Service Request 83848

Medical Plans 2014 – Phase I

Technical Specification

September 27, 2013
Revised – November 21, 2013

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Information Resources & Communications
Office of the President
University of California
## Version History

<table>
<thead>
<tr>
<th>Version #</th>
<th>Date</th>
<th>Revised By</th>
<th>Reason for Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.0</td>
<td>09/11/2013</td>
<td>Baskar Chitravel</td>
<td>Initial version</td>
</tr>
<tr>
<td>2.0</td>
<td>09/20/2013</td>
<td>Baskar Chitravel</td>
<td>Changes related to new GTNs and Unit Testing requirements added.</td>
</tr>
<tr>
<td>3.0</td>
<td>09/27/2013</td>
<td>Baskar Chitravel</td>
<td>GTN Number Changes (146 → 143; 607 → 611; 611 → 614) and Unit Testing requirements review changes.</td>
</tr>
<tr>
<td>4.0</td>
<td>11/21/2013</td>
<td>Baskar Chitravel</td>
<td>Temporary Changes to allow adjustments to Blue Cross administered (prior to 2013) Core Medical (CM) plan.</td>
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1 Introduction

After the RFP process related to the annual health plan renewal, Medical Plan changes have been made for the 2014 Staff and Faculty Benefits Program.

Open Enrollment changes for 2014 Benefits include adding two new plans and discontinuing five existing plans.

The following plans are being added for 2014:
- UC Care (SU)
- Blue Shield Health Savings Plan (SP)

The following plans are being discontinued:
- BC - Blue Cross Plus (BC)
- BL - Anthem Lumenos PPO with HRA (BL)
- BP - Blue Cross PPO (BP)
- HN - Health Net HMO (HN)
- KU - Kaiser Umbrella (KN)

In addition, the carrier Blue Cross for the Core Medical Plan (CM) has been changed to Blue Shield.

Also, the Medical Plan Health Net Primary EPO (HE) was discontinued last year. Therefore, Plan Code ‘HE’ should be made invalid for Medical Plan Code and Future Medical Plan Code.

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.

The above changes should be implemented prior to the first compute for December earnings.
1.1.1 Service Request 83848

SR83848 proposes the following Medical Plan changes:

1) Discontinue the following Medical Plans that are currently offered for UC employees:

<table>
<thead>
<tr>
<th>Plan</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>BC</td>
<td>Blue Cross Plus</td>
</tr>
<tr>
<td>BL</td>
<td>Anthem Lumenos PPO with HRA</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>HE</td>
<td>Health Net Primary EPO</td>
</tr>
<tr>
<td>HN</td>
<td>Health Net HMO</td>
</tr>
<tr>
<td>KU</td>
<td>Kaiser Umbrella</td>
</tr>
</tbody>
</table>

2) Change the name of the Medical Plan below:

<table>
<thead>
<tr>
<th>Plan</th>
<th>Description (Current)</th>
<th>Description (Future)</th>
</tr>
</thead>
<tbody>
<tr>
<td>HB</td>
<td>Health Net Blue &amp; Gold HRA</td>
<td>Health Net Blue &amp; Gold</td>
</tr>
</tbody>
</table>

3) Add the following new Medical Plans for the benefit year 2014:

<table>
<thead>
<tr>
<th>Plan</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>SU</td>
<td>UC Care</td>
</tr>
<tr>
<td>SP</td>
<td>Blue Shield Health Savings Plan</td>
</tr>
<tr>
<td>CM</td>
<td>Core Major Medical (Blue Shield)</td>
</tr>
</tbody>
</table>
2 Overview of System Modifications

SR83848 asks PPS to implement the following changes to the medical plans included in 2014 Benefits by the first December compute:

- The EDB transactions generated from the Open Enrollment process terminate current plans as of 12/31/2013 and create entries on the Future Enrollment Table (PPPFGB) with a 01/01/2014 effective date.

  Write an onetime program that should be run immediately after processing OE transactions and prior to each December 2013 Compute that will default into the respective new plans, if there are any enrollments (without 01/01/2014 changeover) into the discontinued plans happened.

- In the copybook CPWSXIC2, for the existing field XCARRIER, define a 88 level BLUESHIELD (for Blue Shield) with the associated values of ‘CM’, ‘SU’, and ‘SP’.

  In addition, add ‘SS’ (temporary for old ‘CM’) to 88 level BLUECROSS (for Blue Cross).

- Program PPEI199 that performs benefits de-enrollment should be modified as below:

  a. For the new 2014 medical plans, add logic to zero out the suspended balances.

  b. For plan code CM, access the new 2014 employee GTN’s subscript instead of the discontinued Blue Cross GTN# 308.

- In the ECED / DCED re-derivation program PPEI350, which re-derives the current plan data whenever future benefit action date is within the days range during EDB Daily Process, should be modified as below:

  a. Add temporary code to force setting the Employee Health Coverage Effective Date (ECED – EDB0454) to 01/01/14 (from EFCB-FCB-COVEFF-DATE), when the existing plan code is ‘CM’.

  b. Add temporary code to rederive Dependent Health Coverage Effective Date (DCED – EDB0639) from the above rederived ECED (01/01/2014).

  c. Add temporary code to create 2 FCB entries, one for old ‘CM’ that ended on ‘12/31/2013’ and another one for the new ‘CM’ that will be effective on ‘01/01/2014’.
In the Benefits Array Processing program PPEI315, which updates the current plan data from the Benefit Table (PPPBEN) to the Benefits Array Table (PPPFCE) during EDB Maintenance, should be modified to add temporary code to distinguish between old ‘CM’ and new ‘CM’.

Program PPP560, which creates preliminary carrier file from the monthly PAR and EDB data, will be changed to associate plans ‘CM’, ‘SU’, and ‘SP’ (by referring BLUESHIELD defined in CPWSXIC2) with a new sort key value of ‘S1’ for Blue Shield.

Program PPP561 that updates Historical Premium Activity table and produces the final Carrier file, will be changed as below:

a. Associate plans ‘CM’, ‘SU’, and ‘SP’ with a new sort key ‘S1’ for Blue Shield for positive and negative adjustments.

b. Bypass the new 2014 plans with erroneous coverage date prior to 2014.

c. Reroute the CM plan’s prior year positive and negative adjustments to ‘B1’ sort key.

Incorporate the Medical Plan Code changes into the Data Element Table, Web Data Dictionary, Code Translation Table, and CICS Help Texts for the following EDB data elements: EDB0292 (Medical Plan Code) and EDB0680 (Future Medical Plan Code).

For the new plan codes (‘CM’ of Blue Shield, ‘SU’, and ‘SP’), create Deduction and Contribution GTNs.

For the Deduction and Contribution GTNs of Blue Cross ‘CM’, change the GTN Status to ‘Inactive’ and GTN Plan Code to ‘SS’.

In the Rush Check logic, bypass the GTN Inactive status edit for the Blue Cross ‘CM’ GTN numbers 308 and 309.

