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SR81608

Modify SHPS File for the implementation of the Debit Card Program

Objective:

This service request addresses PPS requirements to implement the Debit Card Program for SHPS.

Project Type:

Add medical, dental and vision plan information to the SHPS file.

Requested by:

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Analyst:

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Due Date(s):

The release must be installed and the changes in effect at all locations prior to 01/02/2007.

1.0 Background

The University has decided to implement a debit card program with the current Flexible Spending Accounts vendor, SHPS. This program will allow an employee who has a Health Care Reimbursement Account (HCRA) to pay for health care expenses with a debit card. A limited range of health care expenses are self-substantiated so that employees are not required to send in claim forms or receipts.

In order for SHPS to substantiate these expenses without claims form or receipts, the University is required to provide medical, dental, and vision plan information for all employees participating in the HCRA plan. In support of that effort, modifications are required in the Payroll/Personnel System (PPS).

2.0 SHPS file

2.1 Semi-monthly file

The medical, dental, and vision plan information for all employees participating in the HCRA plan must be added to the semi-monthly full replacement file. If the employee has an annual amount, year-to-date amount or a deduction taken for HCRA, the health care plans information should be included. If employee is enrolled in the DepCare plan only, the health care plans information should NOT be included.

2.2 Initial Enrollment file

The health care plans information is not needed in the files created at UCOP. These files included the Weekly enrollment files and Open enrollment files.

2.3 Health Care Plans Data

The following data should be added to the SHPS file, see Attachment A for file layout:

- Medical Plan Code (EDB0292)
- Medical Plan Effective Date - ECED (EDB0454)
- Medical Plan End Date (EDB0300)
- Dental Plan Code (EDB0272)
- Dental Plan Effective Date - ECED (EDB0455)
- Dental Plan End Date (EDB0271)
- Vision Plan Code (EDB0347)
- Vision Plan Effective Date - ECED (EDB0456)
- Vision Plan End Date (EDB0346)

2.4 Special Plan Codes

There is a special group of medical, dental, and vision plan codes that are used for other processes and should not be included in the SHPS file. Whenever these plan codes are encountered during process, the value in the SHPS file should be set to blank or zero filled, depending upon whether it is an alphanumeric or numeric field, for the particular plan and related effective date.

The following is a list of the special medical, dental, and vision plan codes:

- P1
- P2
- P3
- P4
- P5

- DM
- DD
- DV
- XX
- XC
- XD

2.5 When Data is not available on EDB

In the event that the health care plan, effective date and coverage end date are blank on the EDB, the value in the SHPS file should be set to blank or zero filled, depending upon whether it is an alphanumeric or numeric field, for the particular plan and related effective date.

2.6 Attachment A: SHPS Record layout (PPP466)

SHPS Record Layout (PPP466)				
Header Record				
Position	Length/Format	Field Description	Data Element #	Comments
1 – 11	11	Header ID		Literal "00000000000"
12 – 16	5	Control Number		Literal "97001"
17 – 24	8 ccyymmdd	Pay Period Begin Date		
25 – 32	8 ccyymmdd	Pay Period End Date		
33 – 34	2	Pay Indicator		Literal "DP"
35	1	EFT Indicator		Literal "N"
36 – 800	765	Filler		Value spaces

SHPS Record Layout (PPP466)

Employee Record

Position	Length/Format	Field Description	Data Element #	Comments
1 – 9	9	Social Security Number	EDB0111	Right justified and zero filled.
10 – 11	2	Filler		Value spaces
12 – 16	5	Control Number		Literal "97001"
17 – 36	20	Employee Last Name	EDB0252	No special characters except dash and apostrophe. The last name may be followed by a blank and either JR, SR, III, etc. The unused portion must be spaces. Left justified.
37 – 50	14	Employee First Name	EDB0250	No special characters except dash and apostrophe. Only one blank at a time is permitted within the name. The unused portion must be spaces. Left justified.
51	1	Employee Middle Initial	EDB0251	Alpha characters A-Z or spaces are accepted. Truncate from the left if UC middle name is longer than 1 character.
52 – 56	5	Branch Code		Location code 000+2 digit location code 00001 UCB 00002 UCSF 00003 UCD 00004 UCLA 00005 UCR 00006 UCSD 00008 UCSB 00009 UCI 00094 LBL 00095 LLNL 0096 LANL 0097 ASUCLA 0098 Hastings
57 – 76	20	Filler		Value is spaces
77 – 111	35	Address Permanent Line One	EDB0204	
112-146	35	Address Permanent Line	EDB0205	

SHPS Record Layout (PPP466)

Employee Record

Position	Length/ Format	Field Description	Data Element #	Comments
		Two		
147-168	33	Address Permanent City	EDB0206	
169-170	2	Address Permanent State	EDB0207	If Foreign Address Indicator = 'F', move 'XX' to state field.
171-179	9	Address Permanent Zip Code	EDB0208	If Foreign Address Indicator = 'F', move zeros to ZIP Code field. Left justify and space fill. Zero fill for foreign address.
180-187	8 ccyymmdd	Begin Date		Beginning effective date for this plan.
188-195	8 ccyymmdd	End Date		Ending effective date for this plan.
196-227	32	Filler		Value is spaces.
228-235	8 ccyymmdd	Health Care Reimbursement Account Effective Date	EDB7338E	Zero fill if not present.
236-243	8 ccyymmdd	Health Care Reimbursement Account Termination Date	EDB0314	Zero fill if not present.
244-251	8 ccyymmdd	DepCare Reimbursement Account Effective Date	EDB7335E	Zero fill if not present.
252-259	8 ccyymmdd	DepCare Reimbursement Account Termination Date	EDB0315	Zero fill if not present.
260-267	8 ccyymmdd	Employee Birth Date	EDB0107	
268-275	8	Employer Health Care Reimbursement Account Amount		Zero fill. Not used at UC.
276-283	8 S9(6)V99	Employee Health Care Reimbursement		HCRA deduction taken (GTN 335)

