Detailed Design
RELEASE 1556

Benefits Cleanup Project

March 8, 2004
08:00 AM

Enterprise IT Services
Information Systems & Computing
Office of the President
University of California
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Introduction

Service Request 80134

Service Request 80134 (Release 1440) asked for the conversion of benefit coverage levels, excluding legal plan, from a 3-tier structure (Single, Two-Party, and Family) to a 4-tier structure (Single, Two Adults, Adult plus Child[ren], and Family) effective with premiums paid for January 2003 coverage. The new plan coverage coding structure applies to Medical, Dental and Vision plans. For year 2003, the Legal Coverage Code remained a two-tiered structure (‘U’ or ‘UAC’).

A three-character code is used to describe the plan coverage. The plan coverage code is constructed through a combination of four values:

U = Employee (Adult)
A = Adult
C = Child[ren]
M = Medicare

Temporary codes were placed in certain programs to handle the changeover of old coverage codes in 2002 to the new coverage codes beginning in January of 2003 for the Medical, Dental, and vision plans.

Service Request 80194

Service Request 80194 requested a one-time conversion of any residual Aetna enrollments active for January 2003 to appropriate Blue Cross plans. In addition to the one-time conversion, PPEI199 has been modified to add GTN subscript values for the four new plans. The four new plan codes are included in the logic which zeros out the suspended balance.

The previous obsolete medical plan codes were not deleted at that time. This project removes the obsolete medical plan codes.

Service Request 80551

Service Request 80551 (Release 1531) addressed the requirements for modifications to adopt the full four-tier Legal Plan Coverage Codes. For Open Enrollment 2003, Benefits changed Plan Coverage Codes from three-tiers to four tiers for medical, dental, and vision. Legal continued to be a two tiered plan, but replaced the old “Family” level code (UUU) with the new “Self + Family” code of (UAC). This service request asked that legal adopt the full four tiers. The revised four-tier legal plan coverage codes are ‘U’ (Self), ‘UA’ (Self and adult), ‘UC’ (Self and Children), and ‘UAC’ (Self and Family), similar to medical, dental, and vision plan coverage codes.

Temporary codes were placed in certain programs to handle the changeover of the two-tier legal coverage codes (U and UAC) in 2003 to the full four tier legal coverage codes (U, UA, UC, UAC) beginning in January of 2004.

Thus, this project addresses the temporary codes placed in certain programs, and removes the temporary codes where appropriate.
Copymember Changes

CPLNKXDI

This copymember will be changed such that obsolete coverage code values of ‘UU’ and ‘UUU’ defined in the 88 level KXDI-VALID-COVERAGE-CODE field will be removed.

CPLNKXHI

This copymember will be changed such that obsolete coverage code values of ‘UU’, ‘UUU’, ‘MU’, ‘UM’, ‘MUU’, ‘UMU’, ‘UUM’, ‘MMU’ ‘MUM’ defined in the 88 level KXHI-VALID-COVERAGE-CODE field will be removed.

CPLNKXVI

This copymember will be changed such that obsolete coverage code values of ‘UU’ and ‘UUU’ defined in the 88 level KXVI-VALID-COVERAGE-CODE field will be removed.

CPWSXTRC

Currently, this copymember is used in the W-2 and 1042S reporting processes. One specific internal health array contains a list of Gross-to-Net Numbers that identifies reductions to the employee’s reportable UI wage.

The internal health array named TIP-HEALTH will be modified as follows:

- Obsolete or inactive GTN Numbers 041, 044, 053, 059, 061, 104, 142, and 146 will be removed.
- GTN Numbers 220, 315, 317, 320, 329, 331, and 333 will be added.
- The maximum number of health entries will be changed from 17 to 14.
Program Changes

PPBENXJD

Temporary codes related to legal plan data that sets the effective date to ‘2003-01-01’ and sets coverage code to ‘UAC’ when the input legal plan code is ‘J1’ will be removed.

PPCOVEDB

Temporary code related to legal plan data that sets the coverage code to 'UAC' when the input effective date is prior to '2004-01-01' will be removed.

PPDXBENI

Temporary code related to legal plan data that sets the legal coverage code to ‘UAC’ when the legal plan code is ‘J1’ will be removed.

In addition, temporary code related to legal plan data that sets the pay cycle end date to ‘040101’ when the legal plan code is ‘J2’ will be removed.

PPEI199

Currently, PPEI199 performs benefits de-enrollment of the appropriate benefit(s). The appropriate suspended balance is cleared from the employee’s deduction array (EDSA-BALAMT).

