Service Request 80194
Default Remaining Aetna Enrollments into Blue Cross Plans

Detail Design
<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>INTRODUCTION</td>
<td>2</td>
</tr>
<tr>
<td>DIFFERENCES FROM REQUIREMENTS</td>
<td>3</td>
</tr>
<tr>
<td>PROGRAMS</td>
<td>4</td>
</tr>
<tr>
<td>ONE-TIME PROGRAM</td>
<td>6</td>
</tr>
<tr>
<td>COPYMEMBERS</td>
<td>10</td>
</tr>
<tr>
<td>BIND MEMBERS</td>
<td>11</td>
</tr>
<tr>
<td>TABLE UPDATES</td>
<td>12</td>
</tr>
<tr>
<td>FORMS</td>
<td>14</td>
</tr>
<tr>
<td>JCL</td>
<td>15</td>
</tr>
</tbody>
</table>
Introduction

The University selected Blue Cross of California to provide an array of medical plans to UC employees and their eligible family members beginning January 1, 2003. Blue Cross choices will be a Point-of-Service (POS) plan (Blue Cross Plus), a Preferred Provider Organization (PPO) plan (Blue Cross PPO), as well as the Core and High Option plans. Employees will be strongly directed to enroll in the new plans via the Open Enrollment IVR when they are in the existing Aetna plans.

Service Request 80194 requested a onetime conversion of any residual Aetna enrollments active for January 2003 to appropriate Blue Cross plans.
Differences from Requirements

1. In addition to conversion of any residual current Aetna enrollments active as of January 1, 2003 to appropriate Blue Cross plans, future enrollments after that date must also be processed and defaulted where necessary.

2. Data Element Table entries will be required to allow the new plan codes to be entered for current and future medical plan enrollments via explicit EDB maintenance. These will be issued as part of the normal year-end Control Table update process.

3. Gross-to-Net Table entries will be required for the four new Medical Plan Codes. These will be issued as part of the normal year-end Control Table update process.

4. Some additional program modifications are required in addition to the one-time conversion.
Programs

PPEI199
PPEI199 performs benefits de-enrollment. If the health insurance de-enrollment indicator has been set “on” during the Compute Gross-to-Net process (PPP400), any suspended health insurance balance is cleared from the employee’s deduction array (EDSA-BALAMT). The first subscript for the array is a hard coded value equal to the various health plan GTN’s.

PPEI199 will be modified to add GTN subscript values for the four new plans. The four new plan codes will then be included in the logic which zeros out the suspended balance. The previous plan codes will not be deleted at this time.

A ‘BC’ entry already exists from a previous Blue Shield plan. Modification will be necessary if the previous BC GTN (041) is not used for Blue Cross Plus.

PPEI350
PPEI350 moves the future data to the current plan data and calculates plan coverage when a future plan effective date is reached in the PPP130 Daily Process. It re-derivates the related ECED and DCED’s.

‘CM’ will continue to be used as the Core Medical plan code, even though the carrier is changing. Temporary code will be added to trigger ECED and DCED re-derivation for the 01/01/2003 changeover to the new carrier.

NOTE: these modifications must be coordinated with those required by SR 80134 Four-Tier Benefit Plan Coverage.

PPP290
PPP290 reads mass change transactions and creates EDB update transactions. It contains a field WU1-BEN-PLAN with an 88 value WU1-HEALTH-PLAN which identifies valid Medical Plan Codes. The 88 value is not used in the program and will be deleted rather than modified.

Other 88 values WU1-DENTAL-PLAN, WU1-VISION-PLAN and WU1-LEGAL-PLAN are also not used and will be deleted.

PPP560
PPP560 creates the preliminary carrier file from the monthly PAR and EDB data.

PPP560 uses the XCARRIER field in copymember CPWSXIDC and its 88 values to code carrier file records with a common ‘P1’ sort key when they have plan codes ‘PH’, ‘UC’ and ‘CM’. PPP560 will be modified to use new XCARRIER 88 values to code carrier file records with a common ‘B1’ sort key when they have the new plan codes ‘BH’, ‘BC’, ‘BP’ or ‘CM’.

