

Flexible Reimbursement Program Changes, continued

Flexible Benefits Open Enrollment

Mass transactions to deactivate the flexible benefit deductions (Deduction 021, Dependent Care and Deduction 022, Medical Reimbursement) and zero the amount and goal fields will be executed by DOA on June 30.

DOA will then establish the new plan year deduction amounts and administrative fees from data provided through BES the evening of July 2. No data entry will be required by agency personnel for flexible benefit deductions, unless an employee is listed on the REPORT U130, BES/CIPPS TRANSACTION ERROR LISTING. Please review all transactions for accuracy.

PYCTF Edit for Pay Period Indicator

To ensure that the administrative fees are only withheld on the first payroll of the month, be sure to enter the proper "PAY PER" indicator on the PYCTF screen. For semi-monthly classified payrolls, a value of "1" should be entered for the 25th to 9th payroll and a "2" for the 10th to 24th. An edit reviews the value in the "PAY PER" indicator field when the pay period beginning and ending dates match semi-monthly classified pay calendar. If the value entered does not match what is expected, a warning message will appear.

Report U131 Changes

Report U131, BES/CIPPS Update Listing has been modified to display the flex administration fee amount that is set up for deduction 023. In addition, all old and new values of both flex spending deduction amounts will appear whenever a change is made to *either* the dependent care or medical expense accounts. The associated administrative fee amount will be displayed on the report whether or not a change is actually occurring to the fee amount. If the administrative fee is being deactivated, the amount displayed for the fee amount will be zero.

Report U130

Report U130, U130 BES/CIPPS Transaction Error Report. Be sure to review this report for transactions that the system could not automatically establish. For example, if the error message is "No CIPPS Record", the agency and employee number combination does not exist. After determining the cause of the error, manual data entry may be required to establish both the appropriate flexible spending deduction and the administrative fee.

New Report U075

Report U075, Reimbursement Accounts Error Report, will be generated each pay period the day after final certification. It must be reviewed and corrective action taken for those errors displayed. If there are no errors for your agency, the report will still generate with a notation of "No Errors Found For This Company". A sample U075 is below.

CO. NO.	EMPLOYEE NAME	# OF PAYS	DED 21 AMOUNT	DED 22 AMOUNT	DED 23 AMOUNT	ERROR MESSAGE
		24	0.00	10.00	0.00	EMPLOYEE HAS MED REIM WITH NO ADM FEES
		24	21.00	0.00	0.00	EMPLOYEE HAS DEP CARE WITH NO ADM FEES
		24	21.00	22.00	0.00	EMP HAS DEP CARE&MED REIM W/NO ADM FEES
		24	0.00	0.00	3.67	EMP HAS ADM FEES/NO MED REIM&NO DEP CARE
		11	21.00	0.00	4.90	INVALID ADM FEE FOR # OF PAYS
		09	0.00	22.00	4.00	INVALID ADM FEE FOR # OF PAYS
		24	0.00	10.00	4.00	INVALID ADM FEE FOR # OF PAYS
		12	0.00	84.00	0.00	EMPLOYEE HAS MED REIM WITH NO ADM FEES
		24	0.00	140.00	0.00	EMPLOYEE HAS MED REIM WITH NO ADM FEES
		24	21.00	0.00	3.67	INVALID ADM FEE FOR # OF PAYS
		24	0.00	22.00	3.67	INVALID ADM FEE FOR # OF PAYS
		24	100.00	10.00	0.00	EMP HAS DEP CARE&MED REIM W/NO ADM FEES
		24	21.00	22.00	3.67	INVALID ADM FEE FOR # OF PAYS

Healthcare Changes

Healthcare Provider Code Changes

As announced in Payroll Bulletin 2009-07, the health care provider code will be changing to a three-digit value. This change will be implemented on **Friday, May 29, 2009**. In order to do this, CIPPS files will be down for a portion of the morning. Additionally, any processing from Friday night's run will be included in the June reconciliations for Health Care and VRS Retirement reporting.

If the CIPPS files are accessible Friday morning, **DO NOT KEY ANYTHING**. Any keying performed will be lost. Check the Broadcast Screen when accessing CIPPS using MCIP for notification when the files are available for keying.

Healthcare Premium Changes

DOA will enter premium changes into CIPPS to become effective with the 6/25-7/9 pay period (July 16, 2009 payday) on June 30, 2009. DOA will automatically update these deductions for active employee deductions. All codes and rates for CIPPS processing were provided in Payroll Bulletin 2009-08. In addition, be sure to note that the project codes for the COVA High Deductible Health Plan are changing from 93002 to 93005 effective 7/1/09.