SHPS Record Layout (PPP466)

Employee Record

Position	Length/ Format	Field Description	Data Element #	Comments
		Account Amount		
284-291	8 S9(6)V99	Employer DepCare Reimbursement Account Amount		Zero fill. Not used at UC.
292-299	8 S9(6)V99	Employee DepCare Reimbursement Account Amount		DepCare deduction taken (GTN 335)
300-307	8 S9(6)V99	Health Care Reimbursement Account Annual Amount	EDB6338 U	Zero fill if not present.
308-315	8 S9(6)99	DepCare Reimbursement Account Annual Amount	EDB6335 U	Zero fill if not present.
316	1	Pay Cycle		B = Biweekly, M-Monthly, S= Semi-monthly
317-351	35	Street 3		Space fill. Not used at UC.
352-360	9	Survivor Social Security Number		Space fill. Not used at UC.
361	1	EFT Account Type		Space fill.
362-369	8	EFT Termination Date		Zero fill. Not used at UC.
370-378	9	EFT Transit Number		Zero fill. Not used at UC.
379-395	17	EFT Account Number		Space fill. Not used at UC.
396-400	5	Filler		Space fill.
401-500	100	Internet Address		Space fill. Not used at UC.
501-532	32	Filler		Value is spaces.
533-540	8	EE – Parking Effective Date		Zero fill. Not used at UC.
541-548	8	EE – Parking Termination date		Zero fill. Not used at UC.
549-556	8	EE – Transportation Effective Date		Zero fill. Not used at UC.
557-	8	EE –		Zero fill. Not used at UC.

SHPS Record Layout (PPP466)

Employee Record

Position	Length/ Format	Field Description	Data Element #	Comments
564		Transportation Termination Date		
565-572	8	Employer Parking Amount		Zero fill. Not used at UC.
573-580	8	Employee Parking Amount		Zero fill. Not used at UC.
581-588	8	Employer Transportation Amount		Zero fill. Not used at UC.
589-596	8	Employee Transportation Amount		Zero fill. Not used at UC.
597-604	8	Annual parking Plan Maximum		Zero fill. Not used at UC.
605-612	8	Annual Transportation Plan Maximum		Zero fill. Not used at UC.
613-622	10	Medical Plan Code	EDB0292	2 digit Medical Plan code. Left justified. Spaces are accepted. BC - Blue Cross Plus BH - High Option (Blue Cross) BP - Blue Cross PPO CM - Core Major Medical (Blue Cross) DH - Definity Health (UCSF and UCSB only) FP - PacifiCare HN - Health Net KN - Kaiser North KS - Kaiser South KU - Kaiser Umbrella KW - Kaiser MidAtlantic PN - PacifiCare Nevada WH - Western Health Advantage
623-630	8 ccyymmdd	Medical Plan Effective Date	EDB0454	Zero fill if not present.
631-638	8 ccyymmdd	Medical Plan End Date	EDB0300	Zero fill if not present.
639-648	10	Dental Plan Code	EDB0272	2 digit Dental Plan code. Left justified. Spaces are accepted.

SHPS Record Layout (PPP466)

Employee Record

Position	Length/ Format	Field Description	Data Element #	Comments
				D1 - Delta Dental Service D3 - PMI
649- 656	8 ccyymm d	Dental Plan Effective Date	EDB0455	Zero fill if not present.
657- 664	8 ccyymm d	Dental Plan End Date	EDB0271	Zero fill if not present.
665- 674	10	Vision Plan Code	EDB0347	2 digit Vision Plan code. Left justified. Spaces are accepted. VI - Vision Care
675- 682	8 ccyymm d	Vision Plan Effective Date	EDB0456	Zero fill if not present.
683- 690	8 ccyymm d	Vision Plan End Date	EDB0346	Zero fill if not present.
691- 700	10	RX Plan Code		Space fill. Not used at UC.
701- 708	8	RX Plan Effective Date		Zero fill. Not used at UC.
709- 716	8	RX Plan End Date		Zero fill. Not used at UC.
717- 800	84	Filler		Value is spaces.

SHPS Record Layout (PPP466)

Trailer Record

Position	Length/ Format	Field Description	Data Element #	Comments
1 – 9	9	Trailer ID		Literal “999999999”
10-11	2	Filler		Literal “00”
12 – 16	5	Control Number		Literal “97001”
17 – 23	7	Record Count		Number of records on the file including header and trailer.
24 – 34	11	Employer Health Care Reimbursement Account Total		Zero fill. Not used at UC.
35 – 45	11 S9(9)V99	Employee Health Care Reimbursement Account Total		Zero fill if not present.
46 – 56	11 S9(9)V99	Employer DepCare Reimbursement Account Total		Zero fill. . Not used at UC.
57 – 67	11 S9(9)V99	Employee DepCare Reimbursement Account Total		Zero fill if not present.
68 – 78	11 S9(9)V99	Health Care Reimbursement Account Annual Amount Total		Zero fill if not present.
79 – 89	11 S9(9)V99	DepCare Reimbursement Account Annual Amount Total		Zero fill if not present.
90 – 100	11	Employer Parking Total		Zero fill. Not used at UC.
101-111	11	Employee Parking Total		Zero fill. Not used at UC.
112-122	11	Employer Transportation Total		Zero fill. Not used at UC.
123-133	11	Employee Transportation Total		Zero fill. Not used at UC.
134-800	667	Filler		Value is spaces.