- The following existing GTN numbers (obsolete) defined in Working Storage section will be removed:
  
  045 (Prudential High Option)
  053 (Heals)
  061 (PruNet)
  067 (Dental – D2)
  142 (Medical –HF)
  144 (FHP Health Care)

- The following existing GTN numbers defined in Working Storage section will be changed:
  
  065 changed to 117 (Delta Dental)
  250 changed to 340 (ARAG Legal)
  297 changed to 325 (Supplemental Disability)
  225 changed to 335 (DepCare)

- The following GTN numbers will be defined in Working Storage section:
  
  315 (Western health Advantage)
  317 (United Health Select EPO)
  320 (Kaiser Umbrella)
  329 (Kaiser Mid-Atlantic)
  331 (Pacificare Nevada)
  333 (Definity Health)
• Logic similar to the existing logic that sets the suspended balance to zero when the de-enrollment Indicator will be included for the following GTN Numbers:
  
  315 (Western health Advantage)  
  317 (United Health Select EPO)  
  320 (Kaiser Umbrella)  
  329 (Kaiser Mid-Atlantic)  
  331 (Pacificare Nevada)  
  333 (Definity Health)  

PPEI350  
Currently, to temporarily handle the changeover from Aetna’s medical plan of ‘CM’ to Blue Cross’s medical plan of ‘CM’, the triggering of the ECED and DCED rederivations occurs when the medical plan is ‘CM’ and the Future Benefits Action Date is ‘01-01-2003’.

The temporary conditions that trigger the setting of the ECED and DCED when the medical plan code is ‘CM’ (Core Medical) and the Future Benefits Action Date of ‘01-01-2003’ will be removed.

PPP400  
Temporary code referencing medical plan codes of ‘UC’ and ‘PH’ will be removed. In addition temporary codes referencing pre-2003 coverage codes will be removed.

PPP560  
Temporary code related to setting the medical coverage code to pre-2003 coverage codes and the setting the effective date to 2002-01-01 when the medical plan code is ‘UC’ or ‘PH’ will be removed.

In addition, temporary code related to letting the legal coverage code to pre-2004 coverage codes and setting the effective date to 2003-01-01 when the legal plan code is ‘J1’ will be removed.

PPP561  
Temporary codes referencing pre-2003 coverage codes will be removed.

PPP562  
Temporary codes that initially set the WS-PLAN-TOTALS entries with pre-2003 plan coverage codes will be removed.

PPP563  
Temporary codes that initially set the WS-PLAN-TOTALS entries with pre-2003 plan coverage codes will be removed.
CICS Help

The On-Line help entries will be modified as follows:

EDB 0292

- Medical Plan Code of ‘BC – Blue Shield’ will be removed from the Previously Valid Codes section.

EDB 0680

- Medical Plan Code of ‘BC – Blue Shield’ will be removed from the Previously Valid Codes section.

EDB 0682

- The following enrollment reason codes will be **removed** from the Code Interpretation section:
  
  NH - Initial Enrollment for new hire  
  BE - Enrollment due to BELI change  
  CV – Coverage level change because of adding/deleting dependent

- The following enrollment reason codes will be **added** to the Code Interpretation section:

  LV - Reinstatement on return from leave of absence  
  OE – Open Enrollment  
  OR – Other Reason

- System Derived Reason Codes section will be **added** with the following enrollment reason codes:

  BE – Enrollment due to BELI change  
  CV – Coverage level change because of adding/deleting dependent  
  DE – De-enrolled due to suspension of premiums  
  IE – New hire initial enrollment  
  OT – One-time Process  
  RH - Rehire enrollment  
  UN – Unknown/unspecified reason

EDB 0685

- The following enrollment reason codes will be **removed** from the Code Interpretation section:

  NH - Initial Enrollment for new hire  
  BE - Enrollment due to BELI change  
  CV – Coverage level change because of adding/deleting dependent

- The following enrollment reason codes will be **added** to the Code Interpretation section:

  LV - Reinstatement on return from leave of absence  
  OE – Open Enrollment  
  OR – Other Reason
• System Derived Reason Codes section will be added with the following enrollment reason codes:

  BE – Enrollment due to BELI change
  CV – Coverage level change because of adding/deleting dependent
  DE – De-enrolled due to suspension of premiums
  IE – New hire initial enrollment
  OT – One-time Process
  RH - Rehire enrollment
  UN – Unknown/unspecified reason

