

HR-XML Consortium

3.2.1 US Benefits Enrollment

Specification

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US Benefits Enrollment Specification Overview

HR-XML's US Benefits Enrollment schema supports enrollment in "tier-based" benefit coverage (such as medical, dental, and vision) and in spending accounts (for example, flexible spending accounts or "FSAs"). As the name implies, the schema is designed around requirements principally found within the U.S. market.

Actors

The most common way HR-XML's benefits enrollment specification has been implemented is in supporting the exchange of enrollment data between third party benefits administrators and insurance carriers. The specification may also be useful in supporting other scenarios, such as the communication of employee enrollment data from an employer core HR system to a benefits administrator's system.

Benefits Plan Administrator. A benefits plan administrator (or sometimes "third-party administrator" or "TPA") serves as recordkeeper for a benefits program, administers new enrollments and changes in plan elections, updates participant data to reflect business and life events, and administers legal compliance on behalf of an employer. The administrator also may provide on-line facilities for employees/participants to use in making elections, enrollments, and in gaining information with respect to their benefit programs.

Health Plan. A group health plan offers health care coverage for employers, student organizations, professional associations, religious organizations, and other groups. Many employers offer group health plans to employees and their dependents as a benefit of working with that particular employer (medical benefits).

Carrier. Insurance carriers underwrite group health plans and/or provide administrative services related to the processing of benefits claims. The phrase "administrative services only" (ASO) is used to refer to a carrier that administers claims and provides related services to a health plan that is self-funded by an employer. In the context of HR-XML specifications, the terms "carrier" and "health plan" sometimes are used interchangeably though the concepts are slightly different.

Trigger / Precondition

Examples of event categories that could trigger the collaboration, include:

Hire. A "hire event" coincides with the point in time at which a person who has been a candidate becomes associated with an employer as an employee. Sometimes systems are pre-provisioned with information about an individual after he or she has accepted the offer, but before the employee enters-on-duty.



Open Enrollment. A period designated for plan participants to change plans and/or their elections of options under those plans. Typically, a period of a week or weeks occurring once a year.

Enrollment upon Eligibility. Enrollment upon meeting application requirements, such as satisfying waiting periods upon new hire or entry on duty.

Employee Promotion or Position Transfer. The promotion or transfer of an employee to a new position obviously triggers a variety of associated changes (reporting relationships, pay and benefit changes, work location changes, etc.).

Life Events. This broad category of events covers such happenings in the lives of employees or plan participants as marriage, divorce, legal separation, marriage annulment, birth or adoption of dependent children, gain/loss of guardianship, death, disability, leave of absence, etc.

Pay and Benefit Election Changes. A wide variety of financial and life events can in turn trigger the need for employers to make changes to benefit elections, payroll withholding, tax allowances claimed, beneficiaries change, benefit providers, changes in contribution/allocations, etc.

Personal Data Changes. These include events such as changes in personal information, such as government identifier, person name, home address, direct deposit account, etc.

Benefit Plan Changes and Transfers. A transfer of a plan to a new carrier or plan administrator can trigger a variety of updates or the need to synchronize data from a core HR system with the system of the new carrier or administrator.

Implementation Considerations

Enrollment in Survivor Coverage

Following the death of the subscriber, some plan sponsors may offer survivors the opportunity to enroll as a subscriber for survivor coverage. Where the plan sponsors offers "survivor coverage," the surviving spouse or dependent electing such coverage may enroll as a new subscriber. In such cases, the association between the new enrollment for the survivor and the originating subscriber can be represented in a USEnrollment instance by setting the SubscriberTypeCode with a value "Survivorship" and using the Subscriber/OriginatingSubscriberDetails/SubscriberID to identify the associated deceased subscriber.

Complete Family Reporting

It is RECOMMENDED that complete family units be sent whenever there is a change to any member of the family. In other words, the unit of work for an update transaction is all members of the family regardless of whom or what is actually changing.

