**SR81977 Requirements**  
**2008 Open Enrollment Changes, Phase I**

**Objective:**  
Two new plans are being added for 2008. Some of the current medical plans will not be available in 2008. Employees enrolled in those plans who do not choose another plan during Open Enrollment must be defaulted to another plan. It is requested that an automated process be developed to perform this default enrollment.

**Project Type:**  
This project involves modifications to the Payroll/Personnel application and a one-time process.

**Requested by:**  
HR&B Health & Welfare Policy and Planning

**Analyst:**  
Beth Burkart

**Due Date(s):**  
The requested modifications are Date Mandated.

The program will need to run between the end of Open Enrollment and the first time Payroll is processed for December earnings.
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**Background**

Open Enrollment changes for 2008 include adding two new plans and discontinuing five existing plans.

The following plans are being added for 2008:
- CIGNA Choice Fund (CG)
- Health Net Primary EPO (HE)

The following plans are being discontinued:
- Pacificare (FP)
- Pacificare Nevada (PN)
- Definity (DH)
- Select EPO (SE)
- Blue Cross High Option (BH)

These plan changes will require modifications to the Payroll/Personnel System. In addition, a one-time process will be needed to default employees to a particular plan if their current plan is being discontinued and they do not make a choice during Open Enrollment.

An additional Service Request will be submitted to establish 2008 rates.

**Current Process:**

Currently, Pacificare, Pacificare Nevada, Definity, Select EPO and Blue Cross High Option are among the medical plans available to UC employees.

CIGNA is not currently available in 2007. There is currently only one medical plan code for Health Net (HN).

Currently the PPS Carrier Enrollment File Record Layout (PPP560) contains a sort key. The sort key is used to group certain plans together. For example, the common sort key “B1” is used for all existing Blue Cross plans.

**Proposed Process:**

The HN code will continue to be used for Health Net HMO\(^1\). The additional code HE is needed in the Payroll system to indicate Health Net Primary EPO. This additional code is needed because some employees currently enrolled in the Pacificare plan are in locations not covered by Health Net HMO, and Health Net will be establishing a separate plan for these employees.

With the addition of the new HE plan code, a common sort key will need to be set up in the carrier files. It is suggested that the sort key of “H1” be used to group the “HE” and “HN” plans.

The new medical plan CIGNA Choice Fund (plan code CG) must be set up in the Payroll system.

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\(^1\) Note that the name change from Health Net to Health Net HMO is addressed in SR 81992, “Name Change for the Dental Plans and Health Net Medical Plan.”
Following Open Enrollment and prior to processing any December 2007 pay, employees who are enrolled in a plan that is being discontinued and who did not choose a different plan during Open Enrollment should be defaulted as follows:

- Employees currently enrolled in Pacificare HMO (FP) should be defaulted to the Health Net HMO plan (HN).
  - Employees currently enrolled in Pacificare HMO (FP) and living in Imperial and San Luis Obispo Counties (not covered by Health Net HMO) will initially be defaulted to the Health Net HMO (HN) plan.
  - 42 employees fall into this category.
  - Prior to open enrollment, UCOP will send listings of these employees out to the campuses.
  - After the one-time default process runs, campuses will need to look at these employees’ EDB records. If they did not choose a different plan via Open Enrollment, the campus should manually change their enrollment to Health Net Primary EPO (HE).
- Employees currently enrolled in Pacificare NV (PN) should be defaulted to Blue Cross PPO with Rx (BP)
- Employees currently enrolled in Definity CDHP (DH) should be defaulted to CIGNA Choice Fund (CG)
- Employees currently enrolled in Select EPO (SE) should be defaulted to Blue Cross PPO with Rx (BP)
- Employees currently enrolled in the High Option – Basic plan (non-Medicare) (BH) should be defaulted to Blue Cross PPO with Rx (BP).

