Service Request 15201

Additional Modifications to HIPAA
(Health Insurance Portability and Accountability Act)

Detail Design

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Information Systems & Computing
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Introduction

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) was enacted into law on August 21, 1996, and became effective for the University on January 1, 1998. This law prohibits the use of health status factors in determining eligibility for health insurance coverage.

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.

It is requested that the following processes be modified in the PPS (Payroll/Personnel System).

One-Time Program

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. However, the one-time program did not set the Next Future Benefits Action Date. Therefore, specific logic in Daily Maintenance is not triggered to examine dependent end dates and perform re-derivations of coverage levels.

To address this problem, a one-time program must be provided to deal with cases where the appropriate dependent end dates have already been set by the one-time program, and to re-derive the coverage levels as necessary.

Benefits Eligibility Level Control Reporting Process

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. If the plan code is not blank, the employee is considered enrolled.

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. In addition, an employee is “not enrolled” in the plan if the plan coverage end date is prior to the SCR Current Date.

EDB File Maintenance Process

- Modify setting of Coverage End Dates for BELI of '?'
A problem can occur when the Assigned BELI (EDB 0360) changes and a retroactive separation have occurred in the same process.

Specifically, when the employee’s Separation Date (EDB 0140) is prior to the SCR Current Date (used in EDB File Maintenance), the Assigned BELI is set to a value of ‘?’. This triggers the first event where EDB File Maintenance sets the employee’s Plan Coverage End Dates equal to the last day of the actual month. The second event attempts to set the Plan Coverage End Dates to the last day of the month following the month of the Separation Date. However, since the Plan Coverage End Dates set by the first event, are prior to the last day of the month following the month of separation, the Plan Coverage End Dates are not set equal to the last day of the month following the month of separation. This is incorrect, because the employee 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 ‘?’.

- **Modify BELI edits that block changes to coverage end dates**

  Currently the system blocks any attempt to change a Medical, Dental, or Vision Coverage End Date (EDB 0300, 0271, 0346) when the Assigned BELI (EDB 0360) has a value that indicates no eligibility for the coverage. Attempts to change a Dependent Medical, Dental, or Vision Coverage End Date (EDB 0659, 0656, 0657) are also blocked. Messages 08-005, 08-142, and 08-166, and equivalent USER12 messages are issued indicating that the medical, dental, or vision plan enrollment is inconsistent with the Assigned BELI value.

  These edits should be modified such that changes to the Coverage End Date fields are not blocked because of BELI ineligibility and these messages (USER08 and USER12) should not be issued.

  Note that Release 1300 made changes to the BELI edits which allowed an employee who is already enrolled in legal to retain legal insurance coverage when his BELI (EDB 0360) status changes. Therefore, no changes are necessary to allow changes to the legal Coverage End Date when the Assigned BELI has a value that indicates no eligibility for legal coverage.

**Special Daily Maintenance Process**

- **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 when a future enrollment becomes current.

**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 Health Insurance Portability and Accountability Act (HIPAA)
non-payment 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 the reporting of employees whose Plan Codes are 'XX', 'XC', 'XD', 'DM', 'DD', or 'DV'.

Processing Overview

One-time Process

A one-time program will be developed to re-derive each employee’s Plan Coverage level when necessary.

Benefits Eligibility Level Control Reporting Process

The reports will be modified such that Plan Codes of '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 will be left blank. Otherwise the corresponding report enrollment column will display a value of ‘Y’ (enrolled). In addition, if the plan coverage end date is prior to the SCR Current Date, the corresponding report enrollment column will be left blank.

EDB File Maintenance Process

- **Modify setting of Coverage End Dates for BELI of ‘?’**

  PPS will be modified such that the Coverage End Dates are not set on a BELI change when the new value of the Assigned BELI (EDB 0360) is ‘?’.

- **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 will be modified such that changes to the Coverage End Date fields are not blocked because of BELI ineligibility and these messages (USER08 and USER12) will not be issued.

Special Daily Maintenance Process

- **Retain original Future Enrollment Reason Codes**

  This process should be modified so that the original Future Enrollment Reason Code (EDB 0682, 0685, 0688, 0691) is retained when a future enrollment becomes current.
Interim Carrier Reporting Process

The Interim Carrier Reporting process will be modified to exclude the reporting of employees whose Plan Codes are ‘XX’, ‘XC’, ‘XD’, ‘DM’, ‘DD’, and ‘DV’.
Bind Members

**PPOT1307**

A Plan bind member will be created for the one-time program PPOT1307.
**One-time Program**

**PPPOT1307**

This one-time program will be developed to evaluate the Dependent Coverage End Dates and re-derive Plan Coverage Level when necessary.

An employee will be selected for processing where one or more dependents has a Medical, Dental, Vision, or Legal Coverage End Date of 06/30/00 or 07/31/00.

If an employee is selected, derivation of each Plan Coverage Level that the employee is enrolled will be performed if all the following are true:

- Plan Code is not blank, ‘XX’, ‘XC’, and ‘XD’ and
- Plan Coverage Effective Date is equal to or earlier than the Dependent Coverage End Date of 06/30/00 or 07/31/00

If all the above conditions are true

If the Plan Coverage End Date exists (not 0001-01-01),

The appropriate Plan Coverage Level will be derived only if the Plan Coverage End Date is later than the Dependent Coverage End Date,

Otherwise the appropriate Plan Coverage Level will be derived.

If the derived Plan Coverage Level is different from the value on the EDB,

The Plan Coverage on the EDB will be set equal to the derived Plan Coverage Level.

