

## 9.2 Understanding HCA and PeopleSoft Enrollment

**Purpose:** Use this document as a reference for viewing the custom overnight HCA enrollment process in ctcLink.

**Audience:** Benefits Administrators, HR Administrators.

**!** You must have at least one of these local college managed security roles:

- <there are no college-assignable roles>

If you need assistance with the above security roles, please contact your local college supervisor or IT Admin to request role access.

## Understanding HCA and PeopleSoft Enrollment

### HCA (Pay1)

1. HCA is the system of record for Medical, Dental, and Tobacco Surcharges (known as Simple Benefits in PeopleSoft). The HCA system is known by its interface named Pay1.
  - Life insurance is no longer paid and processed via Base Benefits module and the Health Care Authority. As of 01/01/2017, Life Insurance processing is now a general deduction in the Payroll module paid directly to the new vendor.
  - See the [MetLife Interface and Transmittal QRG](#) for more information.
2. Because the HCA system (Pay1) cannot accept electronic input, enrollments must be done manually in that system and then overlaid from that system into PeopleSoft.
  - The PeopleSoft interface is intended to minimize or eliminate dual entry of these enrollments in PeopleSoft and Pay1.
3. Enrollment information passes from PAY1 to PeopleSoft every evening so that Payroll deductions are up to date and calculated correctly.

### Pay1 to PeopleSoft Process

**Navigation:** Menu > Benefits > CTC Custom > CTC Interfaces > Inbound HCA Enrollment

1. This is a daily, changes only, file sent from HCA to PeopleSoft with demographic, enrollment and dependent data.
  - The enrollment process is described most fully in the technical document I-092 HCA Enrollment Data.
2. Any change to demographic, enrollment data or dependent data would cause an employee to be included on the daily file with all data, but we are only updating enrollment and dependent data in PeopleSoft.
3. The file is produced in the early evening, and is loaded into PeopleSoft overnight.
  - While the run control is provided to understand it can be run manually, typically there will never be a need.
  - The run is global, and should only be performed by technical employees at SBCTC in response to an overnight processing error.
4. New data creates new effective dated rows in PeopleSoft.
5. In PeopleSoft, an employee is enrolled in a medical and/or dental benefit plan with a coverage code (Employee Only, Employee & Spouse, etc.) and the covered dependents are attached. In the HCA file, the employee has benefit plans, and for each dependent there is an indicator if that dependent is covered. This means that the correct PS coverage code will need to be derived from the HCA data.
  - Based on the dependents, the process is performing a calculation to then understand what coverage code needs to be used for that employee (Family vs Employee etc.).
  - For example, the coverage code of Employee + Child will only change when all children have become ineligible and cause the coverage code itself to change, until that time all children regardless of eligibility will stay listed on the PeopleSoft enrollment page. This does not change the employee deduction until the coverage code changes.
6. PeopleSoft is the system of record for demographic data, therefore no changes to that data are made based on this inbound interface.

## **Pay1 and PeopleSoft Enrollment**

1. There are conditions that need to be met to make sure the interface can properly function:
  - Employee must have active Job Data
  - Employee must be enrolled in the SB1 Benefit Program
  - Pay1 entry can be done after confirmation of the employee being Active and in SB1 (all of which can be seen in Job Data)
2. Employee enrollment changes must be completed in PeopleSoft alone prior to the end of the first Pay Period for that employee:
  - Saving (403(b), Section 457)
  - Spending (DCA, HSA, FSA)
  - Disability (LTD and sometimes Optional)
  - Retirement
3. Other benefit related enrollments that occur:
  - HCA Average Cost
  - MetLife

