Re: Release: 1307
Service Request: 15201
Error Reports: 1685, 1686
Programs: PPOT1307 (one-time), PPEC102, PPEC115, PPEC120, PPEC133, PPEC134, PPEC135, PPEI340, PPEI350, PPP567, PPP650
Copymembers: None
Include Members: None
DDL Members: None
Bind Members: PPOT1307 (one-time)
CICS Maps: None
Forms: None
Table Updates: System Messages Table, Data Element Table
Urgency: Not Urgent (See Timing of Installation)

Service Request 15201

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 (PPS) to support implementation of the 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.

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 (EDB 0692). 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 appropriate.
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. 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.

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 (System Control Record) 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 '?'. The input of the Separation Date 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, 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 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.

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 the 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 non-payment of premium). They also include employees with the default medical, dental, vision plan code values of 'DM', 'DD', and 'DV'.

PPP567 has been modified to bypass plan codes of ‘XX’, ‘XC’, ‘XD’, ‘DM’, ‘DD’, and ‘DV’.

Error Report 1685

When the PF1 key is pressed for field level help on the IMEM screen for Employee Medical, Dental, Vision, and Legal Coverage Effective Dates, the screen incorrectly displays the field level helps for Plan Medical, Dental, Vision, and Legal Coverage Dates (EDB 0294, 0274, 0349, 0355 respectively). The IMEM screen should display the field level helps for EDB 0454, 0455, 0456, and 0457 respectively.

Error Report 1686

Currently, when an employee is initially hired and has not yet selected benefits, the system automatically enrolls the employee in the default plan codes DM, DD, and DD. In addition, the PIE (Period of Initial Eligibility) Date is derived from the employee’s Hire Date (EDB 0113). When the compute is run with a pay period end date that is within the employee’s PIE Date, the appropriate PPA (Pending Premium Activity) set of data is written to the PPPPPA Table.

When the employee benefit record is changed from any valid plan code (including the default plan codes DM, DD, and DV) to any other valid plan code, or if the coverage level is changed, or if the Optout Indicator is set to 'X', the system must determine if there are any entries in the pending premium activity set of data. If there are, and if the PIE Date has not yet been achieved, the corresponding entries in the pending premium activity set of data should be updated as follows:

If the Medical Plan Coverage Code (EDB 0293) is changed before the end of the PIE Date, the Pending Premium Coverage Level should be set equal to the value in EDB 0293. Equivalent wording is provided for dental and vision coverage.

It has been reported by campuses, and verified at UCOP, that the coverage level in the PPA entries is not being updated. It has been found that it is a trigger issue. For medical, for example, PPEC722 rederives coverage and performs auditing of DE 0293. PPEC102 follows PPEC722 in the PPP120 process, and PPEC102 code should update the coverage if the PIE has not been exceeded and the PPA row has not already been processed for a plan premium by a Compute. However, DE 0293 does not have a trigger for PPEC102 in the Data element table.

Programs

PPOT1307

This one-time program has been developed to re-derive Plan Coverage Levels when necessary. All employees are selected where one or more dependent has a Medical, Dental, Vision, or Legal Coverage End Date of 06/30/00 or 07/31/00. Re-derivation of the Plan Coverage Level is performed if the Plan Code is not ‘XX’, ‘XC’, ‘XD’, or blank, and the Plan Coverage Effective Date is equal to or later than the Dependent Coverage End Date. In addition, if the Plan Coverage End Date exists, the Plan Coverage End Date must be later than the corresponding Dependent Coverage End Date.

PPEC102

This module has been modified such that message 12-311 is not issued when 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.

If any of the following data elements are changed, module PPEC102 is triggered:

- EDB 0292 - Medical Plan Code
- EDB 0293 - Medical Plan Coverage Code
- EDB 0294 - Medical Plan Coverage Effective Date
This module has been modified such that message **12-322 is not issued** when 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.

If any of the following data elements are changed, module PPEC115 is triggered:

- 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 Date

This module has been modified such that message **12-325 is not issued** when 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.

If any of the following data elements are changed, module PPEC120 is triggered:

- 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 Date

This module has been modified such that message **08-005 is not issued** when 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.

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:

If any of the following data elements are changed, module PPEC133 is triggered:

- 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 Date

This module has been modified such that message **08-142 is not issued** when 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.

If any of the following data elements are changed, module PPEC134 is triggered:

- 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
This module has been modified such that message **08-166 is not issued** when 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:

If any of the following data elements are changed, module PPEC135 is triggered:

- 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 Date

This module has been modified such that the Plan Coverage End Dates for separated employees are not set when the Assigned BELI is equal to a value of ‘?’.

This module has been modified such that the Future Enrollment Reason Code is saved from the entry associated with the Future Enrollment that has just become current.

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

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

A Plan bind member has been created for the one-time program PPOT1307.

The severity level for existing message 08-302 has been upgraded to a severity level of 7 (Employee Reject) in batch.

The update transactions in release file CARDLIB (MSGPROD) and the completed facsimile form UPAY554 sent with this release are supplied for both Test and Production.

Implied trigger values 102, 115, 120, and 121 have been included for the existing data elements 0293, 0273, 0348, and 0354 respectively.

The update transactions in release file CARDLIB (DETPROD) and the completed facsimile form UPAY553 sent with this release are supplied for both Test and Production.
Test Plan

A complete test plan is provided with this release.

Installation Instructions

Installation Instructions are provided as a separate document.

Timing of Installation

Installation of this release is *Not Urgent*. However, for those campuses who are having difficulties enrolling rehired employees due to the plan coverage end dates established at the time of separation, this release should be installed as soon as possible.

As usual, campuses are encouraged to install this release in as timely a fashion as possible and in the normal numeric sequence.

If there are any questions, please send electronic mail to Jackson.Quan@ucop.edu, or call (510) 987-0464.

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