The Plan Coverage Effective Date (PCED) will be set equal to the latest Dependent Coverage End Date plus one day. For example, if one dependent has a Medical Coverage End Date of 07/31/00 and a second dependent has a Medical Coverage End Date of 06/30/00, the Medical PCED will be set equal to the latest Dependent Medical Coverage End Date (plus one day). In this example, the latest Dependent Medical Coverage End Date is 07/31/00. Thus the derived Medical PCED will be set equal to 08/01/00.

An EDB Change record will be written for each updated PCED and Plan Coverage Level.

The corresponding entry in the FCB Table, where the PCED is equal to the original PCED, will be end dated with a date equal to the Dependent Coverage End Date. A new entry will be written to the FCB Table equivalent to the updated current plan data, with a reason code of ‘CV’ (Coverage Level Change).
Program Changes

PPEC102

The existing edit associated with the issuance of message 12-311 will be modified as follows:

If the Assigned BELI is greater than ‘4’ and all the following data elements have not changed in value, except that the Medical Coverage End Date (EDB 0300) has changed:

- EDB 0292 - Medical Plan Code
- EDB 0293 - Medical Plan Coverage Code
- EDB 0294 - Medical Plan Coverage Effective Date
- EDB 0653 - Medical Provider ID
- EDB 0454 - Employee Medical Plan Coverage Effective

Message 12-311 is not issued.

Otherwise

Message 12-311 is issued.

PPEC115

The existing edit associated with the issuance of message 12-311 will be modified as follows:

If the Assigned BELI is greater than ‘1’ and all the following data elements have not changed in value, except that the Dental Coverage End Date (EDB 0271) has changed:

- EDB 0272 - Dental Plan Code
- EDB 0273 - Dental Plan Coverage Code
- EDB 0274 - Dental Plan Coverage Effective Date
- EDB 0654 - Dental Provider ID
- EDB 0455 - Employee Dental Plan Coverage Effective

Message 12-311 is not issued.

Otherwise

Message 12-311 is issued.

PPEC120

The existing edit associated with the issuance of message 12-325 will be modified as follows:
If the Assigned BELI is greater than ‘1’ and all the following data elements have not changed in value, except that the Vision Coverage End Date (EDB 0346) has changed:

- EDB 0347 - Vision Plan Code
- EDB 0348 - Vision Plan Coverage Code
- EDB 0349 - Vision Plan Coverage Effective Date
- EDB 0456 - Employee Vision Plan Coverage Effective

Message **12-325** is not issued.

Otherwise

Message **12-325** is issued.

**PPEC133**

The existing edit associated with the issuance of message 08-005 will be modified as follows:

If the Assigned BELI is greater than ‘4’ and all the following data elements have not changed in value, except that the Medical Coverage End Date (EDB 0300) has changed:

- EDB 0292 – Medical Plan Code
- EDB 0293 – Medical Plan Coverage Code
- EDB 0294 – Medical Plan Coverage Effective Date
- EDB 0653 – Medical Provider ID
- EDB 0454 - Employee Medical Plan Coverage Effective

Message **08-005** is not issued.

Otherwise

Message **08-005** is issued.

**PPEC134**

The existing edit associated with the issuance of message 08-142 will be modified as follows:

If the Assigned BELI is greater than ‘1’ and all the following data elements have not changed in value, except that the Dental Coverage End Date (EDB 0271) has changed:

- EDB 0272 – Dental Plan Code
- EDB 0273 – Dental Plan Coverage Code
- EDB 0274 – Dental Plan Coverage Effective Date
- EDB 0654 – Dental Provider ID
- EDB 0455 - Employee Dental Plan Coverage Effective

Message **08-142** is not issued.

Otherwise
Message **08-142** is issued.

**PPEC135**

The existing edit associated with the issuance of message 08-166 will be modified as follows:

If the Assigned BELI is greater than ‘1’ and all the following data elements have not changed in value, except that the Vision Coverage End Date (EDB 0346) has changed:

- EDB 0347 – Vision Plan Code
- EDB 0348 – Vision Plan Coverage Code
- EDB 0349 – Vision Plan Coverage Effective Date
- EDB 0456 - Employee Vision Plan Coverage Effective

Message **08-166** is not issued.

Otherwise

Message **08-166** is issued.

**PPEI340**

Currently, if the Assigned BELI is greater than a value of ‘1’, Plan Coverage End Dates are set for dental and vision. If the Assigned BELI is greater than a value of ‘4’, the Medical Coverage End Date is set.

The above logic will be changed to set the Plan Coverage End Dates when the Assigned BELI is not equal to a value of ‘?’.

**PPEI350**

Currently, when a future enrollment becomes current, the existing Future Enrollment Reason Code (EDB 0682, 0685, 0688, and 0691) value associated with that entry is overlaid by a reason code of ‘UN (Unknown). That entry on the PPPFCB table should contain the original Future Enrollment Reason Code value.

Logic will be modified to retain the original Future Enrollment Reason Code.

**PPP567**

This program will be modified such that plan codes of ‘XX’, ‘XC’, ‘XD’, ‘DM’, ‘DD’, and ‘DV’ will be excluded from the selection of benefit records.

**PPP650**

This program will be modified such that plan codes of ‘XX’, ‘XC’, ‘and XD’ will be interpreted as if the employee is not enrolled in the appropriate benefits. In addition, an employee will be
considered not enrolled in the appropriate benefit if the Plan Coverage End Date is prior to the SCR Current Date.
Control Table Updates

System Messages Table (PPPMSG)

The severity level for existing message 08-302 will be upgraded to a severity level of 7 (Employee Reject) for batch processing.

Data Element Table (PPPDET)

Implied triggers 102, 115, 120, and 121 will be included for existing data elements 0293, 0273, 0348, and 0354 respectively.