**Change Requirements**

**1.0 Control Table Updates**

1.1 Gross to Net (GTN)

Account Information: below are the GTN numbers and Liability account numbers for the new health plans:

<table>
<thead>
<tr>
<th>GTN</th>
<th>Plan</th>
<th>Liability Account</th>
</tr>
</thead>
<tbody>
<tr>
<td>310</td>
<td>CIGNA</td>
<td>115213</td>
</tr>
<tr>
<td>311</td>
<td>CIGNA CON</td>
<td>115213</td>
</tr>
<tr>
<td>312</td>
<td>HLTTH NET EPO</td>
<td>115235</td>
</tr>
<tr>
<td>313</td>
<td>HNET EPO CON</td>
<td>115235</td>
</tr>
</tbody>
</table>

Attachment A contains the GTN table form displaying the new plans.
1.2 Code Translation Table

The Code Translation Table should be modified to include the new plans:

<table>
<thead>
<tr>
<th>EDB</th>
<th>0292</th>
<th>CG</th>
<th>18</th>
<th>CIGNA Choice Fund</th>
</tr>
</thead>
<tbody>
<tr>
<td>EDB</td>
<td>0292</td>
<td>HE</td>
<td>18</td>
<td>Health Net EPO</td>
</tr>
<tr>
<td>CTL</td>
<td>GTNDSC</td>
<td>310</td>
<td>20</td>
<td>CIGNA Choice Fund</td>
</tr>
<tr>
<td>CTL</td>
<td>GTNDSC</td>
<td>311</td>
<td>20</td>
<td>CIGNA Choice Fund</td>
</tr>
<tr>
<td>CTL</td>
<td>GTNDSC</td>
<td>312</td>
<td>20</td>
<td>Health Net EPO</td>
</tr>
<tr>
<td>CTL</td>
<td>GTNDSC</td>
<td>313</td>
<td>20</td>
<td>Health Net EPO</td>
</tr>
<tr>
<td>CTL</td>
<td>GTNLBL</td>
<td>310</td>
<td>24</td>
<td>CIGNA Choice Fund</td>
</tr>
<tr>
<td>CTL</td>
<td>GTNLBL</td>
<td>311</td>
<td>24</td>
<td>CIGNA Choice Fund</td>
</tr>
<tr>
<td>CTL</td>
<td>GTNLBL</td>
<td>312</td>
<td>24</td>
<td>Health Net EPO</td>
</tr>
<tr>
<td>CTL</td>
<td>GTNLBL</td>
<td>313</td>
<td>24</td>
<td>Health Net EPO</td>
</tr>
</tbody>
</table>

2.0 Data Elements

The Data Element Table (table 06) should be updated to add the new plan code values of CG and HE to data element numbers 0292 and 0680.

The data dictionary should be modified to include the new Health Net Primary EPO and CIGNA plans. Updates are needed to the Code interpretation section of the PPS EDB Data Element Definition to add the new codes. The plans that are being discontinued (the Pacificare HMO, Pacificare Nevada, Definity CDHP, Select EPO, and High Option – Basic plans) should be moved to the “Previously Valid Codes” section.

Updated EDB Data Element Definitions for EDB0292, the Medical Plan Code, and EDB0680, the Future Medical Plan Code are in Attachment B.

3.0 Screen Modifications

3.1 CICS EDB & History

Field level help for EDB 0292 - Medical Plan Code - should be modified to be consistent with Attachment B. New Plan codes CG and HE should be added.

Field level help for EDB 0680 – Future Medical Plan Code – should be modified to be consistent with Attachment B. New plan codes CG and HE should be added.
4.0 One-time Processes

A process should be developed to identify employees currently enrolled in Pacificare HMO, Pacificare Nevada, Definity Health, Select EPO, and High Option – Basic plan (non-Medicare). For these records, current enrollment should be end-dated and new future benefits enrollment should be established per the rules outlined below.

