Release 1950

Service Request 83074
Open Enrollment 2011 Plan Year Modifications

Detail Design

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Introduction

Service Request 83074

Service Request 83074 asks for modifications to implement changes mandated by the Health Care Reform legislation of 2010 along with changes in UC H&W plans and rates for plan year 2011.

Service Request 83074 provides the following background information:

The Patient Protection and Affordable Care Act (PPACA) and the Health Care and Education Reconciliation Act of 2010 were signed into law by President Obama on March 30, 2010. The new legislation states: A group health plan and a health insurance issuer offering group or individual health insurance coverage that provides dependent coverage of children shall continue to make such coverage available for an adult child until the child turns 26 years of age. The legislation only requires that coverage to age 26 be available in medical plans.

In July 2010, the UCOP PPACA workgroup, consisting of representatives from HR and OGC recommended that coverage to age 26 be made available in all H&W plans covering dependent children, and that this coverage be provided to all dependent types currently covered to age 23.

For the year 2011, HR&B is introducing two new medical plans (both offered by current carriers) and eliminating two medical plans.

Current Process

Dependents having specific dependent to employee codes* are automatically de-enrolled from medical, dental, vision, and legal plans at the end of the month in which they turn 23 (25 in New Mexico, except legal coverage which ends at 23 years).

*EDB0635 codes:
  C - Child (natural or adopted)
  T - Non Tax dependent Child (natural or adopted)
  O - Other Child (e.g., foster child)
  P - Stepchild
  G - Grandchild
  K - Child/Grandchild of Domestic

Proposed Process

The age of automatic de-enrollment for medical, dental, vision and legal plans for the dependent types listed above will be 26 years of age (including New Mexico).

Overview of PPS Modifications

One Time Process

A one time program will be created to set the plan coverage end dates (EDB0300 and EDB0698) to 12/31/2010 for employees enrolled in Cigna Choice or Kaiser Mid-Atlantic with no Medical Coverage End Date (EDB0300) or a Medical Coverage End Date greater than December 31, 2010. Employees and dependents covered by Cigna Choice will be defaulted to Anthem Lumenos. Employees and dependents covered by Kaiser Mid-Atlantic will be defaulted to Kaiser Umbrella. Default future enrollments will be effective January 1, 2011.
EDB File Maintenance Process
The file maintenance edit programs will be modified to remove existing logic which blocks dependent children at age 23 (25 in New Mexico) from medical, dental, vision and legal coverage. New logic will be added to change the cut-off age for all plans to 26 for all dependent children.

The benefits de-enrollment process performed during file maintenance will be modified to include two new health plan codes which will be included in the logic that zeros out the suspended balance.

Periodic Maintenance Process
The PPS monthly maintenance will be modified to remove existing logic which de-enrolls dependent children at age 23 (25 in New Mexico) from medical, dental, vision and legal coverage. New logic will be added to de-enroll all dependent children from all plans at age 26.

The benefits de-enrollment process performed during monthly periodic maintenance will be modified to include the two new health plan codes which will be included in the logic that zeros out the suspended balances.

Control Table Maintenance
The following control tables will have updates:

- Benefits Rate Table (BRT)
- Code Translation Table (CTT)
- Data Element Table (DET)
- Gross-to-Net Table (GTN)
- System Messages Table (MSG)

CICS HELP
CICS HELP changes will be made to accommodate the new medical plan codes in EDB0292 Medical Plan Code and EDB0680 Future Medical Plan Code. Changes will also be made to update the descriptions for codes D and K in EDB 0635 Dependent Relationship to Employee Code.

Programs

One Time Programs

PPOT1950
A one-time program PPOT1950 will be created to default employees remaining in a discontinued plan to the appropriate plan. 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.

PPOT1950 will be 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 12/31/2010, and create entries on the Future Enrollment Table (PPPFCB) with a 01/01/2011 effective date. In addition, it will be necessary to run the one-time prior to every Compute process in December to ensure that subsequent enrollments in discontinued plans which do not provide for a January 1, 2011 changeover, will also be defaulted.

PPOT1950 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.

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 (EDB0695) is equal to or greater than the current plan’s effective date (EDB0294). The returned data will be Employee ID and descending effective date order. There should be a matching entry always on the PPPFCB that matches the current enrollment plan code and effective date. The cursor logic should always return this matching row as the final cursor row for an employee.

- If a FCB Effective Date (EDB0695) is greater than or equal to January 1, 2011, the FCB Plan Code (EDB0697) will be checked.
  - If the FCB Plan Code is not one of the discontinued plans, no modification is needed.
  - If the FCB Plan Code is one of the discontinued plans, FCB Plan Code will be converted to the appropriate default plans. If the FCB Effective Date and FCB Plan Code equal the current BEN Effective Date (EDB0294) and BEN Plan Code (EDB0292), i.e. the BEN data matches the FCB data, the BEN plan code will also be converted to the appropriate default plan.
  - If a FCB Effective Date is equal to January 1, 2011, a flag will be set indicating that a January 1, 2011 entry exists.

