Release 1189

Error Report 1561
Pending Premium Default Plan Codes

Test Plan

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BATCH

1. LOADEDDB. Load the test EDB.

   NOTE: the testing of the one-time program involves a “real time” process, i.e. PIE End date is compared to the current date. One of the test cases involves a PIE End Date that has not been achieved by one day (see ID 000050041 in RUNOT below). Obviously, the value of the PIE End Date on the released test EDB will not work at the time of local testing. Some tool such as SPUFI should be used to change the PIE End Date to an appropriate value for the day the testing is being done.

2. LOADCTL. Load the test version of the DB2 CTL. This already contains the Processing Group Table updates.

3. RUN250A. Print the PPP2501 Data Base Record Display for the test cases.

4. RUNOT. The one-time program can be run in non-update and update mode; a report is generated in either mode. Run the one-time program in non-update mode. Confirm on the OT11892 report that the EDB Update option was not selected.

   The one-time report shows the projected updates. It should display any employee that has at least one pending premium plan code, i.e. DM, DD or DV, on either the PPPBEN row as the current health plan code, or on a PPPPPA row as a pending premium plan code.

   • 000050017 has no default pending codes, as the employee has opted out of all three plans.

   However, there are three PPA rows with default pending DM for medical, DD for dental and DV for Vision. They should be reported as deleted. This proves that ID’s are selected based on PPA row plan codes.

   • 000050020 has one default pending code, DV for Vision. It should be changed to VI

   There are two PPA rows. Since the employee is opted out of medical, there should not be any medical PPA rows with the default DM code. They should be reported as deleted. The Dental plan is not the default pending code DD, so there should not be any PPA rows with the default pending DD code. They should be reported as deleted. This shows that PPA rows with default pending values will be deleted whether or not the benefit plan required conversion.
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- 000050041. The PIE End Date is 06/07/98. At the time of this test run, 06/09/98, the PIE End Date was not more than two days old. Therefore this ID was not processed even though it has a default pending vision plan of DV and a PPA row with a DV plan code.

- 000050043 has one default pending code, DV for Vision. It should be changed to VI. There should not be any PPA rows with the default pending DD code. They should be reported as deleted. This shows that PPA rows with default pending values will be deleted whether or not the benefit plan required conversion.

- 000050053 has all three default pending plan codes. DM should be changed to CM, DD to D1, and DV to VI. This shows that default pending plan codes will be converted even if there are no PPA rows to convert. It shows that ID’s will be selected even if there are no PPA rows with default pending codes.

- 000058888 has one default pending code, DV for Vision. It should be changed to VI. There should not be any dental PPA rows with the default DD or DV code. They should be reported as deleted. The medical rows, however, have already been converted to the FP plan code. They should remain for normal processing, and therefore should not be reported as deleted.

5. RUNOTU. Run the one-time program in update mode. Confirm on the OT11892 report that the EDB Update option was selected.

The report should be exactly the same as when run in non-update mode.

The PPP1800 report shows the changes reported on the EDB Change File. The plan code changes have been audited, i.e. written to the ECF, and all of them should appear. The PPA changes have not been audited and therefore do not appear in this report. The one-time also updates the Employee-Changed-At field in order to trigger IVR update, but it is also not audited and therefore does not appear in this report.

6. RUN250B. Print the PPP2501 Data Base Record Display for the test cases after the one-time.

All the plan code changes and PPA row deletions should be reflected.

In addition, the Employee-Changed-At field (DE 0134) should reflect the run time and date of the one-time for all the test cases except 000050041 which was bypassed due to PIE End Dated, and 000050017 which only had PPA rows deleted.
1. Logon to CICS and access the main PPS menu.

Result: The Online Applications Main Menu screen appears.

2. Enter HIRE in NextFunc, and press Enter.

Result: The Employee Identification screen appears.

3. Proceed through the HIRE bundle, entering a Hire Date that is 31 days prior to today’s date.
   The 31 day value assumes that the System Parameter 075 (PIE Days) being used is set to 30, as in Base. **Do not enter any health plan codes.** Press PF5 and proceed through the final update.

Result: The Employee Identification screen re-appears with the message U0007 “Update process complete”.

4. Press PF3 to exit the Hire bundle process. Enter EINS in NextFunc, and the ID of the employee just hired, and press Enter.

Result: The Insurance Enrollment screen appears. The medical plan should be CM, the dental D1 and the Vision VI. This is because the Hire Date was 31 days prior, and therefore the derived PIE End date was 1 day prior to today, so the default pending codes have been ignored and actual default plan codes used.

5. Enter HIRE in NextFunc, and press Enter.

Result: The Employee Identification screen appears.

6. Proceed through the HIRE bundle, entering a Hire Date that is 30 days prior to today’s date.
   The 31 day value assumes that the System Parameter 075 (PIE Days) being used is set to 30, as in Base. **Do not enter any health plan codes.** Press PF5 and proceed through the final update.

Result: The Employee Identification screen re-appears with the message U0007 “Update process complete”.

7. Press PF3 to exit the Hire bundle process. Enter EINS in NextFunc, and the ID of the employee just hired, and press Enter.
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Result: The Insurance Enrollment screen appears. The medical plan should be DM, the dental DD and the Vision DV. The Hire Date was 30 days prior, and therefore the derived PIE End date was today, so the default pending codes have been used. Default pending codes will be used whenever the PIE End Date has not been passed.

Further tests can be made with different BELI codes, plan optouts and explicit plan selection to confirm that the default codes are only used when the PIE End Date is equal to or greater than today, and no health plan code has been selected when allowed by BELI level.

THIS COMPLETES THE ONLINE TEST