

## CalHEERS Release Notes

### Feature Release 21.2

#### Executive Summary

CalHEERS Feature Release 21.2 (to be deployed on 02/15/2021) contains updates to the following:

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

- None

**Key System Updates** that have been deployed in this release:

- Consumer Assistance
- eHIT
- Eligibility & Enrollment
- Interfaces
- Notices

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

- None

**Alternate Procedures** that have been provided with this release:

- None

**No Longer in Effect** with this release:

- None

**New** with this release:

- None

#### Purpose and Scope

This document describes the content of the CalHEERS Feature Release 21.2. 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
N/A	N/A	N/A	N/A	N/A

## Key System Updates

The following summarizes the modified features included in this release.

### Consumer Assistance

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
165682	Change Request	Consumers are not aware that Covered California (CA) can send emails to them about their current health coverage and information on Covered CA campaigns if they provide their email address.	<p><b>Functional Changes:</b> CalHEERS updates the following pages with a new message that alerts Consumers that they are consenting to receiving health information when they provide their email address:</p> <p><i>A new message By entering in your email address, you may receive emails about health information and your account from Covered California.</i> displays in the following situations:</p> <ol style="list-style-type: none"> <li>The message displays on the <i>Create an account to Apply</i> page when the Consumer clicks on the <b>Email</b> tile as their preferred method of contact.</li> <li>The message displays below the <b>Enter your email address</b> field as static text on the following pages: <ul style="list-style-type: none"> <li><i>Who is the Primary Contact for your household?</i></li> <li><i>Add Household Member</i></li> <li><i>Individual Information Menu</i></li> <li><i>Edit Household Member</i></li> <li><i>My Profile</i></li> </ul> </li> </ol>	<p>Create an Account to Apply</p> <p>Who is the Primary Contact for your household?</p> <p>Add Household Member</p> <p>Individual Information Menu</p> <p>Edit Household Member</p> <p>My Profile</p>

eHIT

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
160301	Change Request	CalHEERS SAWS eHIT Interface schema is using version 16. Updates are required in order to be aligned with changes made with Change Request 160528 BREFS Initiatives #1 and #2: Consume SAWS Eligibility Authorization and Manage Downstream processes.	<p><b>Functional Changes:</b> There are no functional changes for this CR.</p> <p>See Change Request 160528 for a description of the changes relating to BREFS: Initiatives #1 and #2: Consume SAWS Eligibility Authorization and Manage Downstream processes.</p> <p><b>Technical Changes:</b> CalHEERS eHIT schema is updated to eHIT Interface schema version 17 and includes changes made with Change Request 160528.</p>	N/A

### Eligibility & Enrollment

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
153824	Change Request	<ol style="list-style-type: none"> <li>The ROP Batch job could not run for individual verification attributes, rather all attributes had to be run at once.</li> <li>The ROP Batch jobs were exempt from the verification caching rules.</li> <li>Covered CA did not have the ability to simulate the ROP Batch job and determine potential effects.</li> <li>Several defects existed in the ROP Batch process.</li> </ol>	<p><b>Functional Changes:</b> Updates to the ROP Batch process include:</p> <ol style="list-style-type: none"> <li>Modifications to the batch job to run one or more verification attributes. <ul style="list-style-type: none"> <li>A new <i>ROP Batch Configuration</i> page allows SCR Operations Supervisor users with ROP Management Entitlement to configure the following aspects: <ul style="list-style-type: none"> <li>Select how many individuals will be included in the batch</li> <li>Select the batch start and end dates</li> <li>Turn individual verification attributes <b>ON/OFF</b></li> </ul> </li> </ul> </li> </ol>	<p>ROP Batch Configuration</p> <p>Administration Home</p> <p>ROP Batch Configuration Simulation</p>

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			<ul style="list-style-type: none"> <li>▪ An attribute must be turned <b>ON</b> for adverse action to be taken</li> <li>▪ If an attribute is turned <b>OFF</b> or the corresponding ROP date is in the future, no adverse action will be taken based on that attribute and the Consumer will remain Conditionally Eligible for APTC/CSR/CAPS/CCP <ul style="list-style-type: none"> <li>• If the response for the attribute comes back as e-verified, the Consumer will no longer be considered Conditionally Eligible for that attribute</li> </ul> </li> <li>• A link to the <i>ROP Batch Configuration</i> page displays on the <i>Administration Home</i> page for SCR Operations Supervisor users with ROP Management Entitlement</li> <li>• The following popups display: <ul style="list-style-type: none"> <li>○ <i>Confirm Changes</i> displays when a user</li> </ul> </li> </ul>	

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			<p>clicks <b>Save</b> after making a change</p> <ul style="list-style-type: none"> <li>○ <i>Stop ROP Batch</i> displays when a user has successfully stopped a batch</li> </ul> <ul style="list-style-type: none"> <li>• Error messages display next to the respective item on the following pages if an invalid configuration is created: <ul style="list-style-type: none"> <li>○ <i>ROP Batch Configuration</i></li> <li>○ <i>ROP Batch Configuration Simulation</i></li> </ul> </li> <li>• Batch process updates to support configuration changes include: <ul style="list-style-type: none"> <li>○ BAT31A (Identify ROP Individual Case) is modified</li> <li>○ BAT31B (ROP Verification and Redetermine Individual Eligibility) is modified</li> <li>○ BAT31C (ROP Configuration) is added</li> </ul> </li> </ul> <p>2. The ROP Batch re-verification process adheres to the verification caching rules.</p> <ul style="list-style-type: none"> <li>• A new run reason, Continuing SIM (Sub-run Reason ROP Simulation) is added to the verification caching rules</li> </ul> <p>3. A new page, <i>ROP Batch Configuration Simulation</i>, is</p>	

