

CalSAWS

California Statewide Automated Welfare System



Design

CA-229417

Revised Medi-Cal Hierarchy Phase II

DOCUMENT APPROVAL HISTORY

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DATE	VERSION	REVISION DESCRIPTION	AUTHOR
7/17/2025	1.0	Draft	Lauren Barnes
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9/2/2025	1.2	Updates made based on BA feedback/suggestion	Lauren Barnes
9/3/2025	1.3	Updated Batch EDBC section based on requirement confirmation	Dylan Patel
9/5/2025	1.3	Updated Current Design, Request and Recommendation based on confirmed scenario from BAs	Tisha Mutreja
9/10/2025	1.4	Updated Current Design based on final review with BAs	Tisha Mutreja
10/1/2025	1.5	Updated 2.2.2.1 to add Note for Invalid Reasons based on Committee Feedback	Tisha Mutreja

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CA-229417 – Revised Medi-Cal Hierarchy Phase II

1 OVERVIEW

This System Change Request (SCR) is based on All County Welfare Director's Letter (ACWDL) 17-03 to transmit the Medi-Cal (MC) hierarchy to be used when determining or redetermining Medi-Cal Eligibility. It is preceded by SCR CA-202778 which began to address the policy's instructions on the order in which Medi-Cal eligibility must be determined.

With this SCR, the California Statewide Automated Welfare System (CalSAWS) Medi-Cal Hierarchy rules will be updated to check for 'Determination Eligibility Response (DER) Eligibility' even when Eligibility Determination and Benefits Collection (EDBC) is run in Modified Adjusted Gross Income (MAGI) only mode. If the DER has more MAGI-eligible people than are open on Medi-Cal, EDBC will be saved as Read-Only to align with Batch and Full MC Hierarchy behavior. Batch EDBC logic will be updated so that it skips the 'DER Eligibility' check when Full Medi-Cal Hierarchy is present. Batch skip rules will also be updated to match the intended business process on DER (Determination Response) check and availability.

1.1 Current Design

Per ACWDL 17-03, with CA-202778 implemented in Release 20.05, CalSAWS updated Medi-Cal hierarchy rules as below:
 DER Eligibility is not checked as part of the MC Hierarchy rules if a Customer Option Record of Full Medi-Cal Hierarchy = No.

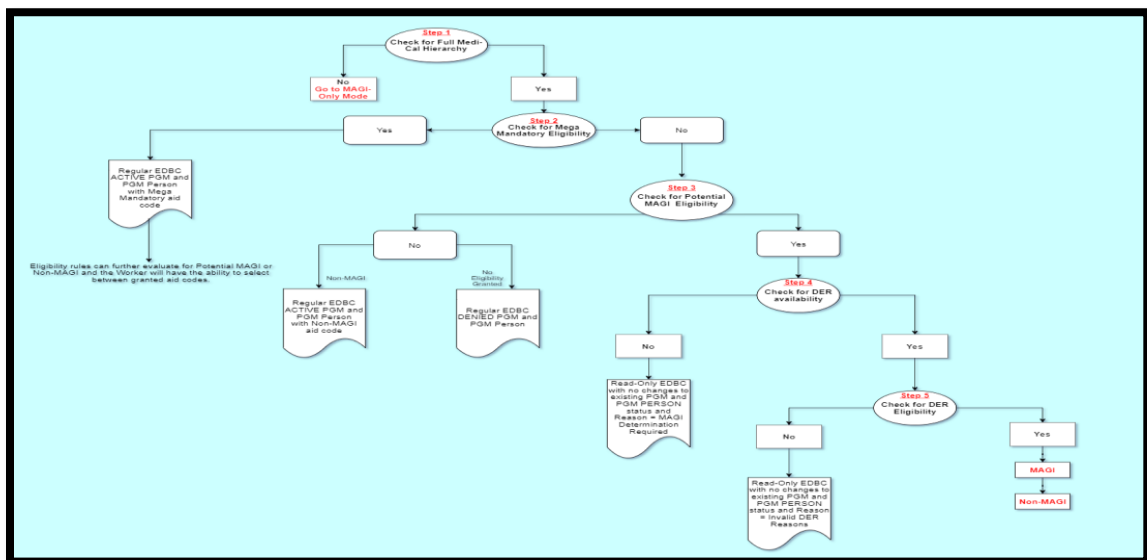


Figure 1.1.1 CA-202778 Revised MC Hierarch Phase I Flow Chart

Also, currently when an individual is auto-tested to Medi-Cal, a Customer Option record of Full Medi-Cal Hierarchy is not required. Once the Medi-Cal is established, the subsequent Medi-Cal Hierarchy rules will apply. If EDBC runs in MAGI-Only Mode in the next run since there is no check for DER availability in the Medi-Cal Hierarchy rules, the individual could get closed for 'Failed MAGI' if DER does not exist.

