



Federal Data Services Hub (Federal DSH) Release 11, Sprint 31 Account Transfer (AT) Service Release Notes - Updated

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Federal DSH Release Notes Template

Section 508
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1 Introduction

This document presents an update to the July 2014 Release Notes for the Federal Data Services Hub (Federal DSH) Account Transfer (AT) Service Release 11, Sprint 31.

See

Appendix B - Referenced Documents for a list and description of documents this document references or that are applicable to the development and use of this document.

Note: These Release Notes reflect requirements defined to date and are subject to change. In consuming these artifacts, States must factor in the need to accommodate future changes as requirements finalize. States must be cognizant of the Centers for Medicare & Medicaid Services (CMS) change management process and work closely with CMS to stay abreast of updates. CMS provides artifact changes as part of future quarterly updates. CMS documents a Revision History so recipients of updated artifacts can identify changes from one revision to another.

2 Account Transfer Service

The AT Service facilitates the transfer of an account from the Federally Facilitated Marketplace (FFM) to Medicaid/Children's Health Insurance Program (CHIP) and from Medicaid/CHIP to the FFM for an eligibility determination.

This document presents only those changes made by the Federal DSH Team, or the Team, to data AT Service architecture artifacts since the July 2014 draft release of AT Business Service Definition (BSD) 2.3.2. For changes made to the AT Service between October 2013 (BSD 2.3) and July 2014 (BSD 2.3.2 draft), see the July 2014 release notes.

The purpose of this release is to fix defects discovered in early integration testing with States to differentiate between State-initiated Inbound Requests and Outbound Responses and the State deferred responses to previous Outbound Requests from FFM. The so-called Inbound only changes described in the previous Release 11, Sprint 33 AT Release Notes are only applied to Inbound Requests and not to Outbound Responses (although both are sent from States to FFM). Changes fall into these categories:

- Schematron Rules (changes to the previous Schematron file in the draft 2.3.2 release)
- Mapping Spreadsheet (data element tables, primarily to match Schematron changes)
- New Sample Payloads (to illustrate the latest Schematron changes)

Important Note: There are no changes to the AT Service Extensible Markup Language (XML) Schema. Therefore, the version number within the AT Service XML Schema, indicated by the `ext:atVersionText` attribute of the root element, has not changed; version number 2.3 still applies. However, the overall AT BSD version number is 2.3.2 to distinguish it from the major version number 2.3 release of October 2013 and the minor update (documentation and samples only) in January 2014.

2.1 Changes to Mapping Spreadsheet to Align with Schematron Updates

This section provides details regarding changes to the AT Service mapping spreadsheet to align with the Schematron updates. The most recent changes are represented in green font in the mapping spreadsheet.

2.1.1 Primary Contact Tab

The Primary Contact tab included the following changes:

- Modified condition (in column D) for State Code and ZipCode
- Modified description (in column C) for Phone Number

2.1.2 Eligibility Tab

The Eligibility tab included the following changes:

- Modified description (in column C) for Medicaid Eligible Inconsistency Reason

2.1.3 Verification Tab

The Verification tab included the following changes:

- Modified minimum length (in column F) to minimum of 1 for Response Code

2.2 Other Miscellaneous Changes to Mapping Spreadsheet

This section provides details regarding other changes to the AT Service mapping spreadsheet made for clarity or corrections not related to the Schematron changes. The changes are also represented in green font in the mapping spreadsheet.

2.2.1 Insurance Application Tab

The Insurance Application tab included the following changes:

- Corrected XPath for Medicaid Determination Indicator

Note: There is no change to the XPath.

2.2.2 Applicant Tab

The Application tab included the following changes:

- Updated condition (in column D) for City Name, State Code, and Zip Code

2.2.3 Household Member Tab

The Household Member tab included the following changes:

- Updated condition (in column D) for Employer Street1, Employer City, Employer State Code, and Employer Zip Code

2.3 Sample AT Service Messages

Although the release includes over 75 XML samples with corresponding, navigable portable document format (PDF) versions, the Team created several additional samples to test against the updated Schematron edits.

2.3.1 New Samples

Table 1 - New AT Samples presents sample messages and descriptions that illustrate the recent Schematron edits.