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			<p>added. This page allows SCR Operations Supervisor users with ROP Management Entitlement the ability to simulate an ROP Batch and review the CCP Eligibility outcome for the Consumers that will be discontinued from benefits in the subsequent production run.</p> <ul style="list-style-type: none"> <li>• During the simulation run, live verification services and a re-run of eligibility occurs. It does not impact production eligibility results</li> <li>• At least one verification attribute needs to be toggled <b>ON</b> to be able to run the ROP Batch Simulation</li> <li>• A Simulation Report is generated on the same day the simulation is run and results are delivered to Covered CA</li> <li>• Production mode runs re-use the verification response received during the simulation run but reruns the eligibility <ul style="list-style-type: none"> <li>○ Verification responses are stored for 60 days</li> </ul> </li> </ul> <p><b>Technical Changes:</b> A ROP Simulation Batch job schema is added.</p> <ul style="list-style-type: none"> <li>• The Eligibility outcome in the simulation schema</li> </ul>	

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			<p>and the production schema may be different due to updated verification response received during the simulation run</p> <ul style="list-style-type: none"> <li>• Verification data is stored in the production schema. Eligibility results are stored in the simulation schema</li> <li>• Data 60 days or older is removed on a monthly basis</li> <li>• The simulation batch job will only insert new records, and the existing eligibility records are not updated as there are no prior records in the simulation schema to run update queries</li> </ul> <p>ROP backend service is added to persist data between the <i>ROP Batch Configuration</i> page and the HBX database.</p> <p>During ROP/Simulation Batch, CalHEERS makes SSA and VLP verification calls only if the person is enrolled and their verification is outstanding.</p> <ul style="list-style-type: none"> <li>• Error codes are populated</li> <li>• The call is skipped if there is insufficient information</li> </ul>	
159613	Change Request	The following issues exist during eligibility determination for cases transitioning from MAGI Medi-Cal to Covered CA:	<p><b>Functional Changes:</b> The following eligibility improvements are made to ensure individuals transitioning from MAGI Medi-Cal to Covered</p>	Negative Action Configuration

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		<ol style="list-style-type: none"> <li>1. Negative Actions cannot be configured.</li> <li>2. Consumers with an existing application do not have a streamlined experience to create an account linked to their existing applications.</li> <li>3. CalHEERS does not indicate to users on the <i>Budget Worksheet</i> page if the individual transitioned from MAGI Medi-Cal, CCHIP, or MCAP to Covered CA programs.</li> <li>4. The <i>Household Info</i> section on the <i>View Only Navigation</i> page displays the QLE sent by SAWS or selected by the Consumer during MAGI Medi-Cal MCAP/CCHIP transition to CCP. <ul style="list-style-type: none"> <li>• The MEDS MEC verification expiration date for all APTC/CSR/CAPS/CCP Eligible/Conditionally Eligible Consumers for Report a Change is 90 days</li> <li>• An expiration date does not exist for MEDS MEC Verification for all</li> </ul> </li> </ol>	<p>CA Programs are determined correctly:</p> <ol style="list-style-type: none"> <li>1. A new page, <i>Negative Action Configuration</i>, is added and accessible from a link on the <i>Administration Home</i> page. This page is used to configure the negative action impact to a Consumer's APTC/CAPS/CSR/CCP eligibility. <ul style="list-style-type: none"> <li>• Users with a Negative Action Configuration can toggle the following <b>ON</b> and <b>OFF</b> switch for each Negative Action: <ul style="list-style-type: none"> <li>○ CCP within MAGI Medi-Cal income limit</li> <li>○ CCP outside MAGI Medi-Cal income limit</li> <li>○ APTC/CSR/CAPS outside MAGI Medi-Cal income limit</li> </ul> </li> <li>• If the setting is <b>ON</b>, the Consumer will be Eligible for APTC/CAPS/CSR/CCP, if otherwise Eligible. If the setting is <b>OFF</b>, the Consumer will be Ineligible due to a negative action</li> <li>• The following popups display: <ul style="list-style-type: none"> <li>○ The <i>Attention</i> popup alerts users that they have entered an invalid configuration</li> <li>○ The <i>Unsaved Changes Detected</i> popup alerts users that they have unsaved changes</li> </ul> </li> </ul> </li> </ol>	<p>Administration Home</p> <p>Choose Application</p> <p>Access a Current Case</p> <p>Case Access Details</p> <p>Create an Account to Apply</p> <p>Budget Worksheet</p> <p>View Only Navigation</p> <p>Eligibility Results</p>



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		<p>APTC/CSR/CAPS/CP Eligible/Conditionally Eligible Consumers on CalHEERS Renewals eligibility determinations</p> <p>5. The Eligibility Factors that display on the <i>Eligibility Results</i> page do not display correctly and cause confusion for Consumers.</p>	<p>2. The account creation process is streamlined by the following updates:</p> <ul style="list-style-type: none"> <li>• A new page, <i>Choose Application</i>, displays when Consumers select <b>Create an Account</b> on the Covered CA home page <ul style="list-style-type: none"> <li>○ Consumers can choose between the <b>Link Existing Application</b> or <b>Create New Application</b> buttons on the <i>Choose Application</i> page</li> </ul> </li> <li>• The <i>Access a Current Case</i> page is added to allow Consumers to enter their access code to link an existing application to their account</li> <li>• Consumers reach the <i>Access a Current Case</i> page when they select the <b>Link Existing Application</b> button on the <i>Choose Application</i> page</li> <li>• The <i>Case Access Details</i> page is added to allow Consumers to retrieve or generate an access code <ul style="list-style-type: none"> <li>○ An <i>Access Code</i> popup displays the Consumer's access code and prompts them to document it</li> <li>○ A <i>Maximum Search Attempts</i> popup displays on the</li> </ul> </li> </ul>	