Enrollment Audit Messages

Overview

This section outlines a set of messages that employee benefit record keepers and health plans implementing HR-XML's Benefits Enrollment specification may find useful in conducting periodic audits. As a "Technical Note," these messages are not a normative part of the HR-XML library. The message set is offered as merely guidance. Please see the separate documentation for information on the U.S. Enrollment specification.

In the U.S. market for employee benefit services, many employers use a benefit administrator or record keeper in addition to one or more employee health plans (an insurance carrier, health maintenance organization, etc.). The benefit administrator typically is the "source of truth" for determinations of who is currently eligible to participate in a health plan (typically employees and their dependents and/or retirees and their dependents). The health plan, in turn, is responsible for making determinations of whether claimants are eligible for reimbursement or services under the plan. These two types of 'eligibility' determinations are separate and distinct, but depend on accurate information being shared between the benefit record keeper and the health plan. While a variety of means are employed to ensure data integrity, periodic audits (e.g., monthly or quarterly) are a common way to maintain data accuracy.

The way audits commonly work is for the plan record keeper to send a complete record to the health plan for each 'contract' (a subscriber, such as an employee, or dependent of such subscriber). The health plan then compares each record against the information in its system and returns information to the record keeper about results. Broadly speaking, two outcomes are possible from such a comparison:

Match

A match indicates that the information on the record keeper's system is consistent with what is on the health plan's system.

Mismatch

A mismatch indicates that there is a 'material' difference between the information on record keeper's system compared to that on the health plan's system. What constitutes a "material" difference would generally be defined by the trading-partner agreement. A "no match" means that a record for an individual subscriber or dependent is on one system, but not the other system.

As mentioned above, audits typically are "full-file" comparisons of the records from one system against another. The most common way to accomplish this might be through use of the SyncUSEnrollment BOD. The message sets below include explanations and recommended "actions" in response. Note that the action descriptions are intended as a general description of the business action that needs to be



accomplished. These descriptions are not specific data management instructions with respect to using HR-XML BODs.

Audit Messages

The messages follow the format below:

[Match | Mismatch:] [Qualifying Info:]? [Subscriber | Dependent]?

The first part is 'Mismatch:' The second part of the message qualifies the type of mismatch. The third part of the message corresponds to a name of the element within the Enrollment schema within which the mismatch occurred.

Message

Match

Explanation

No material difference found between information on the record keeper's system and that on the health plan system.

Many trading partners may not require an affirmative confirmation of a match.

Action

No Action.

Message

Mismatch: Coverage: Dependent

Explanation

Information showing coverage for a dependent on the record keeper's system differs from that on the health plan system.

Action

Sender should review the coverage discrepancies reported on the acknowledgment and send the Carrier updated Dependent coverage information if the Carrier's system has incorrect values.



If the Carrier's system has the correct coverage information for the Dependent, then the Sender does not need to do anything.

Message

Mismatch: Coverage: Subscriber

Explanation

Information showing coverage for subscriber on the record keeper's system differs from that on the health plan system.

Action

Sender should review the coverage discrepancies reported on the acknowledgment and send the Carrier updated Subscriber coverage information if the Carrier's system has incorrect values.

If the Carrier's system has the correct coverage information for the Subscriber, then the Sender does not need to do anything.

Message

Mismatch: Active on Carrier System: Dependent

Explanation

A Dependent is active on the health plan system for which no record exists in the audit file sent by the record keeper.

Action

Sender should review the eligibility status of the Dependent and send a request to terminate the Dependent if the Dependent should really be terminated.

If the Carrier's system has the correct coverage information for the Dependent, then the Sender does not need to do anything.

Message

Mismatch: Active on Carrier System: Subscriber

Explanation



A Subscriber is active on the health plan system for which no record exists in the audit file sent by the record keeper.

Action

Sender should review the eligibility status of the Subscriber and send a request to the Carrier to terminate the Subscriber if the Subscriber should really be terminated.

If the Carrier's system information is correct and the Subscriber should be active, then the Sender does not need to do anything.

Message

Mismatch: Identity Field: Dependent

Explanation

An identity field (name, person id number, etc.) for a dependent on the health plan system differs from that reported by the record keeper.

