

# CalSAWS

California Statewide Automated Welfare System

## **Design Document**

CA-213164 | DDID 1967

eHIT updates for Conditional Medicare changes

<b>CalSAWS</b>	<b>DOCUMENT APPROVAL HISTORY</b>	
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DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
02/27/2020	.1	eHIT section added	Rajan Vadapalli
05/13/2020	.2	Edited eHIT criteria and updated current design	Renee Gustafson
05/27/2020	.3	Updated overviews and re-formatted	Renee Gustafson
07/08/2020	.4	Clarified 2.1.2.2.a.i and 2.1.2.2.b.ii to also include criteria for 'Part A Conditional Eligible' is blank or "No". Added assumption 2	Renee Gustafson
09/24/2020	1.1	Updated 2.1.2 section as part of Content Revision	Rajan Vadapalli

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# 1 OVERVIEW

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This is a migration requirement to update the eHIT interface to not consider an individual as having Medicare when the individual has only conditional Medicare Part A.

## 1.1 Current Design

With CA-207207, two new fields are added to the LRS/CalSAWS Medicare Detail page to track conditional eligibility to Medicare Part A during the annual Medicare open enrollment period (January-March).

LRS/CalSAWS eHIT functionality sends 'Current or Offered Health Program' as "Medicare" in an Eligibility Determination Request (EDR) when an individual has a Medicare record effective for the EDR benefit month and the Medicare record has a selection in 'Part A Payment Method' or 'Part B Payment Method'.

LRS/CalSAWS eHIT functionality sends 'Current or Offered Health Program' as "None of the Above" in the EDR when no Medicare record exists or is effective for the individual in the EDR benefit month, and the only Health Coverage Type is 'All Other Health Coverage', and the Other Health Care Detail record is not for Employer Sponsored Insurance Outside Exchange, COBRA, or a Retiree Health Policy. When the 'Current or Offered Health Program' of "None of the Above" is sent in an EDR, the 'Free Medicare Part A' indicator is required and is sent as "No". If the 'Current or Offered Health Program' is anything other than "None of the Above", the 'Free Medicare Part A' indicator is not required and no value is sent for the indicator.

**Note:** The 'Free Medicare Part A' indicator is only required when sending 'Current or Offered Health Program' of "None of the above". LRS/CalSAWS never sends "Yes" for 'Free Medicare Part A' indicator because if a Medicare record exists for the EDR benefit month, the 'Current or Offered Health Program' is "Medicare" in the EDR.

LRS/CalSAWS eHIT functionality sends in the EDR the Medicare Admin Verification as "Yes" for an individual when a Medicare record has a selection in 'Part A Payment Method' or 'Part B Payment Method', the record is effective for the EDR benefit month and has "Verified" status; otherwise, the Medicare Admin Verification is sent as "No". There is no way to indicate in the EDR that the Medicare Admin Verification is pending to allow CalHEERS to attempt to electronically verify.

## 1.2 Requests

1. Update eHIT functionality to account for the new conditional Medicare Part A functionality introduced with CA-207207. Do not consider the individual as receiving Medicare for a MAGI Determination until the Medicare Part A is no longer conditional.
2. Update eHIT functionality to no longer default the Medicare Admin Verification to "No" when the Medicare record has a "Pending" verification status to allow CalHEERS to attempt an electronic verification of Medicare.
3. Update eHIT functionality to communicate if an individual has free Medicare Part A when they are receiving Medicare.

## 1.3 Overview of Recommendations

1. Update eHIT logic to communicate an individual as having Medicare and the Admin Verification for Medicare only when the individual no longer has conditional eligibility to Medicare Part A. Update eHIT logic to no longer default an Admin Verification = No for Medicare if the Medicare record is valid for the EDR benefit month and is pending Verification in LRS/CalSAWS.

## 1.4 Assumptions

1. This SCR will be implemented at the same time as CA-207207.
2. This SCR will be implemented after the eHIT Schema version 16, with CA-214445 | CIV-106700 in Release 20.09.

## 2 RECOMMENDATIONS

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### 2.1 eHIT

#### 2.1.1 Overview

Update eHIT logic to communicate an individual as having Medicare and the Admin Verification for Medicare only when the individual no longer has conditional eligibility to Medicare Part A. Update eHIT logic to no longer default an Admin Verification = No for Medicare if the Medicare record is valid for the EDR benefit month and is pending Verification in LRS/CalSAWS.

#### 2.1.2 Description of Change

1. Update eHIT logic to communicate the Admin Verification for Medicare (SAWSAdministrativeVerifications = MED) in an EDR for an individual based on the below criteria:

- a. Send "Yes" when the verified Medicare record never had conditional Medicare Part A or no longer has conditional Medicare Part A.