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			<p>Consumer's third incorrect attempt to search for their access code and redirects them to the <i>Contact Us</i> page</p> <ul style="list-style-type: none"> <li>○ A <i>Review Access Code</i> popup displays when the user does not successfully generate an access code and one of the following conditions is met: <ul style="list-style-type: none"> <li>▪ The Consumer's information entered does not match an existing case</li> <li>▪ The case is Closed-Duplicate</li> <li>▪ The case is already linked to another account</li> </ul> </li> <li>• The <i>Create Account an Account to Apply</i> page is updated with the following: <ul style="list-style-type: none"> <li>○ The <i>Enter Access Code</i> question and correlating help text are removed</li> <li>○ If a Consumer successfully retrieves an existing access code or generates a new one, related fields are pre-populated and disabled</li> <li>○ A <b>Cancel</b> button is added</li> </ul> </li> </ul> <p>3. The <i>Budget Worksheet</i> displays <i>Yes</i> for the <i>MAG/ Medi-Cal to Covered CA Transition?</i> indicator for cases that run after the implementation of CR</p>	

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			<p>159613 if the individual transitioned from MAGI Medi-Cal, CCHIP, or MCAP to Covered CA programs.</p> <ul style="list-style-type: none"> <li>• Yes will continue to display on eligibility determinations on an individual level if the following are true: <ul style="list-style-type: none"> <li>○ Consumer is not in Carry Forward status and did not move back into MAGI Medi-Cal, MCAP, or CCHIP</li> <li>○ The current date of the run is less than or equal to the Transition End Date</li> <li>○ <i>No</i> will display if the above is false</li> </ul> </li> <li>• Cases that ran prior to CR 159613 will not display a value</li> <li>• The transition end date is the expiration date of the <i>Loss of MEC</i> QLE plus an additional 30 days</li> <li>• The value switches from <i>Yes</i> to <i>No</i> and the transition end date is set to <i>Null</i> when any of the following conditions are met: <ul style="list-style-type: none"> <li>○ The eligibility determination run is after the transition end date</li> <li>○ The Consumer moves back into MAGI Medi-</li> </ul> </li> </ul>	

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			<p>Cal, MCAP, or CCHIP benefits</p> <ul style="list-style-type: none"> <li>○ The Consumer moves into Carry Forward status</li> </ul> <p>4. The following changes are made related to the <i>Loss of MEC</i> Qualifying Life Event:</p> <ul style="list-style-type: none"> <li>• The Household Info section on the <i>View Only Navigation</i> page displays the <i>Lost or will lose health coverage</i> QLE when the Business Rules Engine (BRE) detects a loss of MEC during MAGI Medi-Cal/MCAP/CCHIP transition to CCP</li> <li>• The <i>Loss of MEC</i> QLE overrides the QLE provided by SAWS or selected by the Consumer, allowing the Consumer to select a plan</li> <li>• <i>Loss of MEC</i> QLE will be set at the household level, as long as, one person on the case is transitioning from MAGI Medi-Cal or MCAP or CCHIP to Covered CA programs</li> <li>• Verification expiration date is set to 30 days for all APTC/CSR/CAPS/CCP Eligible/Conditionally Eligible Consumers on CalHEERS Renewals or</li> </ul>	

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			<p>Report a Change eligibility determination.</p> <p>5. The Eligibility Factors (EligFactor) that display on the <i>Eligibility Results</i> page are updated as follows:</p> <ul style="list-style-type: none"> <li>• EligFactor 098 is added and displays for Consumers Ineligible to APTC/CSR/CAPS due to Consumer not being a part of tax filing household: <ul style="list-style-type: none"> <li>○ <i>You are not part of the primary tax filer's household. If you want financial help to lower the cost of a Covered California health plan, you must apply on a separate application. Or, if this is a mistake, please update the tax filing household on your current application.</i></li> </ul> </li> <li>• EligFactor 099 is added and displays for Consumers Ineligible to APTC/CSR/CAPS due to married filing separately, Federal Tax Returns, and not planning to file reasons: <ul style="list-style-type: none"> <li>○ <i>You are not eligible to receive premium assistance for one or more of the following reasons:</i> <ul style="list-style-type: none"> <li>▪ <i>The primary tax filer does not plan to file</i></li> </ul> </li> </ul> </li> </ul>	

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			<p><i>federal income taxes.</i></p> <ul style="list-style-type: none"> <li>▪ <i>The primary tax filer has a spouse but does not plan to file taxes as “Married Filing Jointly.”</i></li> <li>▪ <i>The primary tax filer plans to file taxes as “Married Filing Separately.”</i></li> <li>▪ <i>Someone in your household did not file a federal income tax return with IRS Form 8962 for a year when they got premium tax credits.</i></li> </ul> <ul style="list-style-type: none"> <li>• EligFactor 100 displays for Consumers Ineligible/discontinued for APTC/CSR/CAPS and CCP due to negative action: <ul style="list-style-type: none"> <li>○ <i>You do not qualify for Covered California plans or financial help. This is based on Medi-Cal case information provided by your local county. If you think this is an error, call the county office to find out what is still needed. [Click here to find your local county office].</i>  <a href="http://www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx">(<a href="http://www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx">http://www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx</a>).</a> </li> </ul> </li> <li>• The following Eligibility Factors are removed from</li> </ul>	

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			<p>the <i>Eligibility Results</i> page and are replaced by EligFactor 099:</p> <ul style="list-style-type: none"> <li>○ EligFactor 071</li> <li>○ EligFactor 089</li> </ul> <ul style="list-style-type: none"> <li>• The following Eligibility Factors are suppressed on the <i>Eligibility Results</i> page: <ul style="list-style-type: none"> <li>○ EligFactor 012 is suppressed for Consumers Ineligible/Discontinued from CSR</li> <li>○ EligFactor 013 is suppressed for Consumers Ineligible/Discontinued from APTC</li> <li>○ EligFactor 014 is suppressed for Consumers Ineligible/Discontinued from State Subsidy</li> </ul> </li> <li>• EligFactors 021, 026, and 027 no longer display for Consumers Ineligible/Discontinued from APTC/CSR/CCP due to reasons other than income</li> <li>• EligFactor 031 trigger is updated to display if consent for income verification has not been provided for Consumers applying for APTC/CSR/CAPS</li> </ul> <p><b>Technical Changes:</b></p>	

