

Release 1791

**Service Request 81977
2008 Open Enrollment Changes – Phase I**

**Service Request 81992
Name Change for the Dental Plans and Health Net
Medical Plan**

Detail Design

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Introduction

Service Request 81977

Service Request 81977 provides the following background information:

“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.”

Service Request 81992

Service Request 81992 requests the following plan name changes:

“It is requested that the existing plan names be changed as follows:

<u>Current Name</u>	<u>New Name</u>
PMI	DeltaCare USA
Delta Dental	Delta Dental PPO
Health Net	Health Net HMO”

Overview of PPS Modifications

The following changes are required for Service Request 81977:

1. The Data Element Table will be updated to include values 'CG' (Cigna Choice) and 'HE' (Health Net Primary EPO) for Medical Plan Code (EDB 0292) and Future Medical Plan Code (EDB 0680).
2. The Code Translation Table will be updated to include translations for values 'CG' and 'HE' for Medical Plan Code.
3. The GTN Table will be updated to include GTN entries for the employee deductions and UC contributions for the two new medical plans.
4. The two new plan codes and associated deduction GTN numbers will be added to the logic that performs de-enrollment due to suspended balances.
5. Modifications will be made so that carrier file processing will combine employees with existing plan code 'HN' (Health Net HMO) and new plan code 'HE' (Health Net EPO) into a single carrier file.
6. A one-time program will be developed to end date the enrollment of employees in discontinued plans and set up enrollments in the specified default plans effective January 1, 2008.
7. The addition of the 2 new plan codes 'CG' and 'HE' and the movement of the 5 discontinued plans to the previously valid codes section will be reflected in the on-line field-level help and in the Data Dictionary for the EDB data elements 0292 and 0680.

The following changes are required for Service Request 81992:

1. The Code Translation Table will be updated to change the translations for PMI, Delta Dental, and Health Net plans.
2. The GTN Table will be updated to reflect the new names for the PMI, Delta Dental, and Health Net GTN entries for the employee deductions and UC contributions for these plans.
3. The name change will be reflected in the on-line field-level help and in the Data Dictionary for the EDB data elements 0272, 0292, 0680 and 0683.

Programs

One Time Programs

PPOT1791

A one-time program PPOT1791 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.

PPOT1791 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 12/31/2007, and create entries on the Future Enrollment Table (PPFFCB) with a 01/01/2008 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, 2008 changeover, will also be defaulted.

PPOT1791 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 (PPFFCB), 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 PPFFCB 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, 2008, 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, 2008, a flag will be set indicating that a January 1, 2008 entry exists.
- If a FCB Effective Date (EDB0695) is **less than** January 1, 2008:
 - If the flag indicates that a January 1, 2008 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, 2008 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 12/31/2007 or initial value**, a row will be inserted in the PPFFCB table with the appropriate default FCB Plan Code and an FCB Effective Date of January 1, 2008. If the BEN

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Coverage End Date (EDB0300) is greater than 12/31/2007, it will be set to 12/31/2007. If the Next Future Benefits Action Date (EDB0692) is **initial value or greater than 1/1/2008**, it will be set to January 1, 2008. A flag will be set indicating that a January 1, 2008 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 PPOT1791 will be the PPP1800 report from the ECF. Therefore, no one-time detail reporting will be necessary for this one-time program.
- A report OT17912 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 12/31/07.
- Any negative SQL error will result in a ROLLBACK, and a Return Code of 8.

New and Modified Programs

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 CIGNA (GTN 310) and Health Net EPO (GTN 312). 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.

PPP560

PPP560 creates the 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 modified to use the new XCARRIER 88 level value HEALTHNET to code carrier file records with a common 'H1' sort key when they have the plan codes 'HN' or 'HE'.

See copy member CPWSXIC2 for related modifications.

PPP561

PPP561 reads the Historical Premium Activity file created by PPP560, and updates the Historical Premium Activity table (PPPHPA). 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 HEALTHNET to code carrier file records with a common 'H1' sort key when they have the plan codes 'HN' or 'HE'.

See copy member CPWSXIC2 for related modifications.

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Copy Members

CPWSXIC2

CPWSXIC2 defines various application constants. It contains the following field and 88 level values:

03 XCARRIER	PIC X(2).
88 BLUECROSS	VALUES 'BH' 'CM' 'BC' 'BP'.
88 UHC	VALUES 'SE'.

The 88 level values of the field XCARRIER is used 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 UHC (coded with sort key 'UH').

A new 88 level value HEALTHNET will be added to this XCARRIER field as shown below:

88 HEALTHNET	VALUES 'HN' 'HE'.
--------------	-------------------

The 88 level value HEALTHNET will be used in PPP560 and PPP561 to identify the two Health Net medical plans Health Net Primary EPO (HE) and Health Net HMO (HN) that will be combined into a single carrier file for Health Net (coded with sort key 'H1').