See copymember CPWSXIDC for related modifications.

Since PPP560 only deals with anticipated premiums for future coverage, the date logic discussed below in PPP561 for plan code ‘CM’ is not required in PPP560.

NOTE: these modifications must be coordinated with those required by SR 80134 Four-Tier Benefit Plan Coverage and SR 80191 Medical Premium Contribution Base.

PPP561
PPP561 reads the Historical Premium Activity file created by PPP560, and updates the Historical Premium Activity table (PPPHPA). It calculates adjustments and adds them to the preliminary Carrier file to produce the final Carrier file.

PPP561 uses the XCARRIER field in copymember CPWSXIDC and its 88 values to code carrier file adjustment records with a common ‘P1’ sort key when they have plan codes ‘PH’, ‘UC’ and ‘CM’. PPP561 will be modified to use new XCARRIER 88 values to code carrier file adjustment records with a common ‘B1’ sort key when they have the new plan codes ‘BH’, ‘BC’, ‘BP’ or ‘CM’.

Due to the continued use of the ‘CM’ plan code, date logic must be added to identify ‘CM’ related adjustments with coverage dates in 2002, and those with coverage dates in 2003. Year 2002 adjustments will continue to be marked with a ‘P1’ sort key for inclusion in the Prudential carrier file. Year 2003 adjustments will be marked with a ‘B1’ sort key for inclusion in a Blue Cross carrier file.

See copymember CPWSXIDC for related modifications.

**NOTE: these modifications must be coordinated with those required by SR 80134 Four-Tier Benefit Plan Coverage and SR 80191 Medical Premium Contribution Base.**
One-Time Program

PPO14403
A one-time program PPO14403 will be created to default remaining Aetna enrollments to appropriate Blue Cross plan enrollments. An EDB Change file will be created of all data element changes. The EDB Change File can be used for auditing purposes by processing it through PPP180. The EDB Change File will be processed by PPP742 to update history.

NOTE: the naming of the one-time program must be coordinated with those required by SR 80134 Four-Tier Benefit Plan Coverage and SR 80191 Medical Premium Contribution Base.

PPO14403 will run immediately after Open Enrollment transactions have been processed against the EDB. The transactions generated from the Open Enrollment process terminate current plans as of 12/31/2002, and create entries on the Future Enrollment Table (PPPFCB) with a 01/01/2003 effective date. In addition, it will be necessary to run the one-time prior to every Compute process to ensure that subsequent enrollments in Aetna plans for December, which is allowed, which do not provide for a January 1, 2003 changeover, will also be defaulted.

A zip code file will be provided from an existing Sybase Blue Cross Plus Table. A single file will be applicable to all locations. The file will be released as a CARDLIB member (ZIPCODES). Each record will have a 5 digit zip code in the first five columns; the rest of the record will be FILLER. It will be read and loaded into a table for later search. If the file is empty the program will stop and issue a message.

PPO14403 will be capable of running in non-update and update mode, as requested on the Run Specification Record. In non-update mode (‘REPORT’) EDB Change File records will be produced, but the EDB will not be updated. In update mode (‘UPDATE’) ECF records will be written and the EDB updated directly, i.e. not via transactions. The Run Specification Record will be read and edited for existence, correct program ID and valid non-update/update mode. If any errors are encountered the program will stop and issue a message.

Field WS-JAN2003-ISO-DATE will be defined with a value of ‘2003-01-01’.
Field WS-DEC2002-ISO-DATE will be defined with a value of ‘2002-12-31’.