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			<p>New backend services are added for the following:</p> <ul style="list-style-type: none"> <li>• Check if Consumer details entered on the <i>Case Access Details</i> page match a valid case with an unused access code</li> <li>• Retrieve and save the access code</li> <li>• Read and save negative action configuration</li> <li>• Get Special Enrollment details (including transition flag and transition date) if QLE of <i>Loss of MEC</i> during transition is detected by the BRE</li> </ul> <p>The following AHBX data elements are added:</p> <ul style="list-style-type: none"> <li>• Coverage type code</li> <li>• Coverage period</li> </ul> <p>The following changes have been made to the Single Streamlined Application:</p> <ul style="list-style-type: none"> <li>• The <i>Choose Application</i>, <i>Access a Current Case</i>, and <i>Case Access Details</i> pages are added</li> <li>• The <i>Create Account</i> page is modified</li> <li>• The <i>Access Code</i>, <i>Maximum Search Attempts</i>, and <i>Review Access Code</i> popups are added</li> </ul> <p>The following new eligibility factors are added:</p> <ul style="list-style-type: none"> <li>• Not planning to file taxes</li> </ul>	



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			<ul style="list-style-type: none"> <li>• Not part of household</li> <li>• Negative action</li> </ul>	
159952	Change Request	Manual workarounds are needed to effectuate retroactive MAGI Medi-Cal eligibility, resulting in misalignment between CalHEERS and SAWS eligibility history as CalHEERS does not allow retroactive (retro) MAGI Medi-Cal for Consumers with existing APTC/CAPS eligibility.	<p><b>Functional Changes:</b> CalHEERS is able to grant retroactive MAGI Medi-Cal eligibility for any month within the three-month period prior to the Carry Forward Transition month. The business rules for the new functionality are as follows:</p> <ul style="list-style-type: none"> <li>• MAGI Medi-Cal is granted for any month within the three-month retro period immediately preceding the Carry Forward Transition month if the Consumer is determined Eligible or Conditionally Eligible to MAGI Medi-Cal in the first month (prospectively) of the Carry Forward period. This may result in dual eligibility for the granted retroactive month(s)</li> <li>• A Consumer found ineligible to MAGI Medi-Cal during the Carry Forward period prospectively is ineligible to MAGI Medi-Cal in any month of the three-month retro period</li> <li>• If a Consumer is Eligible or Conditionally Eligible for APTC or CAPS and is enrolled in a plan, the Consumer is Ineligible for MAGI Medi-Cal outside of the three-month retro period <ul style="list-style-type: none"> <li>○ Note: If a Consumer was not receiving APTC or</li> </ul> </li> </ul>	N/A

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			<p>CAPS benefits for the requested prior month and is otherwise determined Eligible to MAGI Medi-Cal, CalHEERS determines MAGI Medi-Cal eligibility as Eligible for that prior month</p> <p><b>Technical Changes:</b></p> <ul style="list-style-type: none"> <li>• The following changes are made to the Eligibility Evaluation Reason Codes (EERC) to support this change: <ul style="list-style-type: none"> <li>○ EERC CX is updated so that it is only sent when SAWS requests a prior period that is within a person's Carry Forward transition period and up to three retroactive months prior to the transition month</li> <li>○ EERC CQ is added and is sent when a Consumer's Carry Forward status ends and the requested benefit month is outside of the three-month retroactive period for MAGI Medi-Cal</li> </ul> </li> </ul>	
160258	Change Request	Certified Enrollers, including Certified Insurance Agents (CIAs) and Certified Enrollment Counselors (CECs), can only search for Consumer records delegated to that Enroller.	<p><b>Functional Changes:</b></p> <p>Certified Enrollers can search for all Consumer records that exist in the system, including those not delegated to that Enroller.</p> <ol style="list-style-type: none"> <li>1. A new delegation end reason, <i>Accelerated Consumer Delegation Consent</i>, is available on the</li> </ol>	<p>Delegation History</p> <p>Start My Application</p> <p>Consumer Delegation</p>

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			<p data-bbox="857 268 1276 596"><i>Delegation History</i> page. This reason displays for the previous agent when an Agent/CEC removes the existing enroller delegation from the Consumers case and delegates themselves to that case from the <i>Consumer Delegation</i> page.</p> <p data-bbox="813 636 1268 957">2. CECs, Plan Based Enrollers, CIAs, Agency Managers, and L1 and L2 Approved Admin Staff receive an enrollment hard stop or soft stop and are navigated back to the Consumer's Home page in the following situations:</p> <ul data-bbox="813 993 1276 1896" style="list-style-type: none"> <li data-bbox="813 993 1276 1822">• If a household member's information matches an existing household member's information, the user clicks on <b>Done</b> or <b>Next</b> button on the <i>Citizenship Information</i> page, and one of the following occurs: <ul data-bbox="906 1283 1260 1822" style="list-style-type: none"> <li data-bbox="906 1283 1260 1682">○ Consumer's SSN and DOB matches an existing household member in CalHEERS Consumer's First Name and Last Name and DOB and one of the following matches against an existing household member in CalHEERS: <ul data-bbox="938 1686 1260 1822" style="list-style-type: none"> <li data-bbox="938 1686 1260 1724">▪ Cell Phone Number</li> <li data-bbox="938 1728 1260 1822">▪ Email Residence Address (line 1 and zip code)</li> </ul> </li> </ul> </li> <li data-bbox="813 1833 1170 1896">• A Duplicate Applicant Warning popup displays</li> </ul>	<p data-bbox="1300 268 1458 373">Consumer Delegation Consent</p> <p data-bbox="1300 415 1458 478">Enroller Dashboard</p>

