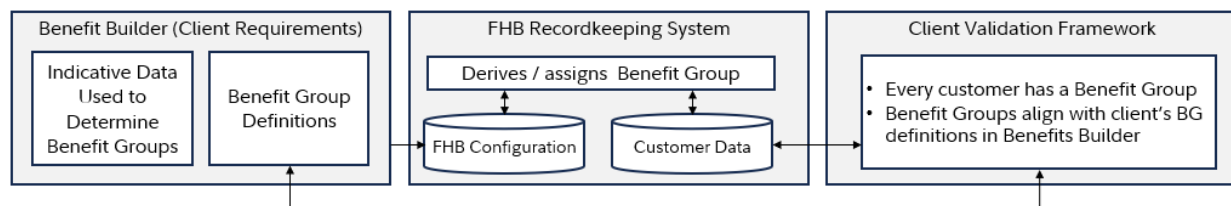# BENEFIT GROUP

Client Validation Framework Module

Benefit Groups are client employee populations that have unique benefits eligibility. It is a calculated value stored in ABC based off a customer's (customer = participant or dependent) indicative data, which allows ABC to then determine eligibility for that individual.

████ works with each client to determine the data and rules used to define Benefit Groups, which vary by client. Examples of information that make up Benefit Group derivation are indicative/employment type information such as full-time/part-time, company code, division, location, union, etc.

The purpose of the **Client Validation Framework (CVF)** Benefit Group module is to validate that every customer has an assigned Benefit Group in ABC, and that the assigned Benefit Group is correct per the client's requirements.

In CVF, all participants employed by the client (and their dependents) are evaluated against client requirements for Benefit Group derivation and compared to the current Benefit Group in ABC.

Benefits Builder

Benefits Builder is the online workspace that provides a guided experience to gather and input requirements. Client requirements for determining Benefit Groups are stored in Benefits Builder's Populations module. Prior to defining Benefit Group derivation rules, the customer indicative data to be used in the rules must be specified. Benefits Builder's Data Elements module is where the indicative data elements used to determine Benefit Groups are specified. Data elements can include employment status, salary/hourly status, or full-time/part-time status.

Populations

Benefits Builder includes a series of questions to define **Populations** and the answers will vary by client. In addition to Benefit Group derivation rules, the Population module includes other types of rules that apply to segments with a Benefit group.

Criteria Profile

Criteria Profile are rules to identify a subset of participants/dependents within a Benefit Group, so benefit eligibility rules can only be applied to that subset of individuals. For example, User Provided Data (UPD) rules to identify smoker status can be used to apply specific benefits to only non-smokers within a Benefit Group.

Rate Groups

Rate Groups are rules to identify subsets of participants/dependents within a Benefit Group that have different benefit rates (payroll deduction amounts). For example, within a Benefit Group, the rate amounts may vary based on scheduled hours or bargaining unit, etc.

Please note, Criteria Profiles and Rate Groups are <u>NOT</u> validated as part of the CVF Benefit Group module validations. The CVF Benefit Group module focuses only on validating the client's Benefit Group requirements captured under Benefit Groups (see screen shot below).
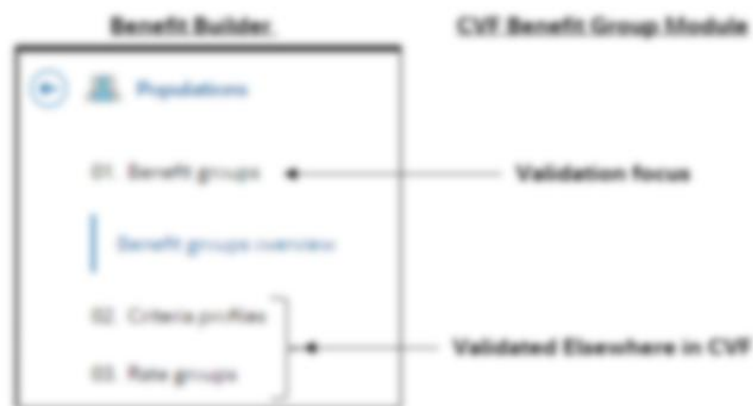
Data

Data Elements defined in Benefits Builder are the fundamental pieces of information required for each of the CVF modules and identify what queries are required to perform the validations in CVF. The data input for the client will define individual categories within each module, and the queries required to determine if data is correct in ABC for each participant. *Tables 1, 2*, and *3* list data elements that can be used by the client to define the client's Benefit Groups.