In order to differentiate old Blue Cross ‘CM’ from new Blue Shield ‘CM’ during further PPS Consolidated Billing, before running January Consolidated Billing using the December merged PAR data, all the rows with Plan Code ‘CM’ in the EDB table PPPHPA should be updated to ‘SS’.
3 Design Considerations

3.1 Assumptions and Dependencies

Following are the assumptions made, while designing the PPS changes for the 2014 Medical Plan changes:

- The carrier (vendor) for Core Medical (Medical Plan Code ‘CM’) is changed from Blue Cross to Blue Shied. Complex PPS changes are needed for renaming the Core Medical Plan Code from ‘CM’ to a new Plan Code. Therefore, in order to avoid the risky changes involved in renaming the Core Medical, Plan Code ‘CM’ is retained in PPS, as it was done in R1440 while changing the vendor for Core Medical from Aetna to Blue Cross. In addition, temporary logic should be added for changing the vendor for Core Medical plan ‘CM’ from Blue Cross to Blue Shied.

- GTN Attributes for the 3 employee deductions and employer contributions will be based on the existing plans.

- Onetime program for the 2014 Plan Year will be based on the following OE Plan Year Modifications:
  - i. PPOT1950 – Onetime program written for R1950 (OE 2011 Plan Year)
  - ii. PPO14403 – Onetime program written for R1440 (OE 2002 Plan Year)

- No W-2 process changes are required.

- No CICS screen changes are required.

4 Testing Considerations

- Batch EDB File Maintenance, Monthly Periodic Maintenance, and CICS Employee updates should be considered for testing the benefits de-enrollment process.

- Testing of EDB Periodic Daily Maintenance is necessary for ECED / DCED rederivation of Core Medical Plan Code ‘CM’.

- Testing of Preliminary and Final Carrier file processes for the changes of vendors and their associated sort keys will be checked in the file. However, testing of delivering the files to the new vendors are done in a separate project.

- Testing with the base environment is required.

- Comprehensive QA and UAT testing setup and support are required.
5 Mainframe Design

5.1 EDB Maintenance Changes

5.1.1 COBOL Programs

5.1.1.1 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 as below:

- For the new 2014 medical plans, PPEI199 will be modified to add logic to zero out the suspended balances. The previous plan codes will not be deleted at this time.

- For CM plan, new 2014 employee GTN’s subscript will be accessed, instead of the discontinued Blue Cross GTN# 308. However, Blue Cross GTN# 308 will be kept temporarily, since the previous plan codes are not deleted at this time.

WORKING-STORAGE

Change the value of A-STND-PROG-ID appropriately.

i. Change the GTN number for the CM plan to the new deduction number for Blue Shield CM.

ii. Change the name of the existing Core Medical GTN to identify that with Blue Cross (CM).
iii. Add GTN subscripts for Blue Cross (CM), UC Care (SU), and Blue Shield Health Savings Plan (SP)

```plaintext
03 GTN-NUMBERS COMP.
   05 AD=D-GTN-NO PIC S9(4) VALUE +040.

   05 HLTH-BP-GTN-NO PIC S9(4) VALUE +306.
   05 HLTH-CM-GTN-NO PIC S9(4) VALUE +308.
   05 HLTH-CM-BC-GTN-NO PIC S9(4) VALUE +308.
   05 HLTH-SU-GTN-NO PIC S9(4) VALUE +608.
   05 HLTH-SP-GTN-NO PIC S9(4) VALUE +611.
   05 HLTH-CG-GTN-NO PIC S9(4) VALUE +310.
```

PROCEDURE DIVISION

Implied Maintenance Changes:

Health Insurance De-enrollment indicator (HLTH-DEENROLL of PPPBEN – EDB0158) is set to ‘X’ in the compute’s Gross-To-Net calculation (PPP400 by calling PPNETUPD), when the sum of employee suspended contributions and deductions is greater than twice the current month’s premium amount. In addition, PPNETUPD clears out the suspended and user balances for contribution GTN.

Also, PPNETCLC program (called by PPP400) sets the De-Enroll Flag to ‘X’ as well, when the employee status is separated for more than 2 months (PPED Month – Month from Separate Date).

In PPEI199, section 3050-HEALTH-DE-ENROLLMENT is executed, if the Health Insurance De-enrollment indicator is **not blank**.
Therefore, in the **3050-HEALTH-DE-ENROLLMENT** section, add the logic to clear out the suspended balances of the new GTN deductions as below:

```
3050-HEALTH-DE-ENROLLMENT SECTION.

   EVALUATE HLTH-PLAN
       WHEN 'BC'
           MOVE ZERO TO EDSA-BALAMT (HLTH-BC-GTN-NO, DSA-SUSP-P)
       WHEN 'CM'
           MOVE ZERO TO EDSA-BALAMT (HLTH-CM-GTN-NO, DSA-SUSP-P)
           MOVE ZERO TO EDSA-BALAMT (HLTH-CM-BC-GTN-NO, DSA-SUSP-P)
       WHEN 'BL'
           MOVE ZERO TO EDSA-BALAMT (HLTH-BL-GTN-NO, DSA-SUSP-P)
           WHEN 'SU'
               MOVE ZERO TO EDSA-BALAMT (HLTH-SU-GTN-NO, DSA-SUSP-P)
           WHEN 'SP'
               MOVE ZERO TO EDSA-BALAMT (HLTH-SP-GTN-NO, DSA-SUSP-P)
   END-EVALUATE.
```
5.1.1.2 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-derives the related Employee plan Coverage Effective Date (ECED) and Dependent plan Coverage Effective Date (DCED).

Normally, the ECED is only reset when the plan code changes from one value to another. Because of the change in carrier for UC’s Core Medical plan, the ECED must be set to 01/01/14 so that the 01/01/14 date can be passed to the new carrier.

Temporary code will be added to force setting the ECED to 01/01/14 when the existing plan code is ‘CM’ and the future plan code with a future effective date of 01/01/14 is moved to current in the daily process.

WORKING-STORAGE

Change the value of A-STND-PROG-ID appropriately.

PROCEDURE DIVISION

Implied Maintenance Changes:

For the 01/01/2014 changeover to the new carrier, since ‘CM’ will continue to be used as the Core Medical plan code, as in R1440, whenever Future Benefits Action Date is ‘2014-01-01’ and the unchanged Medical Plan Code is ‘CM’, temporary logic is added to trigger the ECED and DCED re-derivation.

In the 2100-SET-CURRENT-HEALTH section, rederive Employee Health Coverage Effective Date (ECED – EDB0454) from EFCB-FCB-COVEFF-DATE of PPPFCB row (01/01/2014), as below:

```
2100-SET-CURRENT-HEALTH SECTION.

PERFORM 4000-DERIVE-NEW-DCED.

IF HLTH-OPTOUT NOT = WS-SAVE-HLTH-OPTOUT
  MOVE E0377 TO DL-FIELD
PERFORM 9050-AUDITING-RESPONSIBILITIES
END-IF.
```
For each dependent of an employee, in the PPPDEP table, for each Plan Type (Medical / Dental / Vision / Legal), Plan Coverage Effective Date and Plan Coverage End Date (low date to represent ‘no end date established’) are stored in the fields below:

**Medical:** DEP_HLTH_COVEFFDT and DEP_HLTH_COVENDDT

**Dental:** DEP_DENTL_COVEFFDT and DEP_DENTL_COVENDDT

**Vision:** DEP_VIS_COVEFFDT and DEP_VIS_COVENDDT

**Legal:** DEP_LEGAL_COVEFFDT and DEP_HLTH_COVENDDT

4100-DERIVE-NEW-DCED-HLTH is called by 4000-DERIVE-NEW-DCED while rolling up the future plan row (PPPFCB) to the current plan row (PPPBEN) when the Future Benefit Action Date is within the Daily Date range in the EDB Daily Process.

