SPS Project – #060B3490012

Future State
Process Definition and
Requirements Document (PDR)

Attachment F2
BA – Benefits Administration

Contents

I. Document Information

A. Definitions/Abbreviations/Acronyms

Abbreviation/ Acronym	*Definition*
CPB	Central Payroll Bureau – The State's main payroll system operated by the Maryland State Comptroller's Office
DBM	Department of Budget and Management
EBD	Employee Benefits Division
LAW	Leave of Absence Without Pay
MDOT	Maryland Department of Transportation
MIA	Maryland Insurance Administration
OJI	On The Job Injury
OPEB	A retiree liability surcharge associated with Satellite invoicing
ORP	Optional Retirement Program – A retirement program available to employees and retirees of Maryland State institutions of higher education.
Pass-Through Agency	State benefits eligible agencies that send critical HR data for benefits administration and payroll processing via CPB to the SPS system.
Retiree	A former State or Satellite Agency employee
Satellite Agency	An employer that purchases its employee benefits from the State
Special Retiree	A retiree that pays for a portion of their health benefits by direct payment as opposed to retirement check deduction
SPS	Statewide Personnel System
Subsidy	State's portion of the total benefits premium
TPA	Third Party Administrator

II. Organizational Overview

In this section, we discuss the current business and technical environments surrounding and supporting the State's personnel and benefits systems.

Business Environment

DBM's Office of Personnel Services and Benefits (OPSB) along with the State agencies are responsible for personnel administration, including policy development, guidance, and interpretation. The Executive Director, OPSB, leads a support staff of approximately one hundred and seventy-five people. The OPSB operations currently include oversight of Recruitment and Examination, Classification and Salary Administration, Employee Benefits, Employee Relations, Employee Grievances, Disciplinary Actions, EAP, EEO and the Leave Bank.

DBM's current personnel and benefits systems support 700 users, who manage the personnel and benefits activities of over roughly 120,000 State employees and retirees, Satellite Agency employees and retirees, and their eligible dependents. Through the existing HR system (MS310) and manual forms (MS311, MS106), and Benefits Administration Systems (BAS), the State processes over 250,000 transactions annually. The Sigma Applicant Management System (AMS) which the State uses to support its recruitment and evaluation function will be replaced by JobAps with targeted implementation date of August 2012.

The Central Payroll Bureau (CPB) is responsible for statewide payroll processing and will continue to manage payroll information on a separate system while receiving inputs from the HRIS. Similarly, the Maryland State Retirement and Pension Systems (MSRPS) organization will continue to handle retirement information on a separate system.

It is expected that the new HRIS will replace many of the current Personnel/Benefits applications. However, the systems used by the Central Payroll Bureau; Maryland State Retirement and Pension Systems; and other existing HR database used by other agencies (i.e.; University Systems, MDOT and Satellite Agencies) will not be replaced by the new HRIS. These systems will require interfaces to and from the new HRIS. For brief descriptions of the current systems used to manage and maintain personnel transactions and data, please refer to appendix D.

III. Proposed Future State Process

A. Future State Process Narrative

Benefits Administration includes all activities related to the setup, enrollment, management, and auditing of employee benefits. The State provides benefits administration to State, University System and Satellite employees.

What is the University System?

The University System is comprised of the state colleges and universities and includes University of MD, Morgan State University, Towson University, Salisbury State University, Frostburg State University, University of Baltimore, Bowie State University, and Coppin State College. The University System participates in the State benefit programs for both its employees and its retirees, which are referred to as ORP Retirees. Throughout the State, there are six PeopleSoft HCM installations that support the Personnel activities for the University employees. The University System employees are paid by the State's Central Payroll Bureau (CPB).

Each University System employee is linked to either 19 or 21 pay checks per year and are currently required to cover all over-the- summer health benefit deductions in their last June pay check; this practice often results in 5 health benefit deductions required from one paycheck.

The future state design proposes to eliminate the multi-deductions for University System employees and instead to spread their total annual deduction amount evenly across their total pay periods each year.

What is a Satellite Agency?

Satellite agencies are employers that purchase employee benefits from the State. Generally, these agencies are small towns or non-profit associations within Maryland. In some cases, they are quasi-governmental or were State agencies/departments. In all cases, satellite agency employees and retirees are neither on the State's payroll nor are they paid by the State's Central Payroll Bureau (CPB).

In purchasing the benefits, typically health, dental, prescription and flexible spending, the satellite agencies pay the State's COBRA premium for each of their covered employee's plus an administrative fee. Each Satellite agency determines the cost it will charge the employee. The State does not track the employee cost for any Satellite agency. The State does not collect money (premiums) from or send bills for premiums to satellite agency employees. This function is left up to each satellite agency. The State benefit administration process does include billing the agency each month for their employee coverage.

Who is in scope for benefits administration?

For each of the groups identified, the State provides benefits administration to different types of individuals within each group. The individuals included are:

- State Active Employees
- State Employees on Leave of Absence
- State Retirees
- State Contractual Workers
- State Part-Time Employees
- University System Active Employees
- University System Employees on Leave of Absence
- University System ORP Retirees
- University System Contractual Workers
- University System Part-Time Employees
- Satellite Agency Employees
- Satellite Agency Retirees
- MDOT Active Employees
- MDOT Employees on Leave of Absence
- MDOT Retirees
- MDOT Contractual Workers
- MDOT Part-Time Employees
- Pass-Through Active Employees
- Pass Through Retirees
- COBRA – Former State Employees
- COBRA – Other Dependents
- COBRA – Children Over Age 25
- COBRA – Divorced Spouses
- COBRA – Former Legislators

MDOT employees and retirees have been identified separately on this list because like the University System and Satellite employees, MDOT processes personnel transactions in their own personnel system, but participates in the State benefit administration. MDOT payroll processing does occur in the State's Central Payroll Bureau (CPB).

Pass Through agencies employees and retirees have been identified separately on this list as well. Generally, these agencies send critical HR data required for benefits administration and payroll processing via CPB. These data elements are included on the integrated Payroll interface to CPB from the SPS system (i.e.; Baltimore Community College; Register of Wills; Judiciary).

Each of these groups has their own benefit administration nuances, including:

- The group may be eligible for only a portion of the full benefit offerings
- The group may pay for their benefits via a payroll deduction on CPB
- The group may be billed and pay for their benefits via personal check sent to a Lockbox
- The group may pay for their benefits via a full deduction on their retirement check
- The group may pay for their benefits via a partial deduction on their retirement check and pay the remainder via a personal check sent to a Lockbox
- The group may use the system for full personnel management in addition to benefits administration
- The group may only have employee demographic and job data in the system for the sole purpose of benefits administration

- The group may only have employee demographic and job data in the system for the sole purpose of benefits administration and payroll processing via CPB.

The following matrix shows a summary of the groups identified above differ in respect to benefits administration.

Benefits Administration Group Summary Matrix															
Group	Group Attributes														
Matrix Key: ✓ = Applies to Group V = Varies by Satellite Agency	Full EE Demographic & Job Administration	Benefits Only Administration	CPB Payroll – State Pay Cycle	CPB Payroll - University System Pay Cycle	Retirement Agency Check	Direct Payment for Benefits	No Direct Deduction – Satellite Invoiced	Eligible for State Benefit Subsidy	Medical	Prescription Drug	Dental	Flexible Spending Account	Life Insurance	Dependent Life Insurance	ADD
State – Full-Time	✓		✓					✓	✓	✓	✓	✓	✓	✓	✓
State – Leave of Absence	✓					✓*		✓**	✓	✓	✓	✓	✓	-	✓
State – Part-Time	✓		✓			✓			✓	✓	✓	-	✓	✓	✓
State - Retirees	✓				✓			✓***	✓	✓	✓	-	✓	✓	-
State - Special Retirees	✓				✓	✓		✓***	✓	✓	✓	-	✓	✓	-
State - Contractual Workers	✓		✓			✓			✓	✓	✓	-	✓	✓	✓
Univ System – Full-Time		✓		✓					✓	✓	✓	✓	✓	✓	✓
Univ System – Leave of Absence		✓		✓		✓*			✓	✓	✓	✓	✓	-	✓
Univ System – Part-Time		✓		✓		✓			✓	✓	✓	-	✓	✓	✓
Univ System - Retirees		✓				✓		✓***	✓	✓	✓	-	✓	✓	-
Univ System - Special Retirees		✓				✓		✓***	✓	✓	✓	-	✓	✓	-
MDOT – Full-Time		✓	✓					✓	✓	✓	✓	✓	✓	✓	✓
MDOT – Leave of Absence		✓	✓						✓	✓	✓	✓	✓	-	✓
MDOT – Part-Time		✓	✓						✓	✓	✓	-	✓	✓	✓
MDOT - Retirees		✓	✓						✓	✓	✓	-	✓	✓	-
MDOT - Special Retirees		✓	✓						✓	✓	✓	-	✓	✓	-
MDOT - Contractual Workers		✓	✓						✓	✓	✓	-	✓	✓	✓
Satellite Agency Employees		✓					✓		✓	V	V	V	V	V	V
Satellite Agency Retirees		✓					✓		✓	V	V	V	V	V	V
Pass-Through Employees		✓	✓					✓	✓	✓	✓	✓	✓	✓	✓
Pass-Through Retirees		✓	✓					✓***	✓	✓	✓	-	✓	✓	-
COBRA – Former State Employees						✓			✓	✓	✓	✓	-	-	-
COBRA – Other Dependents						✓			✓	✓	✓	✓	-	-	-
COBRA – Children Over Age 26						✓			✓	✓	✓	✓	-	-	-
COBRA – Divorced Spouses						✓			✓	✓	✓	✓	-	-	-
COBRA – Former Legislators						✓			✓	✓	✓	✓	-	-	-

✓* Employees required to make direct payment for benefits coverage are: 1) Employees on non-FMLA leave 2) Employees on FMLA not receiving a paycheck, 3) Employees on Military Leave with AD&D or Life Insurance are required to make direct payments for the AD&D and Life coverage.

✓** Employees on FMLA and LAW-OJI receive the State benefit subsidy and employees on Military Leave receive full State payment for their benefits.

✓*** The subsidy that retirees/ORP retirees receive depends on their creditable months of service.

Currently, the DBM Employee Benefits Division (EBD) benefits administration process involves numerous paper forms, a custom benefits administration application (BAS), an antiquated IVR system, tracking of events and/or data in Excel or Access, a requirement for employee health benefit re-enrollment when going on leave or returning from leave, an environment that is not engineered to easily handle retro processing or multiple benefit deductions, and an environment that is reliant on someone in another agency or department to complete a form in order for EBD to know that an employee or retiree status has changed.

The future state process design incorporates features that add efficiency, functionality, flexibility and data integrity. Some of the changes include:

- Web-based Open and Event Maintenance Enrollment with built-in edits to facilitate data validation at the point of entry as opposed to after-the-fact.
- Elimination of the University System multi-deductions in June by spreading the employees total annual health deduction amount evenly across their defined number of pay periods each benefit year.
- Elimination of employees paying by personal check for retroactive benefit charges. Instead, retroactive charges will be spread across multiple deduction periods but are required to be fully collected by the benefit year end.
- Automatic determination of benefits eligibility based on the entry of Personnel Transactions by the Agency HR Coordinator.
- Cancellation of health benefits coverage based on lack of payment.
- Automatic notification of Leaves of Absence based on the entry of Personnel Transactions by the Agency HR Coordinator.
- Automatic termination of health benefit coverage based on the entry of Personnel Transactions (i.e.; LAW, Termination) by the Agency HR Coordinator.
- The system shall validate duplicate SSN across Benefit Participants and Dependents.
- The system shall provide the capability to set up unique premiums based on the different Benefit Types.
- The system shall provide the capability to track and capture ineligible Benefit Participants due to Fraud.

B. Process Diagrams

The functional requirements definition included the preparation of Visio process flow diagrams. The diagrams are intended to identify "future state" business process and show transaction stakeholders, process initiators and approvers, integrations, automation touch-points and required system functionality.

Appendix A contains the following process flow diagrams:

Benefits Administration
- BA0101 – Benefits Administration for Open Enrollment

Access to Employee Self-Service
- BA0201 – Benefit Participant Account
- BA0202 – Benefit Participant Profile
- BA0203 – Benefit Participant Portal
- BA0806 – Terminate Portal Accounts

Employee Self-Service
- BA0204 – Model Benefit Costs
- BA0205 – Modify Dependent

Benefit Enrollment
- BA0301 – Open Enrollment - Web
- BA0302 – Open Enrollment - Paper
- BA0303 – Event Maintenance Enrollment - Web
- BA0304 – Event Maintenance Enrollment - Paper

Employee Benefit Management
- BA0401 – Review Dependent Add/Change/Remove Request
- BA0402 – Review Marital Status Change Request
- BA0403 – Dependent Turns 26
- BA0404 – Leave of Absence
- BA0405 – LAW – AD&D & Life
- BA0406 – LAW - FMLA
- BA0407 - Return from Leave of Absence
- BA0408 – Determine ORP Benefit Eligibility

Non-SPS Employee Maintenance
- BA0501 – Non-SPS Employee Maintenance

Invoicing & Lockbox Receivables
- BA0601 – Satellite Invoicing & Lockbox Receivables
- BA0602 – Monthly Surcharge Entry
- BA0603 – Direct Pay Invoicing & Lockbox Receivables
- BA0604 – Special Retiree Invoicing & Lockbox Receivables

Customer Service
- BA0701 – Customer Service Call Center

Back-Office Processing
- BA0801 – Benefits Cancellation
- BA0802 – Benefits Termination
- BA0803 – Deduction Reconciliation
- BA0804 – Claims Eligibility Audit
- BA0805 – Benefit Provider Payments
- BA0807 – Retro Payment Processing

C. Process Diagram Narrative

This section will provide a narrative for each process flow diagram. The narrative will identify both business process and system functionality requirements including, required fields, field valid values, field defaults, field/page edits, calculations, and references to State documentation that identifies State specific policies the system should accommodate.

The process flow diagrams reflect required workflow with the 

symbol. The text in the symbol will either indicate "Worklist" or "Notification". "Worklist" means the workflow requirement is to place an item in the associated role/users online worklist since these individuals will be frequent if not full-time system users. "Notification" means the workflow requirement is to send an email notification to the associated role/user since these individuals will be infrequent system users.

There are numerous factors that will influence the workflow routing of transactions. The two biggest factors are Agency definition and roles/responsibilities within each Agency. All agencies have at least one Benefit Coordinator and some agencies have multiple. Each unique Agency definition could influence workflow routing in relation to benefit transactions.

D. Workflow Requirements

The State requires the ability to define workflow routing for transactions.

- The system shall have the ability to route transactions to the appropriate party/parties via workflow based on organizational roles and organizational location as defined in the application.
- The system shall have the ability to create work lists based on the workflow routing of transactions.
- The system shall have the ability to send an email notification based on the workflow routing of transactions.
- The system shall have the ability to specify a workflow preference (work list vs. email notification) based on organizational role or user profile preference.

Benefits Administration

Associated Process Flow: BA0101 – Benefits Administration for Open Enrollment

The State of Maryland conducts Open Enrollment for State, University System and Satellite that coincides with the State fiscal year (July thru June). Most years there are minor adjustments made to the benefit program, plan and coverage level offerings, but occasionally the State will institute larger benefit program, plan and coverage level changes. And, as defined earlier, the offered coverage can vary by employee source (State, MDOT, University System, Satellite, and Pass-Through) in addition to employee benefit type (Active, Retiree, Special Retiree, Leave of Absence, COBRA, Contractual, Part-Time).

The State currently uses an IVR system to administer open enrollment with paper forms for Direct Pay, Satellite, and Retirees. The State requires the new system offer web-based self-service functionality that provides benefits participants the ability to initiate benefits administration requests, including, Open Enrollment and On-Going Enrollment (Event Maintenance (EM)) for qualified status changes. The State will retain paper forms as the contingency for benefit participants that either do not have web access or do not feel comfortable with web functionality.

In addition, the State would like to move away from mailing hard-copy enrollment information and materials to all benefit eligible employees. They are trying to offer materials online, but continue to mail materials to the employees or retirees that request hard-copy materials.

The Benefits Administration for Open Enrollment business process identifies the high-level timeframes and tasks associated with establishing Open Enrollment for the upcoming benefit period.

Benefit Administration for Open Enrollment Events/Steps:

September: Benefit Planning for Upcoming Year: (Step 1): The DBM Employee Benefits Division Director will initiate the planning process for the upcoming benefit year.

November: Review/Modify Benefit Program/Rate Changes: (Steps 2 and 4): The DBM Employee Benefits Division Director and DBM Executive Management will review the proposed benefit program and rates changes for the upcoming benefit year.

December/January: Finalize Proposed Benefit Program/Rate Changes: (Step 3): The DBM Employee Benefits Division Director will finalize the benefit program and rate changes that will be presented to the Board of Public Works for approval.

February: Review/Approve Proposed Benefit Program/Rate Changes: (Step 5): The Board of Public Works needs to review and approve contract changes and new contracts.

January/February: Finalize Open Enrollment Materials: (Step 6): The DBM managers will finalize Open Enrollment materials to reflect the upcoming Open Enrollment cycle and benefit programs/rates.

February/March: Configure Program/Rate Changes in SPS: (Step 7): Once the Open Enrollment benefit programs and rates are finalized, the DBM Super User will perform any required system configuration indicating the Effective Date of the new programs and rates is 7/1/YYYY.

- The system shall allow for Coverage Levels to change each Open Enrollment period and be defined based on an Effective Date.
- The system shall allow for Benefit Plan options to change each Open Enrollment period and be defined based on an Effective Date.
- The system shall offer Coverage Levels during Open and Event Maintenance Enrollment based on Employee Source and the Employee Benefit Type.
- The system shall offer Benefit Plan options during Open and Event Maintenance Enrollment based on Employee Source and the Employee Benefit Type.

Early March: Modify Web Enroll Page to Reflect Changes: (Step 8): The DBM Super User will work with IT support to ensure the Open Enrollment and Event Maintenance enrollment web pages accurately reflect the upcoming benefit cycle offerings.

1st Week of March: Mail Open Enrollment Announcement Postcard: (Step 9): DBM will mail a postcard to all benefit eligible employees announcing the upcoming Open Enrollment cycle.

Early March: Coordinator Training: (Step 10): DBM conducts Agency Benefits Coordinator training.

Mid-March/End of April: Health Fairs: (Step 11): DBM and the Agencies hold employee health fairs.

Mid-April/Mid-May: Open Enrollment Live: (Step 12): Open Enrollment is conducted. New hire enrollment and qualified status changes occur concurrently with Open Enrollment.

Access to Employee Self-Service

Associated Process Flows: BA0201 – Benefit Participant Account
BA0202 – Benefit Participant Profile
BA0203 – Benefit Participant Portal

The State wants as much of the benefits administration process as feasible to be employee/retiree initiated via web self-service, including Open Enrollment and Event Maintenance Enrollment due to a qualified status change. In addition, the employee or retiree shall have the ability to model benefit costs.

The requirements presented utilize the concept of a *benefits portal* that would assist the employee/retiree with their options and the steps required to enroll or modify their benefits in addition to answers to common benefit questions and the ability to enter a customer service question.

Benefit Participant Account

Associated Process Flow: BA0201 – Benefit Participant Account

Just like any website that provides customer specific access, the *benefits portal* would be accessed via a user-specific account. This account would restrict access to the benefits portal to the employees, retirees and COBRA eligible dependents. In order to restrict this access, account requests will need to be validated against the employee demographic system data to only grant accounts to an individual that is eligible for State benefits. The account could be established by a State employee/retiree, a University System employee/retiree, a Satellite Agency employee/retiree, a Pass-Through Agency employee/retiree or by a COBRA eligible spouse or dependent of an employee/retiree.

Since spouses and dependents may be eligible benefit participants, the account validation will need to include provisions to validate an account for non-employee benefit participants.

Benefit Participant Account Events/Steps:

Benefit Participant Accesses "Benefits Portal": (Step 1): The Benefit Participant will access a URL address for the *benefits portal*. The participant will have access to the *benefits portal* from both inside and outside the State firewall.

New Participant?: (Step 2): At this point, the Benefit Participant is either new to the portal and needs to establish an account or has previously accessed the portal and has an established account.

Enter Login/Password?: (Step 3): If the Benefit Participant already has an established account they would enter their login and password to access the *benefits portal*.

Login/Password Valid?: (Step 4): The system needs to validate the entered login and password to determine if the account is a valid combination.

Go To BA0202 Benefit Participant Portal: (Step 5): If the login and password passed validation, the participant should be brought into the *benefits portal*.

Message: Account Credentials Not Valid: (Step 6): If the login and password did not pass validation, the participant should receive a message indicating the login/password combination entered is not a valid account.

Forget Password?: (Step 7): If the login and password did not pass validation, the participant should have the option to reset their password.

Reset Login Information/ Go To BA0202 Benefit Participant Portal: (Steps 5 and 8): If the participant chooses to reset their password, the system should allow them to do so with appropriate validation the individual resetting the password 'owns' the account. After the account reset, the participant should be brought into the *benefits portal*.

Participant Enters Email Address: (Step 14): When the Benefit Participant is new to the *benefits portal*; they should have the option to setup a new account that is based upon their email address.

Validate if Email Address is New/Unique/Email Address Unique?: (Steps 10 and 11): The system should establish the email address entered for the new account is not associated with any existing benefits portal account.

Participant Receives Message Indicating Account Exists: (Step 12): If the email address entered to establish the new account is not unique, the participant should receive a message and not be allowed to continue with establishing a new account. Instead, they should either attempt to login with a password or reset their password.

Want to Continue?: (Step 13): After receiving a message that the email address the participant was using to establish a new account already exists, the participant will make a decision to continue or to end the login attempt process. If they choose to continue, they return to the login page and either login (Step 3) or reset their password. (Step 8)

Participant Completes Profile: (Step 14): If the email address the participant entered was unique, the participant should be prompted to enter benefit participant profile information. This information will be used to establish their profile and to validate the participant is either:

- The primary benefit member or
- An individual associated with a benefit member, such as a divorced spouse or a child over the age of 26, who is entitled to benefits.

The online entry page must capture/display at a minimum the following fields to establish a benefit profile:

Field	Access Mode	Business Requirements
Email Address	Default	
Employee Id or SSN of Benefit Member	Display	See Rules Below
Last Name of Primary Benefit Member	Default	
Do You Want to Receive Hard-Copy Benefit Enrollment Materials?	Required Entry	See Rules Below
Do You Want This Email Address to be the Primary Means of Benefit Communication?	Required Entry	See Rules Below

Special Field/Page Rules:

Field	Business Requirements
Employee Id or SSN of Benefit Member	In order to limit the usage of SSN, the system should request Employee ID to validate eligible benefit participation. The system should request SSN if the participant does not know the Employee ID.
Do You Want to Receive Hard-Copy Benefit Enrollment Materials?	This field should default to "No"
Do You Want This Email Address to be the Primary Means of Benefit Communication?	This field should default to "Yes"

Validate Profile Info Against List of Eligible Participants/Eligible for Profile?: (Steps 15 and 16): The system needs to validate the entered profile information against system information to establish if the individual is eligible for a benefit portal account.

The individuals eligible include:

Participant Affiliation	Participant Status
State (including MDOT)	Active – FT or PT
State (including MDOT)	Leave of Absence
State (including MDOT)	Retiree
State (including MDOT)	Contractual
University System	Active – FT or PT
University System	Leave of Absence
University System	ORP Retiree
University System	Contractual
Satellite	Active
Satellite	Retiree
Pass-Through	Active – FT or PT
Pass-Through	Retiree
COBRA	Former State Employee
COBRA	Eligible Dependent of State Employee or Retiree
COBRA	Eligible Spouse or Dependent of Former State Employee or Legislator
COBRA	Eligible Former Legislator

- If the participant is eligible for a benefits profile, the participant should be brought into the benefits portal (Step 5).
- If the participant is not eligible for a benefits profile, the participant should receive a message (Step 17) indicating the profile information is not valid and instructed to contact their Agency Benefits Coordinator if they are an employee or DBM EBD if they are a retiree.

Benefit Participant Profile

Associated Process Flow: BA0202 – Benefit Participant Profile

The benefit participant should have the option to modify the benefit participant profile they selected when they established their benefit portal account.

Benefit Participant Profile Events/Steps:

View Participant Profile: (Step 1): The benefit participant should be able to view their current profile selections.

The online page must capture/display at a minimum the following fields:

Field	Access Mode
Email Address	Default
Employee Id of Primary Benefit Member	Display
SSN of Primary Benefit Member	Display
SSN of Benefit Participant	Display
Primary Benefit Member Name (Last Name, First Name, Middle Name, Surname)	Display
Benefit Participant Name (Last Name, First Name, Middle Name)	Display
Benefit Member Type (State, Retiree, University System, Satellite Agency, Contractual)	Display
Employee Agency	Display
Do You Want to Receive Hard-Copy Benefit Enrollment Materials?	Required Entry
Do You Want This Email Address to be the Primary Means of Benefit Communication?	Required Entry

Want to Change Profile?: (Step 2): The benefit participant has the option to modify their profile settings.

Modify Participant Profile?: (Step 3): If the benefit participant chooses to modify their profile settings, the online page must capture/display at a minimum the following fields:

Field	Access Mode	Business Requirements
Email Address	Default	
Employee Id of Primary Benefit Member	Display	
SSN of Primary Benefit Member	Display	
Primary Benefit Member Name (Last Name, First Name, Middle Name, Surname)	Display	
Benefit Participant Name (Last Name, First Name, Middle Name)	Display	
Benefit Member Type (State, Retiree, University System, Satellite Agency, Pass Through, Contractual)	Display	
Employee Agency	Display	
Do You Want to Receive Hard-Copy Benefit Enrollment Materials?	Required Entry	See Rules Below

Field	Access Mode	Business Requirements
Do You Want This Email Address to be the Primary Means of Benefit Communication?	Required Entry	See Rules Below

Special Field/Page Rules:

Field	Business Requirements
Do You Want to Receive Hard-Copy Benefit Enrollment Materials?	This field should default to the previously selected value but allow the benefit participant to modify the value.
Do You Want This Email Address to be the Primary Means of Benefit Communication?	This field should default to the previously selected value but allow the benefit participant to modify the value.

After entering and saving their profile changes, the benefit participant should be returned to the page displayed in Step 1 and has the option to make additional changes. When their changes are completed, they should be returned to the benefits portal (Step 3).

View/Print/Update Benefit Information? (Step 4): The system shall allow the benefit participant to navigate to other options s/he is eligible to view/print/update benefit information within the benefit portal.

Benefit Participant Portal

Associated Process Flow: BA0203 – Benefit Participant Portal

The State envisions a benefits portal where the benefit participant has access to all benefit related employee self-service options. The benefits portal would be accessible to participants who had established and passed the validation of a benefits account.

The benefits portal would provide access to:

- View and/or Print Benefit Materials including Enrollment Forms, Important Information and Regulatory Notices (pdf)
- Maintenance of Benefit Profile Account
- Model Benefit Costs
- Open Enrollment
- Event Maintenance Enrollment
- Add SSN for Infant
- Mark Dependent as Disabled
- Common Benefit Questions
- Post Customer Service Question
- An Indicator of the Total Outstanding Retro Amount Owed by the Employee

Benefit Participant Portal Events/Steps:

Is Participant Eligible for Benefits?: (Step 1): Even though an individual may have a login/password to the benefits portal, something about the individual's status may have changed since the establishment of the account that would deem access to the portal impermissible. Before granting access to the portal, the system needs to re-validate access.

The individuals eligible for benefits portal access include:

Participant Affiliation	Participant Status
State (including MDOT)	Active – FT or PT
State (including MDOT)	Leave of Absence
State (including MDOT)	Retiree
State (including MDOT)	Contractual
University System	Active – FT or PT
University System	Leave of Absence
University System	ORP Retiree
University System	Contractual
Pass-Through Agencies	Active-FT or PT
Pass-Through Agencies	Retiree
Satellite	Active
Satellite	Retiree
COBRA	Former State Employee
COBRA	Eligible Dependent of State Employee or Retiree
COBRA	Eligible Spouse or Dependent of Former State Employee

Participant Affiliation	Participant Status
	or Legislator
COBRA	Eligible Former Legislator

Message: Not Eligible for Benefits Access & All Links Inactive: (Step 2): If the validation determines the individual should no longer have access to the benefits portal, they should receive a message indicating that they are "not eligible for benefit portal access" and all of the portal links should be inactive.

Benefit Participant Decides What They Want to Do: (Step 3): If the validation determines the individual should have access to the benefits portal, all of the portal links should be active.

Benefit Materials?/View/Print Benefit Materials: (Steps 4 and 5): There should be a portal link option to view and/or print benefit materials including benefit forms, open enrollment materials, important information and regulatory notices, etc.

Acct Profile Change?/Go To BA0202 – Benefit Participant Profile: (Steps 6 and 7): There should be a portal link option to modify account profile options, such as primary email, default for receipt of hard-copy benefit materials, etc. When this link is selected, the participant would execute the process described in the BA0201 – Benefit Participant Account.

Model Benefit Costs?/Go To BA0204 – Model Benefit Costs: (Steps 8 and 9): There should be a portal link option to model benefit costs. When this link is selected, the participant would execute the process described in the BA0204 – Model Benefit Costs process.

Open Enrollment?/Go To BA0301 – Open Enrollment-Web: (Steps 10 and 11): There should be a portal link option to participate in Open Enrollment. This link should only be active during the Open Enrollment window. When this link is selected, the participant would execute the process described in the BA0301 – Open Enrollment process.

Event Maintenance Enrollment?/Go To BA0303 – Event Maintenance Enrollment: (Steps 12 and 13): There should be a portal link option to participate in Event Maintenance Enrollment. When this link is selected, the participant would execute the process described in the BA0303 – Event Maintenance Enrollment process.

