

24-Month Roadmap Change Requests - Updates (Final)

(as of 4/25/19)

RE-LEASE	CR NUMBER	TITLE	RE-QUESTOR	BRIEF DESCRIPTION	STATUS UPDATES for 05/3/2019 AB 1296 MEETING
R19.4	130535	Modify Registration Flow of One Time Passcode & Security Questions	DHCS & CovCA	This Change Request is to implement the design updates made to registering Security Questions and One Time Passcode as part of CR 105463 - User Centered Design. The updates streamline the registration flow for Consumers and Authorized Representatives.	CR is on track for R19.4 (5/20/19) implementation.
R19.4	119170	Account Transfer Phase I	CovCA	The intended outcome and output of this CR is the cross-vendor coordination between Accenture and GI to develop: 1) 1. A set of Use Case scenarios that focus on the eligibility processing interactions related to implementation of Account Transfer(AT) API for Medi-Cal, mixed household and CC (APTC or QHP only) eligible households, 2) A set of screen transition diagrams that illustrate the user experience post Account Transfer implementation for multiple scenarios for a consumers or other end users, and 3) A set of technical documents outlining the impacts.	CR is on track for R19.4 (5/20/19) implementation.
R19.4	125843	Account Transfer - GI Enrollment Notices	CovCA	This CR has two milestones. Milestone 1 will update special enrollment snippet language in the NOD01 to accomodate Account Transfer functionality. It will also create a new notice to inform households that add a dependent that we have auto-enrolled the new dependent in the household's current plan. Milestone 2 will include updates to NOD01 snippet language related to the blended Failure to Reconcile reasons, consent, taxes, and appeals.	CR is on track for R19.4 (5/20/19) implementation.
R19.4	123986	Issuer Enrollment Portal Security Profile & GI Configuration	CovCA	With GI 2.0 Issuer Enrollment Portal allows the issuers access to necessary enrollment data in CalHEERS for research and analysis prior to contacting the service center. This CR is to create an Issuer Enrollment profile which is separate from the Issuer Admin profile to grant the appropriate staff access to the Issuer Enrollment Module.	CR is on track for R19.4 (5/20/19) implementation.
R19.4	137313	Carrier Integration Testing for Account Transfer	CovCA	This CR organizes and tracks the outcomes of the Carrier Integration Testing conducted to validate changes to the 834 transactions as a result of CR119170 Account Transfer Phase I.	CR is on track for R19.4 (5/20/19) implementation.

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R19.4	138105	Enabling Enrollment Data from CalHEERS to Salesforce Service Cloud	CovCA	<p>This CR will enable Covered California Staff to have access to CalHEERS info from within the Salesforce CRM.</p> <p>Staff will have access to Demographic, Eligibility, and Enrollment information through Salesforce. This will enable staff to assist consumers prior to accessing CalHEERS</p>	CR is on track for R19.4 (5/20/19) implementation.
R19.4	134813	FTR Termination Notice	CovCA	<p>This CR will create the NOD38 - the direct Failure to Reconcile (FTR) Action Notice. This notice will be physically mailed to households that are currently receiving Advanced Premium Tax Credits (APTC) and have failed to reconcile a past year's APTC. This notice will contain Federal Tax Information and therefore will not be uploaded to consumer's Documents & Correspondence page. This letter will be mailed with security safeguards in place.</p>	CR is on track for R19.4 (5/20/19) implementation.
R19.4	122823	Time Shifter Feature in CalHEERS for GI Page	CovCA	<p>Time Shifter feature enables user to test independently using session based time shifting at local machine/session level instead of using System based time shifting. CR72254 was implemented for HBEX portal time shifting feature in CalHEERS and CR90113 was implemented to execute batch jobs independent of System Date using date as a parameter. This enabled the tester to execute NOD01 batch job for a single case for a particular period without impacting other user/case. This functionality was not implemented for GI pages, as the impact to GI was minimal before Account Transfer. With account transfer more functionalities are moving towards GI (like enrollment page), without the time shifter feature available for GI pages, it will forfeit the purpose of implementing CR72254 and CR90113. Implementation of CR72254 and CR90115 were the mitigation to not request additional time shift environments and to allow multiple users/sponsors to have the flexibility to test independently of system date using time shifter feature. In addition the sponsor teams within CCA and DHCS are using time shifter feature to do Ad Hoc testing in UAT time shift environments. This will be Non Prod functionality used by System Test, Integration and UAT. With Account Transfer GI should have the ability to use session based time shifter currently used in CalHEERS HBEX portal pages to make enrollment determination. Example: In a scenario where we want to make the person eligible for 2019 new enrollment. The users uses the time shifter feature to move the date at session level to open enrollment date, Nov 1 2018, complete portal and determine eligibility. As per the scenario the consumer is now eligible for APTC, when navigated to plan selection and upon selecting a plan and enrolling, the coverage start date and other evaluation should be correctly determined using the session based time shifter beginning from Jan 1 2019.</p> <p>With Account transfer all enrollment will be in GI and GI goes off System date which would end in being eligible but with a wrong coverage date. The same would be applicable to other scenarios like over the finish line testing and when we extend open enrollment date etc.</p>	CR is on track for R19.4 (5/20/19) implementation.