Overall program logic:
- A cursor will be defined to select medical benefit type rows from the future benefits table (PPPFCB), and current medical plan data from the current benefits table (PPPBEN), where the FCB Effective Date is equal to or greater than the current plan’s effective date. The returned data will be Employee ID and descending effective date order. There should always be an entry on the future benefits table that matches the current enrollment in plan code and effective date. The cursor logic should always return this matching row as the final cursor row for an employee.
- If a PPPFCB Effective Date is greater than January 1, 2003, the future Plan Code will be checked.
  - If it is not an Aetna plan, no modification is needed.
  - If it is an Aetna plan, it will be converted to the appropriate Blue Cross plan. If the PPPFCB Effective Date and Plan Code equal the current PPPBEN Effective Date and Plan Code, i.e. the “current” data matches the future data, the current plan code will also be converted to the appropriate Blue Cross plan.
- If a PPPFCB Effective Date is equal to January 1, 2003, the future Plan Code will be checked.
  - If it is not an Aetna plan, no modification is needed.
  - If it is an Aetna plan, it will be converted to the appropriate Blue Cross plan. If the PPPFCB Effective Date and Plan Code equal the current PPPBEN Effective Date and Plan Code, i.e. the “current” date matches the future data, the current plan code will also be converted to the appropriate Blue Cross plan.
  - Either way, a flag will be set indicating that a January 1, 2003 entry exists.
• If a PPPFCB Effective Date is less than January 1, 2003:
  o If the flag indicates a January 1, 2003 entry exists, no modification is needed. The default, if needed, has already been processed in the above steps.
  o If the flag does not indicate a January 1, 2003 entry exists, the “future” Plan Code will be checked.
    ▪ If it is not an Aetna plan, no modification is needed.
    ▪ If it is an Aetna plan, a row will be inserted in the PPPFCB table with the appropriate Blue Cross plan and an Effective Date of January 1, 2003. If the current coverage end date is greater than 12/31/2002 it will be set to 12/31/2002. If the Next Future Benefits Action Date is initial values or greater than January 1, 2003 it will be set to January 1, 2003. A flag will be set indicating that a January 1, 2003 entry exists.

The main cursor will be as follows (note that PPPBEN data will be returned redundantly for each set of PPPFCB data):

DECLARE FCB_ROW CURSOR FOR
  SELECT PPPVZFCB_FCB.EMPLOYEE_ID
       ,FCB_COVEFF_DATE
       ,FCB_PLAN_INFO_DATA
       ,HLTH_PLAN
       ,HLTH_COVEFFDATE
       ,HEALTH_COVEND_DATE
       ,NXT_FUTBEN_ACT_DTE
  FROM  PPPVZFCB_FCB
       ,PPPVZBEN_BEN
  WHERE PPPVZFCB_FCB.EMPLOYEE_ID =
       PPPVZBEN_BEN.EMPLOYEE_ID
  AND (FCB_COVEFF_DATE >= HLTH_COVEFFDATE)
  ORDER BY EMPLOYEE_ID,
       FCB_COVEFF_DATE DESC

The main cursor will be opened, and the first row fetched. Each fetched row will be evaluated and appropriate action taken per the program logic outlines above. Then the next row will be fetch, continuing until the end of the cursor.

Each row will be processed per the overall program logic described above.

If a plan code needs to be converted, WS-NEW-HLTH-PLAN-CODE will be established:
• If the current plan code is ‘PH’ the new plan code will be ‘BH’.
• If the current plan code is ‘CM’ it will not be changed.
• If the current plan code is ‘UC’ and the employee’s zip code is on the Blue Cross Plus Table the new plan will be ‘BC’.
• If the current plan code is ‘UC’ and the employee’s zip code is not on the Blue Cross Plus Table the new plan will be ‘BP’.

If a zip code needs to be evaluated for a ‘UC’ plan code, the employee’s zip code will be obtained and compared to the zip code table.

SELECT ADDRESS_ZIP
     INTO :ADDRESS-ZIP
     FROM PPPVZPAY_PAY

SEARCH WS-ZIP-CODE-TABLE VARYING WS-ZIP-IXA
    AT END
    SET ZIP-CODE-NOT-FOUND TO TRUE
WHEN WS-ZIP-CODE (WS-ZIP-IXA) = ADDRESS-ZIP
  SET ZIP-CODE-FOUND TO TRUE
END-SEARCH.

