



REASON CODES

Definition

The reason code is a numerical 3-digit code used by the Health Benefits Services Division to indicate the type of action or event that has taken place and is generating a health enrollment or change in an existing health enrollment.

Purpose

The Health Enrollment Reason Codes is a working tool to be used when the Health Benefits Officer prepares the HBD-12 form. These same reason codes are also used in the CalPERS COMET database as a basis of every transaction.

CalPERS uses reason codes when:

- Processing HBD-12 forms
- Processing COBRA enrollments
- Processing Direct Pay changes
- Processing Medicare status changes
- Processing an Administrative Remedy
- Processing all enrollment changes for a member's health account

The guide should be referenced on a consistent basis to ensure that appropriate coding is applied.

The events are divided into groups such as new enrollments, adding or deleting family members, changing plans and open enrollment transactions. When adding or deleting family members, be sure to notice which events are permissive and which are mandatory. Effective dates and COBRA rights will be affected.

Reason Codes replaced Permitting Event Codes, and will be entered in box 14 of the HBD-12 health benefit plan enrollment form.

IMPORTANT: When enrolling a spouse, a copy of the *Marriage Certificate* is required. An *Affidavit of Eligibility* is required when enrolling an economically dependent child. A *Divorce Decree* is required when deleting a spouse due to divorce, and a *Declaration of Domestic Partnership* and *Financial Statement of Liability* forms are required to add a domestic partner.

Active employee's Health Benefit Officers: Please do not send these supporting documents to CalPERS—note the document obtained is on file in Box 35 "Remarks" of the HBD-12 and retain them in your office with a copy of the employee's HBD-12 form.

HEALTH ENROLLMENT REASON CODES

NEW ENROLLMENT

| REASON CODE | REASON DESCRIPTION | EVENT DATE | EFFECTIVE DATE METHOD* |
|-------------|---------------------------------------------------------------------------------------------------------------|-------------------------------------------------|------------------------|
| 100 | New Employee | Date of appointment | 2 |
| 101 | Late or Loss of coverage (Employee) | Date other coverage ends | 2 |
| 102 | New enrollment after Reinstatement from Retirement | Date of appointment | 2 |
| 103 | Return from Military Leave | Date employee returns to work | 2 |
| 104 | New Enrollment for Employee during <i>Open Enrollment</i> | Any date in Open Enrollment | 4 |
| 105* | New Enrollment for Retiree during <i>Open Enrollment</i> | Any date in Open Enrollment | 4 |
| 106 | New State Permanent Intermittent (PI) Employee | July 1 st or January 1 st | 9 |
| 107 | New State Permanent Intermittent (PI) Employee Off Pay Status during initial 60-day enrollment period. | Date of return to pay status | 2 |
| 108 | Employee enrolling in their own CalPERS health plan after deletion as a dependent from a CalPERS health plan. | Date dependent coverage terminates | 2 |
| 109* | Retiree enrolling in their own CalPERS health plan after deletion as a dependent from a CalPERS health plan. | Date dependent coverage terminates | 2 |
| 110* | New enrollment for Survivor | Date of request to enroll | 2 |
| 111 | New enrollment for Employee Off Pay Status during Open Enrollment Period. | Date of return to pay status | 6 |
| 112* | New Retirement enrollment | Date of retirement | 3 |
| 113* | Deferred Retirement enrollment | Date of retirement | 3 |
| 114* | New Survivor enrollment | Date of member's death | 1 M |
| 131 | COBRA Reduction in Hours | Date hours reduced | 7 |
| 132 | COBRA Loss of Employment | Date employment terminates | 7 |
| 147 | Late or Loss of Coverage (Retiree) | Date other coverage ends | 2 |
| 148 | Enroll half time employee | Date of appointment | 2 |
| 153 | BU 06 PI Cadet New Enroll | Date of appointment | 2 |
| 154 | Open Enrollment Survivor | Any date in Open Enrollment | 4 |

NEW ENROLLMENT FOR NEW CONTRACTING PUBLIC AGENCY (PA)

| | | | |
|------|------------------------------------------------------------|------------------|---|
| 115 | New enrollment for Employee of Newly Contracting PA | Date of Contract | 8 |
| 116* | New enrollment for Retiree of Newly Contracting PA | Date of Contract | 8 |
| 117* | New enrollment for Survivor of Newly Contracting PA | Date of Contract | 8 |
| 118 | New Contracting—LOA (Direct Pay) | Date of Contract | 8 |
| 150 | New Contracting Employee Enroll (Half-time) | Date of Contract | 8 |