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RE-LEASE	CR NUMBER	TITLE	RE-QUESTOR	BRIEF DESCRIPTION	STATUS UPDATES for 05/3/2019 AB 1296 MEETING
R19.6	106890	Income Data Quality Enhancements	DHCS	The purpose of this CR is to update the treatment of \$0 income, update how certain income types are counted, update how individuals enter lump sum payments and enhance registered Domestic Partner Relationship reporting.	CR is on track for R19.6 implementation.
R19.6	119408	Non-Compliance Reasons	DHCS	The purpose of this CR is for CalHEERS to provide more detail to SAWS, in the form of eligibility evaluation reasons, when a person is denied or discontinued from MAGI Medi-Cal for existing non-compliance reasons (e.g. failure to apply for Medicare). The additional detail will allow SAWS to automate NOAs and will reduce county workload. The non-compliance reasons were originally included in CR# 81756, Ineligibility Reason Codes for SAWS Notices, before being moved into the new CR# 119408.	CR is on track for R19.6 implementation.
R19.6	139419	Department of Homeland Security Update of I-94 Number to Alphanumeric	DHCS & CovCA	CMS informed CalHEERS that the I94 number was being updated to an alpha numeric field consisting of 9 numeric 1 alpha 1 numeric pattern from a numeric field. CalHEERS is currently only able to accept a numeric 194 number. The intended outcome is that CalHEERS will be able to accept, send and receive an alpha numeric I94 number consisting of 9 numeric 1 alpha 1 numeric pattern on the CalHEERS Portal, via the CalHEERS SAWS-VLP Interface and via the CalHEERS SAWS eHIT interface.	CR is on track for R19.6 implementation.
R19.6	109744	BREfS Phase C - Part 1: Same Day Eligibility Remediation	DHCS & CovCA	Entities and Entity Assisters will make changes to their information only in Salesforce. Entities or Entity Assisters are not allowed to make changes to their information in the CalHEERS Portal and are to have read-only access to those pages. Only users with the approved roles and permissions will be able to complete manual updates directly in CalHEERS.	CR is on track for R19.6 implementation.
R19.6	132282	2019 19.4 Notice Changes	CovCA & DHCS	This change request will improve the NOD01 snippet language related to reasonable opportunity period, consolidating this information into a single section of the notice that is easy to read and understand. It will also update the NOD03 (45 day verification reminder notice) to improve readability and leverage the same changes made to the NOD01. Finally, this change request will update the appeals language to improve readability and clarity for consumers.	CR is on track for R19.6 implementation.
R19.6	126224	2019 19.6 Notice Changes	CovCA & DHCS	The 19.6 notice change request included minor edits to the blended Failure to Reconcile (FTR) snippet, as well as a correction on the Acceptable Documents page.	CR is on track for R19.6 implementation.