Modify Dependent(s) Demographic Information/ Go To BA0205: (Steps 13 and 14): There should be a portal link option to allow for a change in Infant SSN, marital status and/or other dependent demographic information. When this link is selected, the participant would execute the process described in the BA0205 – Modify Dependent Demographic Information,

Mark Dep Disabled?/Go To BA0205 – Modify Dependent(s): (Steps 14 and 15): There should be a portal link option to allow for the addition or modification of a dependent. When this link is selected, the participant would execute the process described in the BA0205 – Dependent Change.

Benefits FAQ?/View Benefits FAQ: (Steps 17 and 18): There should be a portal link option to access common benefits questions that may be able to answer a benefit participants questions and eliminate the need for them to open a customer service question.

Question/Problem?/Go To BA0701 – Customer Service Call Center: (Steps 19 and 20): There should be a portal link option to open a customer service ticket that will route to the Customer Service Call Center.

Terminate Portal Accounts

Associated Process Flow: BA0806 – Terminate Portal Accounts

In order to ensure that the only individuals accessing the benefits portal are current employees, retirees, or COBRA participants, this process will inactivate benefit portal accounts when they should no longer be active.

This process will terminate benefit portal accounts for the following participants:

- The employee terminates and is not eligible for COBRA coverage
- The employee terminates and does not elect COBRA coverage
- The employee elects COBRA coverage and terminates the coverage
- The employee elects COBRA coverage and exhausts the coverage

Employee Self Service

Associated Process Flows: BA0204 – Model Benefit Costs
BA0205 – Modify Dependent

Model Benefit Costs

Associated Process Flow: BA0204 – Model Benefit Costs

The benefit participant should be able to model benefit costs at any point throughout the year based on an entered Effective Date, which will allow modeling based on current benefit program/rate offerings and allow modeling based on upcoming Open Enrollment benefit program/rate offerings. The modeling should take into consideration any applicable cost subsidy and allow current and potential retirees to model costs based on an entered *Years of Service* value and calculate subsidy accordingly which would override any value stored in the system.

Since the main goal of the Model Benefit Costs feature is to provide an accurate estimate of a participant's benefit costs, we need to track and maintain accurate rates for the individuals utilizing this feature. Currently, the State does not track and maintain the employee cost of benefit programs for the Satellite Agencies, nor does it wish to do so which means the Model Benefit Costs feature will provide no value to Satellite participants.

Model Benefit Costs Events/Steps:

Display Current Employee Demographic & Benefit Data: (Step 1): When the benefit participant enters the benefit cost modeling page they should see their current employee/retiree demographic and benefit enrollment information.

The page must capture/display at a minimum the following fields:

Field	Access Mode	Business Requirements
Employee ID	Display	
Employee Name (Last Name, First Name, Middle Name)	Display	
Employee Type (State, Contractual, Satellite, Retiree, University, System)	Display	
Benefit Type (State, Direct Pay, COBRA…)	Display	
SSN	Display	
Years of Service	Display	
Current Benefit Program Enrollment - Medical - Prescription - Dental - FSA - Life Insurance (Employee, Spouse, Child(ren) - Accidental Death & Dismemberment (ADD)-Individual and Family	Display	
Effective Date of Benefit Cost Modeling	Required Entry	See Rules Below

Special Field/Page Rules:

Field	Business Requirements
Effective Date of Benefit Cost Modeling	The system should offer the benefit programs/rates in effect based on the date entered.

Want to Model Different Years of Service?: (Step 2): The participant should be allowed to override the *Years of Service* value. If the participant does choose to override the Years of Service the system should model costs based on the override value.

A participant may choose to override the *Years of Service* value for a couple of reasons: 1) they may be a current 'active' employee that is exploring retirement or 2) they may be a retiree whose *Years of Service* value is not accurate based on their employment history.

Enter Years of Service to Model Online: (Step 3): If the participant chooses to model benefit costs based on a different Years of Service value, the system shall provide the ability to enter it into the model cost page.

Select Medical: (Step 4): The system should display the medical benefit programs available to them based on their status (Active, Retiree, ORP Retiree, Contractual, Part-Time, Leave of Absence, COBRA, etc.) and their Participant Affiliation (State, University System, Satellite) along with the rates associated with the different coverage levels.

The participant should be required to select one of the medical programs/coverage levels offered or select that they "do not want medical coverage."

Select Prescription: (Step 5): The system should display the prescription benefit programs/rates available to them based on their status (Active, Retiree, ORP Retiree, Contractual, Part-Time, Leave of Absence, COBRA, etc.) and their Participant Affiliation (State, University System, and Satellite).

The participant should be required to select one of the prescription programs/coverage levels offered or select that they "do not want prescription coverage."

Select Dental: (Step 6): The system should display the dental benefit programs/rates available to them based on their status (Active, Retiree, ORP Retiree, Contractual, Part-Time, Leave of Absence, COBRA, etc.) and their Participant Affiliation (State, University System, and Satellite).

The participant should be required to select one of the dental programs/coverage levels offered or select that they "do not want dental coverage."

Select AD&D: (Step 7): The system should display the Individual and Family Accidental Death & Dismemberment (AD&D) benefit programs/rates available to them based on their status (Active, Retiree, Contractual, Part-Time, Leave of Absence, COBRA, etc.) and their Participant Affiliation (State, University System, and Satellite). If the participant is a Retiree and did not have AD&D coverage as an Active employee, the system shall restrict the Retiree from selecting at this point.

The participant should be required to select one of the AD&D programs/coverage levels offered or select that they "do not want AD&D coverage."

Select FSA: (Step 8): The system should display the Flexible Spending Account (FSA) benefit programs available to them based on their status (Active, Part-Time, Leave of Absence, COBRA, etc.) and their Participant Affiliation (State, University System, Satellite).

The participant should be required to select Health Care and/or Daycare FSA along with a respective annual deduction amount for the selected coverage or select that they "do not want FSA coverage."

Select Life: (Step 9): The system should display the Employee, Spouse and Child(ren) Life Insurance benefit programs available to them based on their status (Active, Retiree, Contractual, Part-Time, Leave of Absence, COBRA, etc.) and their Participant Affiliation (State, University System, Satellite).

The participant should be required to select the Life coverage desired for Employee, Spouse and Children along with a respective coverage amount for each or select that they "do not want Life coverage."

Calculate Cost: (Step 10): After the participant has completed their coverage selections, the system should estimate the cost for the selections. The calculated cost should be based on participant affiliation, *Years of Service* and any applicable subsidy. A sample rate table is provided in Appendix B – Sample Forms/Data. The applicable subsidy for ORP Retirees will include a retiree subsidy and a dependent subsidy.

View Model Cost Online: (Step 11): The participant should be able to view the estimated cost online.

Make Changes?: (Step 12): After viewing the estimated benefit costs online, the participant should be able to choose if they want to modify some of their selections (Step 3) or if they are satisfied with the estimate provided.

Want to Apply Model?: (Step 13): After viewing the estimated benefit costs online, the system shall offer the participant the option to complete and submit benefit election selected in the model to Open Enrollment or Event Maintenance Enrollment.

Open Enrollment?/Go To BA0301 – Open Enrollment-Web: (Step 15): There should be a link to SUBMIT elected options in the Benefit Enrollment page. This link should only be active during the Open Enrollment window. When this link is selected, the participant would execute the election process described in the BA0301 – Open Enrollment process.

Event Maintenance Enrollment?/Go To BA0303 – Event Maintenance-Web: (Step 16): There should be a link to SUBMIT elected options in the Benefit Enrollment page. This link should only be active if the benefit participant has an open event due to change in benefit eligibility triggered via personnel action or a qualified life event change. When this link is selected, the participant would execute the election process described in the BA0303 – Event Maintenance process

Optional Report: Benefit Modeling Costs: (Step 17): The participant should have the option to print their model cost estimates.

Modify Dependent

Associated Process Flow: BA0205 – Modify Dependent

The benefit participant should have the ability from the benefits portal to be able to add, change or remove a dependent to-or-from their benefits coverage in addition to making some basic modifications to the dependent profile. Since most qualified status changes involving dependents also include an enrollment change, the benefit participant will use the Event Maintenance *Enrollment* link on the benefits portal to facilitate those changes.

The remaining dependent changes that will be initiated via self-service include:

- Adding the SSN for an infant where the SSN was not available at the point the dependent was added to coverage.
- Initiating the process for a dependent to be marked as disabled
- Ability to update dependents demographics information (i.e.; name, address, gender, birth date, relationship, phone, marital status, marital status date, student and smoker.

The system shall notify Benefit Participants and DBM EBD for duplicate SSN between Benefit Participants and Dependents Enrollment when any of these data fields were updated via the web. At the same time, shall allow the DBM EBD Enrollment to generate audit reports to capture these updates as well.

Modify Dependent – Events/Steps:

Access Benefits Portal: (Step 1): The benefit participant will access and log into the benefits portal.

Select Dependent/Beneficiary Link: (Step 2): The benefit participant will select the link to *Dependent/Beneficiary Information*.

Display Current Dependents: (Step 3): The benefit participant should be able to view all of their current dependent information as defined in the system.

Select Edit: (Step 4): The benefit participant should be able to select and click EDIT for a specific dependent. The available updates would be:

The page must capture/display at a minimum the following fields:

Field	Access Mode	Business Requirements
Employee ID	Display	
Employee Date of Birth	Display	
Benefit Period Start Date	Display	
Employee Name (Last Name, First Name, Middle Name, Surname)	Display	
Employee Classification (State, Contractual, Satellite, Retiree, University, System)	Display	

Field	Access Mode	Business Requirements
Benefit Program (State, Direct Pay, Retiree, …)	Display	
Employee Home Address (Street, City, State, Zip)	Display	
Dependent Information - Last Name - First Name - Middle Initial - SSN - Mark as Disabled - Expiration of Disability Status* - Gender - Date of Birth - Relationship - Social Security Number - Medicare Number	Default	See Business Rules
Dependent Coverage (Health, Prescription, Dental, Life, AD&D	Display	See Business Rules

Special Field/Page Rules:

Field	Business Requirements
Dependent Information - Last Name - First Name - Middle Initial - SSN - Mark as Disabled* - Expiration of Disability Status - Gender - Date of Birth - Relationship - Social Security Number - Medicare Number	- The system shall trigger work list via email notification is triggered to DBM EBD or Agency Benefits Coordinator when information is updated via employee self service. - The system shall only allow benefit participant to *Add SSN* for a dependent where the SSN does not currently contain an SSN. S/he should not be able to modify the SSN for any dependent that currently has an SSN. - *The system shall only allow the DBM EBD to update the Expiration of Disability once requested update has been approved by External Resources. The system must provide the ability to indicate the Expiration is *Unlimited*, which would indicate the disability does not have to be reviewed again in 2 years.
Dependent Coverage (Health, Prescription, Dental, Life, AD&D	The system shall allow benefit participant to view plan coverage for all dependents, if enrolled.

Receive Work List Notification: (Step 7): The DBM EBD Enrollment receives notification via email and reviews the updated dependent information and determines if additional documentation is required. The requested dependent update shall be in 'Pending' status until required documentation is submitted and reviewed by DBM EBD Enrollment (Step 6).

Additional Documentation Required?: (Step 8): After receiving the work list notification, the DBM EBD Enrollment group will review requested dependent data updated by the benefit participant.
Dependent Information Updated in SPS: (Step 9): If no additional documentation is required, DBM EBD will accept the requested update in the system. The system shall be updated with the data elements entered for the dependent information with a new effective date.

Confirm Dependent Information Updated: (Steps 10): The EBM EBD Enrollment group will notify the benefit participant and the Agency Benefit Coordinator of the approval.

Mail Additional Paperwork to Benefit Participant: (Step 11): After receiving the work list notification, the DBM EBD Enrollment group will email or mail required additional paperwork and instructions to the benefit participant.

Receive Additional Paperwork: (Step 12): The benefit participant will receive the information for additional paperwork required and instructions via email or mail.

Complete/Return Additional Paperwork: (Step 13): The benefit participant will complete the additional documentation required and return it to the DBM EBD Enrollment group.

SPS Dependent Information Updated: Once required documentation is received (Step 14) the Benefits Administrator accepts the requested update in the system (Step 10).

Disability Update?: (Step 15): If the requested update indicates dependent is disabled, DBM EBD submits completed paperwork for External Review.

Submit Paperwork for External Review: (Step 17): The disability application is assign to the appropriate external resources for approval. The external resource will conduct their review and return a disability approval or denial to DBM EBD Enrollment.

Disability Approval: (Steps 9, 10): After receiving the disability review outcome, the DBM EBD Enrollment group should change the status of the request from *Pending* to *Approved.* The system must provide the ability to enter an *Expiration Date* for the Disabled status. The DBM EBD Enrollment group shall have the ability to indicate the Expiration is *Unlimited*, which would indicate disability review will be after 2 years. The EBM EBD Enrollment group will accept/update dependent data in SPS and notify the benefit participant and the Agency Benefit Coordinator of the approval.

Disability Denial: (Steps 19, 20): After receiving the disability review outcome, the DBM EBD Enrollment group should change the status of the request from *Pending* to *Denied*. If the disability application was denied, DBM EBD Enrollment group will notify the benefit participant and the Agency Benefit Coordinator of the denial.

Optional Ad-hoc Report: Benefit Dependents: (Step 21): The benefit participant should have the option to print a listing of their entered dependents along with all dependent attributes including the status of the dependent. For example: Confirmed, Pending, etc.

AdHoc Report: No SSN: (Step 22): The DBM EBD group should be able to run a listing of all dependents without an SSN that they can distribute to Agency Benefit Coordinators for follow-up.

AdHoc Report: Pending Dependent Data Update: (Step 23): The DBM EBD group should be able to run a listing of all dependents with a *Pending* disability status along with the *Effective Date* of the disability status.

AdHoc Report: Disabled Dependents: (Step 24): The DBM EBD group should be able to run a listing of all dependents with a *Confirmed* disability status along with the *Expiration Date* of the disability status.

AdHoc Report: Audit Dependent Data Update: (Step 25): The DBM EBD group should be able to run a listing of benefits participants that updated any dependent information

Benefit Enrollment

Associated Process Flows: BA0301 – Open Enrollment – Web
BA0302 – Open Enrollment – Paper
BA0303 – Event Maintenance Enrollment – Web
BA0304 – Event Maintenance Enrollment – Paper

The State of Maryland offers 2 types of benefit enrollment events: annual Open Enrollment and Event Maintenance Enrollment for new hires and qualified status changes. As discussed at the beginning of this document, each of these enrollment events potentially offers different benefit options depending on the individual exercising the enrollment option (State, Retiree, University System, Satellite, Pass-Through, COBRA, etc.).

In addition, currently, the State utilizes 3 different benefit enrollment forms: one for Active State/University/Satellite/Pass-Through employee, one for Retirees and one for Direct Pay participants. Overall, all three of these forms are very similar and the 'future state' design includes a single Open Enrollment page and a single Event Maintenance Enrollment page that would dynamically offer the applicable benefit options.

The overall Open Enrollment and Event Maintenance Enrollment framework is identical for each participant group. The following narratives will review the framework for each event and describe the nuances. For each of the 2 event types, the State envisions a web enrollment option and a paper enrollment option. Today, the States uses a combination of IVR and paper to conduct these enrollments and does not want any IVR in the future state solution.

The annual benefit period runs from July 1st thru June 30th and coincides with the States fiscal budget year.

Open Enrollment

Associated Process Flows: BA0301 – Open Enrollment – Web
BA0302 – Open Enrollment – Paper

Open Enrollment – Web Events/Steps:

Receive Open Enrollment Postcard Announcing Open Enrollment: (Step 1): The benefit participant will receive a post-card announcing the Open Enrollment period and the specific dates the web enrollment pages for Open Enrollment will be available.

Login to Benefits Portal: (Step 2): Once the Open Enrollment window opens, the benefit participant will begin the enrollment process by accessing the benefits portal. If the benefit participant wishes to keep all benefits from the previous year, they do not need to perform any enrollment steps; the system shall carryover all previous enrollment period elections, except for FSA, to the upcoming benefit year.

Want to Model Costs?: (Steps 3 and 4): If the benefit participant wants to model the cost of their benefit elections prior to actually enrolling, they can log in to the benefits portal and select the *Open Enrollment link.* The system will activate this link during the actual Open Enrollment window as established by DBM Management. The system will inactivate this link at all other times. In order to model the costs, the benefit participant will "elect" or "waive" coverage for each available benefit plans and "add" or "remove" qualified dependents. After selecting desired coverage, total benefit costs per pay period shall display on the Benefits Enrollment page.

Ready to Enroll?: (Step 5): The benefit participant will decide if they are ready to complete open enrollment. If they are not ready, they will logoff of the benefits portal and end their session. If they are ready and the initial selection made to Model Costs is accurate, s/he can click on SUBMIT to commit the updates for benefits administration processing.

The system shall allow Agency Benefits Coordinator to identify benefit participants who has not completed open enrollment election prior to closing out this event for final processing.

Select Open Enrollment Link: (Step 6): If the benefit participant is ready to review, model or enroll, they can log in to the benefits portal and select the *Open Enrollment* link. The system will activate this link during the actual Open Enrollment window as established by DBM Management. The system will inactivate this link at all other times.

Open Enrollment Selections Online: The system will offer an online Open Enrollment page. The online Open Enrollment page shall offer an enrollment that has 4 sections:

1. Enter/Modify Demographics Data Online: (Step 7): The first section of the enrollment page will display the benefit participant's current demographic data.

Field	Access Mode	Business Requirements
Employee ID	Display	
Employee SSN	Default	
Employee Date of Birth	Default	
Benefit Period Start Date	Display	See Rules Below
Employee Name (Last Name, First Name, Middle Name, Surname)	Default	
Employee Classification (State, Contractual, Satellite, Retiree, University System)	Display	
Benefit Type (Active State, Direct Pay, Retiree, ORP Retiree, Labor Unit)	Display	
Employee Home Address (Street, City, State, Zip)	Default	
Acknowledgement of Employee Home Address - Acknowledgement - Corrected Home Address	Required Entry	See Rules Below
Employee Phone Numbers (Home, Cell, Work)	Default	
Acknowledgement of Employee Phone Numbers - Acknowledgement - Corrected Phone Numbers	Required Entry	See Rules Below
Employee Gender	Display	
Employee Marital Status	Default	See Rules Below
Standard Hours Per Week	Display	
Employee Payroll Information - Pay Center (CPB, U of MD, Satellite, etc.) - Pay Frequency (Bi-Weekly, Monthly) - Pay Deductions Per Year	Display	
Years of Service	Display	

Special Field/Page Rules:

Field	Business Requirements
Benefit Period Start Date	The system should default this field to the first day of the upcoming benefit period for which the Open Enrollment is being conducted. For example: 07/01/YYYY
Acknowledgement of Employee Home Address - Acknowledgement	The system should require the benefit participant to acknowledge if the home address displayed is accurate.
Acknowledgement of Employee Home Address - Corrected Home Address	If the employee indicated in the *Acknowledgement of Employee Home Address – Acknowledgement* that the homes address as displayed was not accurate, the system should require the benefit participant to enter a new home address (street, city, state, zip). If the benefit participant is an employee with an assigned

Field	Business Requirements
	Employee ID, the system should update the primary employee home address with the *corrected home address* when the Open Enrollment passes validation.
Acknowledgement of Phone Numbers - Acknowledgement	The system should require the benefit participant to acknowledge if the phone numbers displayed are accurate. If the benefit participant is an employee with an assigned Employee ID, the 'corrected' home address entered should update the primary employee address in the system.
Acknowledgement of Phone Numbers - Corrected Phone Numbers	If the employee indicated in the *Acknowledgement of Phone Numbers - Acknowledgement* that their phone numbers as displayed was not accurate, the system should require the benefit participant to new phone numbers. If the benefit participant is an employee with an assigned Employee ID, the system should update the primary employee phone numbers with the *corrected phone numbers* when the Open Enrollment passes validation.
Employee Marital Status	The employee marital status valid values: Single, Married, Divorced, Limited Divorced/Legally Separated, Widowed The employee must submit a Marital Status Change to update the value of this field. By the point of go-live, the State will require the ability to track same Gender marriages and potentially same Gender domestic partner relationships.

2. Enter/Modify Dependent/Beneficiary Data Online: (Step 8): The second part of the enrollment page will allow the benefit participant to review and update dependent and beneficiary information. The benefit participant will select the dependent that s/he would like to EDIT in order to update demographics information.

   The system shall display one row of data for each dependent and beneficiary associated with the employee in the SPS system.

   The system will provide the benefit participant with the option to Add, or Change demographic data for each of the dependents and/or beneficiaries.

For each dependent, domestic partner or spouse ***added*** to the Open Enrollment, the employee must complete additional data to assist in confirming the dependent, domestic partner or spouse is eligible for health benefit coverage.

Field	Access Mode	Business Requirements
Dependent & Beneficiary Information - Action (Add, Change) - Last Name - First Name - Middle Initial - Gender - Date of Birth - Relationship - Social Security Number (SSN) - Medicare Number - Medicare Part A Effective Date - Medicare Part B Effective Date - Medicare Part D Effective Date - Medicare Due To (Age 65, Disabled, ESRD) - Dependent Type (Dependent , Beneficiary or Both)	Default	See Rules Below

Special Field/Page Rules:

Field	Business Requirements
Dependent & Beneficiary Information – Action	The system should display dependent/beneficiary demographics information. The system shall require the employee to Add a dependent from the Open Enrollment. The system shall require the benefit participant to 'Add' or 'Change' a dependent's demographic information from the Open Enrollment with a new Effective Date. The system shall enforce business rules on a field-by-field basis as specified below in this section. If 'Update' is selected, the system shall display the dependent current row and allow fields to be updated after inserting a new effective date. If Dependent Type is change to BENEFICIARY, the system shall eliminate the dependent for being able to be covered in medical, prescription, dental and spouse/dependent life insurance.
Dependent & Beneficiary Information – Last Name	If 'Add' is selected: The system shall require an entry in this field. If 'Change' is selected: The system shall allow update to this field with a new effective date.

Field	Business Requirements
Dependent & Beneficiary Information – First Name	If 'Add' is selected: The system shall require an entry in this field. If 'Change' is selected: The system shall allow update to this field with a new effective date.
Dependent & Beneficiary Information – Middle Initial	If 'Add' is selected: The system shall require an entry in this field. If 'Change' is selected: The system shall allow update to this field with a new effective date.
Dependent & Beneficiary Information – Gender	If 'Add' is selected: The system shall require an entry in this field that is one of the valid values specified. Valid Values: Male, Female If 'Change' is selected: The system shall allow update to this field with a new effective date.
Dependent & Beneficiary Information – Date of Birth	If 'Add' is selected: The system shall require an entry in this field. The system shall validate the entry is a valid date. The system shall validate the entry is not a date in the future. If 'Change' is selected: The system shall allow update to this field with a new effective date.
Dependent & Beneficiary Information – Relationship	If 'Add' is selected: The system shall require an entry in this field that is one of the valid values specified. The system shall not allow more than 1 dependent with a relationship of Spouse or Domestic Partner. The system shall allow multiple rows for all dependents with a relationship ≠ Spouse or Domestic Partner. Valid Values: - Spouse - Domestic Partner - Biological Child - Adopted Child - Stepchild - Grandchild - Step-Grandchild - Court-Appointed Legal Ward - Domestic Partner-Biological Child - Domestic Partner-Adopted Child - Domestic Partner-Stepchild - Domestic Partner-Grandchild - Domestic Partner-Step-Grandchild - Domestic Partner-Court-Appointed Legal Ward - Domestic Partner-Brother - Domestic Partner-Sister - Domestic Partner-Niece

Field	Business Requirements
	- Domestic Partner-Nephew - Other Relative - If 'Change' is selected: The system shall allow update to this field with a new effective date.
Dependent & Beneficiary Information – SSN	If 'Add' is selected: The system shall require an entry in this field. The system shall require one of the following: - A valid 9-digit SSN - Indicator the dependent is a 'Newborn Awaiting SSN' - Indicator the dependent is 'Not a U.S. Citizen' If 'Change' is selected: The system shall allow update to this field, only if currently BLANK.

For each *added* dependent that was not designated as a spouse, domestic partner or domestic partner dependent, the system must capture the information that is currently captured on the *State of Maryland Affidavit of Status for Dependent Children* form. A sample form is provided in Appendix B.

The State would like to eliminate these paper forms and capture the required information online.

Part I of the Affidavit of Status for Dependent Children	
The benefit participant must answer all of the following:	Validation Rules
Indicate which statement describes your relationship to the dependent: - Dependent is my biological child - Dependent is my adopted child or a child placed with me for adoption - Dependent is my stepchild - Dependent is my grandchild - Dependent is my step-grandchild - Dependent permanently resides with me and I am his/her testamentary or court appointed guardian for a non-temporary guardianship of not less than 12 months - Dependent is related to me by blood and/or marriage, permanently resides with me and I provide his/her sole support	Required Entry The participant must select at least one of these values. If they are unable to select a value, then the person is NOT an eligible dependent and cannot be added to health benefits coverage.
Identify if the dependent is married	Required Entry The participant must select a value. If the dependent is married, he/she is NOT an eligible dependent and cannot be added to health benefits coverage.
Indicate which statement describes the dependent: - Dependent is under the age of 26 - Dependent is any age and is incapable of self-support because of a mental or physical incapacity incurred before reaching age	Required Entry The participant must select one of the 2 values. If neither

Part I of the Affidavit of Status for Dependent Children	
The benefit participant must answer all of the following:	Validation Rules
26 and is chiefly dependent on me for support	statement describes the dependent, the person is NOT an eligible dependent and cannot be added to health benefits coverage.

Part II of the Affidavit of Status for Dependent Children	
The benefit participant must indicate True or False for all of the following: (Qualifying Child Test)	Validation Rules
The child is my biological child or adopted child (or placed for adoption by me), my legal ward…	Required Entry The participant must select True or False.
The child lives with me for more than half of the year (more than six months) or is my biological or adopted child and meets the following residence exception…	Required Entry The participant must select True or False.
The child has not attained age 19 as of the close of the calendar year(s) in which coverage is provided…	Required Entry The participant must select True or False.
The child has not provided more than half of the child's own support for the calendar year(s)…	Required Entry The participant must select True or False.
OR The benefit participant must indicate True or False for all of the following: (Qualifying Relative Test)	Validation Rules
The Dependent has a specified relationship to me: my biological child, my adopted child…	Required Entry The participant must select True or False.
I provide over half of the Dependent's support for the calendar year(s) in which coverage is provided…	Required Entry The participant must select True or False.
The Dependent is not my or anyone else' qualifying child…	Required Entry The participant must select True or False.

If the employee was unable to answer True to either all of the Qualifying Child Test criteria or all of the Qualifying Relative Test criteria, the person is not an eligible dependent and cannot be added to health benefits coverage. The system should notify the employee that the dependent is not eligible for health benefits coverage.

If the dependent passes the validation of both Parts I and Part II, the system should identify the required verifying documentation based on the type of dependent and allow the participant to attached scanned documents to their submission.

The required verifying documentation based on the dependent relationship is:

Dependent Relationship	Required Proof Documentation
Biological Child	Copy of child's official state birth certificate
Adopted Child	Copy of adoption papers
Stepchild	Copy of child's official state birth certificate Copy of employees/retirees official state marriage certificate
Grandchild	Copy of child's official state birth certificate Copy of parent's birth certificate
Legal Ward Testamentary or Court-Appointed Guardianship	Copy of dependent's official state birth certificate Proof of permanent residency Copy of Legal Ward/Testamentary Court Document
Other Child Relative	Copy of child's official state birth certificate Proof of permanent residency Sole support affirmation
Disabled Adult Child	Disability certification form

A complete and formal list of verification requirements is provided on the *Dependent Documentation* and on the *Dependent Tax Affidavit for Domestic Partner's Dependents* form provided in Appendix B – Sample Forms.

For an *added* spouse, the system does not need to capture any additional data elements. The system should notify the employee they need to provide an Official State Marriage Certificate and offer the employee the option to attach a scanned Official State Marriage Certificate to the Open Enrollment. If they do not submit a scanned image with the Open Enrollment they will be required to submit a copy to DBM EBD Enrollment before the dependent is validated and approved.

For a *dropped* spouse, the system does not need to capture any additional data elements. It is important to note that dropping a spouse from health benefits coverage does not constitute a marital status change.

For an *added* domestic partner or domestic partner dependents, the benefit participant must complete the *Affidavit for Domestic Partnership and Domestic Partner Dependents*. A sample form is provided in Appendix B – Sample Forms.

The State would like to eliminate these paper forms and capture the required information online.

The system shall display the documents that establish *Financial Interdependence* and *Common Primary Residence*. These are identified on the Sample Form in Appendix B.