4.1 Pacificare (FP)

Individuals enrolled in “FP” with no Medical Coverage End Date (EDB0300) or a Medical Coverage End Date greater than December 31, 2007:

- Change the Medical Coverage End Date (EDB0300) for the “FP” plan to December 31, 2007. The Benefits Coverage End Date (EDB0698) associated with the current entry should also be set to 12/31/07.
- Establish a future enrollment with these attributes:
  - Future Benefit Type (EDB0694) = “M”
  - Benefits Coverage Plan information (EDB0697) = “HN”
  - Future Coverage Effective Date (EDB0695) = 01/01/08
  - Enrollment Reason Code = “OE”

4.2 Pacificare Nevada (PN)

Individuals enrolled in “PN” with no Medical Coverage End Date (EDB0300) or a Medical Coverage End Date greater than December 31, 2007:

- Change the Medical Coverage End Date (EDB0300) for the “PN” plan to December 31, 2007. The Benefits Coverage End Date (EDB0698) associated with the current entry should also be set to 12/31/07.
- Establish a future enrollment with these attributes:
  - Future Benefit Type (EDB0694) = “M”
  - Benefits Coverage Plan information (EDB0697) = “BP”
  - Future Coverage Effective Date (EDB0695) = 01/01/08
  - Enrollment Reason Code = “OE”

4.3 Definity Health (DH)

Individuals enrolled in “DH” with no Medical Coverage End Date (EDB0300) or a Medical Coverage End Date greater than December 31, 2007:

- Change the Medical Coverage End Date (EDB0300) for the “DH” plan to December 31, 2007. The Benefits Coverage End Date (EDB0698) associated with the current entry should also be set to 12/31/07.
- Establish a future enrollment with these attributes:
  - Future Benefit Type (EDB0694) = “M”
  - Benefits Coverage Plan information (EDB0697) = “CG”
  - Future Coverage Effective Date (EDB0695) = 01/01/08
  - Enrollment Reason Code = “OE”
4.4 Select EPO (SE)

Individuals enrolled in “SE” with no Medical Coverage End Date (EDB0300) or a Medical Coverage End Date greater than December 31, 2007:

- Change the Medical Coverage End Date (EDB0300) for the “SE” plan to December 31, 2007. The Benefits Coverage End Date (EDB0698) associated with the current entry should also be set to 12/31/07.
- Establish a future enrollment with these attributes:
  - Future Benefit Type (EDB0694) = “M”
  - Benefits Coverage Plan information (EDB0697) = “BP”
  - Future Coverage Effective Date (EDB0695) = 01/01/08
  - Enrollment Reason Code = “OE”

4.5 High Option – Basic plan (non-Medicare) (BH)

Individuals enrolled in “BH” with no Medical Coverage End Date (EDB0300) or a Medical Coverage End Date greater than December 31, 2007:

- Change the Medical Coverage End Date (EDB0300) for the “BH” plan to December 31, 2007. The Benefits Coverage End Date (EDB0698) associated with the current entry should also be set to 12/31/07.
- Establish a future enrollment with these attributes:
  - Future Benefit Type (EDB0694) = “M”
  - Benefits Coverage Plan information (EDB0697) = “BP”
  - Future Coverage Effective Date (EDB0695) = 01/01/08
  - Enrollment Reason Code = “OE”

4.6 Other Requirements

The one-time should ensure that the Next Future Benefits Action Date (EDB0692) is set so that the daily process handles the update correctly. The daily process should properly derive the Plan Coverage Effective Date (PCED – EDB0294) and Medical Dependent Coverage Effective Date (DCED – EDB0639) for the new plan. The daily process should be tested to ensure that the Plan Coverage Effective Date (PCED) and Medical Dependent Coverage Effective Date (DCED) are set to the same date as the Employee Coverage Effective Date.

4.7 Reporting

The one time should produce an employee change file for recording in History.

A report is needed to identify employees who are enrolled in one of the plans being eliminated and have a coverage end date later than 12/31/07. Attachment C specifies the requirements for that one-time report.
5.0 Carrier File Process

5.1 Carrier File Sort Key

The process that creates the carrier files from the monthly PAR and EDB data should be modified so that a common sort key is used for both of the Health Net plans, HN (the existing code) and HE (the new code). It is suggested that a sort key of H1 be used.