*CalPERS Use Only

| REASON CODE | REASON DESCRIPTION | EVENT DATE | EFFECTIVE DATE METHOD* |
|------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------|------------------------|
| ADDING DEPENDENT(S) | | | |
| 200 | Adding Newborn or Newly Adopted Child | Date of birth, date of adoption or placement for adoption | 1 M |
| 201 | Adding New Spouse or Step-children due to Marriage | Date of Marriage | 2 |
| 202 | Adding child due to Change in Custody | Date dependent is acquired | 2 |
| 203 | Adding "miscellaneous" child who lives in parent-child relationship with employee | Date of legal custody or date dependent is acquired | 2 |
| 204 | Adding dependent due to loss of non-CalPERS health coverage | Date other coverage terminates | 2 |
| 205 | Adding dependent due to return from Military leave | Date of return from Military leave | 2 |
| 206 | Adding dependent during Open Enrollment | Any date in Open Enrollment | 4 |
| 207 | Adding dependent upon return from off pay status during Open Enrollment | Date of return to pay status | 6 |
| 208 | Adding dependent due to Court Order | Date Court Order Received | 1 P |
| 209* | Adding dependent to resolve Split Family Enrollment | Administratively determined | 3 |
| 210* | Adding Certified Disabled Dependent | Administratively determined | 3 |
| 215 | Add Domestic Partner | Date of Registration of Domestic Partnership | 2 |
| 216 | Adding Domestic Partner Child | Date of Registration of Domestic Partnership | 2 |
| DELETING DEPENDENT(S) | | | |
| 300 | Deleting dependent due to Death | Date of death | 1 M |
| 301 | Deleting dependent who reaches Age 23 | Dependent's 23 rd birth date | 1 M |
| 302 | Deleting dependent(s) due to Divorce | Date of divorce | 1 M |
| 303 | Deleting child due to Marriage | Date of child's marriage | 1 M |
| 304 | Deleting dependent who is enrolling in their own CalPERS health plan | The day before the effective date | 1 M |
| 305 | Deleting dependent that is no longer Disabled. | Date determined no longer disabled | 1 M |
| 306 | Deleting ineligible dependent. | Date determined ineligible as a dependent | 1 M |
| 307 | Deleting dependent that obtains other coverage. | Date other coverage begins | 1 P |
| 308 | Deleting dependent due to Legal Separation. | Date of legal separation | 1 P |
| 309 | Deleting dependent who goes on Military Leave | Date of Military Leave | 1 P |
| 310 | Deleting dependent due to loss of eligibility as "miscellaneous" child. | Date dependent loses eligibility | 1 M |
| 311 | Deleting <i>all</i> dependents | Date of request | 1 P |
| 312 | Deleting dependent due to Change in Custody. | Date custody changes | 1 P |
| 313 | Deleting dependent that moves out of household. | Date of move | 1 P |
| 314* | Deleting dependent to resolve dual coverage or split family enrollment. | Administratively determined | 3 |
| 315* | Deleting dependent due to premium deduction exceeds gross (AB 592) | Administratively determined | 3 |
| 318 | Domestic Partner Termination | Date Partnership terminates | 1 |
| 319 | Domestic Partner Child Termination | Date DP Terminates | 1 |
| 320 | Deleting dependent during Open Enrollment | Any date in Open Enrollment | 4 |

*CalPERS Use Only

| REASON CODE | REASON DESCRIPTION | EVENT DATE | EFFECTIVE DATE METHOD* |
|-------------------------------|------------------------------------------------------------------------------|------------------------------------------------|----------------------------|
| CHANGING HEALTH PLANS | | | |
| 400 | OPEN ENROLLMENT Change in Health Plans | Any date in Open Enrollment | 4 |
| 401 | Changing health plans upon return from off pay status during Open Enrollment | Date of return to pay status | 6 |
| 402 | Change in home or work address (Move) | Date of move | 1 P |
| 403 | Gain Association Membership | Date of membership | 1 P |
| 404 | Lose Association Membership | Date loses membership | 1 M |
| 405* | Special Open Enrollment | Administratively determined | 5 |
| 406* | Change in health plan due to premium deduction exceeds gross net | Administratively determined | 3 |
| 407* | Rollover/Mass Plan Change | Administratively determined | 3 |
| 408* | Provider Network Disruption | Administratively determined | 3 |
| 409* | Change in Medicare coordinated health plan | Administratively determined | 3 |
| ELIGIBILITY ZIP CHANGE | | | |
| 480 | Add Eligibility ZIP Code | Administratively determined | 3 |
| 481 | Terminate Eligibility ZIP Code | Administratively determined | 3 |
| CANCEL | | | |
| 500 | Permanent Intermittent Employee loses eligibility due to Insufficient Hours | End of Control Period (June 30 or December 31) | 3 Always 02/01 or 08/01 |
| 501 | Change in appointment to Non-Participating Bargaining Unit | Date of change in appointment | 1 M |
| 502 | Employment status changes to non-qualifying | Date status changes | 7 |
| 503 | Cancel coverage to elect Flex Cash during Open Enrollment | Any date in Open Enrollment | 4 |
| 504* | Delay in Retirement Roll Placement | Administratively determined | 1 P |
| 505 | Voluntary Request to Cancel Coverage | Date of Request | 1 P |
| 530 | Cancel coverage during Open Enrollment | Any date in Open Enrollment | 4 |

*CalPERS Use Only

EFFECTIVE DATES

| EFFECTIVE DATE NUMBER | EFFECTIVE DATE METHOD DESCRIPTION |
|-----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | 1 st day of the month following the Event Date (Mandatory Event) or HBO Received Date (Permissive). |
| 2 | 1 st day of the month following the HBO Received Date if within 60 days of the Event Date. If HBO Received Date is beyond the 60 th day, the effective date is the 1 st day of the month following a 90 day waiting period from the HBO Received Date (Permissive Event). |
| 3 | Administratively determined. |
| 4 | Open Enrollment effective date (January 1 of contract year). |
| 5 | Special Open Enrollment effective date determined by CalPERS. HBO Received Date must be within special enrollment dates established by CalPERS. |
| 6 | 1 st day of the month following HBO Received Date or most recent Open Enrollment effective date, whichever is latest. |
| 7 | 1 st day of the 2 nd month following the Event Date. |
| 8 | 1 st day of the month following HBO Received Date if within 60 days of the Contract Date. If HBO Received Date is beyond the 60 th day, the effective date is the 1 st day of the month following a 90 day waiting period from the HBO Received Date (Permissive Event). |
| 9 | State Permanent Intermittent Employees (PIs): 1 st day of the month following the HBO Received Date if within 60 days of the Event Date. If HBO Received Date is beyond the 60 th day, the effective date is the 1 st day of the month following 90 days from the HBO Received Date. |