The new Healthcare Premium schedules distributed by DHRM are divided into two sections. The first section applies to active employees, the second to employees on LWOP. All healthcare providers are listed below.

Provider	Active Provider Code	Involuntary Separation Provider Code	Project Code
COVA Care Basic (Includes basic dental)	042	092	93002
COVA Care Out-of-Network	043	093	93002
COVA Care Expanded Dental	044	094	93002
COVA Care Out-of-Network and Expanded Dental	045	095	93002
COVA Care Vision, Hearing and Expanded Dental	046	096	93002
COVA Care Out-of-Network and Vision, Hearing and Expanded Dental	047	097	93002
COVA HDHP (High Deductible Health Plan)	050	090	93005*
Kaiser Permanente HMO (Available in Northern Virginia Only)	006	056	93003
COVA Connect Basic (Includes basic dental)	142	192	93012
COVA Connect Out-of-Network	143	193	93012
COVA Connect Expanded Dental	144	194	93012
COVA Connect Out-of-Network and Expanded Dental	145	195	93012
COVA Connect Vision, Hearing and Expanded Dental	146	196	93012
COVA Connect Out-of-Network and Vision, Hearing and Expanded Dental	147	197	93012

* Project code 93005 is effective starting with FY 10 with the exception of the June 10 – 24th pay period. This will keep the entire month of June Healthcare using project code 93002.

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Automated Healthcare Reconciliation Reminders

Automated Healthcare Recon Reminders

It has been noted that agencies are submitting documentation that is unnecessary or missing documentation that is necessary for the automated health care reconciliation packages. Identified below are some guidelines to use when packaging your recon.

No Changes

If your monthly Healthcare Reconciliation has no changes or corrections, please submit the signed Certification form to DOA with “NO CHANGES” printed on the form.

Credit Due Agency

If there is a credit due to your agency:

- Submit the signed Certification Form.
 - Include a copy of the Batch header and IAT.
 - Include copies of the Report U107 and U108.
 - Include a simple explanation resulting in credit.
 - Include any supporting documentation if necessary.
 - Prepare one batch, with multiple lines if needed. Do not do a separate batch for each plan, unless the project changes (i.e. one for COVA CARE and one for KAISER).
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Charge to the Agency or Additional Credit

If reversing a “charge to the agency” or requesting an additional credit:

- Submit the Certification Form.
 - Include a copy of the Batch header and IAT.
 - Include copies of the Report U107 and U108.
 - Include simple explanation resulting in credit.
 - Include all supporting documentation with Healthcare Adjustments Worksheet. (Updated BES screens included.)
 - Prepare one batch, with multiple lines if needed. Do not do a separate batch for each plan, unless the project changes (i.e. one for COVA CARE and one for KAISER).
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Unnecessary Documentation

Do not send:

- Copies of personal checks sent to agency for payment.
- Before and after BES Screens. We only need the BES transaction showing the change.
- Do not send spreadsheets showing the individual breakout of charges; that is internal to your agency.

Please let DOA know if you have any questions.

Update to 10 to 33 Recon for Military Pay

Reports U092 and U093 The Internal Revenue Service determined beginning in 2009 that Military Supplement (Special Pay 044 in CIPPS) was no longer non-taxable for Federal and State taxes. This taxing change was made in CIPPS in early January; however, the tax treatment of Military Pay on the Reports U092 and U093 was not modified at that time. Reports U092 and U093 no longer show Military Pay as FIT and SIT non-taxable.

Global Opt Out Elections

Additional Agency Global Opt-Out

The following agencies have elected a global opt-out of printed earnings notices:

- Circuit Courts (salary only)
- Combined District Courts (salary only)
- General District Courts (salary only)
- Judicial Inquiry and Review Commission (salary only)
- Juvenile and Domestic Relations Courts (salary only)
- Magistrate System
- Northern Virginia Mental Health Institute
- Virginia Criminal Sentencing Commission

Note: Five other agencies and institutions have notified DOA of opt out elections. They will be acknowledged in future bulletins closer to the election date. Only 12 of 218 agencies using CIPPS have not made any form of global election. What an outstanding response!

Also, if you have implemented a mandatory direct deposit policy at your agency, send an email to DOA to receive acknowledgement.

We commend these agencies in supporting these cost saving measures!