If a plan code is converted on the PPPFCB table:

UPDATE PPPVZFCB_FCB
  SET FCB_PLAN_INFO_DATA = :WS-NEW-HLTH-PLAN-CODE
  WHERE EMPLOYEE_ID = :FCB-EMPLOYEE-ID
  AND FCB_BENEFIT_TYPE = 'M'
  AND FCB_COVEFF_DATE = :FCB_COVEFF_DATE

If a matching current plan code needs to also be converted on the PPPBEN table:

UPDATE PPPVZBEN_BEN
  SET HLTH_PLAN = :WS-NEW-HLTH-PLAN-CODE
  WHERE EMPLOYEE_ID = :WS-EMPLOYEE-ID

If a new January 1, 2003 Effective Date row needs to be inserted on the PPPFCB table:

MOVE FCB-EMPLOYEE-ID TO EMPLOYEE-ID OF FCB-ROW-DATA.
MOVE 'M' TO FCB-BENEFIT-TYPE.
MOVE WS-JAN2003-ISO-DATE TO FCB_COVEFF_DATE.
MOVE XDC3-LOW-ISO-DATE TO FCB_COV-END-DATE.
MOVE SPACES TO FCB_COVERAGE-CODE.
MOVE 'OE' TO FCB_ENRL-REAS-CODE.
MOVE WS-NEW-HLTH-PLAN-CODE TO FCB_PLAN_INFO-DATA.
MOVE 'A' TO FCB_ADC-CODE.

INSERT INTO PPPVZFCB_FCB
VALUES
  (:FCB-ROW-DATA.EMPLOYEE-ID,
   :FCB-BENEFIT-TYPE,
   :FCB_COVEFF_DATE,
   :FCB_COV-END-DATE,
   :FCB_COVERAGE-CODE,
   :FCB_ENRL-REAS-CODE,
   :FCB_PLAN_INFO-DATA,
   :FCB_ADC-CODE)

UPDATE PPPVZBEN_BEN
  SET HEALTH_COVEND_DATE = :WS-DEC2002-ISO-DATE
  ,NXT_FUTBEN_ACT_DTE = :WS-FUTBEN-ACT-DTE
  WHERE EMPLOYEE_ID = :WS-EMPLOYEE-ID

If a new row is inserted the Next Future Benefits Action Date needs to be evaluated. If it is initial values, or it is
greater than January 1, 2003, WS-FUTBEN-ACT-DATE will be set to January 1, 2003; else it will repeat the
current value.

UPDATE PPPVZBEN_BEN
  SET HEALTH_COVEND_DATE = :WS-DEC2002-ISO-DATE
  ,NXT_FUTBEN_ACT_DTE = :WS-FUTBEN-ACT-DTE
  WHERE EMPLOYEE_ID = :FCB-EMPLOYEE-ID
For each data element that is updated, or in non-update mode targeted for update, an EDB Change File record will be written. The audit for PPO14403 will be the PPP1800 report from the ECF. No report will be written by the one-time program.

Any negative SQL error will result in a ROLLBACK, and a Return Code of 8.
Copymembers

CPWSXIC2
CPWSXIC2 defines various application constants. It contains the following field and 88 values:

```
03 XCARRIER   PIC X(2).
   88 PRUDENTIAL VALUES 'PH' 'CM' 'UC' .
```

This field is used in PPP560 and PPP561 to identify the three plans that are combined into a single carrier file for Prudential. Such records are coded with sort key ‘P1’. This will remain in use to combine adjustments for the old plans for the first two months of 2003.

In addition, a new 88 value will added to XCARRIER.

```
  88 BLUECROSS VALUES 'BH' 'CM' 'BC' 'BP' .
```

This field will be used in PPP560 and PPP561 to identify the four plans that will be combined into a single carrier file for Blue Cross. Such records will be coded with sort key ‘B1’. 
Bind Members

PPO14403
A one-time plan bind member will be created for one-time program PPO14403.

BIND
  PLAN (PPO14403) –
  MEMBER (PPO14403, PPFCBUTL) –
  ACTION (REPLACE) –
  RETAIN –
  VALIDATE (RUN) –
  ISOLATION (CS) –
  FLAG (I) –
  ACQUIRE (USE) –
  RELEASE (COMMIT) –
  EXPLAIN (YES)
Table Updates

Code Translation Table (PPPCTT):

Transactions will be created to add translations for the three new Medical Plan Codes. The previous Aetna plan code translations will not be deleted. These transactions will be issued as part of the normal year-end Control Table update process.