Also, if the DER has more MAGI-eligible people than are open on Medi-Cal, EDBC saves as Regular EDBC.

Batch EDBC Skip Reason for 'Not all Applicants are in determination' does not exclude Medi-Cal programs where at least one applicant has a Customer Options record for 'Full Medi-Cal Hierarchy' = "Yes".

Batch EDBC Skip Reasons for 'Not all Applicants are in determination' and 'All Individual's Magi Determinations are Pending' were not updated to exclude Medi-Cal Programs where all applicants had a MAGI-waived Requested Medi-Cal Type.

With CA-216284 implemented in 25.09, Batch EDBC skip logic was updated to skip a Medi-Cal program with Medi-Cal person on the 7J aid code when any Active Member on the Medi-Cal program has aid code 7J and does not have a Customer Option for 'Full Medi-Cal Hierarchy' = Yes for the Batch EDBC benefit month. A new skip reason was added in CT_707.

Code Num Identif	Short Decode Name	Long Decode Name
7JA	Medi-Cal person on 7J aid code	Medi-Cal person on 7J aid code

1.2 Requests

1. Update Medi-Cal Hierarchy rules to check for DER eligibility, even when EDBC is run in MAGI only mode when all members are on MAGI, and no Customer Options record has "Full MC Hierarchy" = Yes (Y).
2. Update EDBC rules when the DER has more MAGI-eligible individuals than are open on Medi-Cal, EDBC saves as Read-Only instead of Regular EDBC.
3. In Addition to the rules, Batch Skips will need to be updated as below:
 - a. Update existing Batch EDBC Skip Reason to no longer skip Medi-Cal programs when at least one applicant has a Customer Options record for 'Full Medi-Cal Hierarchy' = "Yes".
 - b. Update existing Batch EDBC Skip Reasons to no longer skip Medi-Cal programs where all applicants have a MAGI-waived Requested Medi-Cal Type.
 - c. Update the existing batch skip reason to include additional Consumer Protection Program (CPP) aid codes to the Not Processed Reason (CT_707) to skip the Medi-Cal program from EDBC processing when an Active Member on a CPP aid code does not have Full Medi-Cal Hierarchy = Yes.

1.3 Overview of Recommendations:

1. Update EDBC rules to check for 'DER Eligibility' even when EDBC is run in MAGI-only mode.
2. Save EDBC as Read-Only (not Regular) if DER has more MAGI-eligible people than are open on Medi-Cal, aligning with Batch and Full MC Hierarchy behavior.
3. Update Batch EDBC Skip logic to no longer skip a Medi-Cal program when at least one applicant has a Customer Options record for 'Full Medi-Cal Hierarchy' = "Yes".
4. Update Batch EDBC Skip logic to no longer skip a Medi-Cal program when all applicants have a MAGI-waived Requested Medi-Cal Type.
5. Update existing Batch EDBC Skip reason 'Medi-Cal person on Consumer Protection Program aid code' to include other CPP aid codes.

1.4 Assumptions

1. Medi-Cal programs not explicitly mentioned in the Description of Changes will retain their existing logic in the Medi-Cal hierarchy.
2. No new reports or updates to existing reports.
3. No changes to electronic Health Information Transfer (eHIT) schema.

2 RECOMMENDATIONS

2.1 Page Name – No Impact

2.2 Eligibility Rules Updates

2.2.1 Overview

'DER Eligibility' check will run during EDBC even when EDBC is run in MAGI-only mode. If DER has more MAGI eligible people than are open on Medi-Cal, EDBC will be saved as Read-Only (not Regular), aligning with Batch and Full MC Hierarchy behavior.