Domestic Partnership	
The benefit participant must acknowledge the following statement:	**Validation Rules**
Acknowledgement: I and <ability to choose name from list of dependents> certify that we are domestic partners (as defined in the benefits guide) and that we are: 1. Are at least 18 years old; 2. Are not related to each other by blood or marriage within four degrees of consanguinity under civil law rule; 3. Are not married, in a civil union, or in a domestic partnership with another individual; 4. Have been in a committed relationship of mutual interdependence for at least 12 consecutive months in which each individual contributes to some extent to the other individual's maintenance and support with the intention of remaining in the relationship indefinitely; 5. Share our common primary residence	Required Entry The participant must fill-in a domestic partner name and be able to acknowledge the statement. If they are unable to select acknowledge the statement, then the person is NOT eligible as a domestic partner and cannot be added to health benefits coverage.
Tax Affidavit for Domestic Partner:	**Validation Rules**
In some cases your Domestic Partner may qualify as an eligible tax dependent. If he/she meets all three criteria below, the coverage attributable to your domestic partner may be eligible for tax-favored treatment. Indicate each description that applies to your Domestic Partner only if all three apply AND include a copy of your most recent tax filing (with salary information blacked out).	
Acknowledgement of Any or All of the Following: - The Dependent is a person who is not my lawful spouse who lives with me and is a member of my household for the entire year. - I provide over half of the Dependent's support for the calendar year(s) in which coverage is provided. - The Dependent is not my or anyone else's qualifying child for the tax year(s) in which coverage is provided.	Optional Entry The participant may acknowledge any or all of the three statements
We solemnly affirm under the penalties of perjury under applicable state laws, that the forgoing is true and accurate. We understand… [The complete acknowledgement can be found on the *Affidavit for Domestic Partnership and Domestic Partner's Dependents* document in the Sample Forms section].	Required Entry The participant must acknowledge the statement. If they are unable to acknowledge the statement, then the person is NOT eligible as a domestic partner and cannot be added to health benefits coverage
We agree to promptly notify the Department of Budget and Management, Employee Benefit's Division upon any changes… [The complete acknowledgement can be found on the *Affidavit for Domestic Partnership and Domestic Partner's Dependents* document in the Sample Forms section].	Required Entry The participant must acknowledge the statement. If they are unable to acknowledge the statement, then the person is NOT eligible as a domestic

Domestic Partnership	
The benefit participant must acknowledge the following statement:	Validation Rules
	partner and cannot be added to health benefits coverage

If the dependents information includes Domestic Partner dependents, the employee must complete the following Dependent Tax Affidavit for Domestic Partner's Dependents. A sample form is included in Appendix B.

The system shall display the required documentation for each relationship. These are identified on the Sample Form in Appendix B.

Dependent Tax Affidavit for Domestic Partner's Dependents	
Part A: Dependent Relationship, Marital Status and Age/Capability Requirements	Validation Rules
Initial the box for the correct dependent relationship for your domestic partner's dependent list above. - Biological Child of Domestic Partner - Adopted Child or Child Placed with Domestic Partner for Adoption by the Domestic Partner - Step-Child of Domestic Partner - Grandchild of Domestic Partner - Legal Ward of Domestic Partner - Other Child Relative	Required Entry The participant must select at least one of these values. If they are unable to select a value, then the person is NOT an eligible dependent and cannot be added to health benefits coverage.
Initial the box below if the Dependent is NOT married.	Required Entry The participant must acknowledge the statement. If the dependent is married, he/she is NOT an eligible dependent and cannot be added to health benefits coverage.
Initial the box by the statement that describes the Dependent. - The Dependent is under the age of 26. - The Dependent is any age and incapable of self-support because of a mental or physical incapability incurred before reaching age 26 and is chiefly dependent on me and/or my domestic partner for support.	Required Entry The participant must select one of the 2 values. If neither statement describes the dependent, the person is NOT an eligible dependent and cannot be added to health benefits coverage.
I certify by my signature below that the dependent child listed on this form is supported solely by me and/or my domestic partner.	Required Entry The participant must acknowledge the statement. If they are unable to acknowledge the statement, then the person is NOT eligible as a domestic partner and cannot be added to health benefits coverage

Part B: Tax Criteria	Validation Rules

Part B: Tax Criteria	Validation Rules
The benefit participant must indicate True or False for all of the following: (Qualifying Child Test)	Validation Rules
The child is my biological child or adopted child (or placed for adoption by me), my legal ward…	Required Entry The participant must select True or False.
The child lives with me for more than half of the year (more than six months) or is my biological or adopted child and meets the following residence exception…	Required Entry The participant must select True or False.
The child has not attained age 19 as of the close of the calendar year(s) in which coverage is provided…	Required Entry The participant must select True or False.
The child has not provided more than half of the child's own support for the calendar year(s)…	Required Entry The participant must select True or False.
OR The benefit participant must indicate True or False for all of the following: (Qualifying Relative Test)	Validation Rules
The Dependent has a specified relationship to me: my biological child, my adopted child…	Required Entry The participant must select True or False.
I provide over half of the Dependent's support for the calendar year(s) in which coverage is provided…	Required Entry The participant must select True or False.
The Dependent is not my or anyone else' qualifying child…	Required Entry The participant must select True or False.

If the benefit participant was unable to answer True to either all of the Qualifying Child Test criteria or all of the Qualifying Relative Test criteria, the person is not an eligible tax dependent and the portion of coverage attributable to this dependent is not eligible for tax-favored status.

For a *dropped* domestic partner, the system does not need to capture any additional data elements.

Issues with Enrollment? (Step 16): If the employee submitted any new dependents, domestic partner or spouse on the Open Enrollment the system should not enroll the spouse or dependent until the DBM Enrollment group conducts a review. The system shall allow the DBM EBD Enrollment group to generate a report to identify Open Enrollment in 'ELECTION ERROR' status. This allows the DBM EBD Enrollment group to reach out to the benefit participant.

Change in Dependents?/Go To BA0401 – Review Dependent Add/Change: (Steps 20, 22): If the Open Enrollment included new dependents, the DBM EBD Enrollment group will execute the BA0401 – Review Dependent Add/Change Request.

Change in Marital Status?/Go To BA0402 – Review Marital Status Change Request: (Steps 21, 23): If the Open Enrollment included a new spouse, the DBM EBD Enrollment group will execute the BA0402 – Review Marital Status Change.

3. Enter/Modify Open Enrollment Selection Online: (Step 9): The third section will allow the employee to make election changes for the new benefit plan year. The system shall offer an online Enrollment Page and display the employee's current Plan Selections, Coverage Amounts, Enrolled Dependents and Designated Beneficiaries for the current benefit year.

Field	Access Mode	Business Requirements
Medical Benefits - Plan Selection - Enroll Dependents	Default	See Rules Below
Prescription Coverage - Plan Selection - Enroll Dependents	Default	See Rules Below
Dental Coverage - Plan Selection - Enroll Dependents	Default	See Rules Below
AD&D – Individual and Family - Coverage Amount - Designate Beneficiaries	Default	See Rules Below
Flexible Spending Accounts - Healthcare Coverage - Healthcare Annual Contribution - Healthcare Per Pay Deduction Amount - Dependent Care Coverage - Dependent Care Annual Contribution - Dependent Care Per Pay Deduction Amount	Default	See Rules Below
Life Insurance Plan - Employee Coverage Amount/Designated Beneficiaries - Spouse Coverage Amount - Children Coverage Amount	Default	See Rules Below

Special Field/Page Rules:

Field	Business Requirements
Medical Benefits-Coverage	If the employee currently participates in Medical Benefits, the system should display the current benefit year selection. The system shall allow the employee to select "Enroll" or 'Waive" coverage for the new benefit plan year. The system shall automatically default the coverage level based on the elected coverage and selected dependents.
Medical Benefits – Plan Selection	The system should offer the Medical Plan options for the upcoming benefit year.

Field	Business Requirements
	The system should require a Medical Plan selection if there are 1 or more dependents selected for Medical coverage.
Medical Benefits – Enroll Dependents	The system shall display currently enrolled and eligible dependents based on dependent information and validation rules set up in the system. The system shall allow the employee to 'add' or 'remove' dependents enrollment for the upcoming benefit plan year.
Prescription – Coverage	If the employee currently participates in Prescription Benefits, the system should display the current benefit year selection. The system shall allow the employee to select to "Enroll" or 'Waive" coverage for the new benefit plan year. The system shall automatically default the coverage level based on the elected coverage and selected dependents.
Prescription – Enroll Dependents	The system shall display currently enrolled and eligible dependents based on dependent information and validation rules set up in the system. The system shall allow the employee to 'add' or 'remove' dependents enrollment for the upcoming benefit plan year.
Dental – Coverage	If the employee currently participates in Dental Benefits, the system should display the current benefit year selection. The system shall allow the employee to select to "Enroll" or 'Waive" coverage for the new benefit plan year. The system shall automatically default the coverage level based on the elected coverage and selected dependents.
Dental – Enroll Dependents	The system shall display currently enrolled and eligible dependents based on dependent information and validation rules set up in the system. The system shall allow the employee to 'add' or 'remove' dependents enrollment for the upcoming benefit plan year.
AD&D Individual – Coverage	If the employee currently participates in AD&D Benefit, the system should display the current benefit year selection. The system shall allow the employee to select to "Enroll" or 'Waive" coverage for the new benefit plan year.
AD&D Individual – Benefit Amount	If enrolling for the first time, the system shall require the benefit participant to select the benefit plan based on desired benefit amount: Valid Values: $100,000, $200,000, $300,000
AD&D Individual – Designate	The system shall display eligible beneficiaries based on

Field	Business Requirements
Beneficiaries	dependent /beneficiary information and validation rules set up in the system. The system shall allow designation of multiple beneficiaries; designating primary vs. contingent and allocating % of distribution for multiple beneficiaries.
AD&D Family – Coverage	If the employee currently participates in AD&D Benefit, the system should display the current benefit year selection. The system shall allow the employee to select to "Enroll" or 'Waive" coverage for the new benefit plan year.
AD&D Family – Benefit Amount	If enrolling for the first time, the system shall require the benefit participant to select the benefit plan based on desired benefit amount: Valid Values: $100,000, $200,000, $300,000
AD&D Family – Designate Beneficiaries	The system shall display eligible beneficiaries based on dependent /beneficiary information and validation rules set up in the system. The system shall allow designation of multiple beneficiaries; designating primary vs. contingent and allocating % of distribution for multiple beneficiaries.
Flexible Spending Account – Healthcare Coverage	The system should offer Healthcare Flexible Spending Account enrollment to the benefit participant groups identified in the Benefits Administration Group Summary Matrix at the beginning of this document. If the employee currently participates in this plan, the system should default to "WAIVE'. Employee must re-enroll for the new plan year. The system will require the employee to select to "Enroll" or 'Waive" in the Healthcare Flexible Spending Account.
Flexible Spending Account – Healthcare Annual Contribution Amount	If the employee selected to 'Enroll' in the Healthcare Spending Account, the system shall require an Annual Contribution Amount between $120.00 to $3,000.00 If the employee selected to 'Waive' the Healthcare Spending Account, the system shall not allow entry of an Annual Contribution Amount.
Flexible Spending Account – Healthcare Per Pay Deduction Amount	The system shall calculate and display the employee's per pay deduction amount based on the entered Annual Contribution Amount and the employee's number of Pay Period Deductions.
Flexible Spending Account – Dependent Care Coverage	The system should offer Daycare Flexible Spending Account enrollment to the benefit participant groups identified in the Benefits Administration Group Summary Matrix at the beginning of this document. If the employee currently participates in this plan, the system

Field	Business Requirements
	should default to "WAIVE'. Employee must re-enroll for the new plan year. The system will require the employee to select to "Enroll" or 'Waive" in the Dependent Care Flexible Spending Account.
Flexible Spending Account – Dependent Care Annual Contribution Amount	If the employee selected to 'Enroll' in the Dependent Care Spending Account, the system shall require an Annual Contribution Amount from $120.00 - $5,000.00 OR up to $2,500.00, if married and filing separately. If the employee selected to 'Waive' the Dependent Care Spending Account, the system shall not allow entry of an Annual Contribution Amount.
Flexible Spending Account – Dependent Care Per Pay Deduction Amount	The system shall calculate and display the employee's per pay deduction amount based on the entered Annual Contribution Amount and the employee's number of Pay Period Deductions.
Life Insurance Plan – Employee Coverage Amount	If the employee currently participates in Life Insurance-Employee Benefits, the system should display the current benefit year selection. If enrolling for the first time, the system shall require the employee to select a plan based on desired coverage amount. The system shall require that the Coverage Amount in increments of $10,000. The system shall ensure the Coverage Amount does not exceed $500,000 for participants in jobs classified high-risk and $300,000 for all others. If the employee enters an amount > $50,000, the system shall notify them they must complete the "Life Insurance Statement of Health" form and submit it to MetLife. Until MetLife receives and approves this submission the enrollment will default to current coverage or 'WAIVED' for first time enrollees when event is finalized. The system shall allow Agency Benefits Coordinator to identify elections made for this plan that required 'Life Insurance Statement of Health' approval from MetLife.
Life Insurance Plan – Designate Beneficiaries	The system shall display currently designated and eligible beneficiaries based on dependent /beneficiary information and validation rules set up in the system. The system shall allow designation of multiple beneficiaries; designating primary vs. contingent and allocating % of distribution for multiple beneficiaries.
Life Insurance Plan – Spouse Coverage	If the employee currently participates in Spouse Life Insurance Plan, the system should display the current benefit year selection.

Field	Business Requirements
	The system shall allow the employee to select "Enroll" or 'Waive" in the Spouse Life Insurance.
Life Insurance Plan – Spouse Coverage Amount	If enrolling for the first time, the system shall require the employee to select plan based on desired coverage amount. The system shall require that the Coverage Amount is in increments of $5,000. The system shall default eligible dependents to be covered in this plan. The system shall ensure the Coverage Amount does not exceed 50% of the Employee Life Insurance Coverage Amount or $150,000, whichever is lower. If the employee enters an amount > $25,000 the system shall notify them they must complete the "Life Insurance Statement of Health" form and submit it to MetLife. Until MetLife receives and approves this submission the enrollment will default to current coverage or 'WAIVED' for first time enrollees when event is finalized. The system shall allow Agency Benefits Coordinator to identify elections made for this plan that required 'Life Insurance Statement of Health' approval from MetLife.
Life Insurance Plan – Coverage	If the employee currently participates in Life Insurance-Child(ren) Benefits, the system should display the current benefit year selection. The system shall allow the employee to select "Enroll" or 'Waive" in the Child(ren) Life Insurance. The system shall validate that Dependent Child (ren) be less than 25 years old to be eligible for Child (ren) Life Insurance plan.
Life Insurance Plan – Child(ren) Coverage Amount	If enrolling for the first time, the system shall require the employee to select plan based on desired coverage amount. The system shall require that the Coverage Amount is in increments of $5,000. The system shall default eligible dependents to be covered in this plan. The system shall ensure the Coverage Amount does not exceed 50% of the Employee Life Insurance Coverage Amount or $150,000, whichever is lower. If the employee enters an amount > $25,000 the system shall notify them they must complete the "Life Insurance Statement of Health" form and submit it to MetLife. Until MetLife receives and approves this submission the enrollment will default to current coverage or 'WAIVED' for first time enrollees when event is finalized.

Field	Business Requirements
	The system shall allow Agency Benefits Coordinator to identify elections made for this plan that required 'Life Insurance Statement of Health' approval from MetLife.

4. Enter/Modify Additional Health Coverage/Electronic Signature Online: (Step 10): The fourth section will require indication of any additional health coverage and an electronic signature of the Open Enrollment acknowledgement.

Field	Access Mode	Business Requirements
Identification of Other Health Insurance Coverage - Indicator of Enrollment in Other Coverage - Identification of Individual Covered - Identification of Insurance Company - Identification of Policy Number - Effective Date of Coverage	Default	See Rules Below
Employee Acknowledgement - Indicator of Acceptance - Employee Signature and Date	Required Entry	See Rules Below

Special Field/Page Rules:

Field	Business Requirements
Identification of Other Health Insurance Coverage – Indicator of Enrollment in Other Insurance	The system shall require the benefit participant to indicate Yes/No to the question "Is there any other health insurance coverage, in which you, your spouse or any of your dependents are enrolled?"
Identification of Other Health Insurance Coverage – Identification of Individual Covered	If the *Indicator of Enrollment in Other Insurance* was marked "Yes", the system shall require the benefit participant to specify the individual(s) covered by the other insurance. The system shall allow multiple rows if required to identify the individuals covered, the insurance company and the policy number. The system shall allow the benefit participant to select the individuals covered from the list of already entered dependents.
Identification of Other Health Insurance Coverage – Insurance Company	If the *Indicator of Enrollment in Other Insurance* was marked "Yes", the system shall require the benefit participant to specify the other insurance company.
Identification of Other Health Insurance Coverage – Policy Number	If the *Indicator of Enrollment in Other Insurance* was marked "Yes", the system shall require the benefit participant to specify the other insurance policy number.
Employee Acknowledgement – Acknowledgement	The system shall display an acknowledgement paragraph. The acknowledgement is shown on the sample Health Benefit Enrollment Form in the section titled Reference Pertinent Documents.

Field	Business Requirements
Employee Acknowledgement – Indicator of Acceptance	Before submission, the system shall require the benefit participant to indicate they have read and accept the acknowledgement statement.
Employee Acknowledgement – Employee Signature and Date	At the point of submission, the system shall stamp the benefit enrollment with an electronic signature of the benefit participant and date/time stamp.

Ready to Submit?: (Step 11): After making their enrollment selections, the employee will decide if they are ready to submit their selections or save them for modification at a later time.

Submit Open Enrollment Selections: (Step 12): The system shall allow the employee to indicate online they are ready to submit their selections. At submission, the system should ensure that all of the edits specified in the Enter OE Selections Online step have been validated and enforced; this will reduce the number of open enrollment adjustments and corrections required.

SPS Updated w/Selection w/EFFDT = 7/1/YY: (Step 14): After the submission by the employee, the system should be updated with the employee selections. The selections should be updated with an 'ENTERED' status along with an Effective Date of 7/1/YYYY which reflects the first day of the upcoming benefit period.

Open Enrollment Validated: (Step 15): The Agency Benefits Coordinator generates ad-hoc report to identify any Open Enrollment events in 'Notified' (elections not completed/submitted). All 'ENTERED' open enrollment events will be processed for validation when the Benefits Administration Process (PSPBARUN) – Open Enrollment runs to success. This process validates the submitted open enrollment event for web submission.

The validation should include:

- Validation that all required fields were completed
- Validation that all business rules have been satisfied
- Validation that all criteria for benefits eligibility have been met to allow the open enrollment to proceed to Entered status

Issues w/Enrollment?: (Step 16): The system will determine if the enrollment passes the required validation.

If the open enrollment DOES NOT PASS validation, the following should occur:

- The Agency Benefits Coordinator reviews the open enrollment schedule summary and generates ad-hoc report to identify Open Enrollment Event Status in "Election Error" (Step 15).
- The Agency Benefits Coordinator should work with the employee to resolve the election error issue/s (Steps 18 and 19).

- If enrollment changes are required, the Agency Benefits Coordinator will work closely with the benefit participant to re-access their submission and make the necessary adjustments (Step 9) to allow the benefit participant to complete and re-submit (Step 12) the open enrollment back thru the validation process (Step 15).
- If there were any new dependents, domestic partner or spouse submitted as part of the Open Enrollment that are 'Unconfirmed', coverage will be in 'ELECTION ERROR' until the last day of the established deadline for completing enrollment. After the established deadline and process is finalized, coverage will default to previous plan year coverage or 'WAIVED' until required documentation is submitted to the Agency Benefits Coordinator (Step 16).

If the open enrollment PASSES validation, the following should occur:

- The system should mark the Open Enrollment 'FINALIZED-ENROLLED.'
- The Agency Benefits Coordinator shall be able to send out confirmation of Open Enrollment election to the benefit participant. (Step 17)
- The employee should have the option to print an Open Enrollment Confirmation Statement showing their confirmed enrollment (Step 18). If there were any new dependents, domestic partner or spouse submitted as part of the Open Enrollment that are 'Unconfirmed' will indicate as such on the Open Enrollment Statement.
- The system shall allow Agency Benefits Coordinator to modify Open Enrollment election until the last day of the established deadline for completing enrollment.
- The system should establish and store the employees benefit election details (benefit programs, benefit plans, effective dates, covered dependents, designated beneficiaries) by coverage date in preparation for sending to third party vendors.
- The system should establish and store the employee's benefit deduction details (programs, amounts, effective dates, employee/retiree portion, state subsidy portion, imputed income) by coverage date in preparation for sending to payroll.

Want to Save for Later?: (Step 29): If the employee indicated in Step 8 that they were not ready to submit their Open Enrollment selections, the system should allow the employee the option to save their selections for further modification at a later date.

- If the employee does not want to save their selections, the system should abandon any working selections.
- If the employee does want to save their selections, the system should save the Open Enrollment Working Data (Step 30) and the system should be updated with the working data records of the SPS system (Step 31). The data should be stored with an Effective Date = 7/1/YY. If the participant does not return to update and submit the selections prior to the end of the Open Enrollment period, the new selections would not go into effect.

Optional Report: Enroll Confirmation Statement w/Disclaimer: (Step 32): The system should allow the employee the option to print the Open Enrollment selections they submitted. The printed statement should contain a disclaimer indicating the selections are preliminary until they receive a confirmation email. In addition, if dependents were added during the enrollment cycle and have 'unconfirmed' verifying documentation, the enrollment confirmation statement needs to state that if acceptable verifying documentation is not submitted within 60 days the dependents will not be covered from the enrollment.

AdHoc Report: Open Enrollment Status: (Step 24): Throughout the Open Enrollment period, both the Agency Benefits Coordinator and DBM should have the option to run various ad-hoc reports that show the status of Open Enrollment activities.

AdHoc Report: Enrollment by Date: (Step 25): The system should provide a report that allows the DBM EBD group to identify enrollments by date range, by employee benefit type and by benefit plan.

AdHoc Report: Newly Enrolled Benefits Participants/Dependents: (Step 26): The system shall provide a report that allows the DBM EBD group to identify newly enrolled benefits participants and dependents to health benefits. This list will include enrollments by date range, by employee benefit type and by benefit plan.

AdHoc Report: Initial Notice of COBRA Rights: (Step 27): The system shall provide a report that allows the DBM EBD group to generate Initial Notice of COBRA Rights for newly enrolled benefits participants and/or dependents in health benefits.

Open Enrollment – Paper Events/Steps:

Receive Open Enrollment Postcard Announcing Open Enrollment: (Step 1): The benefit participant will receive a post-card announcing the Open Enrollment period.

Have a Paper Enrollment Form?: (Step 2): The benefit participant determines if they have received a paper enrollment form since they either do not have access to enroll via the web or have chosen not to enroll via the web.

Contact Agency Benefit Coordinator: (Step 3): If the benefit participant does not have an Open Enrollment form they can either print a form from the Benefits Portal or contact their Agency Benefits Coordinator to request an enrollment form. Retirees and Direct Pay participants will need to contact DBM EBD.

Mail/Email Enrollment Form to Benefit Participant: (Step 4): The Agency Benefit Coordinator (or DBM EBD) will mail or email the Open Enrollment form to the benefit participant. If the benefit participant requests for the form to be emailed, the Agency Benefits Coordinator should try to encourage the benefit participant to use the web enrollment if possible.

Complete Enrollment Form: (Step 5): The benefit participant will complete the paper enrollment form.

Mail Enrollment Form to Agency Benefits Coordinator (or DBM EBD): (Step 6): The benefit participant will mail or hand-deliver the paper enrollment form to the Agency Benefits Coordinator (or DBM EBD).

Receive/Review Paper Enrollment Form: (Step 7): The Agency Benefits Coordinator (or DBM EBD) should review the paper enrollment form for thoroughness prior to entering the form online.

Questions/Issues w/Paper Enrollment Form: (Step 8): The Agency Benefits Coordinator (or DBM EBD) will identify if there are any questions or issues with the paper enrollment form based on Open Enrollment guidelines for the enrollee.

Work w/Benefit Participant to Resolve Issues/Work w/Agency Benefits Coordinator to Resolve Issues: (Steps 9 and 10): The Agency Benefits Coordinator (or DBM EBD) will work with the benefit participant to resolve any open questions or issues. The submitted manual form will not be processed in the SPS system until required documentation/proof was submitted and reviewed to the Agency Benefits Coordinator.

Required Documentation/Proof Received?: (Step 9): The Agency Benefits Coordinator will review the completed manual Open Enrollment Form for newly updated employee marital status and added dependents by the benefit participant. The Benefit Participant will have to provide any additional documentation required for the enrollment to be processed in the system (Step 7).

The required documentation based on the newly added dependent relationship is:

Dependent Relationship	Required Proof Documentation
Biological Child	Copy of child's official state birth certificate
Adopted Child	Copy of adoption papers
Stepchild	Copy of child's official state birth certificate Copy of employees/retirees official state marriage certificate
Grandchild	Copy of child's official state birth certificate Copy of parent's birth certificate
Legal Ward Testamentary or Court-Appointed Guardianship	Copy of dependent's official state birth certificate Proof of permanent residency Copy of Legal Ward/Testamentary Court Document
Other Child Relative	Copy of child's official state birth certificate Proof of permanent residency Sole support affirmation
Disabled Adult Child	Disability certification form

A complete and formal list of verification requirements is provided on the *Dependent Documentation* and on the *Dependent Tax Affidavit for Domestic Partner's Dependents* form provided in Appendix B – Sample Forms.

For an *added* spouse, the system does not need to capture any additional data elements. The system should notify the benefit participant they need to provide an Official State Marriage Certificate and offer the benefit participant the option to attach a scanned Official State Marriage Certificate to the Open Enrollment. If they do not submit a scanned image with the Open Enrollment they will be required to submit a copy to DBM EBD Enrollment before the dependent is validated and approved.

For a *dropped* spouse, the system does not need to capture any additional data elements. It is important to note that dropping a spouse from health benefits coverage does not constitute a marital status change.

For an *added* domestic partner or domestic partner dependents, the benefit participant must complete the *Affidavit for Domestic Partnership and Domestic Partner Dependents*. A sample form is provided in Appendix B – Sample Forms.

For a *dropped* domestic partner, the system does not need to capture any additional data elements.

Resolve Issues: (Steps 10, 11): If the benefit participant submitted any new dependents, domestic partner or spouse on the Open Enrollment the Agency Benefits Coordinator or the DBM EBD Enrollment group conducts a review and request required documentation prior to processing enrollment in the SPS system.

Open Enrollment Selections Online: The system will offer an online Open Enrollment page. The online Open Enrollment page shall offer an enrollment that has 4 sections:

1. Enter/Modify Demographics Data Online: (Step 12): The first section of the enrollment page will allow the Agency Benefit Coordinator (or DBM EBD) to identify the benefit participant and display the benefit participant's current demographic data.

Field	Access Mode	Business Requirements
Employee ID	Display	See Rules Below
Employee SSN	Default	
Employee Date of Birth	Default	
Benefit Period Start Date	Display	See Rules Below
Employee Name (Last Name, First Name, Middle Name, Surname)	Default	
Employee Classification (State, Contractual, Satellite, Retiree, University System)	Display	
Benefit Type (Active State, Direct Pay, Retiree, ORP Retiree, Labor Unit)	Display	
Employee Home Address (Street, City, State, Zip)	Default	
Employee Phone Numbers (Home, Cell, Work)	Default	
Employee Gender	Display	
Employee Marital Status	Default	See Rules Below
Standard Hours Per Week	Display	
Employee Payroll Information - Pay Center (CPB, U of MD, Satellite, etc.) - Pay Frequency (Bi-Weekly, Monthly) - Pay Deductions Per Year	Display	
Years of Service	Display	

Special Field/Page Rules:

Field	Business Requirements
Employee ID	The system should require the Agency Benefits Coordinator to enter the benefit participants Employee ID to begin the data entry process. After entering the value, the system should display the demographic data for the Employee ID entered.
Benefit Period Start Date	The system should default this field to the first day of the upcoming benefit period for which the Open Enrollment is being conducted. For example: 07/01/YYYY
Validate Employee Home Address	The system shall allow the Agency Benefit Coordinator to review/validate the home address displayed matches the home address entered on the paper enrollment form.
Update Home Address	If the address does not match, the system shall allow the Agency Benefit Coordinator to enter a new home address (street, city, state, zip). If the benefit participant is an employee with an assigned

Field	Business Requirements
	Employee ID, the system should update the primary employee home address with the updated *home address* upon completion of data entry.
Validate Phone Numbers	The system shall allow the Agency Benefit Coordinator to review/validate the phone numbers displayed matches the phone numbers entered on the paper enrollment form.
Update Phone Numbers	If the phone numbers does not match, the system shall allow the Agency Benefit Coordinator to update the data on-line. If the benefit participant is an employee with an assigned Employee ID, the system should update the employee's phone numbers upon completion of data entry.
Employee Marital Status	If the marital status does not match, the system shall allow the Agency Benefit Coordinator to update the data on-line. Valid Values: Single, Married, Divorced, Limited Divorce/Legally Separated, Widowed

2. Enter/Modify Dependent/Beneficiary Data Online: (Step 13): The second part shall allow the Agency Benefit Coordinator to review and update dependent and beneficiary information in the system. The system shall display one row of data for all dependents and beneficiaries information attached to the benefit participant's employee ID.

   The system shall provide the Agency Benefit Coordinator with the option to Add or Change demographic data for each of the dependents and beneficiaries with the new effective date.

Field	Access Mode	Business Requirements
Dependent and Beneficiary Information - Last Name - First Name - Middle Initial - Gender - Date of Birth - Relationship - Social Security Number (SSN) - Medicare Number - Medicare Part A Effective Date - Medicare Part B Effective Date - Medicare Part D Effective Date - Medicare Due To (Age 65, Disabled, ESRD)	Default	See Rules Below

Special Field/Page Rules:

Field	Business Requirements
Dependent and Beneficiary-Information	The system should display all the dependent and beneficiaries information attached to the benefit participant's employee ID in the system.