EDB 0688

• The following enrollment reason codes will be removed from the Code Interpretation section:

  NH - Initial Enrollment for new hire
  BE - Enrollment due to BELI change
  CV – Coverage level change because of adding/deleting dependent

• The following enrollment reason codes will be added to the Code Interpretation section:

  LV - Reinstatement on return from leave of absence
  OE – Open Enrollment
  OR – Other Reason

• The following enrollment reason codes will be added to the Code Interpretation section:

  LV - Reinstatement on return from leave of absence
  OE – Open Enrollment
  OR – Other Reason

• System Derived Reason Codes section will be added with the following enrollment reason codes:

  BE – Enrollment due to BELI change
  CV – Coverage level change because of adding/deleting dependent
  DE – De-enrolled due to suspension of premiums
  IE – New hire initial enrollment
  OT – One-time Process
  RH - Rehire enrollment
  UN – Unknown/unspecified reason

EDB 0691

• The following enrollment reason codes will be removed from the Code Interpretation section:

  NH - Initial Enrollment for new hire
  BE - Enrollment due to BELI change
  CV – Coverage level change because of adding/deleting dependent

• The following enrollment reason codes will be added to the Code Interpretation section:

  LV - Reinstatement on return from leave of absence
  OE – Open Enrollment
OR – Other Reason

- System Derived Reason Codes section will be added with the following enrollment reason codes:
  
  BE – Enrollment due to BELI change  
  CV – Coverage level change because of adding/deleting dependent  
  DE – De-enrolled due to suspension of premiums  
  IE – New hire initial enrollment  
  OT – One-time Process  
  RH - Rehire enrollment  
  UN – Unknown/unspecifed reason

EDB 0696

- The following enrollment reason codes will be removed from the Code Interpretation section:
  
  NH - Initial Enrollment for new hire  
  BE - Enrollment due to BELI change  
  CV – Coverage level change because of adding/deleting dependent

- The following enrollment reason codes will be added to the Code Interpretation section:
  
  LV - Reinstatement on return from leave of absence  
  OE – Open Enrollment  
  OR – Other Reason

- System Derived Reason Codes section will be added with the following enrollment reason codes:
  
  BE – Enrollment due to BELI change  
  CV – Coverage level change because of adding/deleting dependent  
  DE – De-enrolled due to suspension of premiums  
  IE – New hire initial enrollment  
  OT – One-time Process  
  RH - Rehire enrollment  
  UN – Unknown/unspecifed reason
Control Table Updates

Data Element Table

EDB 0292 - Medical Plan Codes of ‘UC’ and ‘PH’ will be removed from the list of valid Medical Plan Codes.

EDB 0353 – Legal Plan Code value of ‘J1’ will be removed from the list of valid Legal Plan Codes.

EDB 0680 – Future Benefits Medical Plan Codes of ‘UC’ and ‘PH’ will be removed from the list of valid Future Benefits Medical Plan Codes.

EDB 0653 – Future Benefits Legal Plan Code value of ‘J1’ will be removed from the list of valid Future Benefits Legal Plan Codes.

EDB 0696 – Future Benefits Enrollment Reason Code value of ‘RH’ will be added to the list of valid Future Benefits Enrollment Reason Codes.

EDB 0697 – Future Benefits Plan Data value of ‘J1’ will be removed from the list of valid Future Benefits Plan Data.
Attachments

Attachments A-1 through A-7       Data Dictionary Entries
Data Dictionary Entry 0292

**System Number:** EDB0292

**User Access Name:** 0292-1

**Programming Name:** HLTH_PLAN IN PPPBEN

**Revision Date:** 02/01/04

**Comments**

Location(s):   
HBN 4532  - Medical Plan Code-HBN in HDB  
APS 0953  - Primary Health Plan Code  
BCS 0953  - Primary Health Plan Code  
CPS 0953  - Primary Health Plan Code  
IPS 0953  - Primary Health Plan Code  
OPP 0953  - Primary Health Plan Code

**Name:** MEDICAL PLAN CODE-EDB

**Type:** ALPHANUMERIC

**Length:** 2

**Format**

N/A

**General Description**

Code indicating the medical insurance plan in which the individual is enrolled.