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RE-LEASE	CR NUMBER	TITLE	RE-QUESTOR	BRIEF DESCRIPTION	STATUS UPDATES for 05/3/2019 AB 1296 MEETING
R19.6	98352	SEP Electronic Verification Vendor Integration	CovCA	Covered California will be procuring a SEP Electronic Verification Vendor to automate the verification of SEP reasons. The anticipated SEP Electronic Verification Vendor solution will receive data from CalHEERS needed to perform SEP eligibility verification for loss of health insurance coverage. The result of the eligibility verification performed electronically by the vendor solution, with no manual intervention, will be returned to CalHEERS. CalHEERS will need to successfully integrate with the Vendor which will include updates to existing application pages to collect additional data as well as sending and receiving data between CalHEERS and the Vendor.	CR is on track for R19.6 implementation.
R19.6	130289	Updates to Assister Enrollment Entity and Assister Enrollment Entity Admin Permissions	CovCA	This Change Request is to enable all Entity and Counselor information that is captured in Salesforce to be manually synced with the data in CalHEERS by the Entity Admins. Entities and Entity Assisters will make changes to their information only in Salesforce. Entities or Entity Assisters are not allowed to make changes to their information in the CalHEERS Portal and are to have read-only access to those pages. Only users with the approved roles and permissions will be able to complete manual updates directly in CalHEERS.	CR is on track for R19.6 implementation.
R19.6	125678	Updates for Agency and Agent Portals	CovCA	The purpose of this CR is to enable the user to view Agent delegation history in CalHEERS, and perform partial Book of Business transfers with either Agencies or Agents. It will also automate various reports and notifications within CalHEERS for Agency functions.	CR is on track for R19.6 implementation.
R19.7	125109	Implementation of Bounce Back Rule (CFR 435.603(i))	DHCS	The purpose of this CR is to enhance the current Bounce Back Rule functionality. This enhancement will require individuals to meet all other APTC requirements before granting eligibility for MAGI Medi-Cal based on the Bounce Back Rule.	CR is on track for R19.7 implementation.
R19.7	140844	2019 19.7 Notice Changes	CovCA & DHCS	The 19.7 Notice change request will include updates to the NOD38 (Failure to Reconcile Action Notice) so that it will speak to initial applicants, in addition to existing members. This change request will also move the full appeals language in the NOD01 to its own page (to follow immediately after the closing of the letter). The move is part of an effort to de-clutter the actual letter, making it more readable and easier to find important information for the consumer.	CR is on track for R19.7 implementation.

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RE-LEASE	CR NUMBER	TITLE	RE-QUESTOR	BRIEF DESCRIPTION	STATUS UPDATES for 05/3/2019 AB 1296 MEETING
R19.7	108098	Report a Change - User Center Design Updates (UCD)	CovCA & DHCS	This is a UCD effort. This change updates the flow for users performing a Report a Change (RAC). Most of the changes are similar to those made with the Renewal Flow in previous updates. However, additional user testing was performed with consumers and both county and CCA Service Center staff to make additional improvements to the flow and the language. Any updates will be consistent across the RAC and Renewal flows with minor differences in language.	CR is on track for R19.7 implementation.
R19.7	132690	Skip to Final Review and Save & Exit Text Modifications (UCD)	CovCA & DHCS	This is a UCD effort. This change provides CCA Service Center and county staff the ability to skip to the final review when performing RACs to improve efficiency. In addition, language improvements were made to the "Save and Exit" pop-ups.	CR is on track for R19.7 implementation.
R19.7	119301	BREfS Phase C - Technical Updates to separate post-eligibility business logic	DHCS & CovCA	This is a technical change request and it is part 1 of the changes. Part 2 is CR#119303. Currently, the eHIT interface is a single service wherein the Eligibility Determination Request (EDR) operation engages the verification services (VIED) and eligibility business rules engine (BRE) in CalHEERS to return an eligibility determination via the Determination of Eligibility Response (DER) operation. The CalHEERS eligibility determination results must be accepted by counties, since neither the existing eHIT interface, nor the BRE functionality on the CalHEERS portal currently provide a "preview" of eligibility or the ability to override a CalHEERS eligibility determination.	CR is on track for R19.7 implementation.
R19.9	139211	Expansion of Full Scope Medi-Cal for Eligible Young Adults from 19-25 Years of Age Regardless of Citizenship or Immigration Status	DHCS	This CR will implement a proposal in the 2019-2020 Governors Budget (Subject to approval) to provide full scope Medi-Cal to all eligible individuals between 19 and 25 years of age inclusive, regardless of citizenship or immigration status if they meet all Medi-Cal eligibility requirements.	CR is planned for R19.9 implementation for a 1/1/2020 effectuation.

