Follow-up Items for HIPAA

Release 1281, dated April 7, 2000, provided enhancements to the Payroll/Personnel System to support implementation of the Health Insurance Portability and Accountability Act (HIPAA). Among these enhancements were the ability to record end dates for medical, dental, vision, and legal enrollment, and the ability to record future enrollments and have them 'automatically' go into effect on the date specified. Subsequent to that release, the need for additional modifications, not specified in the original requirements, have been identified.

Following are the requirements for several additional modifications to PPS.

1. Dependent Coverage End Dates Derivation

Release 1281 provided a one-time program that looked for dependents becoming over age in the next two months, and set the Dependent Coverage End Dates to the end of the month in which the dependent would become over age.

Campuses have reported that in some cases coverage level is not being re-derived by the EDB Daily Maintenance process when the Dependent Coverage End Date is achieved. It has been determined that the reason for this is that the one-time program did not set the Next Future Benefits Action Date. Therefore, Daily Maintenance is not triggered to examine dependent end dates and perform re-derivations.

To address this problem, a one-time program must be provided to deal with cases where the dependent end date has already been set by the one-time program.

One-Time Program

Assumptions: The one-time program was run immediately after EDB Monthly Maintenance to begin June, per the release instructions. It therefore set dependent coverage end dates for dependents turning over age in June or July 2000. The one-time to correct coverage level can therefore look only at employees who have dependents with coverage end dates of 6/30/00 or 7/31/00.
A one-time program should be provided to evaluate Dependent Coverage End Dates and re-derive Plan Coverage Level when necessary.

The one-time should select all employees where one or more dependent has a Medical, Dental, Vision, or Legal Coverage End Date of 6/30/00 or 7/31/00. For each of these employees, derivation of Coverage Level should be performed if all the following are true:

- the Plan Code is not ‘XX’, ‘XC’ or ‘XD’ or blank, and
- the Plan Coverage Effective Date is equal to or earlier than the Dependent Coverage End Date, and
- the Plan Coverage End Date is equal to or later than the corresponding Dependent Coverage End Date

If the derived coverage level is different from the value on the EDB, the Coverage Level should be set to the correct value. Note that if the program changes the Plan Coverage Level, the Plan Coverage Effective Date should be set equal to the Dependent Coverage End Date plus one day.

If the Plan Coverage level is changed, the corresponding entry in the FCB table should be end dated with a date equal to the Dependent Coverage End Date. A new entry equivalent to the new current entry should be made, with a reason code of ‘CV’ (coverage level change).

Alternately, if it is determined that there may be cases with end dates other than 6/30/00 and 7/31/00 with incorrect coverage levels, the one-time could use the System Control Record date to select employees, as follows:

The one-time should use the System Control Record (SCR) date that indicates when the last daily process was run.

For any Dependent Coverage End Date that is equal to or prior to that date, the one-time should look at the Plan Code, Coverage Effective Date, and Coverage End Date for the corresponding plan, coverage level derivation should be performed as outlined above.

2. **Modify Benefits Eligibility Level Control Reports (PPP650n)**

The Benefits Eligibility Level Control Reports produced by program PPP650 indicate whether or not an employee is enrolled in a particular benefit by displaying a ‘Y’ in the column for that benefit if enrolled, and leaving the column blank if not enrolled. The program determines medical, dental, vision, and legal enrollment by checking for a blank plan code; if the plan code is not blank, the employee is considered enrolled.

Release 1281 provided modifications to carry medical, dental, vision, and legal plan code values of ‘XX’, ‘XC’ and ‘XD’ to indicate opt out, cancellation, and de-enrollment from those plans. Because of this change, the PPP650 reports are now reporting employees with these values with a ‘Y’ indicator in the medical, dental, vision, and legal enrollment columns.
The reports should be modified so that 'XX', 'XC', and 'XD' are treated as if the employee is NOT enrolled; when these values are present in the plan code fields the corresponding report enrollment column should be left blank.

3. Modify setting of Coverage End Dates for BELI of '⊕'

Release 1281 provided modifications to automatically set the Medical, Dental, Vision, and Legal Coverage End Dates for certain events. Among these are:

- when the employee separates, the Coverage End Date is set to the last day of the month following the month of separation, and
- when the employee's BELI changes from a value that is eligible for benefits to a value that is not eligible for benefits, the Coverage End Date is set equal to the end of the actual current month.

A problem can occur when these two events occur at the same time, or close to the same time, because various derivation processes use different dates. For example, a problem occurs when the following sequence of events takes place:

- 8/26/00 Monthly Maintenance to begin September 2000 is run.
- 8/27/00 A separation for employee A is processed, with a separation date of 8/15/00

Because the separation date has already been achieved, the employee's employment status is set to 'S'. And because monthly maintenance has been run to begin September, the system determines that the separation date is in the previous month (i.e., August) and therefore sets the Assigned BELI to '?'. The change in BELI triggers derivation of the Medical, Dental, Vision, and Legal Coverage End Date values. On a BELI change, Coverage End Dates are set equal to the last day of the actual current month, in this case 8/31/00. Because this date is prior to the end date derivation that is triggered by the separation event, it takes precedence. This is incorrect, because the employee is entitled to another month of benefits coverage.

To resolve this conflict, PPS should be modified so that the Coverage End Dates are not set on a BELI change when the new value of the Assigned BELI (EDB 0360) is '?'.

4. Modify BELI edits that block changes to coverage end dates

Currently the system blocks any attempt to change a Medical, Dental, Vision or Legal Coverage End Date (EDB 0300, 0271, 0346, 0380) when the Assigned BELI (EDB 0360) has a value that indicates no eligibility for the coverage. Attempts to change a Dependent Medical, Dental, Vision, or Legal Coverage End Date (EDB 0659, 0656, 0657,0658) are also blocked. Messages 08-005, 08-142, 08-166, and 08-263, and equivalent USER12 messages are issued indicating that the medical, dental, vision, or legal plan enrollment is inconsistent with the Assigned BELI value.
These edits should be modified so that changes to the Coverage End Date fields are not blocked because of BELI ineligibility and these messages should not be issued.

5. Retain original Future Enrollment Reason Codes

When a future enrollment is "rolled up" to current in the EDB Daily Maintenance process, the existing Future Enrollment Reason Code (EDB 0682, 0685, 0688, 0691) value associated with that entry is overlaid by a reason code value of 'UN' (Unknown).

This process should be modified so that the original reason code is retained.

6. Modify the interim carrier reporting process

Currently the interim carrier reports produced weekly by PPS include employees with medical, dental, vision, or legal plan codes of 'XX' (opted out), 'XC' (cancelled), or 'XD' (de-enrolled for nonpayment of premium). They also include employees with the default medical, dental, vision plan code values of 'DM', 'DD', and 'DV'.

The interim carrier report process should be modified to exclude reporting employees and dependents when the Plan Code is 'XX', 'XC', 'XD', 'DM', 'DD', or 'DV'.