**Code Interpretation**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>BC</td>
<td>Blue Cross Plus</td>
</tr>
<tr>
<td>BH</td>
<td>High Option (Blue Cross)</td>
</tr>
<tr>
<td>BP</td>
<td>Blue Cross PPO</td>
</tr>
<tr>
<td>CM</td>
<td>Core Major Medical (Blue Cross)</td>
</tr>
<tr>
<td>DH</td>
<td>Definity Health (UCSF and UCSB only)</td>
</tr>
<tr>
<td>FP</td>
<td>PacifiCare</td>
</tr>
<tr>
<td>HN</td>
<td>Health Net</td>
</tr>
<tr>
<td>KN</td>
<td>Kaiser North</td>
</tr>
<tr>
<td>KS</td>
<td>Kaiser South</td>
</tr>
<tr>
<td>KU</td>
<td>Kaiser Umbrella</td>
</tr>
<tr>
<td>KW</td>
<td>Kaiser MidAtlantic</td>
</tr>
<tr>
<td>PN</td>
<td>PacifiCare Nevada</td>
</tr>
<tr>
<td>SE</td>
<td>UnitedHealthcare Select EPO</td>
</tr>
<tr>
<td>WH</td>
<td>Western Health Advantage</td>
</tr>
<tr>
<td>DM</td>
<td>Medical plan not yet selected by the employee</td>
</tr>
<tr>
<td>XX</td>
<td>Opted out of medical</td>
</tr>
<tr>
<td>XC</td>
<td>Cancelled medical</td>
</tr>
</tbody>
</table>
XD  - Deenrolled due to suspension of premiums

EDB 0292 -- MEDICAL INSURANCE PLAN CODE Previously Valid Codes

FN  - Foundation
HA  - Heals
HG  - PHP Health Care
NA  - PruNet
NH  - Blue Premier HMO New Mexico
PH  - Prudential High Option
UC  - UC Care
Data Dictionary Entry 0680

**System Number:** EDB0680

**User Access Name:** 0680-4

**Programming Name:** FCB_HEALTH_PLAN IN PPPFCB

**Revision Date:** 02/01/04

**Comments**

**Location(s):**

**Name:** FUTURE MEDICAL PLAN CODE

**Type:** ALPHANUMERIC

**Length:** 2

**Format**

N/A

**General Description**

Code indicating the future medical insurance plan in which the individual will be enrolled.

**Code Interpretation**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>BC</td>
<td>Blue Cross Plus</td>
</tr>
<tr>
<td>BH</td>
<td>High Option (Blue Cross)</td>
</tr>
<tr>
<td>BP</td>
<td>Blue Cross PPO</td>
</tr>
<tr>
<td>CM</td>
<td>Core Major Medical (Blue Cross)</td>
</tr>
<tr>
<td>DH</td>
<td>Definity Health (UCSF and UCSB only)</td>
</tr>
<tr>
<td>FP</td>
<td>PacifiCare</td>
</tr>
<tr>
<td>HN</td>
<td>Health Net</td>
</tr>
<tr>
<td>KN</td>
<td>Kaiser North</td>
</tr>
<tr>
<td>KS</td>
<td>Kaiser South</td>
</tr>
<tr>
<td>KU</td>
<td>Kaiser Umbrella</td>
</tr>
<tr>
<td>KW</td>
<td>Kaiser MidAtlantic</td>
</tr>
<tr>
<td>PN</td>
<td>PacifiCare Nevada</td>
</tr>
<tr>
<td>SE</td>
<td>UnitedHealthcare Select EPO</td>
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<td>XC</td>
<td>Cancelled medical</td>
</tr>
<tr>
<td>XD</td>
<td>Deenrolled due to suspension of premiums</td>
</tr>
</tbody>
</table>
EDB 0680 -- FUTURE MEDICAL INSURANCE PLAN CODE Previously Valid Codes

FN  - Foundation
HA  - Heals
HG  - PHP Health Care
NA  - PruNet
NH  - Blue Premier HMO New Mexico
PH  - Prudential High Option
UC  - UC Care
Data Dictionary Entry 0682

**System Number:** EDB0682

**User Access Name:** 0682-6

**Programming Name:** FCB_HLTH_ENRL_REAS IN PPPFCB

**Revision Date:** 02/01/04

**Comments**

Location(s) N/A

**Name:** FUTURE MEDICAL ENROLLMENT REASON CODE

**Type:** ALPHANUMERIC

**Length:** 2

**Format**

N/A

**General Description**

Code indicating the reason for establishing a future medical enrollment.