Field	Business Requirements
	The system shall allow the Agency Benefit Coordinator to Add or Modify dependent and beneficiary demographic data in the system. If 'Adding a Dependent/Beneficiary', the system shall enforce business rules on a field-by-field basis as specified below in this section.
Dependent and Beneficiary Information - Last Name	If 'Adding' a Dependent/Beneficiary: The system shall require an entry in this field. If 'Updating' a Dependent/Beneficiary: The system shall allow update to this field.
Dependent and Beneficiary Information - First Name	If 'Adding' is selected: The system shall require an entry in this field. If 'Updating' a Dependent/Beneficiary: The system shall allow update to this field.
Dependent and Beneficiary Information - Middle Initial	If 'Adding' is selected: The system shall require an entry in this field. If 'Updating' a Dependent/Beneficiary: The system shall allow update to this field.
Dependent and Beneficiary Information - Gender	If 'Adding' is selected: The system shall require an entry in this field. If 'Updating' a Dependent/Beneficiary: The system shall allow update to this field.
Dependent and Beneficiary Information - Date of Birth	If 'Adding' is selected: The system shall require an entry in this field... The system shall validate the entry is a valid date. The system shall validate the entry is not a date in the future. If 'Updating' a Dependent/Beneficiary: The system shall allow update to this field.
Dependent and Beneficiary Information - Relationship to Employee	If 'Add' is selected: The system shall require an entry in this field that is one of the valid values specified. The system shall not allow more than 1 dependent with a relationship of Spouse or Domestic Partner. The system shall allow multiple rows for all dependents with a relationship ≠ Spouse or Domestic Partner. Valid Values: - Spouse

Field	Business Requirements
	- Domestic Partner - Biological Child - Adopted Child - Stepchild - Grandchild - Step-Grandchild - Court-Appointed Legal Ward - Other Relative - Domestic Partner-Biological Child - Domestic Partner-Adopted Child - Domestic Partner-Stepchild - Domestic Partner-Grandchild - Domestic Partner-Step-Grandchild - Domestic Partner-Court-Appointed Legal Ward - Domestic Partner-Brother - Domestic Partner-Sister - Domestic Partner-Niece - Domestic Partner-Nephew If 'Updating' a Dependent/Beneficiary: The system shall allow update to this field with a new effective date.
Dependent and Beneficiary Information - SSN	If 'Add' is selected: The system shall require an entry in this field that is one of the valid values specified. The system shall validate that dependent/beneficiary is a 9-digit SSN (USA). The system shall validate duplicate SSN for Benefit Participants and Dependents. If 'Updating' a Dependent/Beneficiary: The system shall allow update to this field.

3. Enter/Modify Open Enrollment Selection Online: (Step 14): The third section will allow the Agency Benefits Coordinator to make election changes for the new benefit plan year. The system shall offer an online Enrollment Page and display the employee's current Plan Selections, Coverage Amounts, Enrolled Dependents and Designated Beneficiaries for the current benefit year.

   The system should display the benefit participant's Plan Selections and Coverage Amounts for the current benefit year.

Field	Access Mode	Business Requirements
Medical Benefits - Coverage Election - Plan Selection - Enroll Dependents	Default	See Rules Below
Prescription Coverage - Coverage Election - Plan Selection	Default	See Rules Below

Field	Access Mode	Business Requirements
- Enroll Dependents		
Dental Coverage - Coverage Election - Plan Selection - Enroll Dependents	Default	See Rules Below
AD&D – Individual/Family - Coverage Election - Coverage Amount - Designate Beneficiaries	Default	See Rules Below
Flexible Spending Accounts - Healthcare Coverage - Healthcare Annual Contribution - Healthcare Per Pay Deduction Amount - Dependent Care Coverage - Dependent Care Annual Contribution - Dependent Care Per Pay Deduction Amount	Default	See Rules Below
Life Insurance Plan - Employee Coverage Amount/Designated Beneficiaries - Spouse Coverage Amount - Children Coverage Amount	Default	See Rules Below

Special Field/Page Rules:

Field	Business Requirements
Medical Benefits – Coverage Election and Plan Selection	If the benefit participant currently participates in Medical Benefits, the system should display the current benefit year selection. The system should offer the Medical Plan options for the upcoming benefit year. The system should require a Medical Plan selection if there are 1 or more dependents selected for Medical coverage. The system shall allow the Agency Benefits Coordinator to 'elect' and designate the plan with coverage level as indicated on the manual form for the new plan year. The system shall allow the Agency Benefits Coordinator to 'waive' election to this plan as indicated on the manual form for the new plan year.
Medical Benefits – Enroll Dependents	The system shall display currently enrolled and eligible dependents based on dependent information and validation rules set up in the system. The system shall allow the Agency Benefits Coordinator to 'add' or 'remove' eligible dependents as indicated on the manual form.
Prescription – Coverage Selection	If the benefit participant currently participates in Prescription Benefits, the system should display the current benefit year

Field	Business Requirements
	selection. The system shall allow the Agency Benefits Coordinator to 'elect' coverage as indicated on the manual form for the new plan year. The system shall allow the Agency Benefits Coordinator to 'waive' election to this plan as indicated on the manual form for the new plan year.
Prescription – Enroll Dependents	The system shall display currently enrolled and eligible dependents based on dependent information and validation rules set up in the system. The system shall display currently enrolled and eligible dependents based on dependent information and validation rules set up in the system. The system shall allow the Agency Benefits Coordinator to 'add' or 'remove' eligible dependents as indicated on the manual form.
Dental – Coverage Selection	If the benefit participant currently participates in Dental Benefits, the system should display the current benefit year selection. The system shall allow the Agency Benefits Coordinator to 'elect' as indicated on the manual form for the new plan year. The system shall allow the Agency Benefits Coordinator to 'waive' election to this plan as indicated on the manual form for the new plan year.
Dental – Enroll Dependents	The system shall display currently enrolled and eligible dependents based on dependent information and validation rules set up in the system. The system shall allow the Agency Benefits Coordinator to 'add' or 'remove' eligible dependents as indicated on the manual form.
AD&D Individual – Coverage and Benefit Amount	If the benefit participant currently participates in AD&D, the system shall display the current benefit year selection. The system shall allow the Agency Benefits Coordinator to 'elect' and select the plan with the appropriate coverage level indicated on the manual form. Valid Values: $100,000, $200,000, $300,000 The system shall allow the Agency Benefits Coordinator to 'waive' election to this plan as indicated on the manual form for the new plan year.
AD&D Individual – Designate Beneficiaries	The system shall display eligible beneficiaries based on dependent /beneficiary information and validation rules set up in the system.

Field	Business Requirements
	The system shall allow the Agency Benefits Coordinator to 'add' or 'remove' beneficiaries and change allocation % as indicated on the manual form. The system shall allow designation of multiple beneficiaries; designating primary vs. contingent. Allocation should equal to 100% for multiple beneficiaries.
AD&D Family – Coverage and Benefit Amount	If the benefit participant currently participates in AD&D, the system shall display the current benefit year selection. The system shall allow the Agency Benefits Coordinator to 'elect' and select the plan with the appropriate coverage level indicated on the manual form. Valid Values: $100,000, $200,000, $300,000 The system shall allow the Agency Benefits Coordinator to 'waive' election to this plan as indicated on the manual form for the new plan year.
AD&D Family – Designate Beneficiaries	The system shall display eligible beneficiaries based on dependent /beneficiary information and validation rules set up in the system. The system shall allow the Agency Benefits Coordinator to 'add' or 'remove' beneficiaries and change allocation % as indicated on the manual form. The system shall allow designation of multiple beneficiaries; designating primary vs. contingent. Allocation should equal to 100% for multiple beneficiaries.
Flexible Spending Account – Healthcare Coverage	The system should offer Healthcare Flexible Spending Account enrollment to the benefit participant groups identified in the Benefits Administration Group Summary Matrix at the beginning of this document. If the benefit participant currently participates in this plan, the system should default to "WAIVE'. Benefit Participant must re-enroll for the new plan year. The system shall require the Agency Benefits Coordinator to select to "Enroll" or 'Waive" coverage in the Healthcare Flexible Spending Account as indicated on the manual form.
Flexible Spending Account – Healthcare Annual Contribution Amount	If the Agency Benefits Coordinator selected 'Elect' in the Healthcare Spending Account, the system shall require an Annual Contribution Amount between $120.00 - $3,000.00 If the Agency Benefits Coordinator selected to 'Waive' in the Healthcare Spending Account, the system shall not allow entry of an Annual Contribution Amount.
Flexible Spending Account –	The system shall calculate and display the benefit

Field	Business Requirements
Healthcare Per Pay Deduction Amount	participants per pay deduction amount based on the entered Annual Contribution Amount and the benefit participant's number of Pay Period Deductions.
Flexible Spending Account – Dependent Care Coverage	The system should offer Flexible Spending Account enrollment to the benefit participant groups identified in the Benefits Administration Group Summary Matrix at the beginning of this document. If the benefit participant currently participates in this plan, the system should default to "WAIVE'. Benefit Participant must re-enroll for the new plan year. The system shall allow the Agency Benefits Coordinator to select "Enroll" or 'Waive" in the Flexible Spending Account-Dependent Care Coverage.
Flexible Spending Account – Dependent Care Annual Contribution Amount	If the Agency Benefits Coordinator selected 'Elect' in the Dependent Care Spending Account, the system shall require an Annual Contribution Amount between $120.00 - $5,000.00 or up to $2,500.00 if married and filing separately. If the Agency Benefits Coordinator selected 'Waive' in the Dependent Care Spending Account, the system shall not allow entry of an Annual Contribution Amount.
Flexible Spending Account – Dependent Care Per Pay Deduction Amount	The system shall calculate and display the benefit participants per pay deduction amount based on the entered Annual Contribution Amount and the employee's number of Pay Period Deductions.
Life Insurance Plan – Employee Coverage Amount	If the benefit participant currently participates in Life Insurance-Employee, the system should display the current benefit year selection. The system shall allow the Agency Benefits Coordinator to 'elect' and select the plan based on the desired coverage amount indicated on the manual form. The system shall require that the Coverage Amount in increments of $10,000. The system shall ensure the Coverage Amount does not exceed $500,000 for participants in jobs classified high-risk and $300,000 for all others. If the Agency Benefits Coordinator enters an amount > $50,000, the system shall notify them that the benefit participant must complete the "Life Insurance Statement of Health" form and submit it to MetLife. Until MetLife receives and approves this submission the enrollment will default to current coverage or 'WAIVED' for first time enrollees when event is finalized. The system shall allow the Agency Benefits Coordinator to 'waive' election to this plan as indicated on the manual form

Field	Business Requirements
	for the new plan year.
Life Insurance Plan – Designate Beneficiaries	The system shall display eligible beneficiaries based on dependent /beneficiary information and validation rules set up in the system. The system shall allow the Agency Benefits Coordinator to 'add' or 'remove' beneficiaries and change allocation % as indicated on the manual form. The system shall allow designation of multiple beneficiaries; designating primary vs. contingent with total allocation = 100% for multiple beneficiaries.
Life Insurance Plan – Spouse Coverage Amount	If the benefit participant currently participates in Life Insurance-Spouse, the system should display the current benefit year selection. The system shall allow the Agency Benefits Coordinator to 'elect' and select the plan based on the desired coverage amount indicated on the manual form. The system shall require that the Coverage Amount is in increments of $5,000. The system shall default eligible dependents to be covered in this plan. The system shall ensure the Coverage Amount does not exceed 50% of the Employee Life Insurance Coverage Amount or $150,000, whichever is lower. If the Agency Benefits Coordinator enters an amount > $25,000 they shall notify the benefit participant that they must complete the "Life Insurance Statement of Health" form and submit it to MetLife. Until MetLife receives and approves this submission the enrollment will default to current coverage or 'WAIVED' for first time enrollees when event is finalized. The system shall allow the Agency Benefits Coordinator to 'waive' election to this plan as indicated on the manual form for the new plan year.
Life Insurance Plan – Child(ren) Coverage Amount	If the benefit participant currently participates in Life Insurance-Child (ren), the system should display the current benefit year selection. The system shall allow the Agency Benefits Coordinator to 'elect' and select the plan based on the desired coverage amount indicated on the manual form. The system shall require that the Coverage Amount is in increments of $5,000. The system shall default eligible dependents to be covered in this plan. The system shall validate that Dependent Child (ren) be less than 25 years old to be eligible for Child (ren) Life Insurance

Field	Business Requirements
	plan. The system shall ensure the Coverage Amount does not exceed 50% of the Employee Life Insurance Coverage Amount or $150,000, whichever is lower. If the Agency Benefits Coordinator enters an amount > $25,000 they shall notify the benefit participant that they must complete the "Life Insurance Statement of Health" form and submit it to MetLife. Until MetLife receives and approves this submission the enrollment will default to current coverage or 'WAIVED' for first time enrollees when event is finalized. The system shall allow the Agency Benefits Coordinator to 'waive' election to this plan as indicated on the manual form for the new plan year.

4. Enter/Modify Additional Health Coverage/Electronic Signature Online: (Step 15): The fourth section will require indication of any additional health coverage of the employee. The system shall allow the Agency Benefits Coordinator to indicate any additional health coverage as indicated on the completed and submitted Open Enrollment form by the employee.

SPS Updated w/Selection w/EFFDT = 7/1/YY: (Step 16): After completion of benefit election for Open Enrollment event, the system should be updated with the participant selections. The selections should be updated with ENTERED status along with an Effective Date of 7/1/YYYY which reflects the first day of the upcoming benefit period.

Open Enrollment Validated: (Step 17): The Agency Benefits Coordinator will run the Benefits Administration Process-Open Enrollment (PSPBARUN). This process automatically validates completed open enrollment election.

<u>The validation should include:</u>

- Validation that all required fields were completed
- Validation that all business rules have been satisfied
- Validation that any and all criteria for benefits eligibility have been met to allow the Open Enrollment event to proceed to FINALIZED-ENROLLED status
- Validation that no duplicate SSN enrollment was requested across all Benefit Participants and Dependents.

Issues w/Enrollment?: (Step 18): The automated benefits administration process will determine if the enrollment passes the required validation.

If the open enrollment DOES NOT PASS validation, the following should occur:

- The DBM EBD Enrollment group reviews the open enrollment schedule summary and generates ad-hoc report to identify Open Enrollment Event Status in "Election Error" (Steps 28): The Agency Benefits Coordinator should work with the Benefit Participant to resolve the election error issue/s.
- If enrollment changes are required, the Agency Benefits Coordinator will work closely with the benefit participant to re-access their election indicated on the manual form and make the necessary adjustments.
- Re-opens the open enrollment event and make the required update enrollment and submit (Steps 12, 13, 14) the open enrollment back thru the validation process (Step 17).
- If there were any new dependents, domestic partner or spouse submitted as part of the Open Enrollment that are 'Unconfirmed', the system shall default current coverage until the last day of the established deadline for completing enrollment. After the established deadline and process is finalized, coverage will default to previous plan year coverage or 'WAIVED' until required documentation is submitted to the Agency Benefits Coordinator.

If the open enrollment PASSES validation, the following should occur:

- The system should mark the Open Enrollment 'FINALIZED-ENROLLED.'
- The Agency Benefits Coordinator shall be able to send out confirmation of Open Enrollment election to the benefit participant. (Step 20)
- The benefit participant should have the option to print an Open Enrollment Confirmation Statement showing their confirmed enrollment (Step 21). If there were any new dependents, domestic partner or spouse submitted as part of the Open Enrollment that are 'Unconfirmed' will indicate as such on the Open Enrollment Statement.
- The system shall allow Agency Benefits Coordinator to modify Open Enrollment election until the last day of the established deadline for completing enrollment.
- The system should establish and store the participants benefit election details (benefit programs, benefit plans, effective dates, covered dependents, designated beneficiaries) by coverage date in preparation for sending to third party vendors (Step 16).
- The system should establish and store the participants benefit deduction details (programs, amounts, effective dates, employee/retiree portion, state subsidy portion, imputed income) by coverage date in preparation for sending to payroll.

Change in Dependents?/Go To BA0401 – Review Dependent Add/Change: (Steps 29, 30): If the Open Enrollment included new dependents, the DBM EBD Enrollment group will execute the BA0401 – Review Dependent Add/Change/Delete Request.

Change in Marital Status?/Go To BA0402 – Review Marital Status Change Request: (Steps 31, 32): If the Open Enrollment included a new spouse, the DBM EBD Enrollment group will execute the BA0402 – Review Marital Status Change.

AdHoc Report: Open Enrollment Status: (Step 19): Throughout the Open Enrollment period, both the Agency Benefits Coordinator and DBM EBD Enrollment should have access to run OE Status Report. This will allow them to monitor any types of issues that require follow up with the benefit participant and correct any data entry errors to finalize the open enrollment event.

AdHoc Report: Enrollment by Date: (Step 33): The system should provide a report that allows the DBM EBD group to identify enrollments by date range, by employee benefit type and by benefit plan.

AdHoc Report: Newly Enrolled Benefits Participants/Dependents: (Step 34): The system shall provide a report that allows the DBM EBD group to identify newly enrolled benefits participants and dependents to health benefits. This list will include enrollments by date range, by employee benefit type and by benefit plan.

AdHoc Report: Initial Notice of COBRA Rights: (Step 35): The system shall provide a report that allows the DBM EBD group to generate Initial Notice of COBRA Rights for newly enrolled benefits participants and/or dependents in health benefits.

Event Maintenance Enrollment

Associated Process Flows: BA0303 – Event Maintenance Enrollment – Web
BA0304 – Event Maintenance Enrollment – Paper

Outside of the Open Enrollment period, the only time a benefit participant may make a health coverage modification is due to a qualified status change, such as a marriage, divorce, newborn, domestic partner, etc. The Event Maintenance Enrollment process is very similar to the Open Enrollment web and paper process with the addition of a section to enter and validate the qualified status change.

The State currently utilizes 3 different event maintenance enrollment forms: one for State/University/Satellite employee, one for Retirees and one for Direct Pay participants. Overall, all three of these forms are very similar and the 'future state' design shall include a single Event Maintenance Enrollment page where the system shall dynamically offer the applicable benefit programs, plans and coverage levels based on a combination of employee source and employee benefit type.

Currently, the State requires a benefit participant going on a Leave of Absence (LAW) or Returning from a Leave of Absence to complete an Enrollment form even if they are retaining the same benefits. The future state design eliminates this process and the system shall only require LAW participants to complete an Event Maintenance form if they choose to drop any or all coverage while on leave and wish to re-enroll upon returning from leave.

Currently, the State allows benefit participants to select a coverage effective date that is any date between the qualified status event date and (qualified status event date + 60 days). The future state design will add more structure to coverage effective date. For all events, except for births and adoptions, the system shall only allow the coverage effective date to the 1st of the month following the qualified status event. For births and adoptions, the system shall default the coverage effective date to the event date.

By mandating the coverage effective date, retro charges will be reduced but not completely eliminated. The future state design will eliminate the need for payment by check for retro charges. Instead, the system shall spread the retro charges across multiple pay periods. See BA0807 – Retro Payment Processing for specific details.

Currently, in the scenario of births and adoptions, the benefit participant must pay for their modified coverage level for the entire pay period in which the event occurred. In the future state design, the system shall prorate the modified coverage level charge to only include the number of days in the benefit period that include the event date thru the last day of the benefit period.

For example:

> A benefit participant has a newborn on 2/13 and increases their coverage level to include the newborn. The future state design would charge the participant for the increased coverage level for 3 days in the benefit period (2/13 thru 2/15). The current state design requires the participant to pay for the increased coverage level for the entire benefit period of 2/1 thru 2/15.

There is no narrative provided for the *BA0304 – Event Maintenance Enrollment – Paper Enrollment* process since it is a combination of the *BA0303 - Event Maintenance – Web* process and the *BA0302 Open Enrollment – Paper Enrollment process.*

Event Maintenance Enrollment – Web Events/Steps:

Login to Benefits Portal: (Step 1): When the benefit participant has a qualified status change and wants to modify their benefits coverage via the web, they will access the *benefits portal* within 60 days of the event.

Want to Model Costs?/Go To BA0204 – Model Benefit Costs: (Steps 2, 3): If the benefit participant wants to model the cost of their benefit elections, they will select Event Maintenance *Enrollment* link off of the benefit portal. The benefit participant can select "elect" or "waive" on the Benefits Enrollment page for each plan; "add" or "remove" qualified dependents. After selecting desired coverage, total benefit costs per plan are displayed on the Benefits Enrollment page. This allows the participants to view total benefit cost based on benefit plans elected and selected dependents to be covered per pay period via the Enrollment Page. Thus, allowing the participant to decide if they are ready to SUBMIT enrollment. (Step 4)

Note: This feature may not be available for Satellite participants since we do not track the participant benefit cost for these agencies and would be unable to provide a cost estimate to the participant.

Ready to Enroll?: (Step 4): The benefit participant will decide if they are ready to perform Event Maintenance Enrollment. If they are not ready, they will logoff of the benefits portal and end their session.

Select Event Maintenance Enrollment Link: (Steps 5 and 6): The benefit participant will select the open event. These triggered events are for benefit participants that are newly hired/rehired or due to qualified life events below:

Select A Reason for the Event Maintenance Enrollment & Supply Event Information	Validation Rules
New Employee	The employee hire date must be within the last 60 days.
Leave of Absence	The employee must have a Leave of Absence personnel transaction within the last 60 days.
Return from Leave of Absence	The employee must have a Return from Leave personnel transaction within the last 60 days.
Add Spouse/Domestic Partner - Must supply Marriage Date	The Marriage Date must be within the last 60 days

Select A Reason for the Event Maintenance Enrollment & Supply Event Information	Validation Rules
Remove Spouse/Domestic Partner - Must Identify if Divorced, Limited Divorced, Legal Separation, Dissolution of Domestic Partnership or Death - Must supply the event date	The event date must be within the last 60 days
Add Dependent - Must Identify if Birth, Adoption, Appointed Legal Guardian, Domestic Partner, etc. - Must supply the event date	The event date must be within the last 60 days
Remove Dependent - Must Identify if Death, Dissolution of Domestic Partnership, Dependent No Longer Eligible, etc. - Must supply the event date	If the event was more than 60 days in the past, the system should not allow the transaction to continue. The system should issue a Warning message and direct the participant to their Agency Benefits Coordinator or DBM EBD for assistance. In this scenario, the participant may be billed for the premium paid by the State while the dependent was ineligible.
Cancel All Coverage - Explanation	
COBRA	Enrollment must be within 63 days of COBRA eligible date

Validate Event Date Qualifies for Event Maintenance Enrollment: (Step 7): The system should validate the event qualifies for Event Maintenance Enrollment based on the Validation Rules specified.

- If the event date is not eligible, the benefit participant should receive a message telling them that their event date does not qualify for Event Maintenance Enrollment and they will need to wait until Open Enrollment to change their health benefits coverage. (Step 9)
- If the event date is eligible, the benefit participant should proceed to make their enrollment selections. (Step 10)

Enter/Modify Event Maintenance Enrollment Selections Online: (Step 10): The benefit participant will enter their Event Maintenance Enrollment selections online. This enrollment should function like the Open Enrollment web enrollment (Refer to *BA0301 Open Enrollment – Web* for requirements).

The one difference in the enrollment requirements is the Effective Date of the Benefits Coverage. Based on the type of qualifying event, the system shall validate the coverage Effective Date indicated by the benefit participant. Even though participants are able to assign Effective Dates within the enrollment window, mandated effective dates with unique business rules shall be pre-defined for these events. See chart below:

Event Type	Mandated Effective Date	Business Requirements
Hire or Rehire Example1: Hired on 3/14/10 Benefit Effective Date = 4/1/10	1st of the Month Following the Event	The system shall allow 60 days from the coverage Effective Date to enroll The system shall enforce the retro deduction

Event Type	Mandated Effective Date	Business Requirements
Example 2: Hired on 3/1/10 Benefit Effective Date = 4/1/10		rules identified below.
Marriage Example: Married on 2/1/10 Benefit Effective Date = 3/1/10	1st of the Month Following the Event	The system shall allow 60 days from the coverage Effective Date to enroll The system shall enforce the retro deduction rules identified below.
Newborn or Adoption Example: Birth on 2/14/10 Benefit Effective Date = 2/14/10	Event Date	The system shall allow 60 days from the coverage Effective Date to enroll The system shall prorate the benefit deduction amount to the exact event date if there was a change in coverage level. The system shall record the prorated deduction amount in the benefit participant deduction details as a unique amount that is clearly identified as a prorated charge along with the coverage effective dates.
Add Other Dependent(s) (not Newborn or Adoption)	1st of the Month Following the Event	The system shall allow 60 days from the coverage Effective Date to enroll The system shall enforce the retro deduction rules identified below.
Leave of Absence	1st of the Month Following the Event	The system shall allow 60 days from the coverage Effective Date to enroll
Return from Leave of Absence	1st of the Month Following the Event	The system shall allow 60 days from the coverage Effective Date to enroll The system shall enforce the retro deduction rules identified below.
COBRA	COBRA Eligibility Date	The system shall allow 63 days from the coverage Effective Date to enroll

Retro Deduction Rules:

Currently, benefit participants must pay for any incurred retro charges by personal check. In the future state design, this practice will be eliminated and the SPS system shall spread any retro deduction amount (between Effective Date and enrollment date) across the number of benefit deduction periods remaining in the benefit year (N):

Retro Per Pay Period Amount $= Total Retro Amount Owed $/N

Enter Dependent & Marital Status Information Online: (Step 11): For each dependent, domestic partner or spouse *added* to the Open Enrollment, the benefit participant must complete additional data to assist in confirming the dependent, domestic partner or spouse is eligible for health benefit coverage. This data entry should function like the Open Enrollment web dependent/spouse information collection. (Refer to Open Enrollment – Web (Step 8) for requirements).

Ready to Submit?: (Step 12): After making their enrollment selections, the benefit participant will decide if they are ready to submit their selections or save them for modification at a later time.

Want to Save for Later?: (Step 13): If the benefit participant indicated in Step 12 that they were not ready to submit their Enrollment selections, the participant should have the option to save their selections for further modification at a later date.

- If the participant does not want to save their selections, the system should abandon any working selections.
- If the participant does want to save their selections, the system save the Enrollment Working Data (Step 14) and the system should be updated with the working data (Step 15). The data should be stored with an Effective Date = the default as identified earlier with a status indicating it is working data. If the participant does not return to update and submit the selections prior to the end of the Enrollment period, the selections would not go into effect.

Submit Enrollment Selections: (Step 16): The benefit participant will indicate online they are ready to submit their selections. At submission, the system should ensure that all of the required information to complete enrollment has been validated; this will reduce the number of enrollment adjustments and corrections required. Once validated, the event status should be displayed as ENTERED.

Optional Report: Enrollment Confirmation Statement w/Disclaimer: (Step 17): The benefit participant should have the option to print the Enrollment selections they submitted. The print statement should contain a disclaimer indicating the selections are preliminary until they receive a confirmation email. In addition, if dependents were added during the enrollment and have *unconfirmed or pending* verifying documentation, the enrollment statement needs to state that if acceptable verifying documentation is not submitted within 60 days the dependents will not be covered in the enrollment.

SPS Updated w/Selection w/EFFDT = MM/DD/YY: (Step 18): After the submission by the benefit participant, the system should be updated with the participant selections. The selections should be updated with ENTERED status along with an Effective Date as defaulted on the Enrollment page based on the event date.

Enrollment Validated: (Step 19): The DBM EBD Enrollment group will run the Benefits Administration Process-Event Maintenance (PSPBARUN). This process automatically validates completed event maintenance enrollment election.

The validation should include:

- Validation that all required fields were completed
- Validation that all business rules have been satisfied

- Validation that any and all criteria for benefits eligibility have been met to allow the Open Enrollment event to proceed to FINALIZED-ENROLLED status

Issues w/Enrollment?: (Step 20): The system will determine if the enrollment passes the required validation. If the benefit participant submitted any new dependents, domestic partner or spouse as part of the Enrollment they will not be covered at this time. The Agency Benefits Coordinator and DBM EBD shall have the ability to generate a report to identify any ELECTION ERROR due to unconfirmed dependent or marital status. (Step 21) This report will be reviewed and use to follow up with the benefit participants by the Agency Benefits Coordinator and/or DBM EBD.

Change in Dependents?/Go To BA0401 – Review Dependent Add/Change/Delete: (Steps 22, 23): If the Enrollment included new dependents, the DBM EBD Enrollment group will execute the BA0401 – Review Dependent Add/Change/Delete Request.

Change in Marital Status?/Go To BA0402 – Review Marital Status Change Request: (Steps 24, 25): If the Enrollment included new dependents, the DBM EBD Enrollment group will execute the BA0402 – Review Dependent Add/Change/Delete Request.

If the open enrollment DOES NOT PASS validation, the following should occur:

- The DBM EBD Enrollment group runs Benefits Administration Event Maintenance Process-Open Enrollment (PSPBARUN) and generates ad-hoc report to identify Event Status in "Election Error" (Step 22).
- The Agency Benefits Coordinator should work with the Benefit Participant to resolve the election error issue/s (Steps 19, 20).
- If enrollment changes are required, the system should allow the benefit participant to re-access their submission and make the necessary adjustments (Step 10) and re-submit (Step 13) the open enrollment back thru the validation process (Step 19).
- If there were any new dependents, domestic partner or spouse submitted as part of the Event Maintenance Enrollment that are 'Unconfirmed', these dependents will not be covered until required documentation is submitted (ELECTION ERROR).

If the open enrollment PASSES validation, the following should occur:

- The system should mark the Event Maintenance 'FINALIZED-ENROLLED.'
- The DBM EBD Enrollment group shall be able to send out confirmation of enrollment election to the benefit participant. (Step 26)
- The benefit participant should have the option to print an enrollment Confirmation Statement showing their confirmed enrollment (Step 27). If there were any new dependents, domestic partner or spouse submitted as part of the Open Enrollment that are 'Unconfirmed' will indicate as such on the enrollment Statement.
- The system shall allow Agency Benefits Coordinator to modify Event Maintenance election, if required.
- The system should establish and store the participants benefit deduction details (programs, amounts, effective dates, employee/retiree portion, state subsidy portion, imputed income) by coverage date in preparation for sending to payroll.

Ad-Hoc Event Maintenance Enrollment Status: (Step 21): Throughout the year, both the Agency Benefits Coordinator and DBM EBD Enrollment group should have access to run various ad-hoc reports that show the status of Event Maintenance Enrollment activities.