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			<p>when a match is found, <i>This Consumer is already in our system</i>, displays with the message: <i>Caution! This Consumer may already have an application, or they may have applied in the past. This action could create a duplicate record. Delegate to an existing case. Consumer application may be completed by the Service Center.</i></p> <p>If the configuration is a hard stop, the user is prevented from creating a potential duplicate application. If the configuration is a soft stop, the user can move on even though there is a potential duplicate application.</p> <p>3. A new link <b>Delegation Tool</b> is added to the <i>Start My Application</i> page. It is available to check for an existing application.</p> <p>If an existing application is found with a current CEC, users can de-delegate the Agent or Enrollment Counselor on the case and re-delegate the case to themselves. If no CEC is currently delegated, they can delegate the case to themselves.</p> <p>4. A new <b>Delegation Tool</b> link is available from the Admin Dashboard for the following individuals:</p> <ul style="list-style-type: none"> <li>• Agents</li> </ul>	

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			<ul style="list-style-type: none"> <li>• Agency Manager</li> <li>• Admin Staff 1 and 2</li> <li>• Certified Enrollment Counselors (CECs)</li> <li>• Plan Based Enrollers</li> </ul> <p>5. A new <i>Consumer Delegation</i> page is available via the <b>Delegation Tool</b> link on the Enroller Dashboard page.</p> <ul style="list-style-type: none"> <li>• A banner <i>Welcome! You are viewing the Accelerated Consumer Delegation Consent Page of Covered California</i> displays.</li> </ul> <p>6. The following additional messages display on the <i>Consumer Delegation</i> page:</p> <ul style="list-style-type: none"> <li>• <i>We need some very important information about your Consumer so that we can search for them in our database.</i></li> <li>• <i>Enter information below to delegate yourself to this Consumer's case. The information to be entered below is confidential. Please consider before proceeding.</i></li> </ul> <p>Users can complete the following:</p> <ul style="list-style-type: none"> <li>• Search for a Consumer in order to delegate the Consumer's case to oneself <ul style="list-style-type: none"> <li>○ A <i>No Match Found</i> popup displays if no match is found</li> </ul> </li> </ul>	

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
			<ul style="list-style-type: none"> <li>○ A <i>Multiple Matches Found</i> popup displays if multiple matches are found</li> <li>○ A <i>Match Already Delegated</i> popup displays if a Consumer is already delegated to the user's book of business</li> <li>○ A <i>One Time Text Message Verification</i> popup displays to send an authentication code to Consumer if one match is found</li> <li>○ A <i>The delegation process was successful</i> popup displays if the delegation process is successful</li> <li>○ A <i>The delegation process was unsuccessful</i> popup displays if the Consumer is not added to the CECs book of business due to a system error</li> </ul>	
160528	Change Request	<p>CalHEERS currently accepts Non-MAGI Medi-Cal eligibility results from SAWS via the Disposition service in eHIT for the purposes of discontinuing Covered CA program eligibility, but CalHEERS does not consume, display, or utilize eligibility results received from SAWS that differ from the CalHEERS eligibility results for any other purposes.</p>	<p><b>Functional Changes:</b>            CalHEERS consumes and processes SAWS authorizations for Medi-Cal programs when eligibility on the Disposition differs from that provided by CalHEERS.            CalHEERS displays eligibility results authorized by SAWS.</p> <ul style="list-style-type: none"> <li>• The program name <i>Medi-Cal</i> now displays for Consumers when they are Eligible for</li> </ul>	<p>Household Eligibility Results Summary</p> <p>Individual Eligibility Details Case Summary - Program Eligibility by Person</p>

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
			<p>Non-MAGI Medi-Cal on the following pages:</p> <ul style="list-style-type: none"> <li>○ <i>Household Eligibility Results Summary</i></li> <li>○ <i>Individual Eligibility Details</i></li> <li>• The <i>Case Summary – Program Eligibility by Person</i> page is updated with the following changes: <ul style="list-style-type: none"> <li>○ The <i>Program Eligibility History Summary</i> section now displays Non-MAGI Medi-Cal Aid Codes (MEC and Non-MEC) authorized by SAWS under Non-MAGI Medi-Cal programs</li> <li>○ The <i>Current Eligibility Summary</i> section displays Non-MAGI Medi-Cal eligibility records authorized by SAWS</li> <li>○ When Medi-Cal Programs (MAGI Medi-Cal and Non-MAGI Medi-Cal) eligibility is modified by SAWS Disposition, CalHEERS now displays the source SAWS <ul style="list-style-type: none"> <li>▪ Any Non-MAGI Medi-Cal record that is Eligible, Ineligible, or Discontinued, lists the source as SAWS</li> <li>▪ CalHEERS does not display the source as SAWS for Exchange/CCHIP/MCAP records</li> <li>▪ Any MAGI Medi-Cal record that is Eligible</li> </ul> </li> </ul> </li> </ul>	Case Summary - Application History

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
			<p>from Disposition and when eligibility dispositioned by SAWS differs from that provided by CalHEERS, the source is listed as SAWS</p> <ul style="list-style-type: none"> <li>▪ <b>Note:</b> Eligibility Status of Conditionally Eligible is not supported by Disposition and is considered the same as Eligible</li> </ul> <ul style="list-style-type: none"> <li>• The <i>Request Type</i> section of the <i>Case Summary - Application History</i> page now displays the <i>Report a Change</i> request type if the determination is due to SAWS Disposition</li> <li>• The following Eligibility Status/Factors and Eligibility are updated: <ul style="list-style-type: none"> <li>○ EligStatus 001 displays when Consumers are eligible for Non-MAGI Medi-Cal</li> <li>○ EligFactor 029 displays when Disposition is received from SAWS with a Medi-Cal MEC aid code that is different from that provided by CalHEERS</li> </ul> </li> <li>• The following updates are made to the portal case notes rules: <ul style="list-style-type: none"> <li>○ CalHEERS inserts a case note when the</li> </ul> </li> </ul>	



Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
			<p>eligibility authorized by SAWS differs from that generated by CalHEERS:</p> <ul style="list-style-type: none"> <li>▪ <i>MAGI Medi-Cal aid code &lt;xx&gt; received in Disposition with the begin date of &lt;MM/DD/YYYY&gt; for &lt;Person Full Name&gt; &lt;with override reason: &lt;xxx&gt;</i></li> <li>○ CalHEERS inserts a case note when SAWS Disposition is received with Non-MAGI Medi-Cal aid code: <ul style="list-style-type: none"> <li>▪ <i>Non-MAGI Medi-Cal aid code &lt;xx&gt; received in Disposition with the begin date of &lt;MM/DD/YYYY&gt; for &lt;Person Full Name&gt; &lt;with override reason: &lt;xxx&gt;</i></li> </ul> </li> <li>○ Case Notes created from SAWS Disposition will have user ID &lt;Consortia Code&gt; - <i>Disposition</i></li> <li>○ The following Override Reason Codes from SAWS will display when eligibility is different from that provided by CalHEERS: <ul style="list-style-type: none"> <li>▪ <i>ALJ - Administrative Decision/ALJ Ruling</i></li> <li>▪ <i>DEF - CalHEERS/SAWS Defect</i></li> <li>▪ <i>PNI - Policy Not Implemented</i></li> </ul> </li> </ul>	

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
			<p>The following rules apply when SAWS sends a Disposition with MCAP/CCHIP/Exchange aid codes:</p> <ul style="list-style-type: none"> <li>• CalHEERS does not override the existing CalHEERS determined aid code for that individual on the case to MCAP/CCHIP or Covered CA program</li> <li>• CalHEERS does not discontinue the existing Medi-Cal or Exchange program, when SAWS sends the Disposition with an overridden aid code of MCAP/CCHIP even though it is considered a MEC program</li> <li>• CalHEERS does not set a Consumer to Soft Pause, Carry Forward, QHP Hold, CCHIP, or MCAP if the Consumer is determined Eligible for Non-MAGI Medi-Cal (MEC) with a high dated end date</li> <li>• If a Consumer was previously Conditionally Eligible and did not meet the criteria to become Eligible, the person will remain Conditionally Eligible, if the only difference between CalHEERS and the Disposition is the Consumer's status</li> </ul> <p>The following updates are made to Verification Caching:</p>	

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
			<ul style="list-style-type: none"> <li>• The following run reasons are added: <ul style="list-style-type: none"> <li>○ <i>Continuing (DISP)</i></li> <li>○ <i>Continuing (DISP) for Non-MAGI Medi-Cal only Household</i></li> </ul> </li> <li>• All verification calls are suppressed for Non-MAGI Medi-Cal only households when eligibility is run via SAWS Disposition <ul style="list-style-type: none"> <li>○ For all other households, when eligibility is run via SAWS Disposition, only MEDS MEC verification calls are suppressed</li> </ul> </li> <li>• When a Disposition is received from SAWS resulting in Non-MAGI Medi-Cal MEC eligibility, the MEDS Electronic Verification cache is cleared</li> <li>• CalHEERS suppresses unsolicited DER generated from consuming Disposition and re-evaluating eligibility</li> </ul> <p><b>Technical Changes:</b></p> <ul style="list-style-type: none"> <li>• CalHEERS Disposition pseudo logic is updated to insert case notes in the event of a Disposition</li> <li>• CalHEERS backend services are updated so that CalHEERS can receive and save SAWS aid codes in the event of a Disposition</li> <li>• The following backend services are added:</li> </ul>	

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
			<ul style="list-style-type: none"> <li>○ Retrieve and save: <ul style="list-style-type: none"> <li>▪ Eligibility status</li> <li>▪ Eligibility start date</li> <li>▪ Disposition end date</li> <li>▪ Disposition eligibility status</li> <li>▪ SAWS Disposition aid code</li> </ul> </li> <li>○ Send Non-MAGI Medi-Cal aid code to SAWS in response</li> <li>• CalHEERS overwrites the existing MAGI Medi-Cal record with the effective start and end date provided by SAWS</li> <li>• CalHEERS triggers a BRE run when Medi-Cal MEC Aid Code on the Dispositioned differs from that provided by CalHEERS</li> <li>• CalHEERS suppresses the MEDS verification calls when running the BRE due to Disposition to trigger subsequent downstream processes including; 834's, NOD's and MEDS transactions</li> </ul>	

### Interfaces

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
159517	Change Request	Electronic Data Interchange (EDI) 834 transactions are generated to the Carriers with the Agent information only when there is an update (enroll, modify, or dis-enroll) to the associated Consumer's enrollment	<b>Functional Changes:</b> A new <b>Case ID</b> search field is added to the <i>Enrollments Search</i> page on the <i>Enrollment</i> tab, allowing Agents to perform a search for the Household Case ID.	Enrollments Search Active Consumer

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
		<p>record. This CR is phase 2 of 2 to address the problem. Phase 1 of 2 was implemented in Release 20.9 with CR 144858.</p>	<ul style="list-style-type: none"> <li>• The Case ID is added to the search results on the <i>Enrollments Search</i> page on the <i>Enrollment</i> tab</li> <li>• The following error message displays on the <i>Enrollments Search</i> page on the <i>Enrollment</i> tab, if the Agent does not enter 10 numeric digits: <ul style="list-style-type: none"> <li>○ <i>Please enter a 10-digit numeric Household Case ID</i></li> </ul> </li> <li>• Additionally, the Case ID displays on the following: <ul style="list-style-type: none"> <li>○ <i>Enrollment Details</i> page</li> <li>○ <i>Enrollment Export File</i></li> </ul> </li> </ul> <p>The <i>Household Eligibility Information</i> popup on the <i>Active Consumer</i> page displays the CA Premium Subsidy eligibility for each household member, as well as the CA Premium Subsidy amount (per month) at the household level.</p> <ul style="list-style-type: none"> <li>• The <i>CA Premium Subsidy</i> field will be blank if the household is not Eligible for the California Premium Subsidy</li> <li>• The <i>CA Premium Subsidy</i> column in the</li> </ul>	

