

Impacts to my|CalPERS Processes and Systems

Source: CalPERS Information Technology Services Branch

my|CalPERS is the centralized Information Technology (IT) system for all health program enrollment administrative data and functions. Each sub-category is assigned a level of effort rating of High, Medium, or Low based on the effort required to complete system design, development, and test. The table below provides further explanation for these ratings.

Note: The scope of this assessment is limited to my|CalPERS system changes only. It does not include the impacts to laws and regulations, business policies, or operational processes. This assessment does not replace the need to perform a detailed analysis of programming requirements, functional and technical design, effort and cost.

- **High (H)**
 - Indicates that the entire foundation of the sub-category would need to be changed, likely resulting in unexpected impacts to the rest of the Health subsystem potentially leading to regression issues that would need to be addressed.
 - Considered a core function that would require significant redesign, rewrite, and retest.
- **Medium (M)**
 - Indicates that significant changes would need to be made to a sub-category but that the underlying foundation could possibly remain untouched. The likelihood of unexpected impacts to the Health subsystem would be lower.
 - This would include logic changes to determine if someone is no longer eligible for a Health plan based on their Medicare Enrollment or updating how eligibility is determined based on an individual's address instead of their family.
- **Low (L)**
 - Indicates that some changes would be needed to be made to a sub-category but that the changes would not impact the foundation and could be made with a relatively low impact to the Health subsystem.
 - This could require updating validations to allow carriers to include Basic-only or Medicare-only plans.

Impacts to my CalPERS Processes and Systems	
Health Subsystem	Level of Impact
Carrier	
Plans	M
Rates	H
Service Area	L
Register	H
Employer	
Contracts	L
Standard/Custom Formulas(Contributions)	H
PA Billing	L
SPS400 - Processes Health premiums based on new Health carrier rates	H
Forms	M

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Health Subsystem	Level of Impact
Member/Roll	
SPS401 - Calculates employer and employee shares based on premium rates and employer contract amendments - Determines prepaid account maintenance	H
SPS2870 - Creates monthly payment method records	H
Benefit Roll	M
Flex Funding	M
Capitation	M
Enrollment UIDs	H
Manual Deductions UIDs	M
SPS796 - Creates Health Event/Reason transaction records	H
Deduction Calculations	H
CAPP	H
Eligibility Zips	M
Forms (50+)	H
Other Health batch processes (10+)	H
Financial & PeopleSoft	H
Interfaces	
Enrollment (1)	L
ANSI (1)	H
CMS/VDSA (6)	H
SCO Deductions (1)	L
STRS (4)	H
Carrier Zip (1)	M
IVR (1or 2)	M
Data Conversion/Architecture	
Programming	H
MSS	
Home page and Health enrollment pages	H