AdHoc Report: Enrollment by Date: (Step 28): The system should provide a report that allows the DBM EBD group to identify enrollments by date range, by employee benefit type and by benefit plan.

AdHoc Report: Newly Enrolled Benefits Participants/Dependents: (Step 29): The system shall provide a report that allows the DBM EBD group to identify newly enrolled benefits participants and dependents to health benefits. This list will include enrollments by date range, by employee benefit type and by benefit plan.

AdHoc Report: Initial Notice of COBRA Rights: (Step 30): The system shall provide a report that allows the DBM EBD group to generate Initial Notice of COBRA Rights for newly enrolled benefits participants and/or dependents in health benefits.

Employee Benefit Management

Associated Process Flows: BA0401 – Review Dependent Add/Change/Remove Request
BA0402 – Review Marital Status Change Request
BA0403 – Dependent Turns 26
BA0404 – Leave of Absence
BA0405 – LAW – AD&D & Life
BA0406 – LAW - FMLA
BA0407 – Return from Leave of Absence
BA0408 – Determine ORP Eligibility

The Employee Benefit Management processes included in this section are the benefits administration activities that support the Open and Event Maintenance enrollment. Most of these management activities are executed by the DBM EBD group after the event is initiated by someone outside of DBM.

These activities include the review and approval of a dependent or marital status change, reviewing and processing a dependent that is turning age 26 to either extend coverage or terminate coverage, processing a leave of absence or determining if an ORP Retiree is eligible for retiree benefit subsidy.

Review Dependent Add/Change/Remove or Martial Status Change Request

Associated Process Flows: BA0401 – Review Dependent Add/Change/Remove Request
BA0402 – Review Marital Status Change Request

A benefit participant may submit a dependent or marital status change during the Open Enrollment process or as a *qualified status change* resulting in an Event Maintenance Enrollment event. The State has specific validations and verification requirements that must be adhered to in order for an individual to be a dependent, domestic partner or spouse. When a benefit participant requests to add/change/remove a dependent, domestic partner or spouse the change is considered *pending* until the DBM EBD Enrollment group reviews the request and the supplied *verification documentation*. After the review is complete, the DBM EBD Enrollment group will approve or deny the request.

There are 2 separate process flows, one for Dependent Change Request and one for Marital Status Change Request. Essentially the 2 process flows are identical in terms of the events/steps, so the following narrative will address both dependent and marital status change reviews.

Review Dependent or Marital Status Change Request Events/Steps:

Worklist Dependent/Marital Status Change Request: (Steps 1 and 2): When the benefit participant submits a dependent or marital status change request thru either the Open Enrollment or Event Maintenance Enrollment process both the Agency Benefit Coordinator and the DBM EBD Enrollment group will receive a work list notification that a dependent (or marital status) change request has been submitted and needs review.

Did Employee Submit Verification Documentation?: (Step 3): The Agency Benefits Coordinator and DBM EBD Enrollment group will review the request and determine if the employee submitted scanned backup documentation on the request.

Meet w/Participant to Get Verification: (Step 4): If the benefit participant did not submit scanned verification documentation to the dependent (or marital status) change request, the Agency Benefits Coordinator will contact the participant to get required verification documentation (Step 8).

Scan/Send Verification Documentation to DBM: (Step 5): The Agency Benefits Coordinator will scan or send the verification documentation to DBM EBD Enrollment.

Document Meets Verification Requirement?: (Step 6): DBM EBD Enrollment will review the submitted verification documentation to determine if it meets the State requirements.

- If the documentation does not meet State requirements, the system will provide the ability to generate a denial letter based on the denial reason value.
- If the documentation does meet State requirements, DBM EBD Enrollment will *confirm* or *approve* the dependent (or marital status) change. (Step 9)

Approved?: (Step 10): If the dependent (or marital status) change is denied, the system should provide the ability to deny the dependent add/change/remove and attach a denial reason. The valid denial reasons should be:

- Outside 60 Days from Event Date
- Documentation Insufficient
- Documentation Received After Deadline

If the dependent (or marital status) change is approved, DBM EBD Enrollment will print a dependent (or marital status) confirmation letter. (Step 13)

Email Marked on Profile?: (Step 14): If the benefit participant has created a benefit portal profile and has marked email as their method of choice for benefit communication, DBM EBD Enrollment should email the dependent (or marital status) confirmation letter to the benefit participant. (Step 5)

Mail Dependent (or Marital Status) Confirmation to Participant: (Step 16): If the benefit participant has either not created a benefit portal profile or has not selected email as their method of choice for benefit communication, the DBM EBD Enrollment group will mail the dependent (or marital status) confirmation statement to the benefit participant.

Dependent Turns 26

Associated Process Flow: BA0403 – Dependent Turns 26

By Federal Law a dependent may be covered under health benefit coverage until they reach the age of 26. After their 26th birthday, they may remain covered if they are totally disabled. If not disabled, they must be dropped from coverage and they become eligible to participate in COBRA coverage.

The following process identifies how the State approaches and manages dependents turning 26.

Dependent Turns 26 Events/Steps:

3 Months Before 26: Identify Affected Dependents Not Marked Disabled: (Step 1): A periodic process needs to identify the dependents who will be turning 26 in the next 3 months and is not currently marked as disabled.

Generate Notice: 26 + Not Disabled: (Step 2): For all of the individuals identified in Step 1, generate a letter for the primary benefits holder to remind them of the upcoming change and advise them of options.

Email Marked on Profile?: (Step 3): If the benefit participant has created a benefit portal profile and has marked email as their method of choice for benefit communication, the system should email the *26 + Not Disabled Notice* to the benefit participant. (Step 4)

Mail '26 + Not Disabled' Notice: (Step 5): If the benefit participant has either not created a benefit portal profile or has not selected email as their method of choice for benefit communication, the DBM EBD Enrollment group will mail the *26 + Not Disabled Notice* to the benefit participant.

Receive '26 + Not Disabled' Notice: (Step 6): The benefit participant will receive the notice and instructions for how to proceed.

Is Dependent Disabled?: (Step 7): One reason the benefit participant received the notice is because the dependent is not currently identified as disabled in the benefits system. If the dependent is disabled, the benefit participant should access the Benefits Portal and make a self-service dependent update to identify the dependent as disabled (Step 8).

If the dependent is not disabled, the benefit participant has the option to access the Benefits Portal and update their coverage levels with an effective date that coincides with the dependent turning 26. If the benefit participant does not alter their coverage levels, the system will automatically adjust coverage levels later in this process.

1st of Month After 26: Cancel Non-Dependent Coverage: (Step 9): A non-disabled dependent retains coverage thru the benefit period that ends on the last day of their birthday month. All non-disabled dependents should be automatically removed as a dependent by the 1st day of the month following their 26th birthday. The Agency Benefits Coordinator will trigger the appropriate event maintenance to

adjust the benefit participant's coverage levels as appropriate to remove the individual. This manually triggered event will then automatically trigger corresponding COBRA event for the overage dependents eligible for COBRA.

The Benefits Administration process will process and FINALIZED-ENROLLED the triggered event. Once the process is complete, the system shall allow the Agency Benefits Coordinator to generate a report to capture cancelled dependent benefits. (Step 20)

Generate Notice: Dependent Cancelled & Coverage Adjusted: (Step 9): The system should generate a notice that the dependent has been cancelled and coverage levels have automatically been adjusted to reflect the cancellation.

Email Marked on Profile?: (Step 11): If the benefit participant has created a benefit portal profile and has marked email as their method of choice for benefit communication, the system should email the *Dependent Cancelled + Coverage Adjusted Notice* to the benefit participant. (Step 12)

Mail Dependent Cancelled/Coverage Adjusted Notice: (Step 13): If the benefit participant has either not created a benefit portal profile or has not selected email as their method of choice for benefit communication, the DBM EBD Enrollment group will mail the *Dependent Cancelled + Coverage Adjusted Notice* to the benefit participant.

Receive 'Dependent Cancelled Coverage Adjusted' Notice: (Step 14): The benefit participant will receive notice either thru email or mail that their dependent has been cancelled and their coverage levels have been automatically adjusted.

Does Dependent Qualify for COBRA?: (Step 15): The system needs to determine if the dependent qualifies for COBRA coverage.

If the dependent does qualify for COBRA coverage, the system should print the COBRA cover letter for the dependent that identifies the date they are eligible for COBRA coverage along with the enrollment window of 63 days. (Step 16)

Mail COBRA Materials: (Step 17): The DBM EBD Enrollment group will mail COBRA materials to the benefit participant based on the COBRA cover letters produced.

Receive COBRA Materials: (Step 18): The primary benefit participant will receive COBRA coverage materials for the dependent since the system does not currently store the dependent address.

Go To BA0201 – Benefit Participant Account: (Step 19): If the dependent decides to participate in COBRA coverage, they will access the external benefits website and establish a benefits participant account that grants them access to the *benefits portal* where they can enroll in COBRA coverage using the Event Maintenance Enrollment process.

Send Coverage Change to Benefit Providers in Interface File: (Step 21): Regardless of whether the individual qualifies for COBRA coverage, the dependent cancellation will be sent daily to each benefit provider.

AdHoc Report: Dependent Cancellations: (Step 22): The DBM EBD Enrollment group, the DBM EBD Direct pay/Satellite group, DBM Management and the Agency Benefits Coordinator should have reports available that identify the dependents over age 26 who have been cancelled from benefits coverage.

AdHoc Report: COBRA Eligible: (Step 23): The DBM EBD Enrollment group, the DBM EBD Direct pay/Satellite group, DBM Management and the Agency Benefits Coordinator should have reports available that identify the individuals who are COBRA eligible along with eligibility expiration dates.

Leave of Absence & Return from Leave of Absence

Associated Process Flows: BA0404 – Leave of Absence
BA0405 – LAW – AD&D & Life Insurance Coverage
BA0406 – LAW- FMLA
BA0407 – Return from Leave of Absence

When an employee goes on a leave of absence the State allows the employee to either continue their already elected health benefits coverage, to drop all coverage or to drop some coverage or to pay upon returning from FMLA Leave. The Leave of Absence Reason will determine if the participant must pay the full premium for their coverage or whether they will continue to receive state subsidization.

- If the employee goes on Leave of Absence – Military, the State absorbs the full cost of all health benefits except for AD&D or Life Insurance coverage.

- If the employee goes on Leave of Absence – OJI, the employee continues to pay their portion of the health benefit coverage costs.

- If the employee goes on Leave of Absence – FMLA, the participant will continue to receive State subsidy for the period the participant is continuing to receive pay due to Leave Accrual or Leave Bank. Once the employee exhausts Leave Accrual or Leave Bank, the employee must pay direct for their portion of the coverage.

- For all other Leave of Absence reasons, the employee must pay direct for their coverage.

Currently, when an employee goes on a leave of absence and returns from a leave of absence, the State requires the employee to re-enroll in health benefit coverage. That process will be eliminated in the future state design. The employee will only be required to re-enroll if they are choosing to drop any or all coverage while on leave.

Leave of Absence

Associated Process Flow: BA0404 – Leave of Absence

Leave of Absence Events/Steps:

Enter/Modify Employee Status Change to Put on Leave of Absence: (Step 1): The Agency HR Coordinator will enter a personnel transaction to change the employee status from Active to Leave of Absence.

- If the Leave Reason = Military or OJI, the Agency HR Coordinator should be able to attach a scanned copy of the employees Military orders or OJI documentation to the transaction.

Does Employee Participate in Benefits?: (Step 2): If the employee does not participate in benefits there is no benefits processing required. If the employee does participate in benefits, the system needs to evaluate the Leave Reason to determine if approval is required from the DBM EBD Direct Pay/Satellite group.

Go To BA0407 Return From Leave: (Step 3): While the employee is on leave, the Agency HR Coordinator will continue to monitor the employee's leave of absence regardless of whether the employee participates in benefit coverage.

Reason = OJI or Military?: (Step 4): If the Leave Reason entered by the Agency HR Coordinator was Military or OJI, the DBM EBD Direct Pay/Satellite group should receive a work list notification to review the leave request to ensure the paperwork provided qualifies the employee for Military or OJI benefits (Step 5).

If the Leave Reason entered by the Agency HR Coordinator was not Military or OJI, the Agency Benefits Coordinator and the DBM EBD Direct Pay/Satellite group should receive a work list notification that employee is going on Leave. (Steps 9 and 10)

Review Military Orders or OJI Documentation: (Step 6): The DBM EBD Direct Pay/Satellite group will review the attached documentation to ensure the employee qualifies for either Military or OJI Leave.

Enter Leave Reason Approval or Denial Online: (Step 7): The DBM EBD Direct Pay/Satellite group will either approve or deny the Military or OJI leave request.

- If DBM EBD Direct Pay/Satellite denies the leave request, the Agency HR Coordinator should receive a work list notification (Step 4) and they should proceed to modify the Leave Reason on the transaction to something other than Military or OJI and re-submit the transaction. (Step 1)
- If DBM EBD Direct Pay/Satellite approves the leave request, the Agency Benefits Coordinator and the DBM EBD Direct Pay/Satellite group should receive a work list notification that an employee is going on leave. (Steps 9 and 10)

Contact Employee to Discuss Benefit Implications/Discuss Benefit Implications w/Agency Benefit Coordinator: (Steps 11 and 12): The Agency Benefits Coordinator will meet with the employee going on leave to discuss their health benefit options and implications.

Does Employee Want to Remove Coverage?: (Step 13): Based on the discussion with the Agency Benefits Coordinator, the employee will decide if they want to drop/remove any coverage while they are on leave. If they do want to make coverage changes, they will use the Event Maintenance Enrollment process (BA0303 – Event Maintenance Enrollment Web and BA0305-Event Maintenance Enrollment Paper) (Step 14)

Leave Type = Military?: (Step 15): If the employee leave type is Military, the system needs to evaluate the employees' health benefit coverage to determine what portion the State will pay using the BA0405 – LAW – AD&D & Life Insurance Coverage process. (Step 16).

Leave Type = FMLA?: (Step 17): If the employee leave type is FMLA the employees health benefit coverage while on leave will be processed by BA0406 – Benefit Payment on FMLA (Step 18).

Go To BA0603 – Direct Pay: (Step 19): All other leave types will be processed by the Direct Pay process (BA0603 – Direct Pay).

AdHoc Report: Employee's on Leave: (Step 20): The Agency HR Coordinator, Agency Benefits Coordinator and DBM EBD Direct Pay/Satellite should have reports available to identify all employees currently on a leave of absence, their anticipated return date and the status of their health benefits coverage while on leave.

LAW – AD&D & Life Insurance Coverage

Associated Process Flow: BA0405 – LAW – AD&D & Life Insurance Coverage

This process will evaluate the health benefit coverage of the participant on Military leave and determine if any coverage qualifies for direct pay or if all coverage will be paid by the State.

LAW – AD&D & Life Insurance Coverage Events/Steps:

Is Employee Enrolled in AD&D or Life?: (Step 1): The system will evaluate if the participant is currently enrolled in AD&D or Life Insurance coverage.

- If the employee is not enrolled in AD&D and Life Insurance coverage, the employee will not require any direct pay and the State will pay all health benefit coverage costs while the employee is on leave. (Step 2)
- If the employee is enrolled in either AD&D and/or Life Insurance coverage, the AD&D and/or Life coverage should be identified as direct pay coverage and be processed in the BA0603 – Direct Pay process. (Step 4) and all other health coverage costs will be paid by the State while the employee is on leave. (Step 5)

LAW – FMLA

Associated Process Flow: BA0406 – LAW - FMLA

This process will evaluate the health benefit coverage of the participant on FMLA leave and determine if or when any coverage qualifies for direct pay or if coverage will be paid by payroll deductions. The system shall provide the ability for the participant to choose to pay while on FMLA leave or upon return. If "upon return" is selected, the system will track the amount owed and will offer the option to pay by coupon upon return or to include as an additional payroll deduction amount.

LAW – FMLA Events/Steps:

Is Employee Using Leave for Pay?: (Step 1): The system will evaluate if the participant is currently using either accrued Personal Leave or Leave Bank time while on FMLA leave to continue to receive a paycheck.

- If the employee is not using accrued Personal Leave or Leave Bank time, their health benefit coverage should be identified as direct pay coverage and be processed in the BA0603 – Direct Pay process. (Step 2)
- If the employee is using accrued Personal Leave or Leave Bank time, the system needs to determine if the employee pay will cover all health benefit coverage deductions. (Step 3)

Does Pay Cover Deductions?: (Step 3): The system will evaluate if the employee pay will cover all health benefit coverage deductions.

- If the employee paycheck does cover the employees health benefit deductions, the system will reassess each pay period if the employee paycheck covers their health benefit deductions. (Step 4)
- If the employee paycheck does not cover the employee's health benefit deductions, their health benefit coverage should be identified as direct pay coverage and be processed in the BA0603 – Direct Pay process. (Step 2)

Return from Leave of Absence

Associated Process Flow: BA0407 – Return from Leave of Absence

When an employee goes on a leave of absence, the employee will either Return from Leave or will terminate from State service. While the employee is on Leave, the Agency HR Coordinator is responsible for monitoring the situation and keeping the system updated with the employee status. If the employee is on FMLA Leave and exhausts all 12 weeks of FMLA and is still remaining on Leave the Agency HR Coordinator will be responsible to updating the employees Leave Reason to a non-FMLA value.

Return from Leave of Absence Events/Steps:

Monitor LAW & Anticipated Return Date: (Step 1): The Agency HR Coordinator will monitor the employee's situation and their anticipated return date.

Is Employee Returning as Scheduled?: (Step 2): The Agency HR Coordinator will assess if the employee is returning as scheduled.

- If the employee is returning as scheduled, the Agency HR Coordinator will enter a status change to Return from Leave. (Step 8)

Has Employee Exhausted FMLA?: (Step 3): If the employee is not returning as scheduled and is on FMLA, the Agency HR Coordinator will assess if the employee has exhausted all 12 weeks of their FMLA.

- If the employee has exhausted all 12 weeks of their FMLA and is not yet ready to return to work, the Agency HR Coordinator will update the employee's Leave Reason to a non-FMLA value in the BA0404 - Leave of Absence process. (Step 4)

Is Employee Terminating?: (Step 5): If the employee is not returning as scheduled, the Agency HR Coordinator will assess if the employee will not be returning and will be terminating their State service.

- If the employee is not terminating, the Agency HR Coordinator should update the employee's anticipated return date in the system. (Step 6)
- If the employee is terminating, the Agency HR Coordinator should process a personnel transaction and enter the termination for the employee by following PS0705 – LAW – Medical/Military/Personal. (Step 7)

Does Employee Participate in Benefits?: (Step 9): After the Return from Leave transaction has been entered into the system, the system should evaluate if the employee participates in benefits.

- If the employee does not participate in benefits, there is no further processing required.
- If the employee does participate in benefits, the system should evaluate if the original Leave Reason was Military. If the original Leave Reason was Military, the DBM EBD Direct Pay/Satellite group needs to review the Military return orders. The DBM EBD Direct

Pay/Satellite group should receive a work list notification that a Military Return from Leave requires review. (Step 11)

- If the employee does participate in benefits and the original Leave Reason was not Military, the Agency Benefits Coordinator and the DBM EBD Direct Pay/Satellite group should receive work list notifications that an employee is returning from leave. (Steps 15 and 20)

Contact Employee to Discuss Implications/Discuss Benefit Implications w/Agency Benefits Coordinator: (Steps 16 and 17): If the employee has established a benefits portal account, the system should send an email to the employee prior to their Anticipated Return from Leave Date that identifies benefit implications. If the employee has not established a benefits portal account, the Agency Benefits Coordinator and the benefit participant will discuss the benefit implications of returning from leave.

Does Employee Want to Change Benefits?: (Step 18): The benefit participant will decide if they want to modify their health benefits coverage when they return from leave. For the participants enrolled in the benefits portal, the system will send an email notification while on leave outlining the implications.

- If the participant does want to change their enrollment, they will execute BA0303 – Event Maintenance Enrollment. (Step 19)
- If the participant does not want to change their enrollment, they do nothing.

Review Military Return Documents: (Step 12): The DBM EBD Direct Pay/Satellite group will review the employees' military return documents and enter an approval or denial or return online (Step 13).

- If the DBM EBD Direct Pay/Satellite group approves the documents, the Agency Benefits Coordinator and the DBM EBD Direct Pay/Satellite group should receive work list notifications that an employee is returning from leave. (Steps 15 and 20)
- If the DBM EBD Direct Pay/Satellite group does not approve the documents, the Agency HR Coordinator should receive a work list notification that the leave return has been denied. (Step 23) And, the Agency HR Coordinator will discuss next steps with the employee. (Step 24)

Cancel All Future Direct Pay Invoices: (Step 21): When an employee comes off of Leave and no longer requires direct pay to cover health benefit coverage, the system should cancel all future invoices.

Determine if Employee is Due a Refund: (Step 22): Depending on the timing of the Return from Leave, an employee may be due a refund for health benefit coverage they paid direct that will now be covered by payroll deductions. The DBM EBD Direct Pay/Satellite group will review each situation and determine if the employee is due a refund.

- If the employee is due a refund, the DBM EBD Direct Pay/Satellite group will complete a refund request form. (Step 24)
- The DBM EBD Accounting group will review the form for accuracy and RStars coding.
- After the review is complete, the form is sent to Comptroller's Office in Annapolis for processing. (Step 25)

AdHoc Report: Employee's on Leave: (Step 28): The Agency HR Coordinator, Agency Benefits Coordinator and DBM EBD Direct Pay/Satellite should have reports available to identify all employees

currently on a leave of absence, their anticipated return date and the status of their health benefits coverage while on leave.

AdHoc Report: Employee's Return from Leave: (Step 28): The Agency HR Coordinator, Agency Benefits Coordinator and DBM EBD Direct Pay/Satellite should have reports available to identify all employees returned from Leave, Reason of initial LAW, their return date and the status of their health benefits coverage upon return from leave.

Determine ORP Eligibility

Associated Process Flow: BA0408 – Determine ORP Eligibility

The DBM EBD Retiree group is responsible for evaluating retiree benefit eligibility for University System ORP Retirees. The evaluation includes both an evaluation of eligibility in addition to a determination of the State subsidy based on their University System and State service. Currently, this evaluation is a manual process and the ORP Retiree population is steadily growing. In recent years, the ORP Retirees has grown from 300 to 900.

In the future state design, the system shall offer an online page that allows the DBM EBD Retiree group to enter certified University System and State service. Subsequently, the system shall determine eligibility and calculate the State subsidy. Please note that questions presented on the on-line form will be dependent on the employee's EOD (Hired Before/After July 1, 2011).

Determine ORP Eligibility Events/Steps:

Complete Checklist for ORP Retiree Enrollment: (Step 1): The ORP Retiree will complete a paper *Checklist for ORP Retiree Enrollment* from the *State of Maryland Optional Retirement Program Handbook for Retiree Health Benefits.*

Complete Claim of ORP Service: (Step 2): The ORP Retiree will complete a paper *Claim of Maryland ORP Service* identifying each Maryland State Institution of Higher Learning from which they are claiming service.

Send Claims to Institution Reps for Verification: (Step 3): The ORP Retiree will send a copy of the Claim of Maryland ORP Service to each institution.

Receive & Complete Claim of ORP Service: (Step 4): The Maryland State Institution of Higher Learning will receive the verification request. They will have a HR/Benefits Representative conduct the verification. The HR/Benefits Representative is required to sign and date the verification. The HR/Benefits Representative will return the completed form to the ORP Retiree.

Complete Claim of Non-ORP Service: (Step 5): The ORP Retiree will complete a paper *Claim of Maryland Non-ORP Service* identifying each Maryland State Agency or Institution from which they are claiming non-ORP service.

Send Claims to Agency Reps for Verification: (Step 6): The ORP Retiree will send a copy of the *Claim of Maryland Non-ORP Service* to each agency.

Receive & Complete Claim of Non-ORP Service: (Step 7): The Maryland State Agency or Institution will receive the verification request. They will have a HR/Benefits Representative conduct the verification. The HR/Benefits Representative is required to sign and date the verification. The HR/Benefits Representative will return the completed form to the ORP Retiree.

Consolidate Application Packet & Send to DBM EBD Retiree Group: (Step 8): After receiving the verifications back, the ORP Retiree will consolidate their application and send it to the DBM EBD Retiree group for evaluation.

Receive Application for ORP Benefits: (Step 9): The DBM EBD Retiree group receives the ORP Benefit Application.

Enter Retirement Information Online: (Step 10): The system will provide the ability for the DBM EBD Retiree group to enter the ORP and non-ORP service online and the system will determine if the ORP Retiree is eligible to receive State subsidy.

The online page needs to capture the following fields:

Field	Access Mode	Business Requirements
Maryland ORP Retirement - Type of Retirement (Direct, Deferred) - Years of Creditable Service - Age at Deferred Retirement	Modifiable	See Rules Below
MSRPS Retirement - Type of Retirement (Direct, Deferred) - Years of Creditable Service - Age at Deferred Retirement	Modifiable	See Rules Below

Special Field/Page Rules:

Field	Business Requirements
Maryland ORP Retirement – Type of Retirement	The system shall make the field optional. If the field is completed, the system should require the entry be a valid value (Direct, Deferred). The system shall require that at a minimum either the Maryland ORP Retirement – Type of Retirement or the MSRPS Retirement – Type of Retirement field has a value.
Maryland ORP Retirement – Years of Creditable Service	The system shall make the field required if the Maryland ORP Retirement – Type of Retirement field is completed. The system shall validate the entry is a whole number of years.
Maryland ORP Retirement – Age at Deferred Retirement	The system shall make the field required if the Maryland ORP Retirement – Type of Retirement field was completed with the value = Deferred. The system shall validate the entry is a whole number of years.
MSRPS Retirement – Type of Retirement	The system shall make the field optional. If the field is completed, the system should require the entry be a valid value (Direct, Deferred).

Field	Business Requirements
MSRPS Retirement – Years of Creditable Service	The system shall make the field required if the MSRPS Retirement – Type of Retirement field is completed. The system shall validate the entry is a whole number of years.

Determine Eligibility & Combined State Subsidy: (Step 11): The system will determine the state subsidy the retiree is eligible for based on the data provided and populate data elements required to complete the *Eligibility and State Subsidy Worksheet* (a sample is provided in the Sample Forms section).