In the 4100-DERIVE-NEW-DCED-HLTH section, Plan Coverage Effective Date DEP_HLTH_COVEFFDT is set to the Future Coverage Effect Date value, if both of the following conditions are satisfied:

- Dependent Medical Plan Coverage Effective Date is prior to the Medical Plan Future Coverage Effect Date
- Dependent Medical Plan Coverage End Date is on or after the Medical Plan Future Coverage Effect Date
To rederive Dependent Health Coverage Effective Date (DCED – EDB0639) from the rederived ECED (01/01/2014), make the below changes in the 4000-DERIVE-NEW-DCED section:

4000-DERIVE-NEW-DCED SECTION.

...  
EVALUATE (EFCB=FCB-BENEFIT-TYPE (ENTRY-X))
  WHEN 'M'
      IF HLTH-PLAN NOT = WS-SAVE-HLTH-PLAN
      *--- TEMPORARY FOR BLUE CROSS/BLUE SHIELD 'CM' CHANGE.
      OR (HLTH-PLAN = 'CM' AND
         WS-FUTBEN-ACTION-DATE = '2014-01-01')
      PERFORM 4100-DERIVE-NEW-DCED-HLTH
      END-IF
  WHEN 'D'
      IF DENTAL-PLAN NOT = WS-SAVE-DENTAL-PLAN
      PERFORM 4200-DERIVE-NEW-DCED-DENTAL
      END-IF
  ...  

In order to create 2 FCB entries, one for old ‘CM’ that ended on ‘12/31/2013’ and another one for the new ‘CM’ that is effective ‘01/01/2014’, in the 7500-PCED-PLAN-CODE-CHG section, add the following temporary logic so that proper FCB entries are created:

1. Before the EVALUATE statement, change the HOLD-PLAN-CODE value to ‘TT’ (from ‘CM’), when the new plan code is ‘CM’ with a coverage effective date of ‘01/01/2014’.

2. After the END-EVALUATE, reset the HOLD-PLAN-CODE to ‘CM’, if it was changed to ‘TT’ by the above logic.

5.1.1.3  PPEI315

PPEI315 updates the current plan data from Benefit Table (PPPBEN) to the Benefits Array Table (PPPFBCB) during EDB Maintenance.

In the 3500-PCED-PLAN-CODE-CHG section, add temporary code to distinguish between old ‘CM’ that ended on ‘12/31/2013’ and the new ‘CM’ that will be effective on ‘01/01/2014’ as below:

1. Before the EVALUATE statement, change the HOLD-PLAN-CODE value to ‘TT’ (from ‘CM’), when the new plan code is ‘CM’ with a coverage effective date of ‘01/01/2014’.

2. After the END-EVALUATE, reset the HOLD-PLAN-CODE to ‘CM’, if it was changed to ‘TT’ by the above logic.
5.2 Compute Changes

5.2.1 COBOL Programs

5.2.1.1 PPWRC11

PPWRC11 is the screen processor for the RC11 function (Rush Check Opt1 Earns & Deds). This program accepts transaction codes LX, RX, AP, FT, ST and RA. It performs edits on these transactions the same as those performed by the PPEDT* programs.

PPWRC11 has an GTN status edit, which rejects the GTN with an inactive status with a 36-252 message “G-T-N TABLE ELEMENT FLAGGED AS INACTIVE”.

Change program PPWRC11 to bypass the GTN inactive status edit to display message 36-252 for the old Blue Cross CM GTN numbers 308 and 309.

WORKING-STORAGE SECTION

Define an 88 level field with ‘308’ and ‘309’ GTNs as their valid values.

PROCEDURE DIVISION

In the following 3 paragraphs, bypass the GTN-STATUS = ‘I’ check that moves message M36252, for the GTN numbers defined in the 88 level in the working storage section:

1. 5200-EDIT-RF-DATA
2. 5300-EDIT-DS-DATA
3. 5400-EDIT-PCT-DATA
5.3 Carrier File Process Changes

5.3.1 COBOL Programs

5.3.1.1 PPP560

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

PPP560 uses the XCARRIER field in copy member CPWSXIC2 and its 88 level values to code carrier records with a common sort key when they have more than one plan code.

PPP560 will be changed to associate plans ‘CM’, ‘SU’, and ‘SP’ (by referring BLUE SHIELD defined in CPWSXIC2) with a new sort key value of ‘S1’ for Blue Shield.

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

See copy member CPWSXIC2 for related modifications.

PROCEDURE DIVISION

In the GET-SORT-KEY-3563B section, use the new XCARRIER 88 level value BLUE SHIELD to code carrier file records with a common ‘S1’ sort key when they have the plan codes ‘CM’ or ‘SU’ or ‘SP’, as below:

GET-SORT-KEY-3563B SECTION.

MOVE WT1-PLAN (WT1-IX1) TO XCARRIER.

**** Add shared ‘S1’ sort key for Blue Shield medical plans

IF BLUE SHIELD AND NOT WQ-SPECIAL-RUN

   MOVE 'S1' TO XDED-SORT-KEY

   Add Temporary Code to move 'B1' to XDED-SORT-KEY, if WT1-PLAN (WT1-IX1) = 'CM' and WT1-CVRG-COVEND-DATE (WT1-IX1) is prior to Jan 1, 2014.

ELSE

IF BLUE CROSS AND NOT WQ-SPECIAL-RUN

   MOVE 'B1' TO XDED-SORT-KEY

ELSE

**** Add shared ‘H1’ sort key for Health Net medical plans

   IF HEALTH NET AND NOT WQ-SPECIAL-RUN

      MOVE 'H1' TO XDED-SORT-KEY

   ELSE

      MOVE WT1-PLAN (WT1-IX1) TO XDED-SORT-KEY

   END-IF

END-IF

END-IF.

END-IF.
In the PPPGTN CTL table, for the deduction and contribution GTN Numbers associated with the Blue Cross ‘CM’ (old ‘CM’), the GTN Status is changed to ‘I’ (inactive). In addition, for these old ‘CM’ GTNs, the plan code value is changed to ‘SS’. Therefore, all the Deduction/Reduction/Contribution Array details in the compute PAR will have ‘SS’ as their plan code (instead of old ‘CM’).

However, the EDB Future Benefits Array table PPPFCB will continue to store the old plan code as ‘CM’ with a Coverage End Date of ‘12/31/2013’.

Therefore, PPP560 should be changed to meet the following needs for old ‘CM’:

1. During the yearend changeover, while creating entries for different health plan details using PPPFCB for the employee, create an entry for old ‘CM’, if PPPFCB has an entry for old ‘CM’ with a Coverage End Date of ‘12/31/2013’.

2. While creating the ‘01’ record in the Carrier Enrollment file, intercept the logic to move the proper Coverage End Date and clear out the Coverage Begin Date.

3. Before each type of record created in the above file, sort key value of ‘B1’ will be moved to this record so that these records will be delivered to Blue Cross vendor file.