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R19.9	138728	Implementation of changes to Income & Deductions as a Result of the Tax Cuts and Jobs Act 2017	DHCS & CovCA	Certain income and deduction types changes as a result of the Tax Cuts and Jobs Act 2017. CR 138728 updates functionality in relation to the treatment of alimony to align with the Tax Cuts and Jobs Act2017.	CR is planned for R19.9 implementation.
R19.9	136022	2020 Renewals	CovCA & DHCS	This change request includes the annual renewal updates, such as the 2020 required contribution table from IRS. Additionally the eligibility rules will be updated to use the non-ESI MEC verification service to properly determine eligibility for Advanced Premium Tax Credits (APTC) and Cost Sharing Reduction (CSR) and an "informational flag" is being added to transactions to SAWS. This new flag will allow for increased efficiency at the counties during the Covered California Renewals and Open Enrollment Periods when counties receive a large volume of transactions that do not require any county processing.	CR is planned for R19.9 implementation.
R19.9	137942	New CA Subsidy to 600% FPL	CovCA	This change request is to implement the major eligibility rules and related enrollment functionality to support the new California program for consumers with income up to, and including, 600% FPL. More information will follow once the program design has been completed and approved by the Legislators and Administration.	CR is planned for R19.9 implementation.
R19.9	138799	Create Multiple Enrollment Enhancements	CovCA	This CR will implement minor benefit display enhancements for the 2020 Renewal period.	CR is planned for R19.9 implementation.
R19.9	132796	Update GI Product to handle Renewals and SEP During OEP	CovCA	This CR will allow Get Insured to support regulatory requirements of allowing a consumer to report a Special Enrollment Period Qualifying Life Event during Open Enrollment to gain coverage in the current benefit year. This functionality exists in CalHEERS today but needed an enhancement in GI to support after CR119170 Account Transfer Phase I.	CR is planned for 2019 Q3 implementation.
R19.9	139840	2019 19.9 Notice Changes	DHCS & CovCA	This change request will incorporate language around the state subsidy into the NOD01 eligibility notice.	CR is planned for 2019 Q3 implementation.

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R19.x (TBD)	119303	BREfS Phase C - Technical Updates to separate Eligibility and Verification processing	DHCS & CovCA	The CalHEERS system shall only allow the following individuals to enroll in the same Covered CA enrollment group/plan: Married spouses; Registered domestic partners; Biological/adopted/step/certified child under age of 26, including those of Registered Domestic Partners; Disabled adult children of any age (including 26 or above); Siblings under the age of 19.	CR is delayed and will be evaluated and prioritized for after R19.9.
2020	122183	Medi-Cal Deemed Infant and Medi-Cal Access Infant Program Functionality	DHCS	The purpose of this CR is to: 1) Program functionality into CalHEERS for the Deemed Eligibility for Infants program, including SAWS requirements. To allow Deemed Infants to be added to the case of a MAGI Medi-Cal mother while bypassing all tax household information. 2) Provide full functionality to register infants in CalHEERS for the Medi-Cal Access Infant Program (MCAIP) allowing infant(s) (E6/E7) to be added to the case of a Medi-Cal Access Program (MCAP) mother while requiring a MAGI determination at infant registration. 3) Add MCAIP E6/E7 infants eligibility and renewal functionality to CalHEERS.	CR is planned for 2020 implementation.
2020	61104	Plan Dependency Definition	CovCA	The CalHEERS System shall allow multiple primary tax filers with multiple APTC eligibility/amounts on the same case/application. The CalHEERS system shall only allow the following individuals to enroll in the same Covered CA enrollment group/plan: Married spouses; Registered domestic partners; Biological/adopted/step/certified child under age of 26, including those of Registered Domestic Partners; Disabled adult children of any age (including 26 or above); Siblings under the age of 19.	CR is planned for 2020 implementation.
2020	109747	BREfS Phase C - Part 2: Override Eligibility Determination Functionality	DHCS & CovCA	Currently, Counties have the ability to override SAWS and MEDS eligibility but CalHEERS was not programmed to consume that information and apply the updated information in CalHEERS. Under MEDIL I 14-11, DHCS provided “updated guidance on workarounds and system overrides within Statewide Automated Welfare Systems (SAWS) and the California Healthcare Eligibility, Enrollment and Retention System (CalHEERS) that are approved by the Department of Health Care Services (DHCS) for use by county eligibility workers for Medi-Cal eligibility determinations. The purpose of a workaround or override is to ensure implementation and recording of the appropriate eligibility determination when one or more automation system may not accurately implement, record, or display that information.”	CR is planned for 2020 implementation.