Action

Sender should review the identity field that did not match and determine which system has the correct information.

If the Carrier's system information is correct, the Sender does not need to do anything.

Message

Mismatch: Identity Field: Subscriber

Explanation

An identity field (name, person id number, etc.) for a subscriber on the health plan system differs from that reported by the record keeper.

Action

Sender should review the identity field that did not match and determine which system has the correct information.

If the Carrier's system information is correct, the Sender does not need to do anything.

If the Sender's system information is correct, the Sender should send a request to the Carrier to update the identity field for the Subscriber.

If there is a business rule that prevents the identity field to be updated, the Sender needs to contact the Carrier to have this identity field manually corrected on the Carrier's system.

Message

Mismatch: Demographic Field: Dependent

Explanation

A demographic field (e.g., phone number, etc.) for a dependent on the health plan system differs from that reported by the record keeper.

Action

Sender should review the demographic field that did not match and determine which system has the correct information.

If the Carrier's system information is correct, the Sender does not need to do anything.

If the Sender's system information is correct, the Sender should send a request to the Carrier to update the demographic field for the Dependent.

If there is a business rule that prevents the demographic field to be updated, the Sender needs to contact the Carrier to have this identity field manually corrected on the Carrier's system.

Message

Mismatch: Demographic Field: Subscriber

Explanation

A demographic field (e.g., phone number, etc.) for a subscriber on the health plan system differs from that reported by the record keeper.

Action

Sender should review the demographic field that did not match and determine which system has the correct information.

If the Carrier's system information is correct, the Sender does not need to do anything.

If the Sender's system information is correct, the Sender should send a request to the Carrier to update the demographic field for the Subscriber.

If there is a business rule that prevents the demographic field to be updated, the Sender needs to contact the Carrier to have this identity field manually corrected on the Carrier's system.

Message

Mismatch: Terminated on Carrier System: Dependent

Explanation

The health plan system indicates that a Dependent reported as active by the record keeper has a terminated status on the health plan system.

Action

Sender should review the Dependent's eligibility status and send a request to the Carrier to reinstate the Dependent if the Dependent should really be active.

If the Carrier's system information is correct and the Dependent should be terminated, then the Sender does not need to do anything.

Message

Mismatch: Terminated on Carrier System: Subscriber

Explanation

The health plan system indicates that a Subscriber reported as active by the record keeper has a terminated status on the health plan system.

Action

Sender should review the Subscriber's eligibility status

Sender should review the Subscriber's eligibility status on the Sender's system and send a request to the Carrier to reinstate the Subscriber if the Subscriber should really be active.

If the Carrier's system information is correct and the Subscriber should remain terminated, then the Sender does not need to take any action.

Mismatch: Not Found on Carrier System: Dependent

Explanation

The health plan system indicates that a Dependent reported as active by the record keeper is not found on the health plan system.

Action

Sender should review the Dependent's eligibility status and send a request to the Carrier to add the Dependent if the Dependent should have health coverage.

If the Carrier's system information is correct and the Dependent should NOT have health coverage, then the Sender does not need to do anything.

Message

Mismatch: Not Found on Carrier System: Subscriber

Explanation

The health plan system indicates that a Dependent reported as active by the record keeper is not found on the health plan system.

Action

Sender should review the Subscriber's eligibility status and send a request to the Carrier to add the Subscriber if the Subscriber should have health coverage.

If the Carrier's system information is correct and the Subscriber should NOT have health coverage, then the Sender does not need to do anything.

Examples for each of these components can be found in the Instances folder.

The examples in the following sections correspond to examples used to illustrate the prior versions of the HR-XML enrollment specification (those in the series of 2.X releases). Small changes have been made to the data from the original examples. For example, dates have been made contemporary to publication time. In some places, new data was introduced to illustrate schema changes or capabilities. However, the intent of carrying the same examples forward is to show that implementations using the 2.X architecture can readily be carried forward to the 3.X architecture.