5.2 Historical Premium Activity Sort Key

The process that updates the historical premium activity table also should be modified to have the common sort key for both of the Health Net plans, HN (the existing code) and HE (the new code). It is suggested that a sort key of H1 be used.
<table>
<thead>
<tr>
<th>TABLE NO</th>
<th>PRIMARY NUMBER</th>
<th>DESCRIPTION</th>
<th>RELATION ELEMENT</th>
<th>SCHEDULED BALANCES</th>
<th>PREPARED BY</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>A02</td>
<td>312 1</td>
<td>HLTH NET EPO</td>
<td>RI</td>
<td>313 A11 P50</td>
<td>F7</td>
<td>5/6</td>
</tr>
<tr>
<td>A02</td>
<td>312 2</td>
<td>115.235</td>
<td>RECEIVABLE PAI</td>
<td></td>
<td>YYY</td>
<td></td>
</tr>
<tr>
<td>A02</td>
<td>312 3</td>
<td></td>
<td>PREPARED PAI</td>
<td></td>
<td>HE YY</td>
<td></td>
</tr>
<tr>
<td>A02</td>
<td>313 1</td>
<td>HNET EPO CON</td>
<td>CT</td>
<td>312 A11 A5</td>
<td>F7</td>
<td>6/7</td>
</tr>
<tr>
<td>A02</td>
<td>313 2</td>
<td>115.235</td>
<td>RECEIVABLE PAI</td>
<td></td>
<td>H</td>
<td></td>
</tr>
<tr>
<td>A02</td>
<td>313 3</td>
<td></td>
<td>PREPARED PAI</td>
<td></td>
<td>HE YY</td>
<td></td>
</tr>
</tbody>
</table>

**BASE CODES**
- E: Salary DEDUCTION
- H: Federal Deduction
- I: State Deduction

**BENEFIT CODES**
- G: Dental Contribution
- D: Medical Contribution
- A: Life Insurance

**BENEFIT TYPES**
- S: Healthcare
- P: Disability

**C.B. ELIGIBILITY**
- A: Eligible
- E: Eligible with conditions

**C.B. BEHAVIOR CODES**
- STR: Sustained
- TUG: Temporary

**GROUP CODES**
- I: Insurance
- M: Medical

**TYPE CODES**
- S: Single
- D: Double

**USAGE CODES**
- F: Federal
- S: State

**DEPARTMENTAL PAY INQUIRY INDICATOR**
- H: Display HIR Inc
- D: Display Total Deduction
| A   | B   | C   | D   | E   | F   | G   | H   | I   | J   | K   | L   | M   | N   | O   | P   | Q   | R   | S   | T   | U   | V   | W   | X   | Y   | Z   |
|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| A02 | 310 | CIGNA | 311 | A1A | P5Q | FF | 07 | A56 | 5   | Y   | Y   | Y   | Y   | A   | H   | 0   | Y   | A   | H   | 0   | Y   | A   | H   | 0   | Y   | A   |
| A02 | 310 | 213 | 310 | 2   | 115 | 213 | Y   | Y   | Y   | A   | H   | 0   | Y   | A   | H   | 0   | Y   | A   | H   | 0   | Y   | A   | H   | 0   | Y   | A   |
| A02 | 310 | 213 | 311 | CIGNA CON | 310 | A1A | S   | FF | 07 | D   | Y   | Y   | A   | H   | 0   | Y   | A   | H   | 0   | Y   | A   | H   | 0   | Y   | A   | H   | 0   | Y   | A   |
| A02 | 310 | 213 | 311 | 213 | Y   | Y   | A   | H   | 0   | Y   | A   | H   | 0   | Y   | A   | H   | 0   | Y   | A   | H   | 0   | Y   | A   | H   | 0   | Y   | A   | H   | 0   | Y   |
Attachment B: Data Element Definitions