Standard Data Elements

These are standardized data elements which do not have any further definition, have a set list of values (i.e., Work State) and are not unique to each client. The client will select which data elements are relevant for their employees and employee benefits.

Table 1 – Standard list of fields and values.

Standard Data	
Annual Base Pay	Federal Employee ID (FEIN)
Commission	Scheduled Hours
Frozen Base Pay	Work State
Hire Date (Required)	Original Hire Date
Adjusted Hire Date	Family Member Student Status Code
Family Member Person Disability Code	Person Last Day of Work
Person Client Calc Years of Service	Deem OP Date of Birth
Deem OP Date of Death	Person Absence Benefit Coverage Extension End Date
Person Term Benefit Coverage Extension Date	Bonus
Highly Compensated Flag	Person Termination Rate Subsidy End Date
Absence Rate Subsidy End Date	Vesting Service Date

Standard Data Elements with Defined Values

Standardized data elements with a list of defined values are individually selected by the client. Each data element will have a list of values to select from in Benefits Builder. The client determines which and how many selections to use with each data element.

Table 2 – Standard data that may require defined values.

Standard Data with Defined Values	
Absence Reason	Hourly/Salaried
Absence Type	International Status
Disability Status	Person Type - Deem
Employment Status	Regular/Temporary Status
Full-time/Part-time Status	Salary Basis
Gender	Termination Reason
Person Medicare Status Code	Family Member Medicare Status Code
DB Pension Indicator	

Optional Data Elements with Defined Values

With optional data elements, the client can select data from a pre-defined list and then add their own unique values for the data element such as job code, business unit, or employee region code. For these codes to be administered, the values will be sent on a client feed.

Table 3 – Optional data which is selected and defined by the client.

Optional Data with Client Specific Values	
Absence Reason Detail	Acquisition Code
Grade	Bargaining Unit
Grandfathered Code	Client-Provided Benefit Group
Job Code	Company Code
Location Code	Cost Center
Organization	Department Code
Subsidiary Code	Divestiture Code
Termination Reason Detail	Division
VIP Code	Commission Code
Client-Provided Retiree Eligibility Code	Client-Provided Converted Retiree Code
Client-Provided Retiree Rate Code	Subdivision
Client-Provided Department	Client-Provided Job Name
Business Unit	District Code
Employee Region Code	

Extended Data Elements

Extended data elements are based on client needs and may not be necessary for the client's benefits. The client will define the data elements, the data element values, and how these values are used. The client will also determine whether these unique data elements require calculations for benefits or if it will be pass through data. Extended data elements can be dates, numbers, or a string of data.

Client Validation Framework

The Client Validation Framework (CVF) is a test automation tool used to validate functional areas for an ABC client's employees. All customers will be evaluated against client requirements and compared through multiple validations. The CVF is designed to proactively find any discrepancies between the expected module results and the actual data in ABC.

Client Requirements

Each CVF module will contain several validations that will be designed according to the client requirements. Because each client will have its own unique requirements, the validations for each CVF module will be specific to that client. The output of Benefits Builder requirements is a client specific test plan that contains numerous validations for each customer in ABC.

Data elements from client requirements will be developed into test cases, or validations, to ensure accuracy. The validations are written SQL queries created by QA and stored in digitization sheets with embedded SQL statements which can be modified with client specific data.
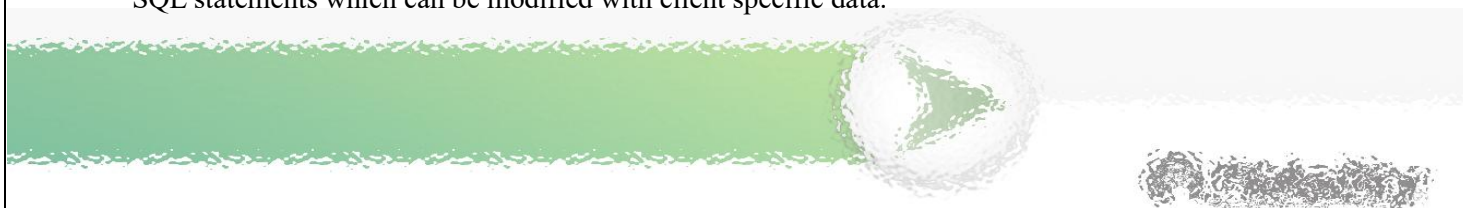
How CVF validations work for Benefit Group

Once requirements have been finalized and the data has been parsed through Benefits Builder Integrator, test cases will be created to validate customer data from ABC with the requirements data created from Benefits Builder.