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
			<p><i>Applicant Eligibility</i> section displays the following options:</p> <ul style="list-style-type: none"> <li>○ Yes for Eligible household members</li> <li>○ No for Non-Eligible household members</li> </ul> <p><b>Technical Changes:</b> The Agent of Record information is generated and sent to the Carriers through an 834 EDI transaction based on modified Agent information.</p> <p>The Interface between GI and HBX is updated to include the following:</p> <ul style="list-style-type: none"> <li>● State Subsidy Flag</li> <li>● State Subsidy Amount</li> </ul>	
165733	Change Request	<p>CalHEERS enhancements are needed in the following areas:</p> <ol style="list-style-type: none"> <li>1. Users cannot update the income/deduction name for the records that are received on EDR without an income or deduction name.</li> <li>2. Medicare Part A and B does not display for all applying and non-applying members.</li> <li>3. The <i>Budget Worksheet</i> page does not display the result for MCAP pregnancy holds.</li> <li>4. Static text is missing in the Spanish translation for the</li> </ol>	<p><b>Functional Changes:</b> The following enhancements are added to CalHEERS:</p> <ol style="list-style-type: none"> <li>1. For a Renewal or RAC, a user can update the <b>Name</b> field for the records that are received via EDR.</li> <li>2. On the <i>Select all household members who are currently enrolled in Medicare</i> page, all applying and non-applying household members display.</li> <li>3. On the <i>Budget Worksheet</i>, the response will display Yes for the <i>MCAP pregnancy hold applies?</i></li> </ol>	<p>Select all household members who are currently enrolled in Medicare</p> <p>Budget Worksheet</p>

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
		Eligibility factor – EligStatus 033.	<p>item if the Consumer meets eligibility criteria for MAGI Medi-Cal but is being held in MCAP due to a MCAP pregnancy hold.</p> <p>4. Updated to the Spanish translation for the static text displays <i>So your health coverage can start, you must pay your first premium by the due date. You may contact your health plan directly, or you can wait for them to bill you. Please do not send your payment to Covered California</i></p>	

### Notices

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
160443	Change Request	<p>The Notices/Snippets below do not support the changes introduced as part of Release 21.2.</p> <ol style="list-style-type: none"> <li>The process flow for generating The NOD11A variables are incorrect and the NOD11B is no longer valid.</li> <li>CalNOD61 uses a separate <i>Getting Help in a Language Other than English</i> attachment page and not the standardized version currently used on most notices. In addition, variable updates are needed for CalNOD61A,</li> </ol>	<p><b>Functional Changes:</b> The following Notices/Snippets are updated to support the 21.2 Release:</p> <ol style="list-style-type: none"> <li>The NOD11 notice is updated as follows: <ul style="list-style-type: none"> <li>NOD11A variables are updated. The notice is for all Consumers who are currently enrolled or were previously determined Eligible for APTC/CSR who selected a health plan irrespective of plan effectuation and have not provided consent</li> </ul> </li> </ol>	

Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
		<p>CaINOD61B and CaINOD61C.</p> <p>3. CaINOD69 does not trigger for newly added dependents in batch if no subsequent denial or discontinuance is received for that dependent on the same day.</p>	<ul style="list-style-type: none"> <li>• NOD11B is discontinued</li> </ul> <p>2. CaINOD61 notice is updated as follows:</p> <ul style="list-style-type: none"> <li>• CaINOD61A, CaINOD61B, and CaINOD61C variables updated</li> <li>• The <i>Getting Help in a Language Other than English</i> attachment page is merged with NOD61A, B, or C prior to generating the notice. This document is now attached to the notice and is not a separate document</li> </ul> <p>3. CaINOD69 triggers and text updates, as well as associated appeals page, for newly added dependents in batch if no subsequent denial or discontinuance is received for that dependent on the same day.</p> <p><b>Technical Changes:</b></p> <p>1. NOD01 notice is updated as follows:</p> <ul style="list-style-type: none"> <li>○ Snippets 911, 912 and 913 do not trigger if a Consumer is in Carry Forward status</li> <li>○ Snippet 911, 912 and 913 do not</li> </ul>	



Ref ID	Type	Previous Design/Problem	New Functionality In this Release	Pages Impacted
			trigger if Snippet 775 is triggered for the Consumer	
164939	Change Request	Adobe is retiring LiveCycle Enterprise Suite 4 and replacing it with Adobe Experience Manager (AEM). An upgrade to AEM is required so that CalHEERS can continue to access and deliver features for the generation of NOAs and forms, including fillable and savable forms.	<p><b>Functional Changes:</b> There are no functional changes for this CR.</p> <p><b>Technical Changes:</b> CalHEERS is upgrading to Adobe Experience Manager to allow CalHEERS to continue to access and deliver features for the generation of NOAs and forms, including fillable and savable forms.</p>	

### Key Fixes

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

Ref ID	Type	Previous Design/Problem	Updated/Resolved Functionality In this Release	Pages Impacted
N/A	N/A	N/A	N/A	N/A

### 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.

AP#	Alternate Procedures No Longer in Effect	Ref ID	Release Delivered
N/A	N/A	N/A	N/A