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2020	82978	County Inmate Program	DHCS	The purpose of this CR is to allow CalHEERS to accept applications for County MCIEP from the SAWS access channel. County staff will be able to process eligibility for County Inmate Program (Aid Code N7 and N8) and County Compassionate Release/Medical Probation Program (Aid Code K6, K7, K8, and K9).	CR is planned for 2020 implementation.
2020	82920	BREfS Phase D - Separating Verification Service	DHCS & CovCA	Currently, the eHIT interface is a single service wherein the Eligibility Determination Request (EDR) operation engages the verification services (VIED) and eligibility business rules engine (BRE) in CalHEERS. CalHEERS uses VIED to coordinate the verifications responses into the BRE and return an eligibility determination via the Determination of Eligibility Response (DER) operation.	CR is planned for 2020 implementation.
2020	95185	SEP Pre-Enrollment Verification	CovCA	Add verification to verify SEP Reasons before consumers are effectuated in a QHP/QDP.	CR is planned for 2020 implementation.
2020	95184	SEP Dropdown and Workflow	CovCA	The intended outcome is: 1. Update and add to the available SEP reasons, 2. Update and add to the business rules for each existing and new SEP reason and coverage date category, 3. Dynamically display the SEP reasons in the dropdown list based on the user role and application mode, and 4. Update eHIT/SAWS accordingly	CR is planned for 2020 implementation.

Status	Definition
Accenture Access Impact	Once CCB approves the CR to move from "Proposed" to "Accenture Assess Impact", Accenture will analyze based on business requirements and identify initial Rough Order of Magnitude (ROM) cost. In parallel track, the State also conducts its analysis (see State Assess Impact). Once CCB reviews and approves the requirements and cost estimation, the CR status becomes "Approved for Design".
Approved for Design	Once CCB approves for Design, the CR status becomes "Approved for Design". This authorizes Joint Application Design (JAD) sessions to begin where requirements are reviewed and designs of the system functionalities are documented. The output from the JADs is the final design document for the CR.
Approved for Implementation	Once the design artifacts are signed off by the sponsor(s), the CalHEERS State staff will verified and updated cost information and present to CCB for final approval. Once CCB approves, the CR status becomes "Approved for Implementation".
CCB Review	The Change Control Board (CCB) consists of three voting members; they are the Project Director of CalHEERS, the Chief Tecnology Officer of Covered CA, ad the Chief Information Officer of Department of Health Care Services). As CRs enter each phase of the Software Development Life Cycle (up to Build), they are presented to the voting members for review and approval. When a CR are presented to the Change Control Board (CCB) for approval, any actions items related to the CR are captured and mitigated prior to CCB determining approval/non-approval.
Closed	All work completed, verified, and invoiced.
Mitigated	This status identifies items that are reported as 'in the system'; however, there were no requirements or artifacts that reference the solution. As such, until the State receives documentation and the resolution is reviewed and approved, the changes remain in "Mitigation" status.
New	After following internal governance process, the sponsor (DHCS or Covered CA) or CalHEERS initates the Change Request (CR). The CR is created and recorded in the CalHEERS Project's change request tracking system. The CR status becomes "New".
Proposed	After creating and recording the CR, additional details are added to the CR by the CalHEERS business analyst(s), and an email is sent to the CalHEERS' State Change Control Lead. The CR status is changed to "Proposed" where the next step is for the Change Control Board to review and approve.
State Access Impact	Once CCB approves the CR to move from "Proposed" to "State Assess Impact", the State will analyze impact and determine readability. In parallel track, Accenture also conducts their analysis (see Accenture Assess Impact). Once CCB reviews and approves the requirements and cost estimation from Accenture, the CR status becomes "Approved for Design".