Components of the Validation

1. Actual
2. Expected
3. Compare
4. Result of Compare = Pass/Fail

Table 4 shows the step-by-step process for a validation in the Benefit Group module.

Table 4

Expected Results	Example
1. CVF will look at the Benefit Group Definition in Benefits Builder	▪ Benefit Group (1) Definition: Client has a Benefit Group for unpaid (U) employees who are on a Leave of Absence (LOA)
Validations will be run for every customer for the client	
2. Review customer WS_ID	▪ CVF will review all customers for that client by the customer's WS_ID regardless of current Benefit Group and indicative data
3. Review customer indicative data	▪ CVF will review the customer's employment status for Benefit Group (1) = L ▪ CVF will review the customer's absence reason code for Benefit Group (1) = U
4. CVF will determine which Benefit Group the customer should be assigned	▪ Customer has emp status of L, absence code of U = **PASS** ▪ Customer has emp status of A, absence code of U = **FAIL** ▪ Customer has emp status of L, absence code of P = **FAIL**

Benefit Group Example

██████████ – *Active Employees Benefit Group*

A Benefit Group created for ██████████ is the Active Employees Benefit Group. Benefits Builder will have a detailed description of requirements for the Benefit Group as well as a list of data elements and values within the group.

The description of the Benefit Group for Active Employees for ▮▮▮▮▮▮▮ in Benefits Builder states:

▮▮▮
▮▮▮
▮▮▮▮

The data elements listed in *Table 5* are applicable to this Benefit Group; participants who do not match the data element information will not pass the validation in CVF for this Benefit Group.

Table 5

Data Element	Operator	Value
Person Reg Temp Status Code	Equal to	Regular
Person Fulltime Parttime Status Code	Equal to	Full Time; Part Time
Person Scheduled Hours	Greater Than or Equal	20
Person Employment Status Code	Equal to	Active Employee; LOA

Benefits Builder will have the client requirements for the Benefit Group as well as the parameters for the Active Employees outlined (see screen shot).

CVF will pull information from the Health & Welfare Participant Tables (HWP). Using the Active Employees Benefit Group for ▮▮▮▮▮▮▮▮ as an example, the data from HWP is extracted with the CVF validations and compared to customer data. *Table 6* illustrates a comparison between the data elements defined in Benefits Builder and the HWP tables. Data from Benefits Builder is highlighted in green; HWP data is listed below the green Benefits Builder table.

Table 6 – Benefits Builder Data <-> Health & Welfare Participant Table (HWP)

Data Element		Operator	Value	
Person Reg Temp Status Code		Equal to	Regular	
Table	**Description**	**Field (Data)**	**Description**	
▮▮▮▮▮▮▮	Primary table to create the client person in ABC	emp_stat_cd	Employment Status Code	

Data Element		Operator	Value	
Person Fulltime Parttime Status Code		Equal to	Full Time; Part Time	
Table	**Description**	**Field (Data)**	**Description**	
▮▮▮▮▮▮▮▮	Primary table to create the client person in ABC	ft_pt_status_cd	Full Time/Part Time	

Data Element		Operator	Value	
Person Scheduled Hours		Greater Than or Equal	20	
Table	**Description**	**Field (Data)**	**Description**	
▮▮▮▮▮▮▮	Primary table to create the client person in ABC	schd_hrs	Scheduled Hours	

Data Element		Operator	Value	
Person Employment Status Code		Equal to	Active Employee; LOA	
Table	**Description**	**Field (Data)**	**Description**	
▮▮▮▮▮▮	Person absences; tracks data associated to a person's LOA	abs_rsn_cd	Absence Reason Code	

A customer FAIL in CVF will have some preliminary information including, WS_ID, last known event, any applicable Jira and XTRAC tickets, and error type. The description for the Error Type will list the Actual result vs. the Expected result.

Actual (HWP participant data in ABC) < - > **Expected** (Query validation based on client requirements)