Bind Members

One-Time Binds

PPOT1791

This plan bind will be created for one-time program PPOT1791.

CICS Help Updates

CICS Help Texts

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

- EDB0292 (Medical Plan Code) - New plan codes CG and HE will be added
- Name changed for the plan code HN
- EDB0680 (Future Medical Plan Code) - New plan codes CG and HE will be added
- Name changed for the plan code HN
- EDB0272 (Dental Plan Code) - Name changed for the plan codes D1 and D3
- EDB0683 (Future Dental Plan Code) - Name changed for the plan codes D1 and D3

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Forms

PPOT1791 Program Run Specification

PPOT1791 will use a Run Specification Record. No actual form will be issued, but the following format will be used.

cc 1-13 Program ID: it must be 'PPOT1791-SPEC' where 1791 will be replaced by the release number
cc 14-19 Run Mode: it must be one of the two following values:
 'REPORT' for report only mode, i.e. non-update mode
 'UPDATE' for update mode
cc 20-80 FILLER

If either the Program ID or Run Mode is invalid on the Run Specification Record the program will stop and issue a message.

Control Table Updates

Code Translation Table

Transactions will be created to add translations for the two new Medical Plan Codes 'CG' (CIGNA Choice Fund) and 'HE' (Health Net EPO) for the EDB data element 0292.

Transactions will be created to update the name for the Plan Codes 'HN' (Health Net HMO) for the EDB data element 0292 and 'D1' (Delta Dental PPO) and 'D3' (DeltaCare USA) for the EDB data element 0272.

The GTN Descriptions (GTNDSC) and GTN Labels (GTNLBL) will be created for the new GTNs 310, 311, 312, and 313.
The GTN Descriptions (GTNDSC) will be updated for the GTNs 065 and 066.
The GTN Descriptions (GTNDSC) and GTN Labels (GTNLBL) will be updated for the GTNs 244, 245, 062, and 064.

Data Element Table

The Data Element Table will be updated to add the new plan code values of 'CG' and 'HE' 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 310, 311, 312, and 313).

In addition, the GTN Table will be updated to change the name of GTN entries for the employee deductions and UC contributions for the medical plan (GTN Numbers 062 and 064) and dental plans (GTN Numbers 065, 066, 244, and 245).

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Data Dictionary Entry Updates

The Data Dictionary will be updated to include the following data elements (**full data dictionary pages included in Attachments A, B, C, and D**):

EDB 0292

Medical Plan Code (See attachment A)

EDB 0680

Future Medical Plan Code (See attachment B)

EDB 0272

Dental Plan Code (See attachment C)

EDB 0683

Future Dental Plan Code (See attachment D)

JCL Changes

PPOT1791

Sample JCL will be provided for one-time program PPOT1791.

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Attachments

Attachment A: 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

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 HMO
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

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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

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Attachment B: 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 HMO
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

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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

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Attachment C: Dental Plan Name Changes

System Number: EDB0272

User Access Name: 0272-7

Programming Name: DENTAL_PLAN IN PPPBEN

Revision Date: 07/01/05

Comments

Locations(s): HBN 4520 - Dental Plan Code-HBN in HDB
 APS 0125 - Dental Plan Code
 BCS 0125 - Dental Plan Code
 CPS 0125 - Dental Plan Code
 IPS 0125 - Dental Plan Code
 OPP 0125 - Dental Plan Code

Name: DENTAL PLAN CODE-EDB

Type: ALPHANUMERIC

Length: 2

Format

N/A

General Description

Code indicating the dental plan selected by the individual.

Code Interpretation

→D1 - ~~Delta Dental Service~~ **Delta Dental PPO**
→D3 - ~~PMI~~ **DeltaCare USA**
P3 - PSBP Dental HMO
P4 - PSBP Dental PPO
DD - Dental plan not yet selected by the employee
XX - Opted out of dental
XC - Cancelled dental
XD - De-enrolled - suspension of
 Premiums or ineligible dependent

Previous codes may be attached
EDB 0272 - Dental Plan Code-EDB Codes deleted January 1995

D2 - Safeguard

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Attachment D: Future Dental Plan Name Changes

System Number: EDB0683

User Access Name: 0683-7

Programming Name: FCB_DENTAL_PLAN IN PPPFCB

Revision Date: 07/01/05

Comments

Location(s):

Name: FUTURE DENTAL PLAN CODE

Type: ALPHANUMERIC

Length: 2

Format

N/A

General Description

Code indicating the future dental plan in which the individual will be enrolled.

Code Interpretation

→D1 - ~~Delta Dental Service~~ **Delta Dental PPO**
→D3 - ~~PMI~~ **DeltaCare USA**
P3 - PSBP Dental HMO
P4 - PSBP Dental PPO
XX - Opted out of dental
XC - Cancelled dental
XD - De-enrolled - suspension of
Premiums or ineligible dependent