Acronym	Definition
ACA	Affordable Care Act
ACWDL	All County Welfare Directors' Letter
AE	Accelerated Enrollment
AIM	Access for Infants and Mothers (now know as Medi-Cal Access Program)
APTC	Advanced Premium Tax Credit
AR	Authorized Representative
ASHS	Applicable State Health Subsidy
BDA	Beginning Date of Aid
BI	Business Intelligence
BPEL	Business Process Execution Language
BRE	Business Rules Engine
BSD	Business Service Definition
CalHEERS	California Healthcare Eligibility, Enrollment, and Retention System
CalHSMI	CalHEERS / SAWS / MEDS Interface
CalWIN	One of the three SAWS, provides service to 18 counties
CalWORKS	California Work Opportunities and Responsibility for Kids
CCHIP	California Children's Health Insurance Programs
CDSS	California Department of Social Services
CE	Continuous Eligibility
CEC	Continuous Eligibility for Children
CEE	Certified Enrollment Entity
CEW	Certified Eligibility Worker
CFR	Code of Federal Regulations
CIA	Certified Insurance Agent
CIN	Client Index Number
C-IV	One of the three SAWS, provides service to 39 counties
CMS	Centers for Medicare & Medicaid Services
CPP	Consumer Protection Programs
CSR	Cost Sharing Reduction
CWDA	(CA) County Welfare Directors Association
DE	Deemed Eligibility
DER	Determination Eligibility Response
DHCS	Department of Health Care Services
DMV	Department of Motor Vehicles
DSH	(Federal) Data Services Hub
ECM	Enterprise Content Management
EDR	Eligibility Determination Request
eHIT	Electronic Health Information Transfer
eICT	Electronic Inter-County Transfer Interface
ESB	Enterprise Service Bus
EW	Eligibility Worker
FFC	Former Foster Care
FFM	Federally Facilitated Marketplace
FPL	Federal Poverty Level

Acronym	Definition
GI	General Inquiry
HCO	Health Care Options
HTTP	HyperText Transfer Protocol
HTTPs	HyperText Transfer Protocol Secure
HX	Health Exchange and Medi-Cal Interface (HEMI) Transaction
IAP	Insurance Affordability Program
ICD	Interface Control Document
ICT	Inter County Transfer
IDD	Interface Design Document
IFSV	Income and Family Size Verification
INS	Immigration and Naturalization Service
IRS	Internal Revenue Service
JAD	Joint Application Design
LEADER	One of the three SAWS, provides service to Los Angeles county
LP	Lawful Presence
LRS	Leader Replacement System
M/C	Medi-Cal
MAGI	Modified Adjusted Gross Income
MEC	Minimum Essential Coverage
MEDS	Medi-Cal Eligibility Data System
MOE	Maintenance Of Effort
NA Back 9	A universal back page to be used on all NOAs for Medi-Cal, CalWORKS, and/or CalFresh.
NOA	Notice of Action
NOD	Notice of Deficiency
NQI	Newly Qualified Immigrants
OBIEE	Oracle Business Intelligence Enterprise Edition
OPA	Oracle Policy Administration
OTech	Office of Technology Services (under California Department of Technology)
PA	Public Assistance
PAI	Projected Annual Income
PBE	Plan-Based Enroller
PII	Personally Identifiable Information
PMPM	Per Member Per Month
PRUCOL	Permanently Residing Under Color of Law
QHP	Qualified Health Plan
QNC	Qualified Non-Citizen
RIDP	Remote Identify Proofing
RRV	Renewal and Redetermination Verification
SAWS	Statewide Automated Welfare System
SBM	State-Based Marketplace
SCR	Service Center Representative
SFTP	Secure File Transfer Protocol
SLA	Service Level Agreement

Notice of Decision?

Acronym	Definition
SOAP	Simple Object Access Protocol
SOC	Share of Cost
SSA	Single Statewide Application
SSI/SSP	Supplemental Security Income/State Supplementary Payment
SSL	Secure Sockets Layer
SSN	Social Security Number
TBD	To Be Determined
TMC	Transition Medi-Cal
UAT	User Acceptance Testing
UI	User Interface
VLP	Very Lawful Presence
XML	Extensible Markup Language