4. Every pay end date, SBCTC runs a process called E-188 Benefits Auto Enrollment. This process does many things, but for the purposes of Benefits it acts as a failsafe for certain general enrollments (particularly the HCA Average Cost).
  - a. It will correct the Retirement age bracket for employees when age changes and defaults in a retirement plan based on waiting period protocol.
    - PER to plan PER3SA after 90 days
    - TRS to plan TRS3SA after 90 days
    - TIAA-CREF to appropriate age plan after 60 days
  - b. At employment termination, terminate all benefit plans and change Benefit Program to SB0 (no benefits).
  - c. Calculate LTD ABBR (base salary for LTD coverage).
  - d. Enroll eligible employees into the HCA Average Cost deduction.
  - e. Enroll eligible employees into Basic LTD:
    - Discontinued enrollment of employees into Basic Life as of 1/1/2017 to correspond with HCA MetLife changes in PeopleSoft business process
  - f. End enrollment for plan type 6X (Spending) at the end of the calendar year if no new enrollment has been entered.
  - g. More information about E-188 can be found in the technical document of the same name.
  - h. It will always produce a log file of all changes made, which is available to ERP and sent to the colleges.

### Benefits Auto Enrollment

Run Control ID BAE

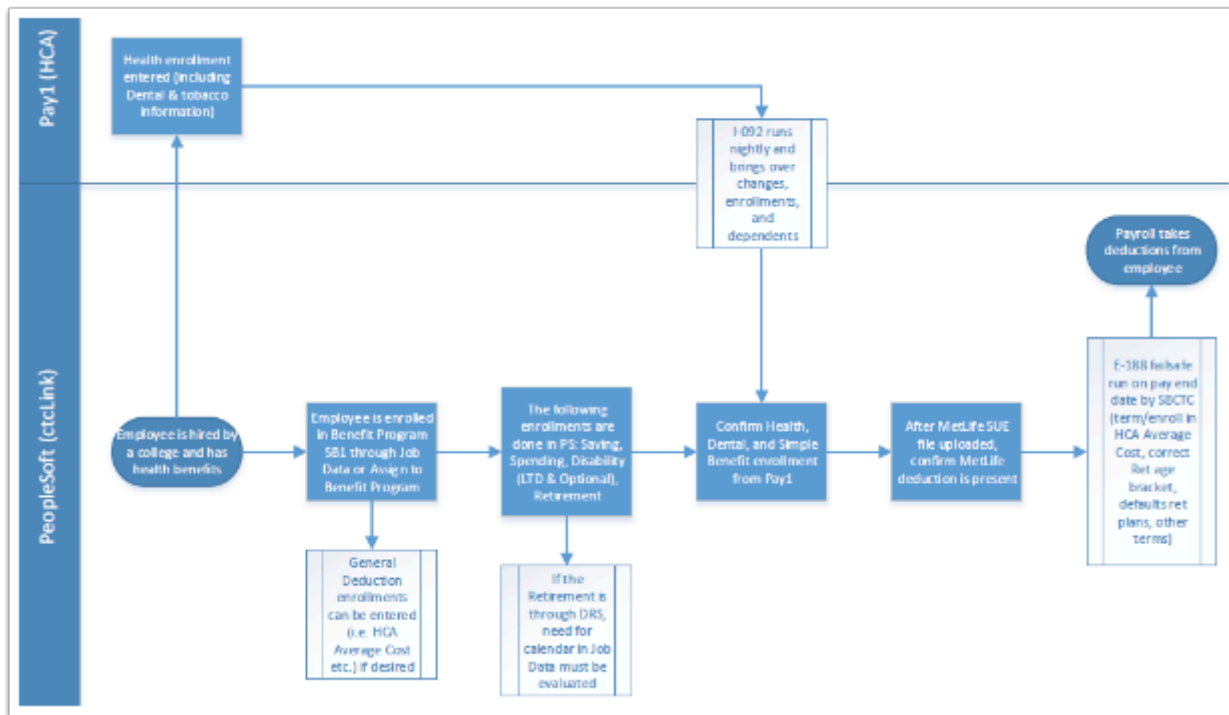
Report ManagerProcess Monitor

Run

Process Request Parameters

\*Pay Period End Date

SaveNotifyAddUpdate/Display



End of procedure.