US Enrollment "A" Examples

Joe Thompson is a new hire at Computer Company at its Chicago offices. His date of hire is 2009 Jan 01 and he is immediately eligible for his health & welfare benefits.

ProcessUSEnrollment-Tier-SimpleEnrollment-Example-A1.xml

- On 2009 Jan 01, Joe elects coverage under the HMO option with coverage only for himself.

ProcessUSEnrollment-Tier-FamilyCoverage-Example-A2.xml

- On 2009 February 02 Joe gets married and adds his spouse and a child to coverage. Note the following:
- The actionCode attribute of ActionExpress is "Replace". This indicates that a "Snapshot" or full-file refresh approach is being used.
- Joe adds his new wife, Mary, to his coverage and a dependent child, Sahriya.
- Joe's coverage is changed from ".Employee". to ".Family".
- This change is communicated 2009 February 3, which is the effective data of Joe's new coverage level and the new coverage for Mary and Sahriya.

ProcessUSEnrollment-Tier-DependentCoverage-Example-A3.xml

- On 2010 February 01, Joe adds another child to his coverage (Dave). Note the following:
- The actionCode attribute of ActionExpress is "Replace". This indicates that a "Snapshot" or full-file refresh approach is being used.
- CoverageLevel remains unchanged since Joe is adding a new dependent to existing family coverage.
- The effective date for Dave's coverage is 2010 February 01.

ProcessUSEnrollment-Tier-MultipleIncremental-Example-A4.xml

SyncUSEnrollment-Tier-MultipleSnapshot-Example-A1.xml

US Enrollment: "B" Examples

ProcessUSEnrollment-FSA-DeathOfEmployee-Example-B1.xml

- Jerry Carmack is employed with Perry & Sons construction.
- He and his wife, Reba Carmack, are enrolled in a self-insured medical plan from his company.
- Jerry and Reba are very close to retirement age.
- Perry & Sons' medical plan offers coverage to a surviving spouse for the remainder of his or her life.
- On August 16, 2001, Jerry dies and all benefits are terminated

US Enrollment: "E" Examples

Janice Haynes is employed with Premier Company. She decides to enroll in the flexible spending account for health care. Later, she marries and increases her contributions to the account.

ProcessUSEnrollment-FSA-SimpleEnrollment-Example-E1.xml

- Janice Haynes enrolls in her employer's flexible spending account plan for health care.

ProcessUSEnrollment-FSA-Change-Example-E2.xml

- Janice Haynes was recently married and decides to increase her per pay period contributions. Note that an "actionCode" of "Replace" is specified within the ActionExpression. This indicates that a "full-file" approach is used in handling the update.