Send "Yes" if any of the following conditions are true:

- i. Medicare record is effective for the EDR benefit month with "Verified" verification status, and Medicare record has a selection in 'Part A Payment Method' or 'Part B Payment Method', and 'Part A Conditional Eligible' is blank or "No" and 'Part A Effective Date' does not exist.
  - ii. Medicare record is effective for the EDR benefit month with "Verified" verification status, and Medicare record has a selection in 'Part A Payment Method' or 'Part B Payment Method', and EDR benefit month is on or after 'Part A Effective Date'.
- b. Do not send a Medicare Admin Verification when the Medicare record has a "Pending" verification status and the Medicare Part A was not indicated as conditional or is after the conditional Medicare Part A period.

Do not send if any of the following conditions are true:

- i. Medicare record is effective for the EDR benefit month with "Pending" verification status, and Medicare record has a selection in 'Part A Payment Method' or 'Part B Payment Method', and the EDR benefit month is on or after 'Part A Effective Date'.

- ii. Medicare record is effective for the EDR benefit month with "Pending" verification status, and Medicare record has a selection in 'Part A Payment Method' or 'Part B Payment Method', and 'Part A Conditional Eligible' is blank or "No" and 'Part A Effective Date' does not exist.
- c. Otherwise, send "No".

2. Update eHIT logic to send that the individual is attesting to receiving Medicare in an EDR when the Medicare Part A was not indicated as conditional or is after the conditional Medicare Part A period.

Send 'Current or Offered Health Program' as "Medicare"  
(HaveOrOfferedOtherHealthProg = MC) if either of the following are true: based on the below criteria:

- a. Medicare record is effective for the EDR benefit month and Medicare record has a selection in 'Part A Payment Method' or 'Part B Payment Method' and 'Part A Effective Date' does not exist.
  - b. Medicare record is effective for the EDR benefit month and Medicare record has a selection in 'Part A Payment Method' or 'Part B Payment Method' and the EDR benefit month is on or after the 'Part A Effective Date'.
3. Update eHIT logic to send that an individual with 'Current or Offered Health Program' as "Medicare" has free Medicare Part A in an EDR when the individual is attesting to 'Part A Payment Method' as "Free" and the Medicare Part A was not indicated as conditional or is after the conditional Medicare Part A period. Otherwise, send that the individual does not have free Medicare Part A.
    - a. Send 'Free Medicare Part A' as "Yes"  
(FreeMedicarePartAInd=Y) when any of the following conditions are true:
      - i. Medicare record is effective for the EDR benefit month and 'Part A Payment Method' selection in the Medicare record is "Free" and 'Part A Effective Date' does not exist.
      - ii. Medicare record is effective for the EDR benefit month and 'Part A Payment Method' selection in the Medicare record is "Free" and EDR benefit month is on or after 'Part A Effective Date'.
    - b. Otherwise, send 'Free Medicare Part A' as "No"  
(FreeMedicarePartAInd=N)

**Technical Note:** The current functionality for an individual attesting to some other health care (the EDR includes 'Current or Offered Health Program' as "None of the Above") the 'Free Medicare Part A' will be sent as "No" (FreeMedicarePartAInd=N). There is no change to this functionality.

### 2.1.3 Interface partner

CalHEERS



### 2.1.4 eHIT Schema Version

The eHIT Schema is version 16, last updated with CA-214445 | CIV-106700 in Release 20.09.

## 3 REQUIREMENTS

### 3.1 Migration Requirements

DDID #	REQUIREMENT TEXT	Contractor Assumptions	How Requirement Met
1967	<p>As Side-by-Side sessions were focused on comparing the front end (online pages) functionality of the application, the CONTRACTOR shall budget an allowance of twenty-nine thousand, one hundred fifty-five hours (29,155) to accommodate for any Unforeseen differences in the code base that result in additional requirements.</p> <p>The requirements for the allowance of hours must be finalized and approved by the CONSORTIUM for the CONTRACTOR to meet design, build and System Test milestones, subject to the requirements meeting requirements in the LRS Agreement.</p> <p>As the requirements for the designated SCRs are identified, the SCRs will be calculated by the CONTRACTOR and reviewed and prioritized by the CONSORTIUM for approval through the County Change Control Board process.</p>	<p>- Estimates will include the necessary Tasks in the software development lifecycle required to implement the CalSAWS DD&amp;I SCR including deployment and change management.</p> <p>- For the new requirements to be included with CalSAWS DD&amp;I UAT preparation activities (targeted to begin April 2021 for C-IV), the requirements for the unforeseen Differences allowance hours must be finalized, approved by the CONSORTIUM and added to the CalSAWS DD&amp;I SOR by July 1, 2020 for the CONTRACTOR to meet design, build and System Test milestones.</p>	Updated eHIT logic for Medicare to address changes made with CA-207207.