Following are the details of the temporary code to meet the above need for old ‘CM’:

In order to create another ‘CM’ entry for the old plan in the Health Array of PPP560, add the following temporary logic:

In the CHECK-BEN-ARRAY-TABLE-8150 section,


b. After the FIND-AVAIL-INS-ENTRY-3111 call, skip the logic that zeroes out the WT1-CVRG-COVEND-DATE (WX-PLAN-IX), if the plan in PPPBEN matches with the current PPPFCB row. In this case, it will now perform the logic that moves zeroes to Coverage Effective Date and PPPFCB Coverage End Date to the old ‘CM’ array.

In the LOC-PAST-BEN-REC-ENDED-8160 section,

In order to set the flag WE-PAST-BEN-REC-FOUND, add temporary code to skip the condition that checks whether the plan code is changed, if the current plan is ‘CM’ and an entry exists in PPPFCB for the old ‘CM’ plan with the Coverage End Date of ‘12/31/2013’.

In the WRITE-5604-DEDUCT-FILE-7300 section, before writing OC-5604-DEDUCT-RECORD, if the plan code is ‘SS’, add Temporary Code to move ‘CM’ to Plan Code fields of XDED-EMP-DATA-REC and XDED-FADDR-DATA-REC.

In the WRITE-DEP-RECORD-7470 section, before writing OC-5604-DEDUCT-RECORD, if the plan code is ‘SS’, add Temporary Code to move ‘CM’ to Plan Code field of XDED-DEF-DATA-REC.
5.3.1.2 PPP561

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

PPP561 uses the XCARRIER field in copy member CPWSXIC2 and its 88 level values to code carrier records with a common sort key when they have more than one plan code.

PPP561 will be modified to use the new XCARRIER 88 level value BLUESHIELD to code carrier file records with a common ‘S1’ sort key when they have any of the plan codes ‘CM’, ‘SU’, or ‘SP’.

The vendor for the Core Medical (plan code ‘CM’) is changed to Blue Shied from Blue Cross. However, the existing Plan Code ‘CM’ is retained in PPS for both the vendors. Therefore, in order to identify ‘CM’ related adjustments with coverage dates in 2013 for Blue Cross and 2014 onwards for Blue Shield, temporary date logic will be added for Core Medical (plan ‘CM’) vendor change.

See copy member CPWSXIC2 for related modifications.

WORKING-STORAGE

Change the value of A-STND-PROG-ID appropriately.

PROCEDURE DIVISION

Use the new XCARRIER 88 level value BLUESHIELD to code carrier file records with a common ‘S1’ sort key when they have the plan codes of ‘CM’ or ‘SU’ or ‘SP’.

In the 3400-POSITIVE-ADJUSTMENT section,

- Bypass the new 2014 plans with erroneous coverage date prior to 2014.
  
  Note: Follow R1612 that bypassed P1 – P5 plans’ prior year erroneous adjustments.

- By following R1791, in which ‘H1’ Sort Key was added for Health Net in positive adjustments, mark with the new ‘S1’ sort key for the CM adjustments from 2014 for their inclusion into the Blue Shield carrier file.

- Since ‘CM’ plan code is used for the new vendor Blue Shield, add temporary date logic to identify ‘CM’ related adjustments with coverage dates in 2013 (prior to ‘01/01/2014’).

Therefore, by following R1440 that rerouted CM plans’ prior year positive adjustments to previous vendor of ‘P1’ sort key, positive adjustments prior to 01-01-2014 should be marked with a ‘B1’ sort key for Blue Cross.
The PPP561 changes to associate plans 'CM' (prior year to 'B1' key), 'SU', and 'SP' (by referring BLUESHIELD defined in CPWSXIC2) with a new sort key value of 'S1' for Blue Shield are as below:

3400-POSITIVE-ADJUSTMENT SECTION.

*--------------------------------------------------------------------------*
* Temporary code to handle invalid back dating of new 2005 plans' PCED to 2004, when no rates exist. Bypass adjustment.*
*--------------------------------------------------------------------------*

IF (RHPA-PLAN-CODE (WS-IXA) = 'SU' 
  OR RHPA-PLAN-CODE (WS-IXA) = 'P2' 
  OR RHPA-PLAN-CODE (WS-IXA) = 'P3' 
  OR RHPA-PLAN-CODE (WS-IXA) = 'P4' 
  OR RHPA-PLAN-CODE (WS-IXA) = 'SP') 
  AND (RHPA-COV-MONTH (WS-IXA) < '2005-01-01') 
  GO TO 3400-EXIT 
END-IF.

... **** Add shared 'S1' sort key for Blue Shield medical plans

IF BLUESHIELD 
  MOVE 'S1' TO XDED-ADJ-SORT-KEY
ELSE 
  IF BLUECROSS 
    MOVE 'B1' TO XDED-ADJ-SORT-KEY
ELSE 
  **** Add shared 'H1' sort key for Health Net medical plans

  IF HEALTHNET 
    MOVE 'H1' TO XDED-ADJ-SORT-KEY
  ELSE 
  MOVE RHPA-PLAN-CODE (WS-IXA) TO XDED-ADJ-SORT-KEY
END-IF
END-IF
END-IF.
Move 'B1' to XDED-ADJ-SORT-KEY, if the RHPA-PLAN-CODE (WS-IXA) = 'CM' and RHPA-COV-MONTH (WS-IXA) is prior to '2014-01-01', as below:

******************************************************************************
* Temporary code to handle changeover of Blue Cross CM in 2013*
* to Blue Shield CM in 2014. Need to code 2013 adjustments B1. *
******************************************************************************

IF RHPA-PLAN-CODE (WS-IXA) = 'CM'
AND RHPA-COV-MONTH (WS-IXA) < '2014-01-01'
    MOVE 'B1' TO XDED-ADJ-SORT-KEY
END-IF.

******************************************************************************

MOVE RHPA-EMPLOYEE-ID (WS-IXA) TO XDED-ADJ-ID-NO.
...

After the above logic, before writing ADJUST-IO-RECORD, if the plan code is 'SS', add the following Temporary Code:

1. Move 'CM' to Adjustment Plan Code field XDED-ADJ-PLAN-CODE.

2. Multiply RHPA-DIFF-AMT (WS-IXA) by -1 to calculate XDED-ADJ-PREMIUM-AMOUNT.

3. Skip the logic that calls 9200-PREVIOUS-PREMIUM to calculate Previous Premium WS-PREVIOUS-PREMIUM that will overwrite the HPA Anticipated Premium RHPA-PREM-ANT-AMT (WS-IXA) by a later logic.