The system shall populate the following fields to determine eligibility based on the data provided on the online page:

Field	Business Requirements
Maryland ORP Retirement – (Eligibility Box 1) Service equal to at least 5 years of full-time service with ORP contributors.	The system shall mark this indicator 'yes' if: Maryland ORP Retirement (Type of Retirement) = Direct *and* Maryland ORP Retirement (Years of Service) is >5 but less than 16
Maryland ORP Retirement – (Eligibility Box 2) Service equal to at least 16 years of full-time service with ORP contributors.	The system shall mark this indicator 'yes' if: Maryland ORP Retirement (Type of Retirement) = Deferred *and* Maryland ORP Retirement (Years of Service) is >= 16
Maryland ORP Retirement – (Eligibility Box 3) Ended service with a Maryland Institution of higher education when at least age 57 with service equal to at least 10 years of full-time service with ORP contributions.	The system shall mark this indicator 'yes' if: Maryland ORP Retirement (Type of Retirement) = Deferred *and* Maryland ORP Retirement (Years of Service) is >= 10 *and* Maryland ORP Retirement (Age at Deferred Retirement) is >= 57
MSRPS Retirement – (Eligibility Box 4) At least 5 years of creditable service	The system shall mark this indicator 'yes' if: MSRPS Retirement (Type of Retirement) = Direct *and* MSRPS Retirement (Years of Service) is >5 but less than 16
MSRPS Retirement – (Eligibility Box 5) Disability Retirement	The system shall mark this indicator 'yes' if: MSRPS Retirement (Type of Retirement) = Direct or Deferred *and* Eligibility Service = 5 years *and* Medical Board Certifies that: - Member is mentally or physically incapacitated for further performance of the normal duties of the member's positions; - the incapacity is likely to be permanent and: - the member should be retired

Field	Business Requirements
MSRPS Retirement – (Eligibility Box 6) Ended State service with at least 16 years of creditable service	The system shall mark this indicator 'yes' if: MSRPS Retirement (Type of Retirement) = Deferred *and* MSRPS Retirement (Years of Service) is >= 16
MSRPS Retirement – (Eligibility Box 7) Ended State service within 5 years of normal retirement age with at least 10 years of creditable service	The system shall mark this indicator 'yes' if: MSRPS Retirement (Type of Retirement) = Deferred *and* MSRPS Retirement (Years of Service) is >= 10 *and* MSRPS Retirement (Age at Deferred Retirement) is >= 57 but less than 62
State Subsidy for Eligible ORP Retirees (Subsidy Box 1) Service equal to at least 5, but less than 16 years of full-time service.	The system shall mark this indicator 'yes' if: Maryland ORP Retirement (Type of Retirement) = Direct *and* Maryland ORP Retirement (Years of Service) is >5 but less than 16
State Subsidy for Eligible ORP Retirees (Subsidy Box 2) Service equal to at least 16, but less than 25 years of full-time service.	The system shall mark this indicator 'yes' if: Maryland ORP Retirement (Type of Retirement) = Direct *and* Maryland ORP Retirement (Years of Service) is >=16 but less than 25
State Subsidy for Eligible ORP Retirees (Subsidy Box 3) Service equal to at least 25 years of full-time service.	The system shall mark this indicator 'yes' if: Maryland ORP Retirement (Type of Retirement) = Direct *and* Maryland ORP Retirement (Years of Service) is >=25
State Subsidy for Eligible ORP Retirees (Subsidy Box 4) Service equal to at least 25 years of full-time service.	The system shall mark this indicator 'yes' if: Maryland ORP Retirement (Type of Retirement) = Deferred *and* Maryland ORP Retirement (Years of Service) is < 25
State Subsidy for Eligible ORP Retirees (Subsidy Box 5) Service equal to at least 25 years of full-time service.	The system shall mark this indicator 'yes' if: Maryland ORP Retirement (Type of Retirement) = Deferred *and* Maryland ORP Retirement (Years of Service) is >= 25
State Subsidy for Eligible MSRPS Retirees (Subsidy Box 6) Service equal to at least 5, but less than 16 years of full-time service.	The system shall mark this indicator 'yes' if: MSRPS Retirement (Type of Retirement) = Direct *and* MSRPS Retirement (Years of Service) is >= 5 but less than 16
State Subsidy for Eligible MSRPS Retirees (Subsidy Box 7) At least 16 years of creditable service	The system shall mark this indicator 'yes' if: MSRPS Retirement (Type of Retirement) = Direct *and* MSRPS Retirement (Years of Service) is >= 16
State Subsidy for Eligible MSRPS Retirees (Subsidy Box 8)	The system shall mark this indicator 'yes' if: MSRPS Retirement (Type of Retirement) = Direct or Deferred

Field	Business Requirements
Disability Retirement	*and* Eligibility Service = 5 years *and* Medical Board Certifies that: - Member is mentally or physically incapacitated for further performance of the normal duties of the member's positions; - the incapacity is likely to be permanent and: - the member should be retired
State Subsidy for Eligible MSRPS Retirees (Subsidy Box 9) At least 10 but less than 16 years of creditable service	The system shall mark this indicator 'yes' if: MSRPS Retirement (Type of Retirement) = Deferred *and* MSRPS Retirement (Years of Service) is >= 10 but less than 16
State Subsidy for Eligible MSRPS Retirees (Subsidy Box 10) At least 10 but less than 16 years of creditable service	The system shall mark this indicator 'yes' if: MSRPS Retirement (Type of Retirement) = Deferred and MSRPS Retirement (Years of Service) is >= 16

The system shall calculate and store the State subsidy components which are made up of:

State Subsidy for Individual Coverage	State Subsidy for Dependent Coverage
ORP Subsidy (Total of Box 1 thru Box 5)	ORP Subsidy (Total of Box 1 thru Box 5)
+ MSRPS Subsidy (Total of Box 6 thru Box 10)	+ MSRPS Subsidy (Total of Box 6 thru Box 10)
= Combined Subsidy	= Combined Subsidy

The system will calculate the State subsidy by assigning the following subsidy values based on the population of the Subsidy Box 1 thru Subsidy Box 10:

	Individual Subsidy	Dependent Subsidy
If Subsidy Box 1 is marked	Prorated at Years of Svc/16	0
If Subsidy Box 2 is marked	Maximum Subsidy (16/16th)	0
If Subsidy Box 3 is marked	Maximum Subsidy (16/16th)	Maximum Subsidy (16/16th)
If Subsidy Box 4 is marked	0	0
If Subsidy Box 5 is marked	Maximum Subsidy (16/16th)	Maximum Subsidy (16/16th)
If Subsidy Box 6 is marked	Prorated at Years of Svc/16	Prorated at Years of Svc/16
If Subsidy Box 7 is marked	Maximum Subsidy (16/16th)	Maximum Subsidy (16/16th)
If Subsidy Box 8 is marked	Maximum Subsidy (16/16th)	Maximum Subsidy (16/16th)
If Subsidy Box 9 is marked	Prorated at Years of Svc/16	Prorated at Years of Svc/16
If Subsidy Box 10 is marked	Maximum Subsidy (16/16th)	Maximum Subsidy (16/16th)

Designate ORP Eligibility: (Step 12): The system designate each ORP Retiree applicant was eligible or non-eligible for ORP Retiree benefits.

Store Calculate Subsidy Amounts: (Step 13): The system should store the calculated subsidy amounts for the ORP Retiree.

Is ORP Eligible for Benefits Subsidy?: (Step 14): The system should display the previously determined eligibility and calculated subsidy for the DBM EBD Retiree user on the page where they entered the retirement components.

- If the ORP Retiree is Eligible, the system should provide a letter for the DBM EBD Retiree group to print that notifies the ORP Retiree of their eligibility. (Step 15)
- If the ORP Retiree is Not Eligible, the system should provide a letter for the DBM EBD Retiree group to print that notifies the ORP Retiree of their non-eligibility. (Step 16)
- In both situations, the system should provide the option to print the Eligibility and State Subsidy Worksheet for the DBM EBD Retiree group to print. (Step 20)

Notification: Subsidy Eligibility: (Step 17): The DBM EBD Retiree group will mail or email the subsidy eligibility notification to the ORP Retiree.

- If the ORP Retiree is Eligible, the system will provide access via the Benefits Portal for the ORP Retiree to enroll utilizing the Event Maintenance Enrollment link. (Step 19)
- If the ORP Retiree is Not Eligible, the system will restrict access to the Benefits Portal.

AdHoc Report: Eligibility and State Subsidy Worksheet: (Step 20): The system should provide the ability for the DBM EDB group to print the Eligibility and State Subsidy Worksheet at any point after the application has been entered into the system. A sample is provided in Sample Forms.

AdHoc Report: Eligible ORP Retirees: (Step 21): The system should provide the ability for the DBM EDB group to print a report identifying the eligible ORP Retirees along with their calculated subsidy. The report should provide the option to print for all or a subset of the ORP Retirees.

AdHoc Report: ORP Application Metrics: (Step 22): The system should provide the ability for the DBM EDB group to print a report identifying the number of ORP Retiree applications entered during a user-specified period of time along with metrics identifying how many were identified as eligible and how many were identified as non-eligible.

New Healthcare Reform Act

The State had implemented some of the required changes mandated from the New Healthcare Reform Act starting in the benefit plan year of July 2011. However, some of the provisions of the law will be implemented over the next several years. The system shall support all the required changes mandated by this law which focuses on provisions to expand coverage, control health care costs, and improve health care delivery system.

Non-SPS Employee Maintenance

Associated Process Flow: BA0501 – Non-SPS Employee Maintenance

There will be a subset of the benefit participants that will only be entered and processed in the new system for the purpose of benefits administration. It is assumed that these participants will require a minimal amount of employee demographic and job data in order to participate in benefits administration. The individuals that fall into this category are employees and retirees from Satellite Agencies, Pass-Through Agencies, MDOT and University System. .

Ideally, we can identify and establish an automated interface or synchronization between the new SPS system and the respective agencies that will not be using the SPS system to maintain and administer demographic and job specific data of their State Benefits Eligible population. It is not feasible to establish and maintain interfaces with all Satellite and Pass Through agencies but we should evaluate the feasibility of interfaces with the larger agencies. For the agencies where we do not establish an interface, the State will require web access for the Agency HR and/or Benefit Coordinators to enter and maintain their benefit eligible employees and retirees regardless of whether they are actively participating in benefits.

Employee maintenance includes:

- Providing newly hired/rehired employees, contractors, and retirees
- Maintaining employee status changes, such as leaves of absence and returns from leave of absence, transfers, etc.
- Maintaining demographics information required for third party vendors such as name, home addresses, email, birth date, gender and SSN.
- Maintaining job specific data elements use to define benefit program and plan eligibility rules in Benefits Administration such as Employee Class, Employee Type, FLSA Status, FTE (full time equivalency), Full/Part Time, Officer Code, Pay Group, Regular or Temporary, Regulatory Region, Salary Grade, Standard Hours, and Union Code.
- Maintaining specific employment dates and personnel transaction effective dates to determine coverage begin and end dates and calculate eligibility based on service months.
- Terminating employees when they either leave or retire Satellite, MDOT, Pass Through or University System employment

When and employee moves across SPS Agencies and non-SPS Agencies, the State wants the employee to remain linked to a single Employee ID number.

Example 1:

1. John Doe is hired by DBM and is assigned EMPLID 123456
2. John Doe leaves DBM and takes a job with MDOT
3. MDOT interfaces a 'shell record' for John Doe into SPS
4. The 'shell record' should insert a row for EMPLID 123456

Example 2:

1. John Doe is hired by MDOT
2. MDOT interfaces a 'shell record' for John Doe into SPS and is assigned EMPLID 123456
3. John Doe leaves MDOT and takes a job with DBM
4. DBM should hire John Doe under EMPLID 123456

This process flow and narrative represents the business process for collection and entry of any employee demographic and job specific data required to manage and administer Benefits for the entire State of Maryland within the SPS system. The below process flow are for agencies where we do not establish an interface, the State will require web access for the Agency HR and/or Benefit Coordinators to enter and maintain their benefit eligible employees and retirees regardless of whether they are actively participating in benefits.

Non-SPS Employee Maintenance Events/Steps:

Select Employee Maintenance Action: (Step 1): The Agency HR Coordinator or Agency Benefits Coordinator will access a web page from which they should be able to select the action they need to perform. These actions include: Add a new employee, Maintain employee status, Maintain employee demographics, Terminate employee.

Setup New Employee?/Enter New Employee Online: (Steps 2 and 3): If the Agency HR Coordinator or Agency Benefits Coordinator selects to add a new employee, they should access an online page where they enter the minimum fields required to satisfy system requirements and perform benefits administration.

The online entry page must capture/display at a minimum the following fields to enter a new employee:

Field	Access Mode	Business Requirements
Employee ID	Display	See Rules Below
Alternate Employee ID	Optional Entry	
Employee SSN	Required Entry	See Rules Below
Employee Date of Birth	Required Entry	See Rules Below
EOD Date or Retirement Date	Required Entry	See Rules Below
Employee Name (Last Name, First Name, Middle Name, Surname)	Required Entry	
Employee Classification (State, Contractual, Satellite, Retiree, University, System)	Required Entry	
Employee Home Address (Street, City, State, Zip)	Required Entry	
Employee Phone Numbers (Home, Cell, Work)	Required Entry	
Employee Gender	Required Entry	
Employee Marital Status	Required Entry	See Rules Below
Standard Hours Per Week	Required Entry	
Employee Agency	Required Entry	
Appropriation Code	Required Entry	
Employee Payroll Information - Pay Center (CPB, U of MD, Satellite Agency) - Pay Frequency (Bi-Weekly, Monthly) - Pay Deductions Per Year	Required Entry	See Rules Below
Years of Service	Required Entry	

Special Field/Page Rules:

Field	Business Requirements
Employee Id	These employees will have an Employee ID assigned to them in their primary HR system. Most likely the new SPS will need to assign them a unique SPS Employee ID.
Employee SSN	The system should validate: - the SSN is a valid 9-digit SSN - the SSN is unique amongst the SSN's already entered into the system
Employee Date of Birth	The system should validate: - the date entered is a valid date - The date entered is < today's date
EOD Date or Retirement Date	If the benefit participant is a Retiree, enter their Retirement Date. If the benefit participant is an active employee, enter their EOD Date. If the benefit participant is anything else, leave this display blank.
Employee Marital Status	Valid Values: Single, Married, Divorced, Limited Divorce/Legally Separated, Widowed
Employee Payroll Information	The system will not require this information for Satellite agency employees.

Employee Status Change?/Enter Employee Status Change Online: (Steps 4 and 5): If the Agency HR Coordinator or Agency Benefits Coordinator selects to modify the status of an employee, they should access an online page.

The online entry page must capture/display at a minimum the following fields to change the status of an employee:

Field	Access Mode	Business Requirements
Employee ID	Display	
Alternate Employee ID	Default	
SSN	Default	
Employee Name (Last Name, First Name, Middle Name, Surname)	Default	
Employee Classification (State, Contractual, Satellite, Retiree, University, System)	Default	
Employee Agency	Default	
Appropriation Code	Default	
Standard Hours Per Week	Default	
Employee Payroll Information - Pay Center (CPB, U of MD, Satellite Agency) - Pay Frequency (Bi-Weekly, Monthly) - Pay Deductions Per Year	Default	

Field	Access Mode	Business Requirements
Years of Service	Default	
Effective Date of Status Change	Required Entry	See Rules Below
Employee Action	Required Entry	See Rules Below
Employee Action Reason	Required Entry	See Rules Below
Employee Action Details	Required Entry	See Rules Below

Special Field/Page Rules:

Field	Business Requirements
Effective Date of Status Change	The Effective Date must be a valid date. The Effective Date may not be more than 60 days in the future or more than 1 year in the past.
Employee Action	The valid Actions include: - Leave of Absence - Return from Leave of Absence - Transfer - Data Change
Employee Action Reason	The valid Reasons for Leave of Absence include: - Military - Personal - OJI - FMLA The valid Reasons for Return from Leave of Absence include: - Return from Leave of Absence The valid Reasons for Transfer include: - Transfer to Other Agency
Employee Action Details	For a Leave of Absence, the Agency HR or Benefits Coordinator must enter: - Estimated End of Leave of Absence

Employee Demographic Change?/Enter Employee Demographic Change Online: (Steps 6 and 7): If the Agency HR Coordinator or Agency Benefits Coordinator selects to modify the demographics data of an employee, they should access an online page.

The online entry page must capture/display at a minimum the following fields to change the employee demographics:

Field	Access Mode	Business Requirements
Employee ID	Display	
SSN	Default	
Employee Name (Last Name, First Name, Middle Name, Surname)	Default	
Employee Classification (State, Contractual, Satellite, Retiree, University, System)	Default	

Field	Access Mode	Business Requirements
Employee Agency	Default	
Appropriation Code	Default	
Standard Hours Per Week	Default	
Employee Payroll Information - Pay Center (CPB, U of MD, Satellite Agency) - Pay Frequency (Bi-Weekly, Monthly) - Pay Deductions Per Year	Default	
Years of Service	Default	
Employee Demographic Change To Any of the Following: - Marital Status - Home Address - Home Phone Number - Cell Phone Number - Work Phone Number - Email Address - Years of Service - Pay Center (CPB, U of MD, Satellite Agency) - Pay Frequency (Bi-Weekly, Monthly) - Pay Deductions Per Year	Default	See Rules Below

Special Field/Page Rules:

Field	Business Requirements
Employee Demographic Change - Marital Status - Home Address - Home Phone Number - Cell Phone Number - Work Phone Number - Email Address	The system should allow the Agency HR or Benefits Coordinator to update these fields based on the required update.
Employee Payroll Information - Pay Center - Pay Frequency - Pay Deductions Per Year	The system should restrict the Agency HR or Benefits Coordinator to select from a list of valid values for each of these items.

Terminate an Employee?/Terminate an Employee Online: (Steps 8 and 9): If the Agency HR Coordinator or Agency Benefits Coordinator selects to terminate, they should access to an online page.

The online entry page must capture/display at a minimum the following fields to terminate an employee:

Field	Access Mode	Business Requirements
Employee ID	Display	
SSN	Display	
Employee Name (Last Name, First Name, Middle Name, Surname)	Display	
Employee Classification (State, Contractual, Satellite, Retiree, University, Pass Through, MDOT)	Display	

Field	Access Mode	Business Requirements
Employee Agency	Display	
Budget Appropriation Code	Display	
Standard Hours Per Week	Display	
Effective Date of Termination	Required Entry	See Rules Below
Termination Reason	Required Entry	See Rules Below

Special Field/Page Rules:

Field	Business Requirements
Effective Date of Termination	The Effective Date must be a valid date. The Effective Date may not be more than 30 days in the future or more than 1 year in the past.
Termination Reason	Valid Values: - Deceased - End of Temporary Employment - Failure to Report - Laid Off from Allocated Position - Leave Without Pay – Medical/Military/Personal - Resigned for Military Service - Resigned - Retired - Terminated - Terminated With Prejudice

Submit Add/Change: (Step 10): After entering the new employee, the status change, the demographic change or employee termination, the Agency HR Coordinator or Agency Benefits Coordinator will submit the maintenance item.

More to Add/Change?: (Step 11): If the Agency HR or Benefits Coordinator has multiple new employees to add or modify, they should be able to do so during the active web session and exit the online web page after all additions/changes have been submitted.

SPS Updated w/Non-SPS Employee Info: (Step 12): After submission, the SPS system should be updated with the non-SPSP employee maintenance item and the change should be accessible to all users identified to view the data.

Personnel Transaction Triggers Benefit Events: (Step 13): The system shall automatically trigger the corresponding benefit events in SPS. The triggered events should be based on established rules and eligibility set up within the system.

Validated Benefit Eligibility: (Step 14): The DBM EBD Enrollment group will run the Benefits Administration Process-Event Maintenance (PSPBARUN). This process automatically validates if the employee's benefit eligibility is affected based on personnel transactions processed by the Agency HR Coordinator. The system shall validate based on the event rules and eligibility set up within Benefits Administration of SPS.

Benefit Eligibility Change?: (Steps 15, 16): The Agency Benefits Coordinator or DBM EBD Enrollment group should have the option to run the event maintenance report to identify any employee that will have to complete an event maintenance enrollment or terminate coverage based due to eligibility changed triggered via personnel transactions.

Notify Employee: (Steps 16, 17): The Agency Benefits Coordinator or DBM EBD Enrollment group will notify the employee of the change. This system shall allow the employee to make the appropriate update in their benefit elections either via web or paper.

Event Maintenance Enrollment-Web/Go to BA0303: (Step 18): The system shall allow the employee to complete benefit election, if applicable via the web.

Event Maintenance Enrollment-Paper/Go to BA0304: (Step 19): The Agency Benefits Coordinator or DBM EBD Enrollment group can send or mail the employee enrollment forms to complete their benefit election. Once the form is received and reviewed by the Agency Benefits Coordinator or DBM EBD Enrollment Group, they will process the benefit election in the SPS system.

Benefit Termination/Go to BA0802: (Step 20): The system shall automatically terminate benefit coverage for TERMINATION personnel transaction.

Does Employee Need to Go to CPB?: (Step 21): Depending on the specific circumstances of the employees added or modified in addition to the specific data additions/modifications, some of the data will need to be sent to CPB in the CPB interface. The system shall allow non-SPS employee to be included, if applicable to the SPS Payroll Interface file (Step 22).

AdHoc Report: Non-SPS Employee's: (Step 15): DBM should have access to run various ad-hoc reports that show the status of Non-SPS employees.

Invoicing and Lockbox Receivables

Associated Process Flows: BA0601 – Satellite Invoicing & Lockbox Receivables
BA0602 – Monthly Surcharge Entry
BA0603 – Direct Pay Invoicing & Lockbox Receivables
BA0604 – Special Retiree Invoicing & Lockbox Receivables

The State Employee Benefits Division prepares invoices for and collects receivables from 3 different groups, including:

- Satellite agencies, which are invoiced monthly based on their participants and plan offerings
- Individuals paying 'directly' for their benefits receive payment coupons annually and as required throughout the benefit year
- Special Retirees paying 'directly' for all or a portion of their benefits receive payment coupons annually and as required throughout the benefit year

All receivables, whether from a Satellite Agency, a retiree or other direct pay, are sent to one of 2 lockboxes. The State has a lockbox relationship with A Third Party Vendor Bank that accepts check payments, and a relationship with Bank of America that accepts credit card payments. There needs to be daily interfaces from both Lockbox Third Party Vendor and Bank of America to the State to relieve outstanding receivables.

Satellite Invoicing & Lockbox Receivables

Associated Process Flows: BA0601 – Satellite Invoicing & Lockbox Receivables
BA0602 – Monthly Surcharge Entry

The Satellite Agency invoicing process will occur each month for each Satellite Agency relationship. The Satellite Agency invoices are currently prepared on the 21st of each month for the current month. The State does not prorate benefit additions or terminations for Satellite participants, so if a participant works one day in the benefit period they pay for the entire benefit period.

Any additions or terminations that are entered late and miss inclusion on the current month's invoice are included as a Prior Period Adjustment on a future invoice.

A sample Satellite Agency invoice is provided in Appendix C. The invoice consists of multiple pages and includes:

- A *Remittance Summary by Plan* page that includes:
  - The satellite agency number and description
  - The billing period
  - The invoice due date
  - The total monthly cost which is comprised of:

    Premium Amount
    \+ Prior Period Adjustments

+	Administrative Fee	
+	Surcharge (if applicable)	← The Surcharge % can change every month
+	OPEB	← A retiree liability surcharge; this is not utilized every plan year
+	Late Fee	← Should be automatically added if previous payment not received by within 30 days of the invoice date
+	Miscellaneous Adjustments	← This is a new item not on the current invoice

- The total number of participants by benefit plan
- The total number of retiree participants by benefit plan
- The total premium cost by benefit plan

❖ A *Detail Listing* page that includes at least one row and in many cases multiple rows for each participant that details:
- The employee name
- The employee SSN
- The benefit plan the employee was enrolled in
- The benefit period covered
- The coverage level for the identified plan
- The premium cost for the identified plan

❖ *A page for each benefit plan* that includes participant details broken out by employee and retiree for both the current month and the previous month, including:
- The participant name
- The participant SSN
- The coverage period
- The coverage level
- The premium

Satellite Agency Invoicing & Lockbox Receivables Events/Steps:

The following process will need to occur for each Satellite Agency relationship.

1st of the Month: Send Email Requesting Surcharge %: (Step 1): The monthly Satellite invoice contains a surcharge % that is related to coverage for retirees. The Surcharge % can change each month and is required to prepare a Satellite invoice. The Satellite Agency must supply their Surcharge % each month to DBM EBD. On the 1st of each month, the system should send a reminder email to a designated individual at the Satellite Agency.

By 2nd Sunday: Enter Monthly Surcharge % Online: (Step 2): The Satellite Agency should enter their Surcharge % into an online page by the 2nd Sunday of the month. See the BA0602 – Monthly Surcharge Entry process flow.

- The system should track and retain each Satellite agencies surcharge % by month.
- The system should track who entered the Surcharge % and the date/time entered.

2nd Sunday – 3 Days: Agencies w/o Surcharge?: (Step 3): 3 business days before the Satellite Agency deadline, the system should verify if any Agency has not submitted a Surcharge % for the month.

If any Agencies are identified, send a workflow notification to the DBM EBD Direct Pay/Satellite group (Step 4) and they will follow-up with the Agencies to ensure an amount is entered. (Step 5)

Identify All Satellite Employees to Include on Invoice: (Step 6): The system needs to identify any benefit participant of the Satellite Agency who had benefit coverage:

- In the current month
- In the previous month
- At any other point that would result in a prior period adjustment

Create Satellite Agency Invoice: (Step 7): The system needs to create the detail satellite agency invoice as discussed earlier and detailed in Appendix C.

At any point throughout the month, DBM EBD Direct Pay/Satellite may choose to make an invoice adjustment, such as refunding a late fee. (Step 22) The system needs to be able to track these adjustments for inclusion on the next prepared invoice. These adjustments would appear in the invoice total as Miscellaneous Adjustments.

Post Invoice to Website for Satellite Agency to Retrieve: (Step 8): Instead of DBM EBD mailing or emailing the invoice to every Satellite Agency, the system should post the invoice on a secure website where a designated individual from each Satellite Agency can retrieve their invoice.

Since the invoice detail includes SSN and HIPAA related information,

- Only designated individuals with login credential should be able to access the invoice
- Each Satellite Agency should only be able to retrieve their own invoice (Step 9)

Pay Invoice via Lockbox: (Step 10): The Satellite Agency will pay the invoice with a check that is mailed to the Third Party Vendor lockbox.

Receive Satellite Agency Payment: (Step 11): The Third Party Vendor lockbox will receive and process the payment.

Include Payment on Daily Lockbox Interface File: (Step 12): Third Party Vendor will include the Satellite Agency payment on the daily lockbox file.

Receive & Load Lockbox Interface File: (Step 13): The system will receive a daily lockbox interface file from Third Party Vendor via FTP.

Relieve Receivables: (Step 14): The system should process the lockbox interface file and relieve any outstanding receivables based on the lockbox payments. The system should receive the interface file and relieve the outstanding obligations without user intervention.

Receivables Outstanding?: (Step 15): On the 16th of the month, the system should identify the Satellite obligations that remain outstanding.

Generate Overdue Notice: (Step 16): If any outstanding obligations are identified on the 16th of the month, the system should automatically generate an overdue notice. The system should apply a late fee if there is not payment posted 30 days after the invoice date. The late fee would be applied to the next invoice generated.

Mail/Email Overdue Notice to Satellite Agency: (Step 17): The DBM EBD Direct Pay/Satellite group will mail or email the overdue payment notice to the Satellite Agency.

Receive Overdue Notice: (Step 18): The designated recipient at the Satellite Agency will receive the overdue payment notice.

AdHoc Report: Receivable Aging: (Step 19): DBM Management should have receivable aging reports available for on-demand generation.

AdHoc Report: Invoicing Details: (Step 20): DBM Management should have invoice details reports available for on-demand generation.

AdHoc Report: Lockbox Details: (Step 21): DBM Management should have lockbox detail reports available for on-demand generation.

Direct Pay Invoicing & Lockbox Receivables

Associated Process Flows: BA0603 – Direct Pay Invoicing & Lockbox Receivables

The Direct Pay invoicing process involves creating payment coupons for participants paying for their benefit coverage via check payment instead of payroll deduction. The individuals that participate in the direct pay process include:

Category of Individuals	Type of Coverage That Qualifies for Direct Pay
COBRA Participants	Participant must pay for all benefit coverage (Employee + State portion)
Contractual Workers	Participant must pay for all benefit coverage (Employee + State portion)
Part-Time Workers	Participant must pay for all benefit coverage (Employee + State portion)
State Leave of Absence – Personal	Participant must pay for all benefit coverage (Employee + State portion)
State Leave of Absence – Medical	Participant must pay for all benefit coverage (Employee + State portion)
State Leave of Absence – Military	Participant must pay for AD&D and Life Insurance. The State pays both the employee and State portion for all other coverage.
State Leave of Absence – OJI	Participant must pay the employee portion for all benefit coverage
State Leave of Absence – FMLA	Participant must pay the employee portion for all benefit coverage The participant will only become direct pay once Leave Accrual and Leave Bank coverage ends and they cease to receive a paycheck. Any direct pay invoices associated with FMLA must follow payment guidelines and will not be due until 30 days after the employee *Return from Leave* Effective Date.
Optional Retirement Program (ORP)	Participant must pay for all benefit coverage per the rate tables.
Any other individual who does not have enough pay to cover their benefit deductions	This will include "No Pay" individuals that are identified in the Deduction Reconciliation process.

At the point a participant is identified as direct pay, the direct pay individuals should receive payment coupons that cover the remainder of the annual benefit period. In addition, any individual designated as direct pay will receive payment coupons at the beginning of the annual benefit period for the entire benefit period.

Direct Pay Invoicing & Lockbox Receivables Events/Steps:

Identify Direct Pay Participants Who Need Payment Coupons: (Step 1): On a daily basis, the system needs to identify the benefit participants who are classified as direct pay and have not received payment coupons for the remainder of the current benefit year. (Refer to the table above for direct pay participants).

Once a year, following Open Enrollment, the DBM EBD Direct Pay/Satellite group will need to run the payment coupon generation process to create coupons for the upcoming benefit year that begins on July 1st.

Create Direct Pay Payment Coupons: (Step 2): The system needs to create the payment coupons for the individuals discussed earlier. See Appendix C for payment coupon specifications.

- Refer to the sample rate tables in the Reference Pertinent Documents section to understand the rate complexity based on the benefit participant + the coverage plan and levels
- COBRA coupons need to include an additional 2% administration fee for a total of 102% of the premium amount.
- COBRA coupons that extend from 19-29 months for participants deemed disabled by the Social Security Administration need to include an additional 48% administration fee for months 19-29, for a total of 150% of the premium amount. Refer to the *State of Maryland Benefits Guide: General Notice of Continuation of COBRA Rights; Social Security Disability* section for more details.

Create Direct Pay Payment Cover Letter: (Step 3): The system needs to create a cover letter for each direct pay coupon recipient. See Appendix C for the specifications of the cover letter.

Email Marked on Profile?: (Step 4): If the benefit participant has created a benefit portal profile and has marked email as their method of choice for benefit communication, the system should automatically email the coupons and cover letter to the benefit participant. (Step 5)

Mail Coupons & Cover Letter to Participant: (Step 6): If the benefit participant has either not created a benefit portal profile or has not selected email as their method of choice for benefit communication, the DBM EBD Direct Pay/Satellite group will mail the coupons and cover letter to the benefit participant.

Receive Coupons & Cover Letter: (Step 7): The benefit participant will receive the payment coupons and the cover letter either via email or the USPS.

Make Monthly Payment via Lockbox: (Step 8): The benefit participant will pay for their benefit coverage with a check that is mailed to the Third Party Vendor lockbox or via credit card payment thru the Bank of American lockbox.

Receive Direct Pay Payment: (Step 9): The Third Party Vendor or Bank of America lockbox will receive and process the payment.

Include Payment on Daily Lockbox Interface File: (Step 10): Third Party Vendor or Bank of America will include the payment in the daily lockbox interface file.

Receive & Load Lockbox Interface File: (Step 11): The system will receive a daily lockbox interface file from Third Party Vendor and Bank of America via FTP.

Relieve Receivables: (Step 12): The system should process the lockbox interface file(s) and relieve any outstanding receivables based on the lockbox payments without any user intervention.

Receivables Past Due?: (Step 13): The system should identify the direct pay obligations that are past due. Past Due means more than 15 days past the receivable Due Date.

Generate Payment Overdue Reminder Notice: (Step 14): If any direct pay receivable is past due, the system should automatically generate an overdue notice.

Email Marked on Profile?: (Step 15): If the benefit participant has created a benefit portal profile and has marked email as their method of choice for benefit communication, the system should automatically email the Overdue Notice to the benefit participant. (Step 16)

Mail Overdue Notice to Participant: (Step 17): If the benefit participant has either not created a benefit portal profile or has not selected email as their method of choice for benefit communication, the DBM EBD Direct Pay/Satellite group will mail the Overdue Notice to the benefit participant.

