Service Request 83848

Medical Plans 2014 – Phase II

Technical Specification

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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>12/03/2013</td>
<td>Baskar Chitravel</td>
<td>Initial version</td>
</tr>
</tbody>
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1 Introduction

In the Medical Plans 2014 – Phase I (R2091) release, we have addressed Open Enrollment changes for 2014 Benefits that included adding two new plans and discontinuing five existing plans, as described below:

New added plans for 2014:
- UC Care (SU)
- Blue Shield Health Savings Plan (SP)

Plans discontinued for 2014:
- 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 Medical Plan Health Net Primary EPO (HE) was discontinued last year. Therefore, Plan Code ‘HE’ was made invalid for Medical Plan Code and Future Medical Plan Code.

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

Phase II will address an additional requirement to differentiate between old ‘CM’ Blue Cross from new ‘CM’ Blue Shield in the reports/tab-delimited file produced using the Carrier file details in the consolidated billing.
1.1.1 Service Request 83848

Following SR83848 proposed Medical Plan additions/deletions/changes were addressed in Phase I (R2091):

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>

While testing consolidated billing, as part of the SR83848 QA/UAT testing of Phase I, a reporting issue with ‘CM’ plan was found with the PPP5622 / PPP5623 Reports and SBSFILE tab-delimited file produced.

This Consolidated billing issue of including old Blue Cross ‘CM’ plan details into the details of new ‘CM’ plan will be addressed in Phase II of this project.
2 Overview of System Modifications

In phase II of this project, old Blue Cross 'CM' plan details are separated from new Blue Shield 'CM' plan details and so they will be displayed separately with a distinct name in the PPP5622 / PPP5623 reports and SBS Tab Delimited file (SBSFILE), as below:

<table>
<thead>
<tr>
<th>Plan</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>'CM' of Blue Cross</td>
<td>CORE Medical (BC)</td>
</tr>
<tr>
<td>'CM' of Blue Shield</td>
<td>CORE Medical</td>
</tr>
</tbody>
</table>

3 Design Considerations

3.1 Assumptions and Dependencies

All the changes in Medical Plans 2014 – Phase I (R2091) are installed in PPS.

This release must be installed before running the Self Billing Statements (SBS) in Consolidated Billing.

4 Testing Considerations

- Output files from Compute, Expense Distribution, and Consolidated Billing of Phase I testing are used to test phase II.

- Run Expense Distribution to produce Expense Distribution Work (EDW) file. In addition, using EDW, run PPP536 to produce the EDWSBS file.

- Run Consolidated Billing up to PPP561 to produce the Carrier Enrollment file.

- Testing with the base environment is required.

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

5.1 Carrier File Process Changes

5.1.1 COBOL Programs

5.1.1.1 PPP562

Consolidated Billing:

PPP560

By using the deduction/reduction/contribution records of Merged PAR file, PPP560 creates Employee (‘01’), Dependent (‘02’), and Foreign Address (‘04’) types of records for each eligible employee and outputs them into the Carrier Enrollment file.

In addition, by using each employee’s current plan details and PAR file, PPP560 produces an Actual file that contains record(s) with the collected actual premium amount (from PAR) and the computed anticipated amount for the coverage period (from employee plan coverage details and benefit rates).

PPP561

Using the employee records in the Actual file produced by PPP560, program PPP561 produces adjustment records and inserts them into the Historical Premium Activity PPPHPA table.

In addition, PPP561 analyzes the PPPHPA records and produces Adjustment (‘03’) records, which will then be appended at the end of the Carrier Enrollment file, which was produced by PPP560 earlier.

Phase I - Consolidated Billing changes:

Programs PPP560 and PPP561 were changed to associate plans ‘CM’, ‘SU’, and ‘SP’ with a new sort key value of ‘S1’ for Blue Shield.

Since the existing Plan Code ‘CM’ is retained in PPS for both Blue Cross and Blue Shield, in order to identify ‘CM’ related adjustments with coverage dates in 2013 for Blue Cross and 2014 onwards for Blue Shield, temporary date logic was added for Core Medical (plan ‘CM’) vendor change.
Phase II - Consolidated Billing changes:

PPP562

Program PPP562 produces Self Billing reports and tab-delimited files for Health, Dental, Vision, Legal, Supplemental Life, Supplemental Disability, and AD&D plans for all employees including Post Doctoral Scholars.