   Instead, move RHPA-PREM-ANT-AMT (WS-IXA) to WS-PREVIOUS-PREMIUM, which will not change the HPA Anticipated Premium RHPA-PREM-ANT-AMT (WS-IXA) by a later logic.
Make the same modifications in the 3410-NEGATIVE-ADJUSTMENT section as well for negative adjustments, as below:

3410-NEGATIVE-ADJUSTMENT SECTION.
*---------------------------------------------------------------*
* Temporary code to handle invalid back dating of new 2014 plans' PCED to 2013, when no rates exist. Bypass adjustment.*
*---------------------------------------------------------------*
IF (RHPA-PLAN-CODE (WS-IXA) = 'SU'
OR RHPA-PLAN-CODE (WS-IXA) = 'SP')
AND (RHPA-COV-MONTH (WS-IXA) < '2014-01-01')
GO TO 3410-EXIT
END-IF.
.
MOVE '03' TO XDED-ADJ-REC-TYPE.
MOVE RHPA-PLAN-CODE (WS-IXA) TO XDED-ADJ-PLAN-CODE.
MOVE RHPA-PLAN-CODE (WS-IXA) TO XCARRIER.
**** Add shared 'S1' sort key for Blue Shield medical plans
IF BLUESHIELD
    MOVE 'S1' TO XDED-ADJ-SORT-KEY
ELSE
    IF BLUECROSS
        MOVE 'B1' TO XDED-ADJ-SORT-KEY
    ELSE
        **** Add shared 'H1' sort key for Health Net medical plans
        IF HEALTHNET
            MOVE 'H1' TO XDED-ADJ-SORT-KEY
        ELSE
            MOVE RHPA-PLAN-CODE (WS-IXA) TO XDED-ADJ-SORT-KEY
        END-IF
    END-IF
END-IF.
END-IF.
* Temporary code to handle changeover of Blue Cross CM in 2013* to Blue Shield CM in 2014. Need to code 2013 adjustments B1.*

```plaintext
IF RHPA-PLAN-CODE (WS-IXA) = 'CM'
   AND RHPA-COV-MONTH (WS-IXA) < '2014-01-01'
       MOVE 'B1' TO XDED-ADJ-SORT-KEY
   END-IF.
MOVE RHPA-EMPLOYEE-ID (WS-IXA) TO XDED-ADJ-ID-NO.
MOVE RHPA-SSN (WS-IXA) TO XDED-ADJ-SOC-SEC-NR
...```

After the above logic, before multiply XDED-ADJ-PREMIUM-AMOUNT by -1 and write ADJUST-IO-RECORD, if the plan code is ‘SS’, add the following Temporary Code:

1. Move ‘CM’ to Adjustment Plan Code field XDED-ADJ-PLAN-CODE.

2. Move RHPA-DIFF-AMT (WS-IXA) to XDED-ADJ-PREMIUM-AMOUNT.

...```
IF RHPA-MATCH-IND (WS-IXA) = WS-OFFSET-DIFFERENCES
   PERFORM 3710-REMOVE-OFFSETS
   END-IF.
   PERFORM 3700-SET-MATCH-IND.

3410-EXIT.
EXIT.
```
The EDB Future Benefits Array table PPPFCB will continue to store the old plan code as ‘CM’ with a Coverage End Date of ‘12/31/2013’.

Therefore, it will not generate Actual Premiums in the December PAR files and the calculated Anticipated Premium for the coverage month of Jan 2014 for this just ended plan will be zero.

Therefore, PPP561 should be changed to meet the following needs for old ‘CM’:

- During the yearend changeover, while creating entries for different health plan details using PPPFCB for the employee, PPP560 created an ‘01’ record entry for old ‘CM’, if PPPFCB has an entry for old ‘CM’ with a Coverage End Date of ‘12/31/2013’.

- This record would create a duplicate entry for ‘CM’ while inserting that record into PPPHPA because the current ‘CM’ plan with valid premiums would have created an entry into PPPHPA.

- Therefore, this duplicate ‘CM’ entry produced by the old ‘CM’ plan with zero Anticipated and Actual Premium values should be skipped before inserted into the PPPHPA table.

Therefore, in order to meet the above need for old ‘CM’, in the 2000-UPDATE-HISTORY section, add temporary code to skip performing 8000-INSERT-HPA for old ‘CM’ plan row, if all of the following conditions are satisfied:

a. Plan Code XAPA-PLAN-CODE = ‘CM’

b. Plan Coverage End Date XAPA-COV-END-DATE = ’2013-12-31’

c. Anticipated Premium XAPA-PREM-ANT-AMT is zero

d. Actual Premium XAPA-PREM-ACT-AMT is zero
In the PPPGTN CTL table, for the deduction and contribution GTN Numbers associated with the Blue Cross ‘CM’ (old ‘CM’), the GTN Status is changed to ‘I’ (inactive). In addition, for these old ‘CM’ GTNs, the plan code value is changed to ‘SS’.

Therefore, all the Deduction/Reduction/Contribution Array details that will only contain adjustments in the compute PAR will have ‘SS’ as their plan code (instead of old ‘CM’).

So, all the adjustments created by PPP560 will have ‘SS’ as the Plan Code for the adjustments generated with GTNs of old ‘CM’.

Therefore, add the following temporary code in the 3300-EVALUATE-EACH-BENEFIT section that is called if there is a positive Anticipated Premium calculated for the current month and 3500-EVALUATE-SEPARATION section that is called if the employee has a Separation Date established:

- a. If the RHPA-PLAN-CODE (WS-IXA) = ‘SS’ (old ‘CM’ = now ‘SS’) and RHPA-DIFF-AMT (WS-IXA) is negative, write Positive Adjustments by calling 3400-POSITIVE-ADJUSTMENT.

- b. If the RHPA-PLAN-CODE (WS-IXA) = ‘SS’ (old ‘CM’ = now ‘SS’) and RHPA-DIFF-AMT (WS-IXA) is positive, write Negative Adjustments by calling 3410-NEGATIVE-ADJUSTMENT.
5.3.2 Copy Members

5.3.2.1 CPWSXIC2

CPWSXIC2 defines various application constants.

One of the constants defined in CPWSXIC2 is XCARRIER, which contains the following 88 level values:

```
03 XCARRIER PIC X(2).
  88 BLUECROSS VALUES 'CM' 'BC' 'BP' 'BL'.
  88 HEALTHNET VALUES 'HN' 'HE' 'HB'.
```

The above 88 level values of the field XCARRIER are accessed in the programs PPP560 and PPP561 to identify the plans that are combined into a single carrier file for Blue Cross (coded with sort key 'B1') and Health Net (coded with sort key 'H1').

**Add ‘SS’ (temporary for old ‘CM’) to 88 level BLUECROSS (for Blue Cross).** Add a new 88 level value of BLUESHIELD (new carrier) to the XCARRIER field. In addition, into the 88 level BLUESHIELD, associate the plans ‘CM’, ‘SU’, and ‘SP’, as shown below:

```
03 XCARRIER PIC X(2).
  88 BLUECROSS VALUES 'CM' 'BC' 'BP' 'BL' 'SS'.
  88 HEALTHNET VALUES 'HN' 'HE' 'HB'.
  88 BLUESHIELD VALUES 'CM' 'SU' 'SP'.
```

The 88 level value BLUESHIELD will be used in PPP560 and PPP561 to identify the three Blue Shield medical plans UC Care (SU), Blue Shield Health Savings Plan (SP), and Core Medical (CM).

In the Historical Premium Activity and Carrier File processing programs PPP560 and PPP561, premium and enrollment activities from these 3 plans will be combined into a single carrier file for Blue Shield (coded with sort key 'S1').
5.4 **Onetime Program**

5.4.1 **COBOL Program**

5.4.1.1 **PPOT2091**

The EDB transactions generated from the Open Enrollment process terminate current plans as of 12/31/2013 and create entries on the Future Enrollment Table (PPPFDB) with a 01/01/2014 effective date.