- If a FCB Effective Date (EDB0695) is less than January 1, 2011:
  - If the flag indicates that a January 1, 2011 entry exists, no modification is needed. The default, if needed, has already been processed in the above steps.
  - If the flag does not indicate that a January 1, 2011 entry exists, the FCB Plan Code (EDB0697) will be checked.
    - If the FCB Plan Code is not one of the discontinued plans, no modification is needed.
    - If the FCB Plan Code is one of the discontinued plans and FCB Coverage End Date (EDB0698) is greater than 12/31/2010 or initial value, a row will be inserted in the PPPFCB table with the appropriate default FCB Plan Code and an FCB Effective Date of January 1, 2011. If the BEN Coverage End Date (EDB0300) is greater than 12/31/2010, it will be set to 12/31/2010. If the Next Future Benefits Action Date (EDB0692) is greater than 1/1/2011, it will be set to January 1, 2011. A flag will be set indicating that a January 1, 2011 entry exists.

- 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 PPOT1950 will be the PPP1800 report from the ECF. Therefore, no one-time detail reporting will be necessary for this one-time program.

- A report OT19502 will be produced in update mode to identify employees who are enrolled in one of the plans being eliminated and have a coverage end date later than 12/31/2010.

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

New and Modified Programs

**PPEI360**

PPEI360 performs maintenance on dependent data (sets upcoming coverage end dates, clears out dependents that have not been covered for a given period of time).

This module will be modified to de-enroll dependent children from all plans if they reach the age of 26 in the current or next month. Existing code that de-enrolls at age 23 (25 in New Mexico) will be commented out.
Modified Logic:

If 

Child relationship to dependent (EDB0635) = C, T, O, P, G or K
and
Dependent disabled code (EDB0638) not = Y
and
Corresponding Coverage Effective Date
(EDB0639 for Medical,
EDB0640 for Dental,
EDB0641 for Vision,
EDB0642 for Legal) is not initial values
and
dependent will become 26 years old in either the current or next month of the System Control Record (SCR) Current Date

Then

Medical Dependent Coverage End Date (EDB0659),
Dental Dependent Coverage End Date (EDB0656),
Vision Dependent Coverage End Date (EDB0657) and
Legal Dependent Coverage End Date (EDB0658) will be set equal to the last day of the month in which the child turns 26.

EDB0635 = W (Legal Ward) will age-out at 18 (all states) and will not be affected by this Service Request.

PPEC704
PPEC704 performs consistency edits and maintenance on basic dependent transaction sets.

New cutoff dates will be calculated for 26 and 25-1/2 years of age.
If changing non-disabled (EDB0638 – DEP-DISABLED-CODE) to disabled and dependent is less than 25-1/2 years of age change will be blocked (messages 08-491/12-491). If changing disabled to non-disabled and dependent is over 26 years of age, change will be blocked (messages 08-692/12-692).

PPEC705
PPEC705 performs consistency edits and maintenance on employee/dependent medical insurance enrollment data.

A new cutoff date will be calculated for 26 years of age. This date will be compared to the birth date of the dependent to determine if enrollment in a medical plan should be blocked. For non-disabled dependent child, medical coverage will be blocked at age 26. (messages 08-555/12-555 and 08-474/12-474). Also, for disabled (EDB0638 – DEP-DISABLED-CODE = Y), non-tax dependent child ((EDB0635- DEP-REL-TO-EMP= T), medical enrollment will be blocked if dependent is more than 26 years old and message will be displayed to change the relationship to ‘N’. (messages 08-569/12-569).

PPEC706
PPEC706 performs consistency edits and maintenance on employee/dependent dental insurance enrollment data.

A new cutoff date will be calculated for 26 years of age. This date will be compared to the birth date of the dependent to determine if enrollment in a dental plan should be blocked. For non-disabled dependent child, dental coverage will be blocked at age 26. Also, for disabled, non-tax dependent child, dental enrollment will be blocked if dependent is more than 26 years old and message will be displayed to change the relationship to ‘N’. (messages 08-569/12-569).

PPEC707
PPEC707 performs consistency edits and maintenance on employee/dependent vision insurance enrollment data.

A new cutoff date will be calculated for 26 years of age. This date will be compared to the birth date of the dependent to determine if enrollment in a vision plan should be blocked. For non-disabled dependent child, vision coverage will be
blocked at age 26. Also, for disabled, non-tax dependent child, vision enrollment will be blocked if dependent is more than 26 years old and message will be displayed to change the relationship to ‘N’. (messages 08-569/12-569).