PPP562 uses input files produced from prior Month-End reporting processes, as explained below:

- Carrier Enrollment file produced by the Consolidated Billing programs PPP560 and PPP561
  AND
- Self Billing Statement (SBS) file produced by PPP536, which is produced from Expense Distribution Work (EDW) file (PPP520)

The following reports and tab-delimited file included old Blue Cross ‘CM’ plan details into the details of new ‘CM’ plan:

- Report PPP5622 – Benefits Deduction Register that displays the plan details for each employee plan for the coverage month. In addition, at the end of each plan details, this report displays adjustments and summary of plan activities that are grouped by all the possible plan coverage codes (U, UA, UC, and UAC).
- Report PPP5623 - Self Billing Statement, which displays the total plan details for each PPS plan for the coverage month.
- Tab Delimited SBSFILE – Stores the PPP5623 Self Billing Statement details in a tab-delimited format.

In phase II of this project, old Blue Cross ‘CM’ plan details are separated from new Blue Shield ‘CM’ plan details and so they will be displayed separately with a distinct name, as below:

<table>
<thead>
<tr>
<th>Plan</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>‘CM’ of Blue Cross</td>
<td>CORE Medical (BC)</td>
</tr>
<tr>
<td>‘CM’ of Blue Shield</td>
<td>CORE Medical</td>
</tr>
</tbody>
</table>
PROCEDURE DIVISION

In the 7800-READ-ENROLLMENT-FILE section in which the Enrollment File is read and processed only Types of ‘01’ – Employee and ‘03’ – Adjustment records, add the following logic after the successful read from the Enrollment file depending on the input record type:

**Employee Type Record (XDED-REC-TYPE = ’01’):**

If the plan code XDED-PLAN-CODE is ‘CM’ and sort key XDED-SORT-KEY is ‘B1’, change the input plan code XDED-PLAN-CODE to ‘SS’, so that ‘SS’ is used locally inside the program for Blue Cross ‘CM’.

**Adjustment Type Record (XDED-REC-TYPE = ’03’):**

Move the input record XDED-EMP-DATA-REC to the adjustment record layout in XDED-ADJ-DATA-REC.

If the plan code XDED-ADJ-PLAN-CODE is ‘CM’ and sort key XDED-ADJ-SORT-KEY is ‘B1’, change the input plan code XDED-PLAN-CODE to ‘SS’, so that ‘SS’ is used locally inside the program for Blue Cross ‘CM’.

In the 7200-PRINT-5622-HEADING section, where the heading for report PPP5622 is written, add the following changes:

If the plan code WS-5622-PLAN-CODE is ‘SS’, write the heading as if it is ‘CM’, as below:

- **Before** writing the DEDUCTION-REGISTER-RECORD from the header WS-5622-HD1, change the value of WS-5622-PLAN-CODE to ‘CM’, since ‘SS’ is used locally inside the program for ‘CM’.

- **After** writing the DEDUCTION-REGISTER-RECORD from the header WS-5622-HD1, change the value of WS-5622-PLAN-CODE back to ‘SS’, since WS-5622-PLAN-CODE is used in the report break based on the plan code logic.
In the **7250-PRINT-5623-HEADING** section, where the heading for report PPP5623 is written, add the following changes:

Inside the ‘IF’ statement of MED-DEN-VIS-LEG-SBS is true, if the WS-5622-PLAN-CODE is ‘SS’, write the heading as if it is ‘CM’, as below:

- **Before** writing the SELF-BILLING-RECORD from the header WS-5622-HD1, change the value of WS-5622-PLAN-CODE to ‘CM’, since ‘SS’ is used locally inside the program for ‘CM’.

- **After** writing the SELF-BILLING-RECORD from the header WS-5622-HD1, change the value of WS-5622-PLAN-CODE back to ‘SS’, since WS-5622-PLAN-CODE is used in the report break based on the plan code logic.

In the **7390-WRITE-TAB-SBS-RECORD** section, where the tab-delimited Self-Billing Statement record is written, add the following change **before** writing the SELF-BILLING-TAB-RECORD from the SBS Tab-Delimited file layout CPWSXSBS:

If the reporting plan code WS-5622-PLAN-CODE is ‘SS’, change the value of Tab-Delimited file plan code XSBS-PLAN-CODE to ‘CM’, since ‘SS’ is used locally inside the program for ‘CM’.

