SR8160 Requirements
Identify HMO Enrollment Changes as a Result of Physician Disruption

Objective:
The objective of this service request is to identify HMO enrollment changes of employees are changing medical plans due to their HMO primary care physician or group severing their association with the HMO plan in which the employee is enrolled.

Project Type:
This is adding a new code to two data elements. It will involve table updates and modification to UPAY 850, only.

Requested by:
Lily Pang, Director of Health & Welfare Plan Administration

Analyst:
Alice Plebuch

Due Date(s):
This is not an urgent request. The requested due date of February 28, 2005, is for tracking purposes only.
**Background:**
During calendar years 1999 and 2000, physician associations and California HMOs were engaged in negotiations over fees, terms and conditions which resulted in many physician groups refusing to continue contracting with one or more HMOs. The University responded to the situation in 2001 by offering a pilot that allowed employees enrolled in an HMO to change to another HMO (up to) once a month. This pilot was continued in 2002 and removed from pilot status in 2003. While the intent of allowing the change in medical plans was to provide options for those impacted by provider disruptions, over the years the transfer option was also applied to many other situations, including some with adverse impact on the new plan. Therefore, effective January 2005, the reason for an HMO change was limited to “provider disruption.”

**Current Process:**
The employee completes the UPAY 850 (Benefits Enrollment Form). No reason for the change is provided.

**Proposed Process:**
The UPAY 850 Form will be modified by HR&B Communications to include “HMO Provider Disruption” as a change reason. The medical change reason will be an authorized code that can be recorded on the EDB.
Requirements:

1.0  Control Table Updates

Modify Code Translation (CTT) as follows:

```
PPP0438 /PPCTR38 /111903                    UNIVERSITY OF CALIFORNIA-SYSTEMWIDE
Page No.            1
RETN: See Rpts Disp Schedule/Dist.                    Control File Maintenance
Run Date     02/01/05                     Code Translation Table
Run Time     12:46:29

DATA BASE/ DATA     CODE    TRNSLATN  OBSOLETE
FILE ID   ELEMENT   VALUE    LENGTH
----------
EDB      0682      BE        25                BELI Change
EDB      0682      CV        25                Coverage Level Change
EDB      0682      DE        25                De-enrolled
EDB      0682      DR        25                HMO Provider Disruption
EDB      0682      HI        25                HIPAA Enrollment
EDB      0682      IE        25                New Hire Enrollment
EDB      0682      LV        25                Return from Leave
EDB      0682      OE        25                Open Enrollment
EDB      0682      OR        25                Other Reason
EDB      0682      OT        25                One-time Process
EDB      0682      PI        25                New PIE
EDB      0682      UN        25                Unknown Reason

2.0  Data Elements

HMO Provider Disruption requires the addition of a new value to each of two data elements:

1. Future Medical Enrollment Reason Code EDB0682 (Attachment A)
   Add “DR” HMO Provider Disruption

2. Enrollment Reason Code EDB0696 (Attachment A)
   Add “DR” HMO Provider Disruption

3. The new values will be user enterable. They will not be system derived.

4. Online help should be modified to reflect the new values.
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:

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>DR</td>
<td>HMO Provider Disruption</td>
</tr>
<tr>
<td>ER</td>
<td>Error correction</td>
</tr>
<tr>
<td>HI</td>
<td>HIPAA enrollment (medical only)</td>
</tr>
<tr>
<td>LV</td>
<td>Reinstatement on return from leave of absence</td>
</tr>
<tr>
<td>OE</td>
<td>Open Enrollment</td>
</tr>
<tr>
<td>OR</td>
<td>Other Reason</td>
</tr>
<tr>
<td>PI</td>
<td>Enrollment because of a PIE (other than new hire)</td>
</tr>
</tbody>
</table>

### System Derived Reason Codes:

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>BE</td>
<td>Enrollment due to BELI change</td>
</tr>
<tr>
<td>CV</td>
<td>Coverage level change because of adding/deleting dependent</td>
</tr>
<tr>
<td>DE</td>
<td>De-enrolled due to suspension of premiums</td>
</tr>
<tr>
<td>IE</td>
<td>New hire initial enrollment</td>
</tr>
<tr>
<td>OT</td>
<td>One-time process</td>
</tr>
<tr>
<td>RH</td>
<td>Rehire enrollment</td>
</tr>
<tr>
<td>UN</td>
<td>Unknown/unspecified reason</td>
</tr>
</tbody>
</table>
Name: ENROLLMENT REASON CODE

Type: ALPHANUMERIC

Length: 2

General Description

Code indicating the reason for changing the benefits coverage data.

Code Interpretation

User Enterable Reason Codes:

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>DR</td>
<td>HMO Physician Disruption</td>
</tr>
<tr>
<td>ER</td>
<td>Error correction</td>
</tr>
<tr>
<td>HI</td>
<td>HIPAA enrollment (medical only)</td>
</tr>
<tr>
<td>LV</td>
<td>Reinstatement on return from</td>
</tr>
</tbody>
</table>

Attachment A
Page 3
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
RT - Rehire enrollment
UN - Unknown/unspecifed reason