Table 1 - New AT Samples

Sample Message	Description
ErroneousInboundPayload	<p>This is an erroneous State-initiated Inbound payload. The purpose of this sample is to highlight the changes to make Schematron edits more permissive for Outbound Responses. If this payload was an Outbound Response, it would run successfully. As this is an Inbound transfer, it will fail. The rules on the following elements were changed:</p> <ul style="list-style-type: none"> • EligibilityInconsistencyReasonText • InsuranceApplicantParentAverageHoursWorkedPerWeekValue • LocationPostalCode • TelephoneNumberFullID
SuccessfulOutboundResponsePayload	<p>This is an Outbound Response payload, which has the same content as the ErroneousInboundPayload besides the portions that identify the payload as an Outbound Response. As this is an Outbound Response, as opposed to an Inbound transfer, it will run successfully. This sample highlights the changes to make Schematron edits more permissive for Outbound Responses. The rules on the following elements were changed:</p> <ul style="list-style-type: none"> • EligibilityInconsistencyReasonText • InsuranceApplicantParentAverageHoursWorkedPerWeekValue • LocationPostalCode • TelephoneNumberFullID
OutboundResponsePayload_Date	<p>This is an Outbound Response that has a Date (YYYY-MM-DD) value in the Application Creation and Application Submission elements. This is a successful payload.</p>
OutboundResponsePayload_DateTime	<p>This is an Outbound Response that has a DateTime (YYYY-MM-DDTHH:MM:SSZ) value in the Application Creation and Application Submission elements. This is a successful payload.</p>
OutboundResponsePayload_EmptyDates	<p>This is an Outbound Response that has empty Application Creation and Application Submission elements. This is a successful payload.</p>
OutboundResponsePayload_NoActivityDate	<p>This is an Outbound Response that has no nc:ActivityDate present in hix-core:ApplicationSubmission and hix-core:ApplicationCreation. It is a negative scenario that will fail Schematron validation.</p>
OutboundResponsePayload_Year	<p>This is an Outbound Response that has a Year (YYYY) value in the Application Creation and Application Submission elements. This is a successful payload.</p>
OutboundResponsePayload_YearMonth	<p>This is an Outbound Response that has YearMonth (YYYY-MM) value in the Application Creation and Application Submission element. This is a successful payload.</p>

2.4 AT Service XML Schema Changes

There are no XML Schema changes since the October 2013 Release (BSD v2.3). There were also no changes to the XML Schema since the July 2014 AT 2.3.2 draft release. Set the ext:atVersionText attribute to 2.3; no other value is valid.

2.5 AT Service Schematron Changes

Table 2 - Schematron Changes presents AT Service Schematron changes to differentiate state-initiated Inbound Requests from the state's deferred responses to previous Outbound Requests from FFM. The so-called Inbound only changes, that were described in the previous Release 11, Sprint 33 AT Release Notes, are only applied to Inbound Requests and not to Outbound Responses (although both are sent from states to FFM).

Table 2 - Schematron Changes

Schematron Rule (Message)	Applies to Inbound	Applies to Outbound Response	Applies to Outbound
nc:LocationPostalCode is required (and cannot be nilled) in the address of the primary contact person if the country code is USA (or if country code is absent in the case of an in-bound transfer) [exch:AccountTransferRequest/hix-core:Person/hix-core:PersonAugmentation/hix-core:PersonContactInformationAssociation/hix-core:ContactInformation/nc:ContactMailingAddress/nc:StructuredAddress/nc:LocationPostalCode]. Note: The overall address rule applies to Primary Contact regardless of direction of flow. However, the proposed change is that nc:LocationPostalCode will only be required for State-initiated Inbound Requests (if Country Code is USA or absent).	Yes	No	No
nc:TelephoneNumberFullID must contain only numbers	Yes	*No	No
hix-ee:InsuranceApplicantParentAverageHoursWorkedPerWeekValue must be between one and three characters long.	Yes	*No	No
hix-ee:EligibilityInconsistencyReasonText must be a three-digit number.	Yes	*No	No
hix-ee:ReferralActivityEligibilityReasonReference is required in hix-ee:ReferralActivity if the hix-ee:ReferralActivityStatusCode is initiated and the transfer is sent from the State to the FFM.	Yes (no change)	No (no change)	No (no change)
hix-core:ResponseCode must be between four to eight characters long.	*Yes, but change to one to eight characters	*Yes, but change to one to eight characters	*Yes, but change to one to eight characters

Note:

- An asterisk and bolded text indicates change from the July 2014 AT BSD 2.3.2 Schematron.
- Although there is no change needed regarding the rule for hix-ee:ReferralActivityEligibilityReasonReference, it is listed here because it refers to State-initiated Inbound transfers.

Appendix A - Glossary of Terms, Acronyms, and Definitions

Table 3 - *Glossary of Terms, Acronyms, and Definitions* provides terms, acronyms, and associated definitions for terms and acronyms in this document.