SyncUSEnrollment-Tier-FSA-Simple-Example-E1.xml

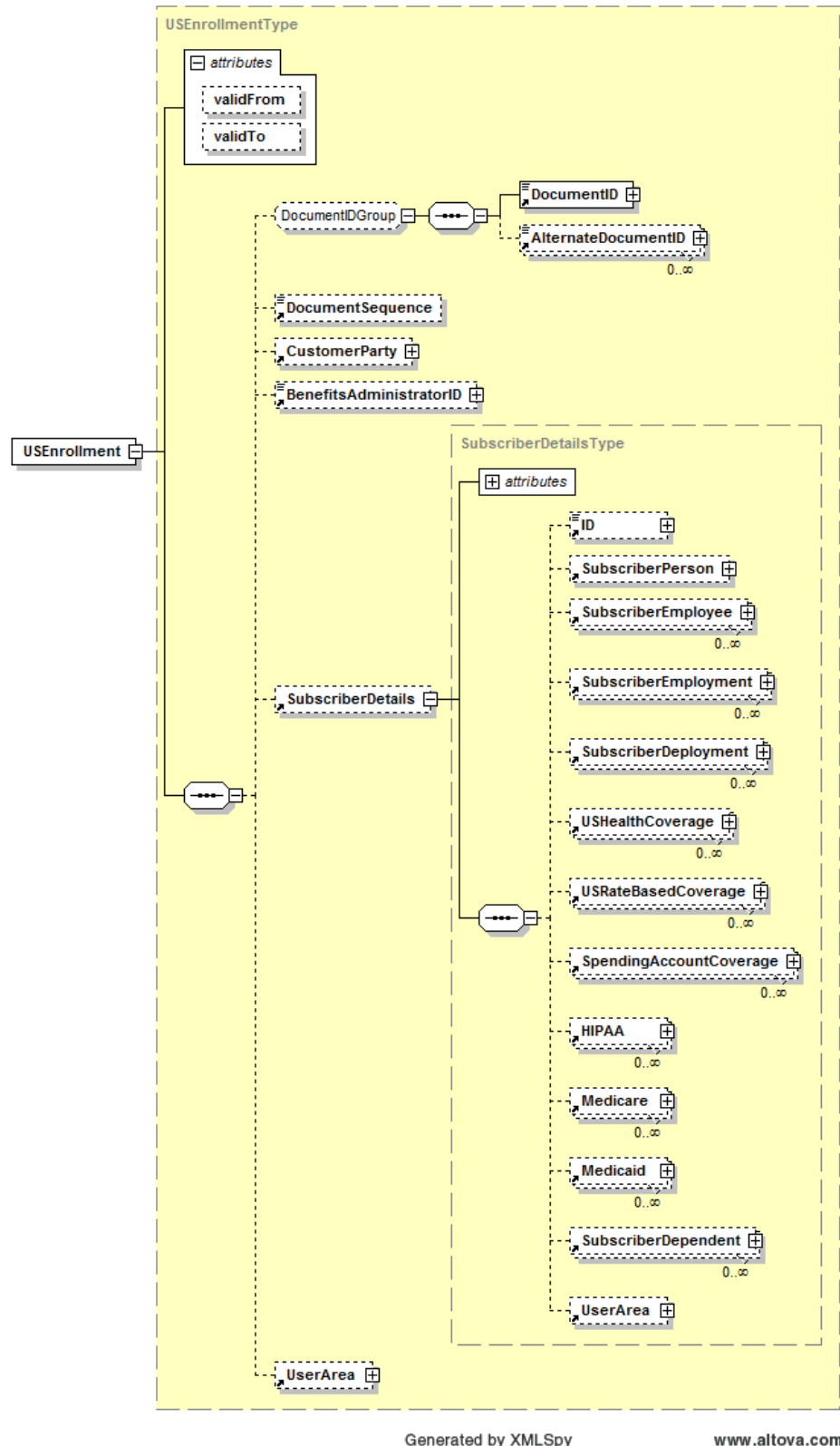
US Enrollment: "F" Examples

ProcessUSEnrollment-RateBased-Enrollment-Example-F1.xml

- Edmund Brady enrolls in the employer's basic life, dependent life (for his wife), and long term disability plans.

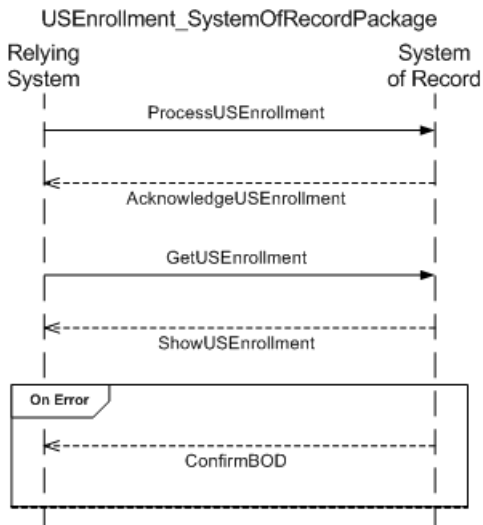
SyncUSEnrollment-RateBased-Enrollment-Example-F1.xml

Appendix B: Noun Layouts



Appendix C: Business Object Document Diagrams

A service that a system of record would host (the plan record keeper or system that serves as the authoritative source of enrollment data).



A service that a relying system would host (for example, a carrier working with a plan administrator).