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

AP#	CIT #	New Alternate Procedures	Ref ID	Planned Release
N/A	N/A	N/A	N/A	N/A

## Glossary

<b>Acronym</b>	<b>Full Form</b>
<b>ABE</b>	Accenture Billing Engine
<b>ADA</b>	Americans with Disabilities Act
<b>Administrator (Admin)</b>	SCR and CEW user roles
<b>AHBX</b>	Accenture Health Benefit Exchange
<b>AI/AN</b>	American Indian/Alaskan Native
<b>ALM</b>	Application Lifecycle Management
<b>APTC</b>	Advance Premium Tax Credits
<b>BOB</b>	Book of Business
<b>BPM</b>	Business Process Management
<b>BRE</b>	Business Rules Engine
<b>CCHCS</b>	California Correctional Health Care Services
<b>CCHIP</b>	County Children's Health Initiative Program
<b>CCP</b>	Covered California Programs
<b>CDCR</b>	California Department of Corrections and Rehabilitation
<b>CEC</b>	Certified Enrollment Counselor
<b>CEE</b>	Certified Enrollment Entities
<b>CEW</b>	County Eligibility Worker
<b>CFS</b>	Carry Forward Status
<b>CIN</b>	Client Index Number
<b>CMI</b>	Current Monthly Income
<b>CMS</b>	Centers for Medicare & Medicaid Services
<b>COR</b>	County of Responsibility
<b>CR</b>	Change Requests
<b>CSR</b>	Cost Share Reduction
<b>CSS</b>	Cascading Style Sheets (CSS is a style sheet language used for describing the look and formatting of a document written in a markup language)
<b>CSV</b>	Comma Separated Value
<b>DER</b>	Determination of Eligibility Response
<b>DER-U</b>	Determination of Eligibility Response Unsolicited
<b>DHCS</b>	Department of Health Care Services
<b>DIVS</b>	Document Imaging and Verification Solution
<b>DWH</b>	Data Warehouse
<b>ECM</b>	Electronic Content Management System
<b>EDD</b>	Employment Development Department
<b>EDI</b>	Electronic Data Interchange
<b>EDR</b>	Eligibility Determination Request
<b>EERC</b>	Eligibility Evaluation Reason Code
<b>EPO</b>	Exclusive Provider Organization
<b>ESI</b>	Employer Sponsored Insurance
<b>ETL</b>	Extract, Transform and Load
<b>FDSH</b>	Federal Data Services Hub

<b>Acronym</b>	<b>Full Form</b>
<b>FFY</b>	Former Foster Youth
<b>FIPS</b>	Federal Information Processing Standard
<b>FPL</b>	Federal Poverty Level
<b>FTB</b>	Franchise Tax Board
<b>FTI</b>	Federal Tax Information
<b>FTR</b>	Failure to Reconcile
<b>GHIX</b>	GetInsured Health Insurance Exchange
<b>GI</b>	Get Insured
<b>HBX</b>	Health Benefit Exchange
<b>HCV</b>	Health Coverage Verification
<b>HHM</b>	Household Member name
<b>High Dated</b>	The record/data end date is set far off into the future with a pseudo date, such as the year 2500.
<b>HMS</b>	Health Management System
<b>IAP</b>	Insurance Affordability Programs
<b>ICT</b>	Inter County Transfer
<b>IDD</b>	Interface Definition Document
<b>IMM</b>	Immigrant
<b>IRS</b>	Internal Revenue System
<b>ISO</b>	Information Security Officer
<b>IVR</b>	Interactive Voice Response
<b>JAWS</b>	Job Access with Speech (JAWS is a computer screen reader program for Microsoft Windows that allows blind and visually impaired users to read the screen either with a text-to-speech output or by a Refreshable Braille display)
<b>LP</b>	Lawful Presence
<b>LV</b>	Life event needs Verification
<b>MAGI</b>	Modified Adjusted Gross Income
<b>MCAP</b>	Medi-Cal Access Program
<b>MCIEP</b>	Medi-Cal Inmate Eligibility Program
<b>ME</b>	Manual Eligibility
<b>MEC</b>	Minimal Essential Coverage
<b>MEDS</b>	Medi-Cal Eligibility Data System
<b>NHeLP</b>	National Health Law Program
<b>NIST</b>	National Institute of Standards and Technology
<b>NMEC</b>	Non-MAGI MEC AID Code
<b>NOA</b>	Notices of Action
<b>NQI</b>	New Qualified Immigrants
<b>OAG</b>	Oracle API Gateway
<b>OAM</b>	Oracle Access Manager
<b>OBIEE</b>	Oracle Business Intelligence Enterprise Edition
<b>OIM</b>	Oracle Identity Manager
<b>OPA</b>	Oracle Policy automation
<b>PAI</b>	Projected Annual Income
<b>PBE</b>	Plan Based Enroller

<b>Acronym</b>	<b>Full Form</b>
<b>PBPS</b>	Pitney Bowes Presort Services
<b>PDF</b>	Portable Document Format
<b>PLR</b>	Policy Level Reporting
<b>QDP</b>	Qualified Dental Plan
<b>QHP</b>	Qualified Health Plan
<b>QLE</b>	Qualifying Life Event
<b>RAC</b>	Report A Change
<b>RDP</b>	Registered Domestic Partner
<b>ROP</b>	Reasonable Opportunity Period
<b>RTC</b>	Rational Team Concert
<b>SA</b>	Subject Area
<b>SAWS</b>	Statewide Automated Welfare Systems
<b>SCIN</b>	Statewide Client Index Number
<b>SCR</b>	Service Center Representative
<b>SDI</b>	State Disability Insurance
<b>SEP</b>	Special Enrollment Period
<b>SFTP</b>	Secured File Transfer Protocol
<b>SIR</b>	Service Investigation report
<b>SLCSP</b>	Second Lowest cost silver plan
<b>SNOW</b>	Service Now
<b>SQL</b>	Structure Query Language
<b>SSA</b>	Social Security Administration
<b>SSApp</b>	Single Streamlined Application
<b>SSN</b>	Social Security Number
<b>STNA</b>	Short Term Negative Action
<b>UAT</b>	User Acceptance Test
<b>UI</b>	User Interface
<b>UIB</b>	Unemployment Benefits
<b>UPW</b>	Unmarried Pregnant Woman
<b>URL</b>	Uniform Resource Locator
<b>USPS</b>	United States Postal Service
<b>VLP</b>	Verify Lawful Presence
<b>WAT</b>	Web Accessibility Toolbar
<b>WCC</b>	Web Center Content
<b>WP</b>	Work Products
<b>WSDL</b>	Web Services Descriptor Language
<b>XML</b>	Extensible Markup Language