**Code Interpretation**

User Enterable Reason Codes:

ER - Error correction
HI - HIPAA enrollment (medical only)
LV - Reinstatement on return from leave of absence
OE - Open Enrollment
OR - Other Reason
PI - Enrollment because of a PIE (other than new hire)

System Derived Reason Codes:

BE - Enrollment due to BELI change
CV - Coverage level change because of adding/deleting dependent
DE - De-enrolled due to suspension of premiums
IE - New hire initial enrollment
OT - One-time process
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RH  -  Rehire enrollment
UN  -  Unknown/unspecifed reason
Data Dictionary Entry 0685

System Number: EDB0685

User Access Name: 0685-9

Programming Name: FCB_DNTL_ENRL_REAS IN PPPFCB

Revision Date: 02/01/04

Comments

Location(s): N/A

Name: FUTURE DENTAL ENROLLMENT REASON CODE

Type: ALPHANUMERIC

Length: 2

Format

N/A

General Description

Code indicating the reason for establishing a future dental enrollment.

Code Interpretation

User Enterable Reason Codes:
ER - Error correction
LV - Reinstatement on return from leave of absence
OE - Open Enrollment
OR - Other Reason
PI - Enrollment because of a PIE (other than new hire)

System Derived Reason Codes:
BE - Enrollment due to BELI change
CV - Coverage level change because of adding/deleting dependent
DE - De-enrolled due to suspension of premiums
IE - New hire initial enrollment
OT - One-time process
RH - Rehire enrollment
UN - Unknown/unspecified reason
Data Dictionary Entry 0688

System Number: EDB0688

User Access Name: 0688-2

User Access Name: 0688-2

Programming Name: FCB_VIS_ENRL_REAS IN PPPFCB

Revision Date: 02/01/04

Comments

Location(s): N/A

Name: FUTURE VISION ENROLLMENT REASON CODE

Type: ALPHANUMERIC

Length: 2

Format

N/A

General Description

Code indicating the reason for establishing a future vision enrollment.

Code Interpretation

User Enterable Reason Codes:
ER - Error correction
LV - Reinstatement on return from leave of absence
OE - Open Enrollment
OR - Other Reason
PI - Enrollment because of a PIE (other than new hire)

System Derived Reason Codes:
BE - Enrollment due to BELI change
CV - Coverage level change because of adding/deleting dependent
DE - De-enrolled due to suspension of premiums
IE - New hire initial enrollment
OT - One-time process
RH - Rehire enrollment
UN - Unknown/unspecifed reason
Data Dictionary Entry 0691

**System Number:** EDB0691

**User Access Name:** 0691-2

**Programming Name:** FCB_LEGL_ENRL_REAS IN PPPFCB

**Revision Date:** 02/01/04

**Comments**

Location(s):

**Name:** FUTURE LEGAL ENROLLMENT REASON CODE

**Type:** ALPHANUMERIC

**Length:** 2

**Format**

N/A

**General Description**

Code indicating the reason for changing legal enrollment.

**Code Interpretation**

**User Enterable Reason Codes:**
- ER - Error correction
- LV - Reinstatement on return from leave of absence
- OE - Open Enrollment
- OR - Other Reason
- PI - Enrollment because of a PIE (other than new hire)

**System Derived Reason Codes:**
- BE - Enrollment due to BELI change
- CV - Coverage level change because of adding/deleting dependent
- DE - De-enrolled due to suspension of premiums
- IE - New hire initial enrollment
- OT - One-time process
- RH - Rehire enrollment
- UN - Unknown/unspecificed reason
Data Dictionary Entry 0696

**System Number:** EDB0696

**User Access Name:** 0696-7

**Programming Name:** FCB_ENRL_REAS_CODE IN PPPFCB

**Revision Date:** 02/01/04

**Comments**

Location(s):

**Name:** ENROLLMENT REASON CODE

**Type:** ALPHANUMERIC

**Length:** 2

**Format**

N/A

**General Description**

Code indicating the reason for changing the benefits coverage data.

**Code Interpretation**

User Enterable Reason Codes:

ER - Error correction
HI - HIPAA enrollment (medical only)
LV - Reinstatement on return from leave of absence
OE - Open Enrollment
OR - Other Reason
PI - Enrollment because of a PIE (other than new hire)

System Derived Reason Codes:

BE - Enrollment due to BELI change
CV - Coverage level change because of adding/deleting dependent
DE - De-enrolled due to suspension of premiums
IE - New hire initial enrollment
OT - One-time process
RH - Rehire enrollment
UN  –  Unknown/unspecified reason