2.2.2 Description of Changes

- Update Medi-Cal EDBC Hierarchy rules to add the 'DER Eligibility' check in MAGI-only mode when the Full Medi-Cal Hierarchy Record does not exist or is set to 'No' for the benefit month.

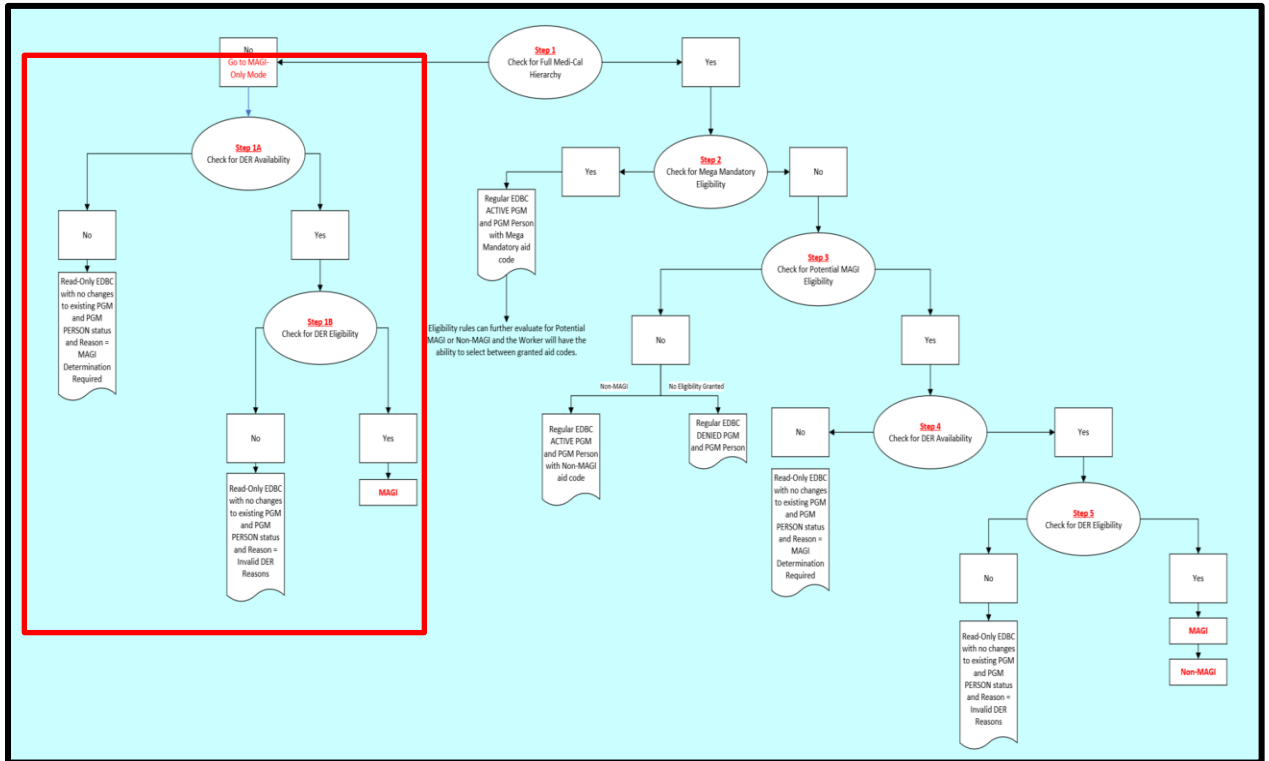


Figure 2.2.1 — Revised Medi-Cal Hierarchy Flow Chart

- Step 1:** Check for "Full Medi-Cal Hierarchy in the Customer Options entered by the eligibility worker.
 - If 'No' or Customer Option for the Full Medi-Cal hierarchy does not exist: EDBC rules will evaluate for MAGI-Only Mode and will check for DER Availability.

Step 1A: Check for DER Availability

- If 'Yes': to DER Availability: Check for DER Eligibility.

Step 1B: Check for DER Eligibility

- If 'Yes': EDBC rules will not create a "Read-Only" EDBC instead will create a "Regular" EDBC with Active Program and Program PERSON and provide appropriate MAGI Eligibility aid code, depending on the Determination Response.
- If 'No': Read-Only EDBC with no change to existing Program and Program Person status and reason – "Invalid DER Reasons".