Receive Overdue Notice: (Step 18): The benefit participant will receive the overdue payment notice.

Receivables Past Due?: (Step 19): The system should identify the direct pay obligations that are more than 30 days past due based on the receivable Due Date.

Go To BA0801 – Benefits Cancellation: (Step 20): The system should automatically cancel the direct pay benefits for direct pay individuals who are more than 1 month behind in their payment.

AdHoc Report: Receivable Aging: (Step 21): DBM Management should have receivable aging reports available for on-demand generation.

AdHoc Report: Invoicing Details: (Step 22): DBM Management should have invoice details reports available for on-demand generation.

AdHoc Report: Lockbox Details: (Step 23): DBM Management should have lockbox detail reports available for on-demand generation.

Special Retiree Invoicing & Lockbox Receivables

Associated Process Flows: BA0604 – Special Retiree Invoicing & Lockbox Receivables

The term 'special retiree' refers to retirees whose retirement check does not fully cover their benefit deductions. The Special Retiree invoicing process involves creating payment coupons for retirees at the point they are identified as a special retiree that cover the remainder of the benefit period. In addition, any individual designated as a *special retiree* will receive payment coupons at the beginning of the annual benefit period for the entire benefit period.

Special Retiree Invoicing & Lockbox Receivables Events/Steps:

Identify Retirees Who Require Payment Coupons: (Step 1): The system needs to identify the retirees who are classified as a *special retiree* and have not received payment coupons for either 1) the remainder of the current benefit period or 2) the entire new benefit period.

The retirees who should receive payment coupons are State retirees whose retirement checks do not fully cover their benefit deductions. The Special Retiree invoicing process will invoice the retiree for the portion of their health benefit coverage their retirement check does not cover.

Create Special Retiree Payment Coupons: (Step 2): The system needs to create the payment coupons for the individuals discussed earlier. See Appendix C for payment coupon specifications.

Create Special Retiree Payment Cover Letter: (Step 3): The system needs to create a cover letter for each special retiree coupon recipient. See Appendix C for the specifications of the cover letter.

Mail/Email Coupons & Cover Letter to Retiree: (Step 4): The DBM EBD Retiree group will mail or email the payment coupons and the cover letter to the retiree.

Receive Coupons & Cover Letter: (Step 5): The benefit participant will receive the payment coupons and the cover letter.

Make Monthly Payment via Lockbox: (Step 6): The benefit participant will pay for their benefit coverage with a check that is mailed to the Third Party Vendor lockbox or via credit card payment thru the Bank of American lockbox.

Receive Special Retiree Payment: (Step 7): The Third Party Vendor or Bank of America lockbox will receive and process the payment.

Include Payment on Daily Lockbox Interface File: (Step 8): Third Party Vendor or Bank of America will include the payment in the daily lockbox interface file.

Receive & Load Lockbox Interface File(s): (Step 9): The system will receive a daily lockbox interface file(s) from Third Party Vendor and Bank of America via FTP.

Relieve Receivables: (Step 10): The system should process the lockbox interface file(s) and relieve any outstanding receivables based on the lockbox payments without any user intervention

Outstanding Receivables?: (Step 11): On the 15th day of the month, the system should identify the special retiree obligations that are 15 days outstanding.

Generate Payment Overdue Notice: (Step 12): If any special retiree obligations are outstanding on the 15th of the month, the system should automatically generate an overdue notice.

Mail/Email Overdue Notice to Retiree: (Step 13): The DBM EBD Retiree group will mail or email the overdue payment notice to the Satellite Agency.

Receive Overdue Notice: (Step 14): The retiree will receive the overdue payment notice.

Receivables Past Due?: (Step 15): On the 1st day of the month, the system should identify the obligations that are 1 month (30 days) outstanding.

Go To BA0801 – Benefits Cancellation: (Step 16): The system should automatically cancel the benefits for special retirees who are more than 1 month behind in their payment.

AdHoc Report: Receivable Aging: (Step 17): DBM Management will have receivable aging reports available for on-demand generation.

AdHoc Report: Invoicing Details: (Step 18): DBM Management will have invoice details reports available for on-demand generation.

AdHoc Report: Lockbox Details: (Step 19): DBM Management will have lockbox detail reports available for on-demand generation.

Customer Service Call Center

Associated Process Flows: BA0701 – Customer Service Call Center

The DBM EBD Customer Service group provides 2 primary services to the State's benefit participants. First, they provide customer service assistance to benefit participants that have a benefit coverage question or issue. Secondly, they manage health claim coverage questions.

Currently, the DBM EBD Customer Service group provides and manages customer service assistance using Excel spreadsheets to track the calls and provide the current status of benefit data and transactions. The future state process design utilizes the Customer Service groups' current phone tree routing application and adds call tracking software to track, manage and route calls to different support levels. The design includes the ability to provide customer service call center metrics that track the quantity and types of calls by the center and by customer service representative.

The Customer Service Call Center design has Customer Service team members answering phones and providing first-level support with a goal to resolve as many tickets as possible at the first-level. If a ticket cannot be resolved by the first-level, the design employs the option to route the calls to 2nd support level which is comprised of DBM EBD Customer Service management.

The DBM EBD Customer Service group also tracks and manages health claim coverage appeals. The group receives 25-50 health claim coverage appeals a day and currently tracks them in an Access database. The future state process design eliminates the custom Access database and utilizes the Customer Service module to track and resolve these issues.

Customer Service Call Center Events/Steps:

Employee Has a Question or Needs Benefit Assistance: (Step 1): The benefit participant needs assistance or has a question regarding benefits.

They will have 2 options for originating a customer service ticket:

- They could call the Customer Service phone line between the hours of 8:30am - 4:30pm (Step 2)
- They could submit their question/issue via the benefit portal at any day/time. (Step 3)

Employee Calls Customer Service Phone Number (8:30-4:30): (Step 2): The benefit participant could choose to submit their question/issue by calling the Customer Service phone line between the hours of 8:30am and 4:30pm.

Their call will route thru the Customer Service phone tree system and route to the desk of a Customer Service team member who will answer the phone. (Step 4)

Employee Enters Question via Benefit Portal (24x7): (Step 3): If the benefit participant chooses to submit their question/issue via the benefit portal, they will require the ability to enter the following items:

Required Data Element	Business Rules
Question Category	The benefit participant should be required to pick from a list of valid values. For example: - Open Enrollment - New Enrollment - Event Maintenance Enrollment - Domestic Partner - Direct Pay - COBRA - Deduction/Premium Inquiry - Leave - Claim Issue - Benefit Inquiry - MIA Follow-Up - Eligibility or Enrollment - Satellite
Question or Issue	Open Text Box
Best Way to Reach Them	The benefit participant should be required to pick from a list of valid values. For example: Phone, Email
Email Address or Phone Number	The benefit participant should be required to enter a value.

Create Customer Service Ticket Online: (Step 5): If the benefit participant chooses to submit their question/issue via the benefits portal, the system should automatically create a Customer Service Ticket based on the benefit participants portal profile plus the question/issue details submitted.

If the benefit participant chooses to call the Customer Service Phone Line, the Customer Service Team Member would create the ticket while on the phone with the benefit participant.

The online entry page must capture/display at a minimum the following fields to create and track a customer service ticket:

Field	Access Mode	Business Requirements
Ticket Number	Display	See Rules Below
Caller Employee ID	Default	
Caller Employee Name (Last Name, First Name, Middle Name)	Display	
Caller Employee Type (State, Contractual, Satellite, Retiree, University, System)	Display	
Caller Benefit Member Type (State, Retiree, University System, Satellite Agency, Contractual)	Display	
Caller Agency	Display	
Caller Email Address	Default	See Rules Below
Caller Phone Number	Required Entry	
Ticket Status	Required Entry	See Rules Below
Date/Time Ticket Opened	Display	See Rules Below
Ticket Category	Required Entry	See Rules Below

Field	Access Mode	Business Requirements
Ticket Subcategory	Required Entry	See Rules Below
Priority Level	Required Entry	See Rules Below
Resolution Time	Display	See Rules Below
Issue	Required Entry	See Rules Below
Issue Attachments	Optional Entry	See Rules Below
Assigned To	Required Entry	See Rules Below
Date/Time Assigned	Display	See Rules Below
Ticket History	Required Entry	See Rules Below
Issue Resolution	Required Entry	See Rules Below
Resolved By	Default	See Rules Below
Date/Time Resolved	Display	See Rules Below
Resolution Category	Required Entry	See Rules Below

Special Field/Page Rules:

Field	Business Requirements
Ticket Number	The system should automatically assign a ticket number.
Caller Email Address	The system should default this to the email address from the benefit participant's portal profile if they have established one.
Ticket Status	The ticket status should initially default to Open and provide the following valid values: - Open - Pending – Add'l Info From Caller - Pending – Response from Plan - Pending – Decision From EBD Management - Pending – Add'l Info from Retirement Agency - Pending – MIA Decision - Other - Closed
Date/Time Ticket Opened	The date/time ticket opened should default to the system date and time at the point the ticket is opened.
Ticket Category	Valid Values: - Open Enrollment - New Enrollment - Event Maintenance Enrollment - Dependent Change - Marital Status Change - Domestic Partner - Direct Payment for Coverage - COBRA - Leave - Claim Issue - Benefit Inquiry - BRC Follow-Up - Eligibility or Enrollment - Satellite
Ticket Subcategory	There should be a ticket sub-category with valid values that

Field	Business Requirements
	dynamically change based on the ticket category.
Priority Level	The system shall provide the capability for Users to assign one of the following valid values: - 1 – Emergency - 2 – High - 3 – Neutral - 4 – Low
Resolution Time	There should be a ticket sub-category with valid values that dynamically change based on the ticket category. The system shall assign one of the following valid values that correspond to Priority Level: - 1 – 4 Hours (If Priority Level = 1) - 2 – 24 Hours/1 Business Day (If Priority Level = 2) - 3 – 72 Hours/3 Business Days (If Priority Level = 3) - 4 – 168 Hours/7 Business Days (If Priority Level= 4)
Issue	This should be an open text field where the Customer Service team member can enter the issue. If the benefit participant entered the ticket via the benefits portal, the issue they entered should default into this field.
Issue Attachments	The Customer Service team member should be able to attach supporting documents to the ticket.
Assigned To	The Customer Service team member should be able to assign the ticket to an individual from a list of valid values that is limited to members of the Customer Service Team.
Date/Time Assigned	The date/time ticket assigned should default to the system date and time at the point the ticket is assigned.
Ticket History	The system should track the history of the ticket including all assignments, including Assigned To and Date/Time Assigned.
Issue Resolution	The system should provide the option to select a valid value from a list of common resolutions or to enter the resolution in an open text field.
Resolved By	The Customer Service team member should be able to identify who resolved the ticket from a list of valid values.
Date/Time Resolved	The date/time ticket resolved should default to the system date and time at the point the ticket is closed in the system.
Resolution Category	There should be a resolution category with valid values that allow the Customer Service team member to categorize the ticket based on the resolution. For example: - Open Enrollment Materials - Open Enrollment Training - Form Directions/Interpretations

Field	Business Requirements
	- Online Entry Difficulty - Issue Not Addressed in Benefit FAQ

Can You Assist Participant?: (Step 6): As stated earlier, the goal of the Customer Service team member is to resolve as many questions/issues as possible while the benefit participant is on the phone. However, at times the customer service issue will need to be forwarded to another support level.

- If the Customer Service team member cannot assist the caller they have the option to forward the call to 2nd level support, which is the DBM EBD Customer Service Manager or Assistant Manager. (Step 20)

Common Customer Service Call Center Events/Steps:

Once a customer service ticket has been assigned to a support level, the steps taken by each support level are essentially identical whether executed by a Customer Service Team Member or Customer Service Management.

Work w/Participant to Resolve Issue: (Steps 7 and 15): The support level will work with the benefit participant to resolve the issue. This interaction could be a single phone call or it could be multiple calls over the course of a day or multiple days.

Update Ticket Status Online: (Steps 9 and 17): Throughout the interaction, the support level working the ticket should maintain the ticket status online by entering/updating the fields identified in Step 5 as the components of a customer service ticket.

Is Employee Satisfied?: (Step 10): Throughout the interaction the support level working the ticket will be monitoring if they have satisfied the employee.

- Once the employee is satisfied, the support level can Enter Final Resolution Online (Steps 11 and 18) and Close Ticket Online (Steps 12 and 19).
- If the employee is not satisfied, the support level will continue to work with the benefit participant to resolve the issue.

AdHoc Report: Open Ticket Aging: (Step 27): On a continual basis, the DBM Management group should have reports available that identify all open customer service tickets by various options, including ticket category, assigned to, etc.

AdHoc Report: Customer Service Tickets: (Step 28): On a continual basis, the DBM Management group should have reports available that identify customer service tickets that have been created in the system including options to pull by date range, by status, by category or by customer service agent.

AdHoc Report: Customer Service Ticket Details: (Step 29): On a continual basis, the DBM Management group should have reports available that allow them to pull customer service ticket details for a group of tickets or an individual ticket.

AdHoc Report: Customer Service Metrics: (Step 30): On a continual basis, the DBM Management group should have reports available that illustrate customer service call center metrics, including: tickets opened, tickets closed, tickets by status, tickets by customer service team member, average time to close ticket, etc.

Back-Office Processing

Associated Process Flows: BA0801 – Benefits Cancellation
BA0802 – Benefits Termination and COBRA Administration
BA0803 – Deduction Reconciliation
BA0804 – Claims Reconciliation
BA0805 – Benefit Provider Payments
BA0807 – Retro Payment Processing
BA0808 – Synchronization with CPB & Retirement Agency

This section will cover the miscellaneous back-office benefit processing events. Some of the events will be scheduled system processes, such as Benefits Cancellation, Benefits Termination, Terminate Portal Accounts, Retro Payment Processing and Synchronization with CPB & Retirement Agency. And, some of the events support the DBM EBD Accounting and Internal Audit groups.

Benefits Cancellation

Associated Process Flow: BA0801 – Benefits Cancellation

The State has a requirement to cancel a benefit participant's benefit coverage during specific situations. The State considers a benefit cancellation to be very different from a benefit termination. Benefit termination requirements will be discussed in the next section.

- A *benefit termination* occurs when a benefit participant either voluntarily or involuntarily leaves employment with the State, Satellite Agency or University System.

- A *benefit cancellation* occurs when a benefit participant fails to pay for their benefit coverage after a period of time.

Benefits Cancellation Events/Steps:

Identify Participants Who Qualify for Auto-Cancellation: (Step 1): Benefit cancellations will either be initiated by the system or by DBM EBD (Step 3). On a daily basis, the system should identify the benefit participants whose benefits qualify for cancellation.

The following individuals qualify for auto-cancellation of their benefits:

- A direct pay participant whose receivable is >= 30 days past due
- A special retiree participant whose receivable is >= 60 days past due

After the auto-cancellation has occurred, the Agency Benefits Coordinator should receive a worklist notification of the benefits cancellation. (Step 11)

Auto-Cancel Participant Benefits w/Proper EFFDT: (Step 2): The system should cancel the benefits for the participants identified in Step 1. The benefits should be flagged as a *cancellation* as opposed to a *termination.*

The Effective Date of the cancellation should be the 1st day of the benefit period for which they are past due in payment.

Decision to Cancel Participant Benefits: (Step 3): As noted in Step 1, the decision to cancel benefits may be a manual decision made by DBM EBD.

Manually Cancel Participant Benefits w/Proper EFFDT: (Step 4): If the decision to cancel benefits is a manual one, DBM EBD will manually 'cancel' the benefits with an Effective Date of the 1st day of the benefit period for which they are past due in payment.

After the manual cancellation has occurred, the Agency Benefits Coordinator should receive a worklist notification of the benefits cancellation. (Step 11)

Generate Benefit Cancellation Notice: (Step 5): The system should generate a *Benefit Cancellation Notice* for each benefit participant whose benefits were cancelled.

Email Marked on Profile?: (Step 6): If the benefit participant has created a benefit portal profile and has marked email as their method of choice for benefit communication, the system should email the Benefits Cancellation Notice to the benefit participant. (Step 8)

Send Cancellation to Benefit Providers in Interface File: (Step 7): An interface file will be sent daily to each benefit provider; the benefit cancellations should be included in the daily interface file.

Mail Benefit Cancellation Notice: (Step 9): If the benefit participant has either not created a benefit portal profile or has not selected email as their method of choice for benefit communication, the DBM EBD Direct Pay/Satellite group will mail the cancellation notice to the benefit participant.

Receive Benefit Cancellation Notice: (Step 10): The benefits participant will be notified of their benefits cancellation when they receive the Statement of Benefits Cancellation that was mailed/emailed to them.

Make Decision to Temporarily Suspend Benefits Cancellation: (Step 12): The system should provide the ability for the DBM EBD Management group to temporarily suspend a benefit cancellation.

AdHoc Report: Benefit Cancellations: (Step 13): DBM EBD Direct Pay/Satellite group, DBM Management and the Agency Benefits Coordinator should have a report available that identifies the benefit participants where benefits were cancelled.

AdHoc Report: Suspended Cancellations: (Step 14): The system should provide DBM EBD Direct Pay/Satellite group and DBM Management a report that identifies benefit participants where their benefit cancellation has been manually suspended by someone in DBM.

Benefits Termination

Associated Process Flow: BA0802 – Benefits Termination

The State has a requirement to terminate a benefit participant's benefit coverage when a benefit participant either voluntarily or involuntarily leaves employment with the State, Satellite Agency, Pass Through Agency, University System or MDOT.

A personnel transaction, as identified in the Personnel Transactions PDR, will trigger a benefits termination. The Vacate Action identifies the need for a benefits termination. There are many Reasons associated with the Vacate Action; the Reason values will determine if the individual is eligible for COBRA coverage.

Currently, when a benefit participant terminates employment with the State, their health benefit coverage will end on either the 15th or the last day of the month depending on which is their termination date. The one exception to this rule is Contractual Workers, who currently terminate coverage on the last day of the month.

The future state design will terminate all health benefit coverage on the last day of the month and the employee will be required to pay for coverage thru the last day of the month. At the point of termination, the system shall determine the required health benefit deductible for the employees last pay check.

Benefits Termination Events/Steps:

Identify the Participants that Require Benefits Termination: (Step 1): Benefit terminations will either be initiated by the system or by DBM EBD (Step 4). In this step, the system will identify the benefit participants whose benefits require termination.

The following individuals require benefits termination:

- Any individual with a personnel transaction with an Action = Termination

Terminate Benefits Coverage w/Proper EFFDT: (Step 2): The system should *terminate* the benefits for the participants identified in Step 1. The benefits should be flagged as a 'termination' as opposed to a 'cancellation.'

For all benefit participants, the Benefits Termination Effective Date would be the last date of the month.

Decision to Manually Terminate Benefits Coverage: (Step 4): As noted in Step 1, the decision to terminate benefits may be a manual decision made by DBM EBD.

Terminate Benefit Coverage w/Proper EFFDT: (Step 5): If the decision to terminate benefits is a manual one, DBM EBD will manually 'terminate' the benefits with an Effective Date.
After the manual termination occurs,

- The system shall determine if the participant owes any additional health benefit deductible to provide coverage thru the last day of the month. (Step 3) If the participant does owe additional, the system shall identify the amount and include the amount, along with any existing deductible, on the CPB file.
- If the individual qualifies for COBRA coverage, the DBM EBD Direct Pay/Satellite group should receive a work list notification to send COBRA materials (Step 10).
- The Agency Benefits Coordinator should receive a work list notification of the benefits termination. (Step 13)

Does Employee Qualify for COBRA?: (Step 6): The system will determine if the individual qualifies for COBRA coverage based on the Reason entered for the Vacate Action.

Vacate Reason	Does/Does Not Qualify for COBRA
Deceased	Does Qualify
End of Temporary Employment	Does Not Qualify
New Hire - No Show	Does Not Qualify
New Hire - Declined Offer After Acceptance	Does Not Qualify
Failure to Report	Does Qualify
Laid Off from Allocated Position	Does Qualify
Leave without Pay - Medical	Does Qualify if enrolled as a Direct Pay and coverage was not cancelled for lack of payment
Leave without Pay – Military	Does Qualify if enrolled as a Direct Pay and coverage was not cancelled for lack of payment
Leave without Pay - Personal	Does Qualify if enrolled as a Direct Pay and coverage was not cancelled for lack of payment
Resigned for Military Service	Does Qualify
Resigned State Service	Does Qualify
Resign in Lieu of Termination	Does Qualify
Retired	Does Qualify
Separated from Allocated Position	Does Qualify
Transfer to Independent Agency	Does Qualify
Terminated	Does Qualify
Terminated on Probation	Does Qualify
Terminated with Prejudice	Does Qualify

<u>If the individual does qualify for COBRA coverage, the system should:</u>

- Flag the individual as COBRA eligible along with the eligibility expiration date which is 63 days from the date of the COBRA letter. (Step 8)
- Print the COBRA cover letter for each participant that identifies the date they are eligible for COBRA coverage along with the enrollment window of 63 days. (Step 9)

Send Termination to Benefit Providers in Interface File: (Step 7): Regardless of whether the individual qualifies for COBRA coverage, the benefit termination will be sent daily to each benefit provider.

The benefit termination should be included in the interface file as soon as the Effective Date matches the system date.

Mail COBRA Materials: (Step 10): The DBM EBD Direct Pay/Satellite group will mail COBRA materials to the terminated individuals based on the COBRA cover letters produced.

Receive COBRA Materials: (Step 11): The qualified individuals will receive COBRA coverage materials.

Go To BA0303 – Event Maintenance Enrollment: (Step 12): If the individual decides to participate in COBRA coverage, they will execute the COBRA Enrollment for coverage.

Make Decision to Temporarily Suspend Benefits Termination: (Step 14): The system should provide the ability for the DBM EBD Management group to temporarily suspend a benefit termination.

AdHoc Report: Benefit Terminations: (Step 16): The system shall provide the DBM EBD Direct Pay/Satellite group, DBM Management and the Agency Benefits Coordinator with a report that identifies the benefit participants where benefits were terminated.

AdHoc Report: COBRA Eligible: (Step 17): The system shall provide the DBM EBD Direct Pay/Satellite group, DBM Management and the Agency Benefits Coordinator with a report that identifies individuals who are COBRA eligible along with eligibility expiration dates.

AdHoc Report: Suspended Terminations: (Step 18): The system should provide DBM EBD Direct Pay/Satellite group and DBM Management a report that identifies benefit participants where their benefit termination has been manually suspended by someone in DBM.

COBRA Administration

The DBM EBD manages and administers The Consolidated Omnibus Budget Reconciliation Act (COBRA) of 1985 for state employees, retirees, spouse, or covered dependent in the State Employee and Retiree Health and Welfare Benefits Program. When employees/retirees and/or covered dependents losses coverage, they may elect to continue Health, Prescription Drug, Dental and Health Care Spending Account participation, using post-tax premium payments, for a timeframe determined in accordance with the applicable Federal regulations. COBRA participants and dependents are responsible for paying 100% of the premiums, plus an additional 2% of the premium to defray administrative costs. If payments are not received by the end of the grace period, coverage will be terminated and will not have the opportunity to enroll again.

Below is a chart of qualifying events for COBRA or Continuation of Coverage:

Summary of Continuation of Coverage Conditions		
Qualifying Event	Person Affected	Length of Continuation Coverage
Termination of employment (other than for gross misconduct), including layoff or resignation of employee	Employee; Spouse; Dependent Child(ren)	18 months or until eligible for coverage elsewhere, including Medicare*, whichever occurs first.
Dependent child(ren) of an employee or retiree no longer meets the dependent eligibility requirements.	Dependent Child(ren)	36 months or until eligible for coverage elsewhere, including Medicare*, whichever occurs first.
Death of employee or retiree	Spouse; Dependent Child(ren)	36 months or until eligible for coverage elsewhere, including Medicare*, whichever occurs first.
Divorce, limited divorce/legal separation	Former Spouse	Indefinitely or until remarriage or until eligible for coverage elsewhere, including Medicare, whichever occurs first. COBRA coverage includes the ability to enroll with dependents that meet eligibility criteria.
Dissolution of Domestic Partnership	Former Domestic Partner; Domestic Partner's Dependent Child(ren)	36 months or until eligible for coverage elsewhere, including Medicare*, whichever occurs first.
End of Term Assignment	Former Legislator; Spouse	Eligible for life; 100% subsidy from the State.

*If participant is enrolled in Medicare Parts A & B before leaving State service, s/he is entitled to elect coverage at the full COBRA rate. If the participant becomes entitled to Medicare while on COBRA, s/he will not be able to continue COBRA coverage after the entitlement date. However, dependents may elect to continue COBRA coverage.

Qualifying Events After the Start of COBRA (Second Qualifying Events)		
Qualifying Event	Person Affected	Length of Continuation Coverage
Divorce or legal separation from COBRA participant	Step-child(ren) of participant.	36 months from the original qualifying event or until eligible for coverage elsewhere, including Medicare*, whichever occurs first
Dependent child(ren) of a COBRA participant who no longer meets the dependent eligibility requirements	Child(ren)	36 months from the original qualifying event or until eligible for coverage elsewhere, including Medicare*, whichever occurs first.
Total and Permanent Disability of the employee or retiree (as defined by the Social Security Act) within the first 60 days of COBRA coverage	Employee; Spouse; Dependent Child(ren)	The 18 months can be extended to 29 months at increased premiums equal to 150% of usual premiums for the additional 11 months.

*If participant is enrolled in Medicare Parts A & B before leaving State service, s/he is entitled to elect coverage at the full COBRA rate. If the participant becomes entitled to Medicare while on COBRA, s/he will not be able to continue COBRA coverage after the entitlement date. However, dependents may elect to continue COBRA coverage.

The system shall automatically identify COBRA qualifying events; generate notices and invoices for monthly premiums. The DBM EBD shall be able to manage COBRA enrollments and required ad-hoc reporting specific for COBRA administration.

AdHoc Report: COBRA Eligible Participants: The system should provide the ability for the DBM EDB group to identify events that are COBRA eligible based on personnel transactions and qualifying events processed within the SPS system.

AdHoc Report: COBRA Participants: The system should provide the ability for the DBM EDB group to generate a listing of COBRA participants and their dependents including coverage begin dates, plans they are currently enrolled and YTD payments.

Deduction Reconciliation

Associated Process Flow: BA0803 – Deduction Reconciliation

The Deduction Reconciliation process will compare a benefit participants scheduled deductions against the actual deductions withheld from the employees paycheck or the retirees retirement check. The reconciliation process will occur for each payroll and retirement pay cycle. When the reconciliation identifies participants with deduction amounts that were not covered by their pay/retirement check, the system shall automatically generate an invoice and/or payment coupon for the non-covered deduction amounts.

Deduction Reconciliation Events/Steps:

Interface: Send New/Changed Deduction Amounts to CPB: (Step 1): Prior to every payroll cycle, the system should provide the ability to create an interface file that contains all non-Satellite, non-Retiree benefit participants who have had a new or changed benefit deduction amount since the last time the interface was processed.

The interface file will contain an employee pay period deduction amount that includes the employee's regular deduction plus any retro amount due, the State subsidy amount and any imputed income amount.

Receive & Load: New/Changed Deduction Amounts: (Step 2): The CPB system will receive and load the new or changed deduction amounts prior to processing payroll.

Verify Check Totals: (Step 3): After loading the interface file, CPB will verify check totals to ensure they received and processed the entire interface file sent by SPS.

Process Payroll: (Step 4): CPB will process payroll.

Every Payroll: Generate File of Actual Deductions: (Step 5): After processing payroll, CPB will create an interface file that contains by employee the actual benefits deductions taken during the payroll processing.

Receive & Load: Actual Deductions: (Step 11): The system will provide the ability to receive and load by employee the actual benefit deductions withheld during payroll processing.

Compare: Scheduled Deductions vs. Actual Deductions: (Step 12): The system will provide a process to compare for each employee their scheduled deductions for the pay period against the actual deductions withheld by CPB and identify every employee with a difference.

- If an employee is identified with a scheduled vs. actual deduction difference, the system shall
  - Create an invoice for the amount difference (Step 15)
  - Record the invoice as a receivable with an invoice date and due date
  - Designate the invoice with a Reason = No Pay (Step 16)

- Send a work list item to the Agency HR Coordinator as an alert for them to investigate why the employee had less than sufficient funds to cover their health benefit deductions (Step 17)

- If a retiree is identified with a scheduled vs. actual deduction difference, the system shall
  - Process the amount difference in the BA0601 – Special Retiree Invoicing and Lockbox Receivables process (Step 14)

AdHoc Report: Employees w/3+ No Pay: (Step 18): The system should provide DBM EBD and Agency HR Coordinators a report they can run at any time that identifies employees who have had 3 or more consecutive pay periods with a No Pay invoice.

AdHoc Report: Deduction Differences: (Step 19): The system should provide DBM EBD a report they can run for one or more user-specified payroll cycles that identifies the employees and/or retirees who have had a scheduled deduction vs. actual deduction difference. The report should provide parameters to: 1) select employees and/or retirees 2) select employees by Agency 3) select employees by payroll cycle 4) select retirees by retirement check cycle.

Claims Eligibility Audits

Associated Process Flow: BA0804 – Claims Eligibility Audit

The Claim Eligibility Audit process will support the DBM EBD Internal Audit group. The group has a requirement to reconcile benefit provider claim files on a per provider schedule to benefit participant enrollment on the claim date. This process includes the receipt of benefit provider files from each medical and prescription vendor, an automated reconciliation of the file data and a manual investigation of un-reconciled claims.

Claims Eligibility Audit Events/Steps:

Generate File of Actual Claims: (Step 1): The benefit provider will generate a file that includes all claims presented since the claim eligibility processing date.