A38  EDB0292  BC   18Blue Cross Plus
A38  EDB0292  BH   18High Option
A38  EDB0292  BP   18Blue Cross POS

Data Element Table (PPPDET):

Transactions will be created to update the Medical Plan Code (DE 0292), Future Medical Plan (DE 0680) and Future Plan Data (DE 0697) values allowed for explicit update. The previous Aetna plan code translations will be retained for now. These transactions will be issued as part of the normal year-end Control Table update process.

Currently the generic data element used for any plan code regardless of benefit type, defines the plan code with a length of 6. This was in preparation for the expansion of future plans for other benefit types. There is a limit on how many bytes (93) can be used for edit values. The number of plans times six exceeds that limit. As a temporary measure, the external length of the future plan code will be set to 2.

C061  0697  02
C061FP0697  02

Some codes such as XD and DM are not allowed via explicit update. Due to some locally used plan codes not in Base, some campuses will need to edit these transactions to provide for the full set of plan codes used. DE’s 0292 and 0680 contain Medical Plans. DE 0697 contains Medical, Dental, Vision and Legal Plans.

C063  0292  VCMVFVPVHNVKSVNHVPHVPNVUCVWHVXCVXXVBCVBHVBP
C063HE0292  VCMVFVPVHNVKSVNHVPHVPNVUCVWHVXCVXXVBCVBHVBP
C063  0680  VCMVFVPVHNVKSVNHVPHVPNVUCVWHVXCVXXVBCVBHVBP
C063  0697  VVIVD1VD3VJ1VCMVFVPVHNVKSVNHVPHVPNVUCVWHVXCVXXVBCVBHVBP
C063FP0697  VVIVD1VD3VJ1VCMVFVPVHNVKSVNHVPHVPNVUCVWHVXCVXXVBCVBHVBP

Gross-to-Net Table (PPPGTN):

Transactions will be created to update the GTN table for new Medical plan codes. These transactions will be issued as part of the normal year-end Control Table update process. The assigned numbers will be:

302  Blue Cross Plus
303  Blue Cross Plus Contrib
304  Blue Cross Prudent
305  Blue Cross Prudent Contrib
306  Blue Cross High Option
307  Blue Cross High Option Contrib
308  Core Medical (BC)
309  Core Medical (BC) Contrib
Because of the use of local GTN priority numbers, campuses will need to edit these transactions to provide the proper GTN priority number for each of the GTN entries. Campuses will also need to verify the assignment of GTN numbers, liability FAU’s etc. for these plans.

**Data Dictionary:**

The Data Dictionary for Medical Plan Codes will be updated to reflect the new values, and deactivate the Aetna medical plans.

EDB0292 MEDICAL PLAN CODE-EDB
EDB0680 FUTURE MEDICAL PLAN

See Requirements Document SR 80194 Default Remaining Aetna Enrollments into Blue Cross Plans for the text changes.

**CICS Helptext:**

The CICS Helptext for Medical Plan Codes will be updated to reflect the new values, consistent with the Data Dictionary.

EDB0292 MEDICAL PLAN CODE-EDB
EDB0680 FUTURE MEDICAL PLAN
Forms

**PPO14403**
PPO14403 will use a Run Specification Record. No actual form will be issued, but the following format will be used.

<table>
<thead>
<tr>
<th>cc 1-13</th>
<th>Program ID: it must be ‘PPO14403-SPEC’ where 1440 will be replaced by the release number</th>
</tr>
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<tbody>
<tr>
<td>cc 14-19</td>
<td>Run Mode: it must be one of the two following values:</td>
</tr>
<tr>
<td></td>
<td>‘REPORT’ for report only mode, i.e. non-update mode</td>
</tr>
<tr>
<td></td>
<td>‘UPDATE’ for update mode</td>
</tr>
<tr>
<td>cc 20-80</td>
<td>FILLER</td>
</tr>
</tbody>
</table>

If either the Program ID or Run Mode is invalid on the Run Specification Record the program will stop and issue a message.
JCL

PPO14403
Sample JCL will be created for one-time program PPO14403.