Note: CA-202778 added the below Invalid DER Reasons –

- MAGI Eligible person not open on MC
- MC Applicant missing on DER
- MAGI Determination is Pending for all applicants

- ii. If 'No': to DER Availability: Read-Only EDBC with no changes and Program Person status and Reason = MAGI Determination Required (EDBC Type Reasons CT_502).

Note: If Full Medi-Cal Hierarchy Record = 'Yes' then continue to follow the existing Medi-Cal Hierarchy rules. This part of the Medi-Cal hierarchy flow is unchanged by this SCR.

2. Update EDBC rules when the DER has more MAGI-eligible individuals than are open on Medi-Cal, EDBC saves as Read-Only instead of Regular EDBC with Read-Only reason "MAGI Eligible Person not Open on MC" (CT707_MA).

2.2.3 Programs Impacted

Medi-Cal

2.2.4 Performance Impacts

N/A

2.3 Batch EDBC

2.3.1 Overview

1. Update Batch EDBC Skip Reason 'Not all Applicants are in determination' to no longer skip a Medi-Cal program when at least one individual has a Customer Option record for 'Full Medi-Cal Hierarchy = "Yes"'.
2. Update Batch EDBC Skip logic to no longer skip a Medi-Cal program when all applicants have a MAGI-waived Requested Medi-Cal Type.
3. Update existing Batch EDBC Skip reason 'Medi-Cal person on Consumer Protection Program aid code' to include other CPP aid codes.

2.3.2 Description of Change

1. Update Batch EDBC Skip Reason 'Not all Applicants are in determination' (CT707_MA) to no longer skip a Medi-Cal program when at least one applicant has a Customer Options record for 'Full Medi-Cal Hierarchy' set to "Yes" effective for the EDBC Benefit Month.
2. Update the following Batch EDBC Skip Reasons to no longer skip a Medi-Cal program when all applicants have a MAGI-Waived Requested Medi-Cal Type effective for the EDBC Benefit Month:

- a. Not all Applicants are in determination (CT707_MA).
 - b. All Individual's Magi Determinations are Pending (CT707_MP)
3. Update the Short Decode Name and Long Decode Name for Not Processed Reason (CT_707_7JA) to "Medi-Cal person on Consumer Protection Program aid code".

Code Num Identif	Short Decode Name	Long Decode Name
7JA	Medi-Cal person on Consumer Protection Program aid code	Medi-Cal person on Consumer Protection Program aid code

- a. Update the Not Processed Reason (CT_707_7JA) to skip the Medi-Cal program from EDBC processing when any Active Member on the Medi-Cal program has one of the following aid codes: 39, 3T, 59, 5T, 54, 5W, 7J and does not have a Customer Option for Full Medi-Cal Hierarchy = 'Yes' for the Batch EDBC benefit month.

2.3.3 Execution Frequency

No Change

2.3.4 Key Scheduling Dependencies

No Change

2.3.5 Counties Impacted

All Counties

2.3.6 Category

Core

2.3.7 Data Volume/Performance

N/A

2.3.8 Failure Procedure/Operational Instructions

Batch Support Operations staff will evaluate transmission errors and failures and determine the appropriate resolution (i.e., manually retrieving the file from the directory and contacting the external partner if there is an account or password issue, etc.)

2.4 Interface Name – No Impact

2.5 eHIT – No Impact

2.6 Report Name – No Impact

2.7 Data Warehouse Name – No Impact

2.8 Data Change – No Impact

2.9 Automated Regression Test – No Impact

3 SUPPORTING DOCUMENTS

4 OUTREACH – NO IMPACT

5 APPENDIX

MAGI-waived Requested Medi-Cal Types are listed as below:

Category	Code	Description
319	AF	AAP Federal (03)
319	AS	AAP State (04)
319	AE	APP EFC (07)
319	CW	Child Welfare Services Medi-Cal
319	FU	FC County (45)
319	FF	Former Foster Youth
319	IM	ICAMA (06)
319	IC	ICPC (46)
319	KF	KG Federal (4T)
319	LT	LTC
319	MP	Medicare Savings Program
319	C4	Minor Consent (<12) FP/STD
319	C2	Minor Consent (<21) Pregnancy
319	C3	Minor Consent (12-21) FP/MntHlth
319	C1	Minor Consent (12-21) FP/STD/D&A
319	OS	Out of State AAP(4A)