Medical Plan Code

System Number: EDB0292

User Access Name: 0292-1

Programming Name: HLTH_PLAN IN PPPBEN

Revision Date: 07/01/05

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>BP</td>
<td>Blue Cross PPO</td>
</tr>
<tr>
<td>CG</td>
<td>CIGNA Choice Fund</td>
</tr>
<tr>
<td>CM</td>
<td>Core Major Medical (Blue Cross)</td>
</tr>
<tr>
<td>HE</td>
<td>Health Net Primary EPO</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>P1</td>
<td>PSBP Medical HMO</td>
</tr>
<tr>
<td>P2</td>
<td>PSBP Medical PPO</td>
</tr>
</tbody>
</table>
WH - Western Health Advantage
DM - Medical plan not yet selected by the employee
XX - Opted out of medical
XC - Cancelled medical
XD - De-enrolled - suspension of
     Premiums or ineligible dependent

EDB 0292 -- MEDICAL INSURANCE PLAN CODE Previously Valid Codes

BH - High Option (Blue Cross)
DH - Definity Health (UCSF and UCSB only)
FN - Foundation
FP - PacifiCare
HA - Heals
HG - FHP Health Care
NA - PruNet
NH - Blue Premier HMO New Mexico
PH - Prudential High Option
PN - PacifiCare Nevada
SE - UnitedHealthcare Select EPO
UC - UC Care
Future Medical Plan Code

System Number: EDB0680

User Access Name: 0680-4

Programming Name: FCB_HEALTH_PLAN IN PPPFCB

Revision Date: 07/01/05

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
- BC - Blue Cross Plus
- BP - Blue Cross PPO
- CG - CIGNA Choice Fund
- CM - Core Major Medical (Blue Cross)
- HE - Health Net Primary EPO
- HN - Health Net
- KN - Kaiser North
- KS - Kaiser South
- KU - Kaiser Umbrella
- KW - Kaiser MidAtlantic
- P1 - PSBP Medical HMO
- P2 - PSBP Medical PPO
- WH - Western Health Advantage
- DM - Medical plan not yet selected by the employee
XX - Opted out of medical
XC - Cancelled medical
XD - De-enrolled - suspension of Premiums or ineligible dependent

EDB 0680 -- FUTURE MEDICAL INSURANCE PLAN CODE Previously Valid Codes

BH - High Option (Blue Cross)
DH - Definity Health (UCSF and UCSB only)
FN - Foundation
FP - PacifiCare
HA - Heals
HG - FHP Health Care
NA - PruNet
NH - Blue Premier HMO New Mexico
PH - Prudential High Option
PN - PacifiCare Nevada
SE - UnitedHealthcare Select EPO
UC - UC Care
Attachment C: One Time Report

If the employee’s Medical Plan Code (EDB 0292) before the one-time is run is “FP,” “PN,” “DH,” “SE” or “BH” and the Medical Coverage End Date (EDB 0300) is later than 12/31/07, the employee record should be selected for the one-time report. This report should display the following data elements:

Employee Name (EDB 0105)
Employee ID
Home Department (EDB 0114)
Department Name (from Home Department Table)
Medical Plan Code (EDB 0292)
Medical PCED (EDB 0294)
Medical Coverage End Date (EDB 0300)
Future Medical Plan Code (EDB 0680) and Future Medical Plan Effective Date (EDB 0681)
(Any occurrences of future medical plan code and effective date where the effective date of the medical coverage is later than the current Medical Coverage End Date.)

The report should be sorted in Employee Name order.

A mockup of the report is attached.
<table>
<thead>
<tr>
<th>Employee Name</th>
<th>Employee ID</th>
<th>Department</th>
<th>Plan</th>
<th>PCED</th>
<th>End Date</th>
<th>Before one-time</th>
<th>After one-time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bockbinder, Boston</td>
<td>804918</td>
<td>Chan Office</td>
<td>FP</td>
<td>01/01/00</td>
<td>01/31/08</td>
<td>01/01/00</td>
<td>12/31/07</td>
</tr>
<tr>
<td>Foxmire, Jonathan</td>
<td>861002</td>
<td>Info Serv</td>
<td>PN</td>
<td>01/01/00</td>
<td>01/31/08</td>
<td>01/01/00</td>
<td>12/31/07</td>
</tr>
</tbody>
</table>