A onetime program should be developed that will run immediately after processing OE transactions and prior to each December 2013 Compute to default the subsequent enrollments (without 01/01/2014 changeover) into discontinued plans.

The onetime program will have the following functions:

- Capable of running in non-update and update mode, as requested on the Run Specification Record. 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.

- Default the plan for employees remaining in a discontinued plan, due to non-election during 2013 Open Enrollment or new-hires selected a discontinued plan, to the appropriate plan as below:

<table>
<thead>
<tr>
<th>Removed Medical Plans</th>
<th>Removed Plan Defaulted to</th>
</tr>
</thead>
<tbody>
<tr>
<td>BC-Blue Cross Plus</td>
<td>SU – UC Care</td>
</tr>
<tr>
<td>BL-Anthem Lumenos PPO with HRA</td>
<td>SP – Blue Shield Health Savings Plan</td>
</tr>
<tr>
<td>BP-Blue Cross PPO</td>
<td>SU – UC Care</td>
</tr>
<tr>
<td>CM-Core Major Medical (Blue Cross)</td>
<td>CM – Core Major Medical (Blue Shield)</td>
</tr>
<tr>
<td>HN-Health Net HMO</td>
<td>HB – Health Net Blue &amp; Gold</td>
</tr>
<tr>
<td>HE-Health Net Primary EPO</td>
<td>(no default-discontinued last year)</td>
</tr>
<tr>
<td>KU-Kaiser Umbrella</td>
<td>(no default-only few employees and so handled manually)</td>
</tr>
</tbody>
</table>

- For the Blue Cross to Blue Shield conversion, create a future enrollment into medical plan code ‘CM’ for employees currently in ‘CM’ who do not make a change during open enrollment.

- In both update and non-update modes, create an EDB Change file of all data element changes. In non-update mode (‘REPORT’), EDB will not be updated. In update mode (‘UPDATE’), update the EDB directly, i.e. not via transactions.

- In addition, produce a report in update mode to identify employees who are enrolled in one of the eliminated plans and have a coverage end date later than 12/31/2013 or no established coverage end date.
Onetime Program Logic:

- Define a cursor 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 Name 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) on or after January 1, 2014, check the Plan Code in the FCB Plan Info Data (EDB0697) as below:
  a. If the FCB Plan Code is not one of the discontinued plans, no modification is needed.
  b. 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.
  c. If a FCB Effective Date is equal to January 1, 2014, set a flag to indicate that a January 1, 2014 entry exists.

- If a FCB Effective Date (EDB0695) is prior to January 1, 2014:
  1. If the flag indicates that a January 1, 2014 entry exists, no modification is needed. The default, if needed, has already been processed in the above steps.
  2. If the flag does not indicate that a January 1, 2014 entry exists, check the FCB Plan Code (EDB0697) as below:
     a. If the FCB Plan Code is not one of the discontinued plans, no modification is needed.
     b. If the FCB Plan Code is one of the discontinued plans and FCB Coverage End Date (EDB0698) is greater than 1/31/2013 or initial value, then the program will perform the following tasks:
        i. Insert a row into the PPPFCB table with the appropriate default FCB Plan Code with an FCB Effective Date of January 1, 2014. This will setup the employee into the new plan in the PPPFCB table from 1/1/2014.
        ii. In order to end the current plan as of 12/31/2013, if the BEN Coverage End Date (EDB0300) is greater than 12/31/2013, set it to 12/31/2013.
        iii. If the Next Future Benefits Action Date (EDB0692) is initial value or greater than 1/1/2014, it will be set to January 1, 2014. This will trigger the daily process to move the future plan to current.
        iv. A flag will be set indicating that a January 1, 2014 entry exists.

- Write an EDB Change File record for each data element that is updated or targeted for update in non-update mode. The audit for PPOT2091 will be the PPP1800 report from the ECF. Therefore, no one-time detail reporting will be necessary for this one-time program.

- A report OT20912 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 12/31/13.

- Any negative SQL error will result in a ROLLBACK, and a Return Code of 8.
This onetime program should be based on the onetime program PPOT1950 that was written in R1950 to set default remaining enrollments to the default plans.

Like the previous onetime PPOT1950, this onetime program should accept Specification Card input and create the same output files as well.

The changes needed in the **R1950 onetime program** are as below:

1. As per PPS Standard, throughout the new onetime program, change the release number, SR number, dates, and all the documentations to reflect the current changes.

2. The year component of the date values, variable names and/or program documentations should be changed to the current year as below:
   - Change all year 2010 to 2013
   - Change all year 2011 to 2014
   - Change all year 10 to 13
   - Change all year 11 to 14

3. Change the value of the 88 level field DISCNTD-PLAN to the new values for current year, as below:
   - **88 DISCNTD-PLAN VALUE 'CG' 'KW'**
   - **88 DISCNTD-PLAN VALUE 'BC' 'BL' 'BP' 'CM' 'HN'**

4. In the 3100-DETERMINE-NEW-PLAN section, default the plans appropriately using the below grid:
   - **BC → SU**
   - **BL → SP**
   - **BP → SU**
   - **CM → CM**
   - **HN → HB**

5. In the 2200-BUILD-DETAIL-LINES section, in an IF statement, change the hard coded discontinued plan, as below:
   - **IF WS-HLTH-PLAN = ('BL' OR 'KU')**
   - **IF WS-HLTH-PLAN = ('SU' OR 'SP' OR 'CM' OR "HB")**
5.4.2 Program Run Specification

5.4.2.1 PPOT2091 (new)

PPOT2091 will use a Run Specification Record. No actual form will be issued, but the following format will be used.

<table>
<thead>
<tr>
<th>Position</th>
<th>Length</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>01-13</td>
<td>13</td>
<td>Program ID: it must be ‘PPOT2091-SPEC’, where 2091 will be replaced by the release number</td>
</tr>
<tr>
<td>14-19</td>
<td>06</td>
<td>Run Mode: it must be ‘REPORT’ for report only mode or ‘UPDATE’ for update mode</td>
</tr>
<tr>
<td>20-80</td>
<td>61</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.

5.4.3 Bind Members

5.4.3.1 PPOT2091 (new)

New Package bind member for PPOT2091.

5.4.4 JCL Changes

5.4.4.1 PPOT2091

Sample JCL will be provided for running the one-time program PPOT2091.
5.4.5 Control Table Updates

5.4.5.1 CTL Database

The CTL update transactions are included below in this document and these will be keyed by the programmer and applied to the CTL database by running program PPP04.

5.4.5.1.1 PPPGTN – Gross-To-Net Table

By following the UPAY545 form entries in the BRD, prepare the GTN transactions for the 6 new GTNs mentioned below:

<table>
<thead>
<tr>
<th>GTN#</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>142</td>
<td>Core Medical Blue Shield DED</td>
</tr>
<tr>
<td>143</td>
<td>Core Medical Blue Shield CON</td>
</tr>
<tr>
<td>608</td>
<td>UC Care DED</td>
</tr>
<tr>
<td>609</td>
<td>UC Care CON</td>
</tr>
<tr>
<td>611</td>
<td>Blue Shield Health Savings DED</td>
</tr>
<tr>
<td>614</td>
<td>Blue Shield Health Savings CON</td>
</tr>
</tbody>
</table>

In addition, for the Deduction and Contribution GTNs of Blue Cross ‘CM’, change the GTN Status to ‘Inactive’ and GTN Plan Code to ‘SS’.
5.4.5.1.2 PPPCTT – Code Translation Table

Create transactions to add translations for the changes of Plan Codes described in Attachment A for the EDB data elements 0292 and 0680.