Table 3 - Glossary of Terms, Acronyms, and Definitions

Term	Acronym	Definition
Account Transfer	AT	This service facilitates the transfer of accounts from the requestor to Medicaid/CHIP or from Medicaid/CHIP to the requestor for eligibility determination.
Business Service Definition	BSD	A BSD is an iterative and interactive exercise that provides detailed definition of business services on a conceptual level. An organization defines a business service with strong business involvement, and transfers sufficient knowledge to the business to enable the business to generate advantage out of service oriented architecture-enabled flexibility.
Centers for Medicare & Medicaid Services	CMS	CMS is a federal agency within the U.S. Department of Health and Human Services that administers the Medicare program and works in partnership with State governments to administer Medicaid, the State Children's Health Insurance Program, and health insurance portability standards.
Children's Health Insurance Program	CHIP	CHIP is a program HHS administers that provides matching funds to States for health insurance to families with children. The program covers uninsured children in families with incomes that are modest but too high to qualify for Medicaid.
Extensible Markup Language	XML	XML is a set of rules for encoding documents in a machine-readable format.
Federal Data Services Hub	Federal DSH	The Federal DSH, or the Hub, helps States verify the income, citizenship, and other information about individuals when they seek health coverage through health insurance marketplaces and for Medicaid and Children's Health Insurance Programs.
Federally Facilitated Marketplace	FFM	An FFM serves the needs of individuals within states where those States do not have their own State-run health insurance marketplace.
Government Printing Office	GPO	The GPO is an agency of the legislative branch that provides printing and binding services for Congress and the departments and establishments of the Federal Government.
Medicaid	N/A	Medicaid is the federal system of health insurance for people requiring financial assistance.
Patient Protection and Affordable Care Act	PPACA	The PPACA (also ACA) reforms certain aspects of the private health insurance industry and public health insurance programs, including increasing insurance coverage of pre-existing conditions and expanding access to insurance to Americans, while mandating an increase in total national medical expenditures.

Term	Acronym	Definition
Plain Writing Act of 2010	N/A	The Plain Writing Act of 2010 requires that federal employees use plain writing in every document the agency issues or substantially revises.
Portable Document Format	PDF	PDF is an open standard for document exchange.
Quality Software Services, Incorporated	QSSI	QSSI headquarters is in Columbia, MD with offices in Baltimore, MD, Herndon, VA, Columbia, SC, and Hyderabad, India. QSSI delivers a broad range of solutions, with particular expertise in Security and Privacy, Software Engineering, and Health Information Technology.
Schematron	N/A	Schematron is a rule-based validation language for making assertions about the presence or absence of patterns in Extensible Markup Language trees.
Section 508	N/A	Section 508, of the American Rehabilitation Act, is a federal law mandating electronic and information technology (including documents) developed, procured, maintained, or used by the federal government be accessible to people with disabilities.
Statement of Work	SOW	An SOW is a formal document that captures and defines the work activities, deliverables, and timeline a vendor executes in performance of specified work for a customer.

Appendix B - Referenced Documents

Appendix B - Referenced Documents lists documents and standards this document references or that are applicable to the development of this document.

Table 4 - Referenced Documents

Document Name	Date
Assuring Access to Affordable Coverage - Medicaid and CHIP Final Rule http://www.medicaid.gov/AffordableCareAct/Provisions/Downloads/MedicaidCHIP-Eligibility-Final-Rule-Fact-Sheet-Final-3-16-12.pdf	March 16, 2012
Federal DSH AT BSD DSH_RD_BSD_Account_Transfer	September 2014
Federal DSH Eligibility Data Structure in AT Service DSH_ARC_SUPP_AT_Eligibilities	March 2014
FEPS DSH Statement of Work (SOW) - Modification 8 DSH_Mod_8_SOW	April 15, 2014
Making Documents Section 508 Compliant http://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/Section508/index.html	April 26, 2012
Patient Protection and Affordable Care Act (PPACA) http://www.gpo.gov/fdsys/pkg/BILLS-111hr3590enr/pdf/BILLS-111hr3590enr.pdf	March 23, 2010
Plain Writing Act of 2010 http://www.plainlanguage.gov/plLaw/law/index.cfm	2010
References, Roles, and Metadata in AT Service DSH_ARC_SUPP_AT_RefRoleMD	March 2014
Section F Deliverables DSH_Section_F_Deliverables_20121106	November 06, 2012
U.S. Government Printing Office (GPO) Style Manual (30th Edition) http://www.gpoaccess.gov/stylemanual/browse.html	2008
Understanding AT Service Data Definition Artifacts DSH_ARC_SUPP_AT_Artifacts	April 2014

Appendix C - Record of Changes

Table 5 - Record of Changes

Version	Date	Revision/Change Description
1.0	July 2014	DEV_ARC_RN_AT_R11_S31
2.0	October 2014	<p>DEV_ARC_RN_AT_R11_S31_v2_0</p> <p>Various font, grammatical, punctuation, shading, formatting, date, version, pagination, glossary, and alignment corrections</p> <p><i>Added Section 2.1 - Changes to Mapping Spreadsheet to Align with Schematron Updates</i></p> <p><i>Added Section 2.2 - Other Miscellaneous Changes to Mapping Spreadsheet</i></p> <p><i>Added Section 2.3.1 - New Samples</i></p> <p><i>Updated Table 2 - Schematron Changes</i></p>

Appendix D - Approvals

Table 6 - Approvals

Document Approved By	Date Approved
Name: Joanne Roberts, Requirements Manager - QSSI	Date

This electronic signature represents authorization for the Quality Software Services, Incorporated (QSSI) Federal DSH Team to use QSSI and project resources to perform tasks in association with the successful completion of these Release 11 Sprint 31 Service Notes and subsequent process improvement initiatives and activities.