Release 1149

Service Request 13286
Move Employees from FHP Health Care to PacifiCare

Service Request 13287
Eliminate Grandfathered AD&D Amounts

Test Plan

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**BATCH TESTING:**

1. **LOADEDDB.** Load the test EDB. This contains employees enrolled in FHP Health Care (plan code HG) with dependents, some of which are covered for medical and some which are not. It also contains employees with grandfathered AD&D amounts.

2. **RUN150.** Load the VSAM CTL file. This contains the Data Element Table updates. Transactions are also provided with the release if you wish to test them.

3. **LOADCTL.** Load the test CTL. This contains the Data Element Table updates.

4. **LOADHDB.** Load the test HDB. Aside from employee ID agreement with the test EDB, the actual HDB content is not crucial. PPP742 will fail however if an EDB test case on the EDB change file out of the one-time has an ID that is not on the HDB.

5. **RUN250A.** Run PPP250 to provide a listing of the entire test EDB. The SPUFI lists created during the runs of the one-time program can be used to focus on ID’s that should be changed by the one-time program.

6. **RUNOT.** Run the one-time in non-update mode. The reports are produced in both the non-update and update mode. The non-update mode can be used by the campuses to review the predicted results before updating the EDB. SPUFI lists are created before and after the run of PPOT1149 to show that the EDB has not changed, i.e. the SPUFI lists are the same before and after.

   - **SPUFI #1.** This is a SPUFI list of all the employees in Medical Plan Code HG. All these employees should be updated for Medical Plan Code (DE 0292), Plan Coverage Effective Date (DE 0294) and Employee Coverage Effective Date (DE 0454). No other employee ID’s should be updated for these data elements.

   - **SPUFI #2.** This is a SPUFI list of the dependents and medical Dependent Coverage Effective dates. (DE 0639). The Dependent Coverage Effective Dates should be updated only if they are non-initial values, i.e. the dependent is covered for medical.

   - **SPUFI #3.** This is a SPUFI list of all employees with non-standard AD&D amount. ALL of these employees should be updated for AD&D amount (DE 0280). No other employee ID should be updated for this data element.

   - **OT11491** reports those employee’s that will have their Medical Plan Code defaulted from HG to FP. The ID’s and count on the OT11491 report should match the SPUFI #1 list.
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- OT11492 reports those employees that will have a grandfathered AD&D amount defaulted to the next higher standard AD&D amount. The ID’s and count on the OT11492 report should match the SPUFI #3 list.
- The OT11493 report should show that it was run in non-update mode.

**SPUFI #1B.** Should be the same as #1 since no update occurred.
**SPUFI #2B.** Should be the same as #1 since no update occurred.
**SPUFI #3B.** Should be the same as #1 since no update occurred.

7. **RUNOTU.** Run the one-time in UPDATE mode.

- The SPUFI #1, #2 and #3 lists should be the same as in non-update mode.
- The OT11491 and OT11492 reports should be the same as in the non-update run.
- The OT11493 report should show that it ran in update mode.

- The SPUFI #1B, #2B and #3 reports should no longer find any employees with the HG Medical Plan Code or non-standard AD&D amounts after the update.

- The PPP1800 report displays the data on the EDB change file created by the one-time program.
  - All the ID’s on the SPUFI #1 report and report OT11491 should have changed Medical Plan Code (DE 0292), Plan Coverage Effective Date (DE 0294), and Employee Coverage Effective Date (DE 0454). The new plan should be FP; the new dates should be 1998-01-01.
  - For any ID on SPUFI #2 with a non-initial Dependent Coverage Effective Date for medical, there should be a change to Dependent Coverage Effective Date (DE 0639). The new date(s) should be 1998-01-01.
    - Note for example ID 000050002 which has three dependent rows, but only dependent 01 has a non-initial DCED for medical, so there is only one update of DE 0639.
  - All of the ID’s on SPUFI #3 and on one-time report OT11492 should have a change to the AD&D amount (DE 0280). The new value should be the next highest standard amount in every case.

- The SPUFI #1C and #2C now show employees with Medical Plan Code FP, the default plan. The ID’s should be the same as in the SPUFI #1 and #2 reports. The plan codes and coverage effective dates should all be updated to the new default values.
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8. **RUN742**: Run PPP742 to update History with the change file created from the one-time program. The data elements changed in the PPP7421 report should match the one-time report totals and SPUFI totals. Two SPUFI reports are created after the HDB update.

   - The SPUFI #1 list shows updated rows from the History Benefit Table (PPPHBN). The changed ADD Principal Sums, Medical Plan Code, and Employee and Plan Coverage Effective Dates should reflect the updates in the one-time.
   - The SPUFI #2 list shows updated rows from the History Dependents Table (PPPHDP). The changed medical Dependent Coverage Effective Dates should reflect the updates in the one-time.

9. **RUN250B**: Run a copy of the PPP2501 report of the changed EDB if you wish to perform further checking.

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ONLINE TESTING:

Online can be used to test the updates of the Data Element Table and Helptext.

1. Logon onto the DPPP CICS region and access the Online Applications Main Menu.

Result: The Online Applications Main Menu screen appears.

2. Enter EINS in NextFunc and any employee ID, and press Enter.

Result: The EINS EDB Entry/Update Insurance Enrollment screen should appear.
This screen contains both the Medical Plan Code field and the AD&D Principal Sum fields.


Result: The field should be highlighted, and message “P0601 Field out of range or illegal value” should be issued.

4. Enter any valid value in the Medical Plan Code field, and press Enter.

Result: Message “U0001 Input accepted” should be issued.

5. Enter any grandfathered value in the AD&D Principal Sum field, and press Enter.

Result: The field should be highlighted, and message “P0601 Field out of range or illegal value” should be issued.

6. Enter any valid value in the AD&D Principal Sum field, and press Enter.

Result: Message “U0001 Input accepted” should be issued.

10. Move the cursor to the Medical Plan Code field, and press PF1.

Result: The new Help Text for data element 0292 should appear. HG should no longer appear as a valid code. It should appear in the list of previous codes.

11. Press PF3 to get out of Help, move the cursor to the AD&D Principal Sum field, and press PF1.
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Result: The new Help Text for data element 0280 should appear. The grandfathered AD&D amounts should no longer appear as a valid values.

THIS ENDS THE ONLINE TESTING