gap in coverage for beneficiary who is transitioning from one program to the other (APTC to Medi-Cal or Medi-Cal to APTC) - DHCS and Covered California have coordinated a series of meetings to discuss this case transitions issue.
	Plan Enrollment	<ul style="list-style-type: none"> Counties report that consumer's Covered CA plans has not been terminated even their Exchange aid code has termed in MEDS. This means the consumer is still being asked to pay for the plan premiums even though their Exchange aid code is terminated in MEDS. Covered CA has not asked for the termination of the 834 carrier (for the plan) due to the health coverage gap. This is to protect the consumer from access to care until the policy on case transitions is finalized.
	Premiums	<ul style="list-style-type: none"> DHCS and Covered CA are currently seeking federal guidance on how to treat premiums when the consumer transitions between APTC and Medi-Cal. This guidance will be shared at the DHCS/Covered CA Case Transitions meeting with our partners and counties once received.
Negative Actions	Increasing number of applications needing negative action	<ul style="list-style-type: none"> Counties need guidance on how to handle discontinuances and denials at renewals and how to treat cases on their exclusion list. DHCS, CWDA, CalHEERS, and SAWS are currently working on a short-term approach to use an independent backend fix in all systems to deny/discontinue cases. First category of cases to be denied is duplicate applications. DHCS has released MEDIL 14-56 (Initial County Guidance on Short-Term Negative Action Approach, November 21, 2014) to counties on process steps in effectuating short-term negative actions.
	Use of workarounds	<ul style="list-style-type: none"> Counties have reported the use of varying workarounds to close the case. DHCS has provided previous approval for county workaround as instructed by SAWS in MEDIL 14-30 (May 22, 2014) and MEDIL 14-42 (July 25, 2014). Counties must be able to close down the case in both systems via the workaround, manually generate a NOA, and send the AP34/EW40 to MEDS DHCS, counties, SAWS, CWDA and CalHEERS are working closely on a short-term approach to allow for denials/discontinuances. Counties are advised in the interim to put the cases needing negative action on exclusion lists until further instruction to mitigate potential need for cleanup after workarounds. Counties are concerned that the MEDILs released, which provide workarounds, do not work for all SAWS. The expectation that large counties, LA for example, do manual NOAs and manually terminate on MEDS is unrealistic give the number of cases. It would be very helpful if the State analyst had an understanding of the SAWS to better assist in providing guidance/instructions. Counties are very concerned with cases showing Withdrawn in CH but active in SAWS. We are unable to process these cases and continue in a pending status as we are not able to authorize. These types of cases continue to grow without any guidance from the State and/or CalHEERS on

		how to resolve them.
	Other related scenarios	<ul style="list-style-type: none"> • Cased closed in SAWS but remains active in CalHEERS. Consumer makes a change in CalHEERS and SAWS will receive an unsolicited DER with the same original application date. • Case denied by county eligibility worker for failure to provide. However, the consumer was determined eligible in CalHEERS and sent to MEDS with active eligibility, SAWS cannot close the case. • The short-term solution on Negative Actions will help to close these cases. A long-term fix is also being worked on concurrently with the teams for anticipated implementation in 2015.
Inmates	State Inmate Pre-Release	<ul style="list-style-type: none"> • No new application required for inmates who have received sheriff offsite inpatient services upon their release - Counties should refer to ACWDL 14-24 (May 6, 2014) for the application process.
	Inmate Billing	<ul style="list-style-type: none"> • The hospital claims for inmate still on M1 (have not transitioned to N7) will be denied for inpatient services. M1 is not an inmate aid code.
	Inmate Suspension	<ul style="list-style-type: none"> • Inmate aid code (N7) and M1 both appear on the MEDS QM screen. DHCS is currently researching this issue (e.g. N7 can move into MEDS special segment?).
Other Policy Issues	Craig v. Bonta Cases	<ul style="list-style-type: none"> • Guidance needed on Craig v. Bonta cases and whether they need to be run through MAGI or Pre-ACA.