Benefit Provider	Processing Frequency	File Transmission Method
Aetna	Monthly	TBD
APS	Twice a Month	TBD
Blue Cross/Blue Shield POS & PPO	Weekly	TBD
Catalyst Rx	Twice a Month	TBD
United Healthcare	Weekly	TBD

Receive & Load: Claims File: (Step 2): The system shall provide the ability to load the benefit provider claims file into the system for analysis.

Compare Claim to Benefit Enrollment: (Step 3): The system shall provide the ability to compare each claim in the benefit provider file against current and historical enrollment and payment information to determine if the claim is allowable.

The claim comparison process shall:

- Identify any claim where the claim SSN does not match a benefit participant SSN
- Identify any claim where the claim SSN does match a benefit participant SSN, but the benefit participant did not have coverage on the claim date.
- Coverage on the claim date needs to include:
    - Validation that the coverage level on the claim date covers the claim SSN
    - Validation of the claim date against retro coverage dates

Claims with Issues?: (Step 4): If the claims comparison process identifies any claims that do not pass validation, the system shall generate an Excel file that includes all of the claims. (Step 5)

Investigate Claims with Issues: (Step 6): The DBM EBD Internal Audit group will investigate a representative sample of the claims that did not pass validation. This investigation will involve manually reviewing system benefit participant data against the claim.

Excel File: Update the Claim Reconciliation Error: (Step 7): The DBM EBD Internal Audit group will update the Excel file with a status of their manual investigation.

Benefit Provider Payments

Associated Process Flow: BA0805 – Benefit Provider Payments

The DBM EBD Accounting group is responsible for determining the benefit provider payment and initiating the payment thru the Comptroller's Office. Currently, the determination of the payment amount is a very manual process supported by Excel files. In the future state design, the system shall provide the following reports for the DBM EBD Accounting group:

Benefit Provider Payment Events/Steps:

Satellite Receipts by Health Plan: (Step 1): The system shall provide a report that identifies the Satellite benefit participants by Agency, by Date Range and by Health Plan that were included on a paid Satellite invoice.

Payroll Deduction Report: (Step 2): The system shall provide a report that summarizes the health plan deductions taken in a user-specified pay period. The report shall group the deductions by: Deduction Code, Benefit Plan, and Coverage Level $ Amount, Count of the Number of Deductions.

Employee Enrollment by Plan and Coverage: (Step 3): The system shall provide a report that provides the total number of benefit participants enrolled in each benefit plan/coverage level combination. The report shall offer the option to run for a user-specified Employee Source + Employee Benefit Type combination in addition to a user-specified date range.

Enrollment with Premium & Capitation Fee: (Step 4): The system shall provide a report that provides the total number of benefit participants by type (Active, Active Retro, Retiree, Retiree Retro) enrolled in each benefit plan along with the total premium and total capitation fee associated with the enrollment count. The report shall offer the option to run for a user-specified date range.

Retro Payment Processing

Associated Process Flow: BA0807 – Retro Payment Processing

Currently, when a qualifying status event results in a retro charge, the collection of the retro payment is performed manually outside of the BAS and CPB systems. When this occurs, the employee is not afforded pre-tax opportunities and must submit the full retro payment via check. In the future state design, the system shall provide the ability to spread the retro charge across multiple pay periods until the full amount has been collected. In addition, the current lack of access to clear retro coverage information including coverage periods, amounts and payment status results in excessive support time by the DBM EBD staff. In the future state design, the system shall provide online access to retro charge detail including retro $ amounts, retro coverage dates, retro payment amounts.

The system shall spread the retro charge amounts across the number of pay periods remaining in the benefit year to ensure that all outstanding retro charge amounts are collected by benefit year end. A total deduction amount for the pay period (regular deduction amount + retro deduction amount) should be passed to CPB for the pay period.

Example 1: In January a participant incurs a $150 retro charge
It is determined there are 12 pay periods remaining before June 30th
The retro charge will be spread across 12 pay periods ($150/12) at an amount of $12.50
The total deduction passed to CPB would be $87.50 ($75 of regular deduction + $12.50 in retro)

Retro Payment Processing Events/Steps:

An Event is Entered into the System: (Step 1): A benefit event is entered into the system by one of the defined processes.

Is EFFDT < Today's Date?: (Step 2): The system will compare the coverage effective date with the system date to determine if the coverage effective date is in the past, which means the system will need to determine a retro charge amount.

Record the Receivable that is the Result of the Event: (Step 3): If the system determines there is no retro charge required the system shall record a receivable by benefit period that includes:

- The employee portion of the premium
- The State subsidy portion of the premium
- Any imputed income related to the premium
- The coverage effective dates related to the premium

Determine the Total Retro $ Amount Due: (Step 4): If the system determines there is a retro charge, the system shall determine the total retro payment due.

Determine the # of Benefit Periods Remaining in the Benefit Year: (Step 5): The system shall determine the number of benefit periods remaining in the benefit year.

Determine the Retro $ Per Benefit Period Remaining: (Step 6): The system shall calculate the retro $ amount that must be paid in each pay period in order to collect the total amount by the benefit year end by dividing the remaining number of pay periods into the total retro charge amount.

Record the Receivable that is the Result of the Event: (Step 7): The system will record the retro charge amount by benefit period that includes:

- The employee portion of the premium
- The State subsidy portion of the premium
- Any imputed income related to the premium
- The retro charge amount
- The coverage effective dates related to the premium

Create Deduction File for CPB: (Step 8): The system shall provide the ability to generate a scheduled benefit deduction file for CPB that includes new and changed deductions by employee and will include:

- The employee portion of the premium
- The State subsidy portion of the premium
- Any imputed income related to the premium
- Any retro premium charge
- Any prorated premium charge

Load Deduction Detail: (Step 9): CPB will load the scheduled deduction detail prior to pay cycle processing.

Produce Payroll: (Step 10): CPB will process payroll and produce pay checks/advices.

Employee Pay Check/Advice: (Step 11): The employee check/advice will show the health benefit deductions at the level submitted to CPB.

E. Process Modifications

There are numerous differences in the "future" state business processes outlined in this document in comparison with the current state environment. The differences include:

- The elimination of the IVR tool for enrollment.
- Web-based Open and Event Maintenance Enrollment with built-in edits to facilitate data validation at the point of entry as opposed to after-the-fact.
- The implementation of a benefits portal that provides the benefit participant with a single interface for all benefit related activities. This portal will be available both inside and outside of the State domain.
- The implementation of a Customer Service issue tracking tool.
- Elimination of required health benefits re-enrollment when an employee moves to-or-from leave of absence status.
- Elimination of the University System multi-deductions in June by spreading the employees total annual health deduction amount evenly across their defined number of benefit deduction periods.
- Elimination of employees paying by personal check for retroactive benefit charges. Instead, the employees total annual health deduction amount, including any retroactive charges, will be spread evenly across multiple benefit deduction periods.
- Automatic cancellation of health benefits coverage based on lack of payment.
- Automatic termination of health benefit coverage based on the entry of Personnel Transactions by the Agency HR Coordinator.
- Automatic notification of Leaves of Absence based on the entry of Personnel Transactions by the Agency HR Coordinator.

F. Reference Pertinent Documents

The reference documents used in the preparation of this document include:

Pertinent Documentation	File Name
State of Maryland July 2011 – June 2012 Guide to your Health Benefits	Attachment F2b.pdf
Active & Satellite Employees – Health Benefits Enrollment Form	Attachment F2b.pdf
Direct Pay – Health Benefits Enrollment Form	Attachment F2b.pdf
Retiree – Health Benefits Enrollment Form	Attachment F2b.pdf

G. Legal Considerations

The following are links to State regulations, guidelines and requirements.

Referenced Item	Link
None	

IV. Interfaces

The following interfaces will be inputs/outputs to the future process. Please refer to the BA-RTM Interface tab for detailed information as it pertains to all the required interfaces for this PDR.

A. In-Bound

List In-Bound Interfaces used/required by this process.

Interface Name	*Description/Purpose*	*Source System/Vendor*	*Frequency*	*Transmission Method*
University Systems	HR specific data – demographics and job specific data	HR System of record	Daily	TBD
MDOT	HR specific data – demographics and job specific data	HR System of record	Daily	TBD
Satellite Agencies	HR specific data – demographics and job specific data	HR System of record	Daily	TBD
Retirees System	HR specific data – demographics and job specific data	Retiree System of record	Daily	TBD
Pass Through Agencies	HR specific data – demographics and job specific data	HR System of record	Daily	TBD
Retirement	Health benefit deductions taken	Retirement Agency	Monthly	TBD
Retirement	Retiree address updates	Retirement Agency	Weekly	TBD
AETNA	Benefit claims	AETNA	Monthly	FTP
Carefirst BC/BS	Benefit claims	Carefirst BC/BS	Weekly	FTP
United Healthcare	Benefit claims	United Healthcare	Weekly	FTP
APS	Benefit claims	APS	Twice a Month	FTP
Catalyst RX	Benefit claims	Catalyst RX	Twice a Month	FTP
United Concordia	Benefit claims	United Concordia	Twice a Month	FTP
SHPS	Benefit claims	SHPS	Twice a Month	FTP
MetLife	Benefit claims	MetLife	Twice a Month	FTP
Prudential	Benefit claims	Prudential	Twice a Month	FTP
Third Party Vendor Lockbox	Lockbox payments	Third Party Vendor Bank	Daily	FTP
Bank of America	Lockbox payments	Bank of America	Daily	FTP
CPB	Health benefit deductions taken	CPB	Weekly	TBD
Medicare Voluntary Data Sharing Agreement	File of employees that have Medicare coverage	CMS	Monthly	TBD

B. Out-Bound

List Out-Bound Interfaces used/required by this process.

Interface Name	*Description/Purpose*	*Receiving System/Vendor*	*Frequency*	*Transmission Method*
AETNA	Notification of medical enrollments, terminations or changes	AETNA	Daily	FTP
Carefirst BC/BS	Notification of medical enrollments, terminations or changes	Carefirst BC/BS	Daily	FTP
United Healthcare	Notification of medical enrollments, terminations or changes	United Healthcare	Daily	FTP
APS	Notification of medical enrollments, terminations or changes	APS	Daily	FTP
Catalyst RX	Notification of prescription enrollments, terminations or changes	Catalyst RX	Daily	FTP
United Concordia	Notification of dental enrollments, terminations or changes	United Concordia	Daily	FTP
SHPS	Notification of FSA enrollments, terminations or changes	SHPS	Daily	FTP
SHPS – Satellite	Notification of FSA enrollments, terminations or changes for satellite agencies	SHPS	Daily	FTP
MetLife	Notification of life insurance enrollments, terminations or changes	MetLife	Daily	FTP
Prudential	Notification of personal accident & dismemberment enrollments, terminations or changes	Prudential	Daily	FTP
GRS	Consultant that receives a copy of every file sent to every vendor	GRS	Daily	FTP
HDM	Contract Auditor that receives a copy of every file sent to every vendor	HDM	Daily	FTP
Retirement	Retiree deduction amounts	Retirement Agency	Monthly	TBD
CPB	Benefit participant deduction amounts	CPB	Weekly	TBD
CPB	Address updates	CPB	Weekly	TBD
Medicare Voluntary Data Sharing Agreement	File of employees + dependents enrolled in medical	CMS	Monthly	TBD

V. Forms

The following forms will be used or generated by the process. Sample forms are provided in Appendix B.

Form Name	Agency/ Dept	Input/ Output	Automated/ Manual	Purpose	Fields/Content
Health Benefits Enrollment Form	All	Input	Manual	A benefit participant should be able to print an enrollment form from the benefits portal.	See Sample Form in Appendix B (Attachment F2b.pdf)
State of MD Affidavit of Status for Dependent Children	All	Input	Manual	If not completed online, the participant will be required to complete this form.	See Sample Form in Appendix B. (Attachment F2b.pdf)
Affidavit for Domestic Partnership & Domestic Partner's Dependents	All	Input	Manual	If not completed online, the participant will be required to complete this form.	See Sample Form in Appendix B. (Attachment F2b.pdf)
Dependent Tax Affidavit for Domestic Partner's Dependents	All	Input	Manual	If not completed online, the participant will be required to complete this form.	See Sample Form in Appendix B. (Attachment F2b.pdf)
State of MD State Employee/Retiree Health Benefits Program Disability Form	All	Input	Manual		See Sample Form in Appendix B. (Attachment F2b.pdf)

VI. Reports

The following reports will be inputs/outputs to the process.

A. Reports Used as Input to the Process

For example, if someone runs a report which they then use to determine what actions may need to be taken, list those reports.

Report Name	Requestor	Frequency	Purpose	Contents	Routing/Users
None					

B. Reports to be Produced

For example, note reports generated for management or for the administration of the system, department review, etc. (e.g., reconciliation reports)

Report Name	Requestor	Frequency	Purpose	Contents	Routing/Users
Benefit Modeling Costs	Benefit Participant	AdHoc	Show the participant the estimated cost of health benefit selections	The report needs to show all modeled benefit selections along with the applicable cost based on the participant including any proration or retro charges.	
Benefit Dependents	Benefit Participant Agency Benefit Coordinator DBM	AdHoc	Show all of the dependents for a specific benefit participant.	The report needs to show all dependents along with their respective detail and the status of the dependent in relation to health benefit coverage.	
No SSN	Agency Benefit Coordinator DBM	AdHoc	Show all of the benefit participants and dependents with a blank SSN.	The report should exclude individuals that have been designated as non-US citizens.	
Pending Disabled Dependent Requests	DBM	AdHoc	Show all of the submissions by benefit participants to have a dependent declared disabled that have not yet been approved or denied.		
Disabled Dependents	DBM	AdHoc	Show all of the dependents designated as disabled.		
Enrollment Confirmation Statement	Benefit Participant	AdHoc	Show the benefit selections made during either Open Enrollment or Event Maintenance Enrollment that have been validated and approved.	The report needs to show all benefit selections along with the associated pay period deduction including any proration or retro charges.	
Enrollment Confirmation Statement w/Disclaimer	Benefit Participant	AdHoc	Show the benefit selections made during either Open Enrollment or Event Maintenance Enrollment that have been submitted and are awaiting validation and approval.	The report needs to show all submitted benefit selections along with the associated pay period deduction including any proration or retro charges. The report needs to include a	

Report Name	Requestor	Frequency	Purpose	Contents	Routing/Users
				disclaimer that until confirmation is received these selections are pending.	
Open Enrollment Status	DBM	AdHoc	Show the status of open enrollment processing.	The report needs to show the number of OE submissions, the source of the submission, the benefit participant type, the status of the submissions, etc.	
Event Maintenance Enrollment Status	DBM	AdHoc	Show the activity and status of event maintenance enrollment processing.	The report needs to show the number of Event Maintenance Enrollment submissions, the source of the submission, the benefit participant type, the status of the submissions, etc.	
Enrollment by Date	DBM Acctg	AdHoc	Show enrollment details for a user-specified date range.		
Dependent Change Confirmation	DBM	AdHoc	Show the dependents who have been confirmed for coverage.	The report needs to show all dependents along with their respective detail and the status of the dependent in relation to health benefit coverage.	
Marital Status Change Confirmation	DBM	AdHoc	Show the martial status change has been confirmed for coverage.	The report needs to show the status of the marital change in relation to health benefit coverage.	
26 + Not Disabled Notice	System Generated	Daily	Notify a benefit participant they have a dependent who is approaching the age of 26 and is not currently designated as disabled which means their coverage will end on the 1st of the month following their 26th birthday.	The notice needs to identify the participant, the status of the participant and next steps for the benefit participant.	Automatic emailing if the benefit participant has designated email as communication method.
Dependent Age 26	System	Daily	Notify a benefit participant	The notice needs	Automatic

Report Name	Requestor	Frequency	Purpose	Contents	Routing/Users
Cancelled & Coverage Adjusted	Generated		they have a dependent who is approaching the age of 26 and is not currently designated as disabled which means their coverage will end on the 1st of the month following their 26th birthday.	to identify the participant, the status of the participant and next steps for the benefit participant.	emailing if the benefit participant has designated email as communication method.
Dependent Cancellations	Agency Benefit Coordinator DBM	AdHoc	Show the dependents who have been cancelled from coverage.	The report needs to show the dependents who have been cancelled from coverage along with the effective date of the cancellation.	
COBRA Eligible	Agency Benefit Coordinator DBM	AdHoc	Show all of the benefit participants and dependents who are COBRA eligible.	The report needs to show all of the benefit participants and dependents who are COBRA eligible along with their eligibility date and eligibility expiration date.	
Employees On Leave of Absence	Agency HR Coordinator Agency Benefit Coordinator DBM	AdHoc	Show all of the benefit participants who are on a Leave of Absence. <u>Parameters</u>: - Agency - Leave Effective Date Range - Leave Type - Employee Id	The report needs to show all of the benefit participants who are on a Leave of Absence during a user-specific date range along with the leave details (type, leave status, expected return date, etc.).	
ORP Eligibility & State Subsidy Worksheet	DBM EBD	AdHoc	Print the Eligibility & State Subsidy Worksheet <u>Parameters</u>: - Employee Id	The report needs to display the data currently displayed on the worksheet.	
Eligible ORP Retirees	DBM EBD	AdHoc	Show all of the ORP Retirees that are eligible for retiree benefits.		
ORP Application Metrics	DBM EBD		Show metrics related to the ORP Retirees evaluated.		
Subsidy Eligibility Notification	DBM EBD Retiree	AdHoc	Identify for the ORP Retiree if they are eligible for retiree benefits and if eligible the subsidy %.		

Report Name	Requestor	Frequency	Purpose	Contents	Routing/Users
Non-SPS Employees	Agency HR Coordinator Agency Benefit Coordinator DBM	AdHoc	Show all of the non-SPS employees whether they participate in benefits or not. Parameters: - Agency - Employee Id	The report needs to show all of the non-SPS employees along with details (agency, status, hire date, benefit participant, etc).	
Satellite Agency Invoice	System Generated	Monthly	Calculate and show the total cost to the satellite agency for the current month's coverage.	The report needs to generate for each satellite agency. A sample report is included in Appendix C and report details are included in the Process Narratives section.	
Satellite Agency Payment Overdue Notice	System Generated	Monthly	Notify the satellite agency their payment is overdue.	The report should identify the agency, the amount overdue, the original due date, and that a late fee will be applied to next month's invoice.	
Receivable Aging	DBM	AdHoc	Show all outstanding receivables. Parameters: - Type of Receivable (Satellite, Retiree, Direct Pay, COBRA, etc.) - Days Outstanding - Include Details - Employee Id	The report should show all outstanding receivables aged by 0-30 days, 31-60 days, 61-90 days, and 90+ days.	
Invoicing Details	DBM	AdHoc	Show all historical, current and future invoices. Parameters: - Type of Invoice (Satellite, Retiree, Direct Pay, COBRA, etc.) - Invoice Date Range - Employee Id	The report needs to show all invoices and invoice details (amount, due date, benefit type, coupons generated, etc.)	
Lockbox Details	DBM	AdHoc	Show the lockbox details. Parameters: - Received Date	The report needs to show the payments processed thru the	

Report Name	Requestor	Frequency	Purpose	Contents	Routing/Users
			Range	lockbox including invoice number, date received, amount, etc.	
Satellite Surcharge Details	DBM	AdHoc	Show Satellite surcharge status and details. Parameters: - Agency - Effective Date	The report needs to show the satellite surcharge amounts submitted by the satellite agencies. Based on the report parameters, the report should be able to show the current surcharge amounts in effect in addition to all historical surcharge amounts.	
Direct Pay Payment Cover Letter	System Generated	Daily	Notify the benefit participant they have been designated as direct pay status and explain the coupons/coupon payment process for the coupons enclosed.	The letter needs to generate for each individual identified as direct pay. A sample letter is provided in Appendix C.	
Direct Pay & Special Retiree Payment Coupons	System Generated DBM	Daily AdHoc	Generate a payment coupon for each month designated as direct payment.	A sample coupon is provided in Appendix C.	
Payment Overdue Notice	System Generated	Daily	Notify the benefit participant (employee or retiree) their payment is overdue.	The report should identify the amount overdue and the original due date.	
Special Retiree Payment Cover Letter	System Generated	Daily	Notify the retiree they have been designated for direct payment for all or a portion of their retirement benefits and explain the coupons/coupon payment process for the coupons enclosed.	The letter needs to generate for each individual identified as direct pay.	
Customer Service Tickets	DBM	AdHoc	Show the customer service ticket(s). Parameters: - Ticket Date Range - Opened/Worked/Both	The report needs to show the tickets opened or worked during the specified ticket date range.	
Customer Service Ticket Details	DBM	AdHoc	Show the details for customer service ticket(s).	The report needs to show the ticket details for either a	

Report Name	Requestor	Frequency	Purpose	Contents	Routing/Users
			Parameters: - Ticket Date Range - Ticket Number	specified ticket or for all tickets opened within a date range.	
Customer Service Ticket Aging	DBM	AdHoc	Show all open customer service tickets aged. Parameters: - Days Outstanding - Include Details - Assigned To	The report needs to show all outstanding customer service tickets aged by 0-7 days, 8-14 days, 15-21 days, 22+ days.	
Customer Service Metrics	DBM	AdHoc	Show metrics for the customer service function.	The report needs to show metrics related to calls taken (in total and by agent), calls resolved (in total and by agent), average resolution time (in total and by agent), etc.	
Benefit Cancellation Notice	System Generated	Daily	Notify a benefit participant their health benefit coverage has been cancelled.	The notice needs to identify the participant, the status of the participant and next steps for the benefit participant.	Automatic emailing if the benefit participant has designated email as communication method.
Benefit Cancellations	Agency Benefit Coordinator DBM	AdHoc	Show the benefit participants who have been cancelled from coverage.	The report needs to show the participants who have been cancelled from coverage along with the effective date of the cancellation.	
Suspended Cancellations	DBM	AdHoc	Show the benefit participants who currently have a temporary suspension on a benefits cancellation		
Suspended Terminations	DBM	AdHoc	Show the benefit participants who currently have a temporary suspension on a benefits termination		
COBRA Notice	System Generated	Daily	Notify a benefit participant or dependent they are eligible for COBRA coverage.	The notice needs to identify the participant that is eligible for coverage along with their eligibility	

Report Name	Requestor	Frequency	Purpose	Contents	Routing/Users
				date and enrollment window.	
Benefit Terminations	Agency Benefit Coordinator DBM	AdHoc	Show the benefit participants who have been terminated from coverage.	The report needs to show the participants who have been terminated from coverage along with the effective date of the termination.	
Deduction Reconciliation Differences	System Generated	Once for each deduction load interface	Show the differences by participant between scheduled deductions and actual deductions.	The report each participant (employee or retiree) where their scheduled deductions don't match their actual deductions.	
Employees with 3+ No Pays	DBM Agency HR	AdHoc	Show all of the employees who have had 3 or more consecutive No Pays		
Claim Reconciliation Error Report	System Generated	Once for each benefit provider interface	Identify the benefit provider claims that do not match coverage elections based on the claim date.	The report needs to identify the provider, the claim date, the claim number and the claim details that do not match coverage elections.	
Benefit Provider Payment Details	DBM Acctg	AdHoc	Show the benefit provider participation in order to determine the applicable payment amount for the month.		

VII. Databases/Spreadsheets

List any databases, spreadsheets, etc used to support or aid this process.

DB/Spreadsheet Name	Agency/ Dept	Input/ Output	Purpose

VIII. Data Conversion Considerations

A. Data that will be converted

The following data is required to be converted into the new software.

Current Source	Type of Data	Source Years
BAS	- Benefit Participant Enrollments - Dependent/Beneficiary Demographic Information - Demographic data not captured in current HR systems	Current Benefit Plan Year
COBRA Participants	- Benefit Participant Enrollments - Dependent/Beneficiary Demographic Information - Demographic data not captured in current HR systems	Current Benefit Plan Year
MDOT	HR specific data – demographics and job specific data and critical employment dates (manage benefits eligibility)	HR System of record
Paradox	Health Care Claim Appeals	
Pass Through Agencies	HR specific data – demographics and job specific data and critical employment dates (manage benefits eligibility)	HR System of record
Retirees System	HR specific data – demographics and job specific data and critical employment dates (manage benefits eligibility)	Retiree System of record
Satellite Agencies	HR specific data – demographics and job specific data and critical employment dates (manage benefits eligibility)	HR System of record
University Systems	HR specific data – demographics and job specific data and critical employment dates (manage benefits eligibility)	PeopleSoft

B. Data that will not be converted

The following data will not be converted into the new software.

Current Source	Type of Data	Source Years
BAS	Benefit Participant Enrollments	Any Data Older Than The Current Benefit Plan Year

Appendix A – Future State Process Diagrams

Appendix B – Sample Forms

Appendix C – Sample Reports

Appendix D – Personnel/HR Application Portfolio

The table below briefly describes the systems currently used to manage and maintain personnel transactions and data. These systems provide a representative sample of source of data elements for OPSB and the State agencies.

Application	Description
SPMS	SPMS, a centralized, mainframe-based system which has been developed and maintained over the past 25+ years, runs on an IBM mainframe at the Annapolis Data Center (ADC). The system is a batch-oriented system with limited online functions performed using CICS. Most data entry transactions utilize a Web based online transaction entry and validation front-end, MS310. This was added to allow agencies to enter and validate their personnel transactions online; thus, reducing data entry errors and the time required to manually submit and process these transactions.
BAS	Benefits Administration System (BAS) is a client server system with a SQL Server database. There are 16 clients in EBD, 4 clients in DOIT for application support, and 300 Agency Benefit Coordinators (ABC) Internet users for inquiry to their employees' data. BAS is comprised of a full-service benefits enrollment database and an interactive voice response system (IVR). BAS manages benefits activity for approximately 130,000 covered individuals and their dependents. It supports administration of 18 different benefit plans (i.e., medical, dental, term life insurance, and dependent care spending accounts). The new system may interface with the existing IVR.
SIGMA	Merit System Testing – Sigma: DBM and many other agencies in the State utilize a Sigma system, which supports public sector merit system testing. The software is a PC networked database (with accompanying FoxPro programs) that creates reports on, and tracks applicant records and job announcements. DBM uses an enterprise version of the software that is installed for DBM use only. The other agencies use various releases of a stand-alone version called Sigma-Lite that provides less functionality than the enterprise version. There is no software standardization between the agencies, and it is supported locally by each agency. Database variations between the software versions require data conversion processing when transferring data between entities. The system facilitates test development, administration, scoring, and reporting. In addition, it provides statistical performance analysis of test questions, mathematically manipulates test scores, and produces a variety of queries, notices to applicants, and standard or customized reports. Sigma aids in documenting job analysis and test development and has an "item bank" module that allows users to create a database of test questions and perform test booklet publishing. The Sigma system at DBM interfaces with the current personnel system to obtain employee-related information, all other agencies key the employee-related information into Sigma-Lite. **The State is in the process of implementing Job Aps to replace this system.*
HOBO	Hands on Budget Office System (HOBO) is a mainframe software package that is used to maintain a master position control file for all authorized State positions, and to provide position, classification, and salary information for the annual State budget process.
TESS	Time Entry and Scheduling System (TESS) is a mainframe COBOL, CICS, and VSAM system that performs time entry and leave accounting functions. The system generates Exception Time Reports (ETR) for regular and contractual employees that are used for input into the Central Payroll. TESS is currently implemented in 17 agencies.
MDTIME	Maryland Time Entry and Leave Accounting (MDTIME) is a Smart Client Server system with

Application	Description
	a SQL Server database that performs on-line time entry and leave accounting functions. The system automates the Exception Time Reporting (ETR) process for regular and contractual employees, and generates input reports for Exception Time Reporting to Central Payroll. MDTIME is currently implemented in 5 agencies.
LAS	Leave Accounting System (LAS) is a Client Server system with an Access database that performs time entry and leave accounting functions. The system automates the ETR process for regular and contractual employees, and generates input reports for Exception Time Reporting to Central Payroll. LAS is currently implemented in 20 agencies.
OSEEOC Database	OSEEOC maintains a stand-alone EEO-related Complaint and Appeals Case Tracking Access database. This database is used to record, track, and report on EEO related complaints and appeals. Due to the need for extreme confidentiality, stringent security is used to protect the data in this module.
Leave Bank Database	Leave Bank Access Database - The Medical Services Department maintains a Leave Bank Access database. The database was developed by the Reed Group & is supported by DOIT. All Leave Bank memberships and determinations are recorded in the database, as well as leave forfeitures. Employee-to-Employee leave donations are recorded in Leave Bank database. The application calculates overall Leave Bank balance and monitors employees who have used close to their maximum of 2,080 hours of Leave Bank or Employee to Employee leave. There is an interface to the SPMS System to download new employees into this database.
Drug Testing Database	Drug Testing Database – The Medical Services Department tracks all drug tests and their results in an Access database with most information entered manually. There is an interface to the SPMS System to download new employees to this database. There is also a Drug Test Results file that contains the drug testing results from the testing labs. Information from this file updates the drug test database.
Employee Assistance Program	EAP Employee Referral Database – The Employee Relations Department maintains an EAP Employee Referral Database that was developed in Access by ASM. Employee Relations uses this database to generate the referral letters, generate the survey letters, and store the feedback from the quarterly survey they conduct. There is an interface to the SPMS System to download employee data to this database.
Employee Relations Database	Employee Relations Database – The Employee Relations Department maintains a Settlement Conference database. Employee Relations uses this database to record, track, and report on all grievance cases processed by Employee Relations. There are currently two versions of this database, one developed by the ASM HR Group, and one developed by Employee Relations. The former database is being evaluated and will become the database of record once the evaluation is complete.
Agency HR Databases	Agency HR Databases – Many of the State agencies have developed internal Access or Oracle database applications to assist them in tracking and reporting applicant and/or employee data on their own. These databases enable them to obtain more current information faster than it is available from the centralized applications.