In the **7600-GET-DESCRIPTN-FROM-CTT** section in which the CTT translations are fetched using PPCTTUTL for all the plan codes, add the following logic **before** calling PPCTTUTL:

If the incoming CTT Code value for the CTT lookup CPLNKCTT-CODE-VALUE is ‘SS’, move the description of ‘CORE Medical (BC)’ to the output CTT translation value CPLNKCTT-TRANSLATION.

In addition, skip further processing of the section **7600-GET-DESCRIPTN-FROM-CTT** (exit out to 7600-EXIT), since no further need to call PPCTTUTL to access PPPCTT table to get translation for old ‘CM’.
6 Medical Plans 2014 – Unit Testing Requirements

After the Phase I install, install the changed batch program PPP562 into the test region.

In Phase I, the testing was done up to running of Consolidated Billing (up to PPP561) to produce the Carrier Enrollment file.

From Phase I testing unload backup for EDB, CTL, and PAR database tables, load the following databases:

- Test EDB that was saved after running the January Consolidated Billing (ran with December Merged PAR).
- Test PAR that was saved after running the January Consolidated Billing (ran with December Merged PAR).
- Test CTL that was used for running the January Consolidated Billing (ran with December Merged PAR).

From Phase I testing run of the Expense Distribution, copy the Expense Distribution Work (EDW) file that was produced using the December Merged PAR into the test region.

Run PPP536 to produce the Self Billing Statement (EDWSBS) file, by inputting the above Expense Distribution Work (EDW) file.

From Phase I testing, copy the Enrollment (ENROLLO) file produced from PPP561 Consolidated Billing run into the test region.
6.1.1 Carrier Reporting

**RUN562:**

The PPPHPA table should contain the rows produced after running the job RUN561 from January Consolidated Billing (using December Data).

Program PPP562 processes the final carrier Enrollment file (ENROLLO) produced by PPP561 with the calculated adjustments and Self Billing Statement (EDWSBS) file produced by PPP536.

From the final carrier Enrollment file (ENROLLO), Employee and Adjustment records are processed by PPP562 to produce the PPP5622 and PPP5623 reports and SBS Tab-Delimited file.

Run the program PPP562 using ENROLLO and EDWSBS input files.

Among the output files produced by the PPP562 run, verify the following outputs:

**Verification:**

**Report PPP5622 – Benefits Deduction Register**

This report displays the plan details for each employee plan for the January 2014 coverage month. At the end of each plan details, there is a Sub-total report that displays adjustments and summary of plan activities that are grouped by all the possible plan coverage codes (U, UA, UC, and UAC).

In this report, verify that all the report employee detail lines under the description of CORE Medical (BC) for the Plan Code: CM are produced from Employee (Type ‘01’) records of final carrier Enrollment file (ENROLLO) for the plan code ‘CM’ (at position: 3) and Sort Key ‘B1’ (Position: 272 – 273).

In addition, verify that all the report adjustment detail lines under the description of CORE Medical (BC) for the Plan Code: CM are produced from Adjustment (Type ‘03’) records of final carrier Enrollment file (ENROLLO) for the plan code ‘CM’ (at position: 3) and Sort Key ‘B1’ (Position: 272 – 273).

Also, make sure that there is a separate Sub-total report for CORE Medical (BC) for the Plan Code: CM at the end of the plan code report details.
Report PPP5623 - Self Billing Statement

This report displays the total plan details for each PPS plan for the coverage month.

Verify that there is a separate Sub-total report for CORE Medical (BC) for the Plan Code: CM, which matches with the Sub-total summary in PPP5622 report printed at the end of the plan code report details.

Tab Delimited SBSFILE – Self Billing Statement details

This Tab-Delimited file is produced using the data from the Sub-total record details of PPP5623 report, so that it can store the PPP5623 Self Billing Statement details in a tab-delimited file format.

Verify that there is a separate Sub-total report for CORE Medical (BC) for the Plan Code: CM, in which the data matches with the Sub-total summary in PPP5622 report printed at the end of the plan code report details.