	Share of Cost (SOC) Medi-Cal and Minimum Essential Coverage	<ul style="list-style-type: none"> • Counties reported concerns of IHSS beneficiaries with a high SOC Medi-Cal who need to meet the high SOC every month to stay eligible on IHSS. This population may be subject to a tax penalty since SOC Medi-Cal is not considered MEC - DHCS is in conversation with CMS on how to treat MEC and will continue to track status.
	Authorized Representatives	<ul style="list-style-type: none"> • DHCS is current drafting regulations for Authorized Representative per changes under the ACA.
System – Related Issues	County Override Authority	<ul style="list-style-type: none"> • Counties have requested additional CalHEERS override for staff - DHCS is assessing the expansion of county override authority and procedures for counties to submit request.
	Status of Consumer Protection Programs	<ul style="list-style-type: none"> • Implementation of CalHEERS functionality for Consumer Protection Programs (CPP) deferred to early 2015. Counties can currently use the CPP rules (CEC, CE, TMC, 4-month continuing) in SAWS.
	PRUCOL/DACA	<ul style="list-style-type: none"> • Counties expressed concern that PRUCOL and DACA populations are not recognized in CalHEERS - DHCS has submitted CalHEERS Change Requests for PRUCOL and is currently waiting for approval to begin functionality design. Expected launch of this functionality is in summer 2015.
	Soft Pause	<ul style="list-style-type: none"> • Soft pause lifts the whole household and not at the individual level. Counties are instructed to

		<p>submit CalHEERS help desk tickets. Per design, the soft pause should operate at the person-level.</p> <ul style="list-style-type: none"> • Currently counties are instructed to submit tickets to lift the soft pause; enhanced soft pause functionality is currently being designed by CalHEERS, SAWS, DHCS, and CWDA; the soft pause lift will be deployed as part of CalHEERS-SAWS eHIT 3.0 Schema (anticipated for March 2015). • It is very difficult to remove the soft-pause from a case. When customers call Covered California they are referred to the county of residence for assistance. Counties are not able to release soft-pause and it is cumbersome and time consuming requesting a release. We need to submit a ticket to the CalHEERS help desk and sometimes the process takes days. It would help if the State could follow the process to see what it takes to get it removed.
	Other Systems-Related Issues	<ul style="list-style-type: none"> • CalHEERS only accepts nine months of DERs then cases error off - each SAWS has done a temporary fix to this problem in September 2014. Long term fix will be in CalHEERS eHIT Schema 3.0 scheduled for launch in March 2015 • Multiple DERs are received; DHCS is researching issue but counties should submit tickets to respective SAWS for more immediate resolution. • Inability to change primary contact in CalHEERS - this is per design of CalHEERS. • Ways to mitigate duplicate applications through the CalHEERS online portal - DHCS & CalHEERS implemented several CRs to help reduce volume of duplicates including Remote Identity Proofing (RIDP), MEC table, and additional online portal text changes to minimize confusion. • Counties continue to struggle with duplicate applications. It would help the counties if CalHEERS was able to prevent individuals from submitting them. • Counties are struggling with MC applications which have not been “sent/referred” to the counties. It would be very helpful if CalHEERS was able to do a SQL to “push/send” these applications to the counties.
Trouble Tickets	Ping-ponging of tickets between systems	<ul style="list-style-type: none"> • Counties report that trouble tickets are “ping-ponging” between their respective SAWS and CalHEERS; incident resolutions are inadequate from CalHEERS. • SAWS and Office of System Integration (OSI) have been engaging CalHEERS to develop a better process since September 2014 - DHCS to continue monitoring the issue.
	Trouble tickets disappearing	<ul style="list-style-type: none"> • Counties are unable to search for their trouble tickets in CalHEERS after they are closed; they remain unsearchable - Issue has been escalated to DHCS, CWDA, and OSI and has been put on the agenda for discussion.