The GTN Descriptions (GTNDSC) and GTN Labels (GTNLBL) will be created for the new GTNs below:

<table>
<thead>
<tr>
<th>Plan</th>
<th>GTN#</th>
<th>Descriptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>CM</td>
<td>142</td>
<td>CORE Medical</td>
</tr>
<tr>
<td></td>
<td>143</td>
<td>CORE Medical CON</td>
</tr>
<tr>
<td>SU</td>
<td>608</td>
<td>UC Care</td>
</tr>
<tr>
<td></td>
<td>609</td>
<td>UC Care CON</td>
</tr>
<tr>
<td>SP</td>
<td>611</td>
<td>Blu Shld Hlth Sav</td>
</tr>
<tr>
<td></td>
<td>614</td>
<td>Blu Shld Hlth Sv CON</td>
</tr>
</tbody>
</table>

The GTN Descriptions (GTNDSC) and GTN Labels (GTNLBL) will be added for the GTNs 142, 143, 608, 609, 611, and 614.

For the EDB0292 (Medical Plan Code), add a value of ‘CM’, ‘SU’, and ‘SP’ with description mentioned above into the Code Translation Table (CTT).
Create the following CTL transactions using UPAY814 form:

**CODE TRANSLATION TABLE (38) TRANSACTIONS**

<p>| | | | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>1</td>
<td>5</td>
<td>0</td>
<td>5</td>
<td>0</td>
<td>5</td>
<td>0</td>
<td>5</td>
<td>0</td>
</tr>
</tbody>
</table>

C38  EDB0292  CM  18CORE Medical  
A38  EDB0292  SU  18UC Care  
A38  EDB0292  SP  18Blu Shld Hlth Sav  
A38  CTLGTNDSC  14220CORE Medical  
A38  CTLGTNDSC  14320CORE Medical CON  
A38  CTLGTNDSC  60820UC Care  
A38  CTLGTNDSC  60920UC Care CON  
A38  CTLGTNDSC  61120Blu Shld Hlth Sav  
A38  CTLGTNDSC  61420Blu Shld Hlth Sv CON  
A38  CTLGTNLBL  14224CORE Medical  
A38  CTLGTNLBL  14324CORE Medical CON  
A38  CTLGTNLBL  60824UC Care  
A38  CTLGTNLBL  60924UC Care CON  
A38  CTLGTNLBL  61124Blu Shld Hlth Sav  
A38  CTLGTNLBL  61424Blu Shld Hlth Sv CON  

5.4.5.1.3  PPPDET – Data Element Table

Create the CTL transactions using UPAY553 form to add new values of ‘SU’ and ‘SP’ into the value/edit for EDB0292 (2 transactions: one with blank Card Type and another with HE Card Type) and EDB0680 into PPPDET table.

Referring the changes in Attachment A, create Data Element transactions as per the release R1950 member DETPROD in the dataset PAYDIST.R1950.CARDLIB for the following:

<table>
<thead>
<tr>
<th>Data Element</th>
<th>Description</th>
<th>Card Type</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>EDB0292</td>
<td>Medical Plan Code</td>
<td>blank</td>
<td></td>
</tr>
<tr>
<td>EDB0292</td>
<td>Medical Plan Code</td>
<td>HE</td>
<td></td>
</tr>
<tr>
<td>EDB0680</td>
<td>Future Medical Plan Code</td>
<td>blank</td>
<td></td>
</tr>
<tr>
<td>EDB0697</td>
<td>Future Plan Data</td>
<td>blank</td>
<td>2nd line for more values</td>
</tr>
<tr>
<td>EDB0680</td>
<td>Future Plan Data</td>
<td>FP</td>
<td>2nd line for more values</td>
</tr>
</tbody>
</table>
5.4.6 Data Dictionary Updates

5.4.6.1 CICS Help Text

The Help Text member for EDB0292 and EDB0680 should be changed to include the changes described in Attachment A.

Before bringing up a CICS region, load the changed Help Text into the CICSHELP VSAM dataset (LOADDDSE Job) of that region.

After successful load, bring up this region and the appropriate CICS Help will be displayed in functions EINS, IINS, EFBC, and IFBC, when PF1 key is pressed on the fields below:

EDB0292 (Medical Plan Code)  - New plan codes CM of Blue Shield, SU, and SP will be added
                               - Name changed for the plan code HB
                               - Existing plan codes CM of Blue Cross, BC, BL, BP, HE, HN, and KU will be removed

EDB0680 (Future Medical Plan Code)  - New plan codes CM of Blue Shield, SU, and SP will be added
                                     - Name changed for the plan code HB
                                     - Existing plan codes CM of Blue Cross, BC, BL, BP, HE, HN, and KU will be removed
5.4.6.2 **Web Data Dictionary Document**

The web EDB Data Dictionary for EDB0292 and EDB0680 should be changed to include the changes described in Attachment A.

Follow PPS procedures to change Data Dictionary document and upload the document into the payroll web page at the links below:

http://payroll.ucop.edu/DD/EDB/EDB0292.HTML for EDB292 (Medical Plan Code)

6 Medical Plans 2014 – Unit Testing Requirements

Bring the regular base forward to December 1, 2013. Load the base EDB, which is at Dec 1, 2013, into the test region.

OR

Load a test EDB from Base. Bring up the test EDB forward to December 1, 2013 by using the accelerated method in this test region.

Load a test CTL after applying all the CTL Cards from this release.

Access the 2013 PPS Year End Processing Schedule for the year end changes testing.

OR


Install the changed batch programs into the test region.

Test the CICS Help Text changes for the Medical Plans as mentioned above inside the section Data Dictionary Updates, under CICS Help Text section.

6.1.1 Year End Changes

Follow the 2013 PPS Year End Processing Schedule and process the steps one by one.

Make a list of employees, who are enrolled into the discontinued plans.

From the list above, for test employees, select employees whose Medical Coverage End Date (PPPBEN) is not expired i.e. low-date or greater than Dec 31, 2013.
December B1 Compute Run:

Before running the first compute in December (1st cycle for December Earnings paid in December), perform below steps:

Run the onetime program, which performs the following for employees enrolled into the discontinued plan:

- Default employees enrolled in the discontinued plans into the new plans of CM, SU, and SP
- Create new entries into the PPPFCB table with Coverage Effective date of Jan 1, 2014
- Sets the Future Benefit Action Date (PPPBEN) to Jan 1, 2014

For few BW test employees, identify or setup high suspended balances for the new deduction GTNs (SU, SP, and Blue Shield CM) of new plans and Blue Cross CM.

Run the first compute in December (1st cycle for December Earnings paid in December - December B1).