**PPEC708**
PPEC708 performs consistency edits and maintenance on employee/dependent legal insurance enrollment data.

A new cutoff date will be calculated for 26 years of age. This date will be compared to the birth date of the dependent to determine if enrollment in a legal plan should be blocked. For non-disabled dependent child, legal coverage will be blocked at age 26. Also, for disabled, non-tax dependent child, legal enrollment will be blocked if dependent is more than 26 years old and message will be displayed to change the relationship to ‘N’. (messages 08-569/12-569).

**PPEI199**
PPEI199 performs benefits de-enrollment during EDB file maintenance and monthly periodic maintenance. If the health insurance de-enrollment indicator has been set to ‘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 GTNs.

PPEI199 will be modified to add GTN subscript values for the two new medical plans HN Blue&Gold HMO (GTN 336) and BC Lumenos PPO-HRA (GTN 358). The two 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.

**Copy Members**

**CPWSXIC2**

CPWSXIC2 defines various application constants.

The Level-88 entries defined under the field, XCARRIER, are used in programs PPP560 and PPP561 to identify the plans that are combined into a single carrier file.

A new value, ‘BL’, will be added to the Level-88 entry BLUECROSS and a new value, ‘HB’, will be added to the Level-88 entry HEALTHNET.

**Bind Members**

**One-Time Binds**

**PPOT1950**

This plan bind will be created for one-time program PPOT1950.

**CICS Help Updates**

**CICS Help Texts**

Modified CICS Help texts for the following will be loaded into the CICS Help file. The appropriate CICS Help will be displayed in functions EINS, IINS, EFBC, and IFBC when PF1 key is pressed.

- EDB0292 (Medical Plan Code) - New plan codes BL and HB will be added
- Codes CG and KW will be moved to the ‘previously valid’ section
- New plan codes BL and HB will be added
- Codes CG and KW will be moved to the ‘previously valid’ section

EDB0680 (Future Medical Plan Code)

EDB0635 (Dependent Relationship to Employee Code)
- Description for code D will be changed to ‘Same Sex Spouse/Domestic Partner’
- Description for code K will be changed to ‘Child/Grandchild of Same Sex Spouse/Domestic Partner’

Control Table Updates

System Messages Table
The message text of the following messages will be updated as follows.

1. 08-474 (DEPENDENT ENROLLMENT BLOCKED BECAUSE OF AGE)
2. 12-474 (DEPENDENT ENROLLMENT BLOCKED BECAUSE OF AGE)
3. 08-555 (CHILD OVER AGE - BIRTH DATE CHANGE BLOCKED)
4. 12-555 (CHILD OVER AGE - BIRTH DATE CHANGE BLOCKED)
5. 08-491 (DEP DISABLED CD MAY NOT BE SET FOR DEPENDENT CHILD UNDER 25 1/2)
6. 12-491 (DEP DISABLED CD MAY NOT BE SET FOR DEPENDENT CHILD UNDER 25 1/2)
7. 08-692 (ATTEMPT TO CHG DISABLED CODE-DEP OVER 25-CHG BLOCKED-DELETE REC)

Code Translation Table
Transactions will be created to add translations for the two new Medical Plan Codes ‘HB’ (HN Blue&Gold HMO) and ‘BL’ (BC Lumenos PPO-HRA) for the EDB data element 0292.
The GTN Descriptions (GTNDSC) and GTN Labels (GTNLBL) will be created for the new GTNs 336, 337, 358, and 359.

1. GTNDSC 33620HN Blue&Gold HMO
2. GTNDSC 33720HN Blue&Gold - cont
3. GTNDSC 35820BC Lumenos PPO w HRA
4. GTNDSC 35920BC Lumenos - cont
5. GTNLBL 33624HN Blue&Gold HMO
6. GTNLBL 33724HN Blue&Gold - cont
7. GTNLBL 35824BC Lumenos PPO w HRA
8. GTNLBL 35924BC Lumenos - cont
The code translations for EDB data element 0635 code values D and K will be updated.

9. EDB0635 D 20Same Sex Spouse/DP
10. EDB0635 K 20Child/Grand SSS/DP

Data Element Table
The Data Element Table will be updated to add the new plan code values of ‘BL’ and ‘HB’ to data element numbers 0292, 0680, and 0697.

**Gross-to-Net Table**

The GTN Table will be updated to include GTN entries for the employee deductions and UC contributions for the two new medical plans (GTN Numbers 336, 337, 358, and 359).

**Data Dictionary Updates**

The following Data Dictionary entries will be **modified**:

**EDB 0292**
Medical Plan Code

**EDB 0680**
Future Medical Plan Code

**EDB 0635**
Dependent Relationship to Employee Code

**JCL Changes**

**PPOT1950**
Sample JCL will be provided for one-time program PPOT1950