Verify that for employees with high suspended balances in the new plan have Health De-Enroll Flag (PPPBEN) set to de-enroll from the Medical Plan. The EDB Change file produced by the compute can also be run through PPP180 to verify the changes related to Health De-Enroll flag.

Verify that no premiums collected for the Blue Cross ‘CM’ GTNs since they are made inactive with a plan code of ‘SS’.

Continue processing the steps for bringing base to January 1, 2014.

In any of the EDB Periodic Maintenance or File Maintenance after the B1 December Compute, verify the following:

- For all the test employees whose Health Enroll Flag was set by the December B1 compute above, the suspended balances are cleared out for the new deduction GTNs for CM of Blue Shield, SU, and SP plans.
- If the employee’s Health Plan was CM, then the suspended balance of Blue Cross CM deduction GTN should be cleared out as well as Blue Shield CM deduction GTN.

Continue processing the steps for bringing base to January 1, 2014.
December B2 and MO Compute Runs:

Repeat the same verification process as B1 December compute above for:

- December B2 compute to verify Medical De-Enrollments of employees in the Bi-Weekly Primary Pay Schedule (PPPPCM)
- December MO compute for Medical De-Enrollment of employees whose Primary Pay Schedule is Monthly

Continue processing the steps for bringing base to January 1, 2014.

Daily Periodic Maintenance to 01/01/2014:

After the step of Daily Periodic Maintenance, which is Daily for 01/01/14 (Roll OE changes effective 01/01/14 from Future to Current), verify the following for all the test employees whose new plans are CM, SU, or SP:

- For the test employees, who were setup for changeover in PPPFCB effective Jan 1, 2014 by the onetime program, the new health plan details are copied from PPPFCB (Future) into the PPPBEN (current) table.
- Employee Health Coverage Effective Date (ECED in PPPBEN) is derived to be ‘01-01-2014’ for all the new plans including new plan code CM.
- For each dependent, Dependent Health Coverage Effective Date (DCED in PPPDEP) is derived to be ‘01-01-2014’ for all the new plans including new plan code CM, as long as the previous DCED was prior to Jan 1, 2014 and Dependent Coverage End Date is on or after Jan 1, 2014.
- Future Benefit Date should be cleared (to low-date) or updated to a date other than Jan 1, 2014.

Complete all the steps for bringing base to January 1, 2014.
6.1.2 EDB Maintenance Changes

The above yearend testing with the changed programs cover all the testing for the changed components in this project. However, for unit testing of PPEI199 changes, if necessary, follow the steps outlined in this section.

EDB Monthly Maintenance:

Find and/or setup employee(s) with the following EDB details:

- Enrolled into one of the plans below: CM, SU, or SP
  (PPPBEN table HLTH_PLAN in ('CM', 'SU', 'SP'))

- Greater than zero suspended balance for the old CM Blue Cross GTN (308) and new deduction GTNs (142, 611, and 608)
  (Employee in the PPPDBL with GTN_IND = "S" and a positive value in the GTN_AMT)

- Make sure the de enroll flag is set for this employee
  (HLTH_DEENROLL = "X" on the PPPBEN for that employee - compute sets this flag, if suspended amounts exceed more than 2 times current premium)

Run the EDB Monthly maintenance and verify that the suspended balances for the associated Health plan’s deduction GTN is cleared in PPPDBL table. For CM Health Plan, make sure that suspended balances are cleared out for both the old and new CM deduction GTNs.

EDB File Maintenance (Batch):

Run File Maintenance using the Batch transactions with changes to any one of the EDB data element for the above employee(s) to trigger the implied maintenance of clearing out the suspended balances (EDB maintenance routine PPEI199).

From the report PPP1800 that is produced from the EDB Change file records or by checking the PPPDBL suspended entries, verify that the suspended balances are cleared (PPEI199 runs as a first implied maintenance program in USER12 - PPP120 call Job step) out for the corresponding deduction GTN associated with employee Health Plan.

6.1.3 Compute (Rush Check)

In CICS, enter Rush Check transactions for the old Blue Cross ‘CM’ GTNs.

Verify that the transactions are accepted for these GTNs and there should be no edit message 36-252 displayed.
6.1.4 Carrier Reporting

By inputting all the December B1, B2, and MO PAR files produced from the year end process into the program PPP460, produce the December merged output PAR file.

In order to differentiate old Blue Cross 'CM' from new Blue Shield 'CM' during further PPS Consolidated Billing, **before** running January Consolidated Billing using the December merged PAR data, all the rows with Plan Code 'CM' in the EDB table PPPHPA should be updated to 'SS'.

RUN560:

Run the December Carrier Reporting by inputting the merged PAR file created by program PPP460 above after merging the final PARs from the computes of December B1, B2, and MO.

Output files produced by this program run are Initial Carrier Enrollment file (PPP5604) and Actual Premium Activity file (PPP5607).

Verify that the transactions on the carrier Enrollment file marked with the S1 sort code in columns 272-273 are all the Blue Shield plan codes (columns 3-4 is either 'SU', 'SP', or 'CM').

RUN561:

The PPPHPA table should be empty before running the job RUN561 and so delete all the rows from the table PPPHPA.

Program PPP561 processes the carrier Enrollment file and Actual Premium Activity file produced from PPP560. In addition, it creates the final carrier Enrollment file (ENROLLO) with the calculated adjustments.

Verify that the transactions on the final carrier Enrollment file marked with the S1 sort code in columns 272-273 are all the Blue Shield plan codes (columns 3-4 is either 'SU', 'SP', or 'CM').

Verify that if the transactions on the Adjustment file marked with the B1 sort code in columns 272-273 are for the BC, BP, BL and CM plan codes (columns 3-4 is either 'BC', 'BP', 'BL' or 'CM'), then make sure the adjustment is for prior to Jan 1, 2014.

In addition, for 'SU' and 'SP', adjustments (positive / negative) should not be created for dates prior to Jan 1, 2014.
## Attachment A – Plan Code Changes

The web EDB Data Dictionary and help text dataset (PAY.BASE.HELPTEXT) member for EDB0292 and EDB0680 should be changed to include the changes described below:

### Move the following removed plans to “Previously Valid Codes” section:

<table>
<thead>
<tr>
<th>Plan</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>BC</td>
<td>Blue Cross Plus</td>
</tr>
<tr>
<td>BL</td>
<td>Anthem Lumenos PPO with HRA</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>HE</td>
<td>Health Net Primary EPO</td>
</tr>
<tr>
<td>HN</td>
<td>Health Net HMO</td>
</tr>
<tr>
<td>KU</td>
<td>Kaiser Umbrella</td>
</tr>
</tbody>
</table>

### Incorporate the following changes and additions into “Code Interpretation” section:

#### Medical Plans Name Changes

<table>
<thead>
<tr>
<th>Plan</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>HB</td>
<td>Health Net Blue &amp; Gold</td>
</tr>
</tbody>
</table>

#### Medical Plans Added:

<table>
<thead>
<tr>
<th>Plan</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>CM</td>
<td>Core Major Medical (Blue Shield)</td>
</tr>
<tr>
<td>SU</td>
<td>UC Care</td>
</tr>
<tr>
<td>SP</td>
<td>Blue Shield Health Savings Plan</td>
</tr>
</tbody>
</table>