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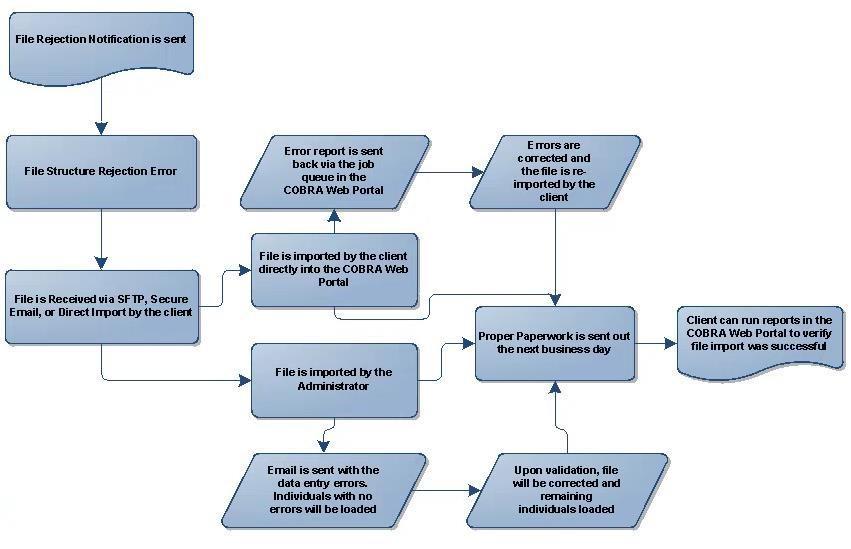
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# File Integration Guide

## 1. About the COBRA Import System

The COBRA Import System accepts and processes electronic data files containing QB events

(COBRA events) and NPM (active employees enrolled in at least one COBRA-eligible plan). When a file is received it is taken through a process to evaluate the content of the data and identify any errors. This process checks for proper formatting as well as any issues with the data.



## 2. File Requirements

COBRA files are provided to the system via SFTP, or by the client directly importing the file into the COBRA Web Portal. Discovery Benefits provides the username and password for the SFTP drop location.

### 2.1 Formatting Rules

* The COBRA Import System utilizes a Comma Separated Values (CSV) text file to import information. A CSV file is a text file that contains values on each row that is separated by commas. The file must have the extension .TXT or .CSV.
* Files should contain changes only.
* Fields have specified maximum lengths as indicated in the specification. No zero padding or space padding is necessary unless specified.
* Dollar signs ($) are not supported for currency fields.
* “Valid Values” are the available values for the field. Only these values will be accepted for processing of the file.
* All required fields must be submitted with each file. If a record is sent with values for a required field missing, a file error will populate and that event will not be loaded. The file error will need to be reviewed in the LEAP™ portal.  The file name is limited to 100 characters and should be sent in the following format.

o Test Data File Name: \_TEST\_YYYYMMDD\_GROUPNAME\_QB\_GPID.txt o Live Data File Name: YYYYMMDD\_\_GROUPNAME\_QB\_GPID.txt

* + *Include ‘QB’ in the file name if the data on the file is qualified event data.*
  + *Include ‘NPM’ in the file name if the data on the file is new hire data.*
  + *Both record types can be included on the same file, or sent on separate files.*

### 2.2 Multiple-Client Files

Multiple clients can be included in a single file. The COBRA Import System will sort the file by employer for processing, saving time by eliminating the need to manually sort files.

To submit a file with records from multiple clients, the following process must be used:

 A unique file naming convention and SFTP log-in will be provided to the vendor/client. This naming convention will need to be used so that Discovery Benefits is aware a multi-client file has been received.  If a client within the file and/or the entire file doesn’t have an events to report, please submit an email to cobraemployerservices@discoverybenefits.com to communicate that the file will be blank.

## 3. Sending Files Using SFTP

The process for sending files using SFTP is as follows:

1. The file is sent to the SFTP site via an automated file transfer process or by manually logging into the SFTP site and uploading the file.
2. The system processes and loads the file upon receipt .
3. An email notification is generated (if configured) once the file has been received.
4. If the file fails initial validation due to an incorrect file format, an email is sent communicating the failure.
5. If the error was caused by a file issue, the file should be corrected and resubmitted to Discovery Benefits.

**Note:** If multiple files are sent (QB and NPM) please ensure the proper file naming convention is used.

### 4. Direct File Import into the COBRA Web Portal

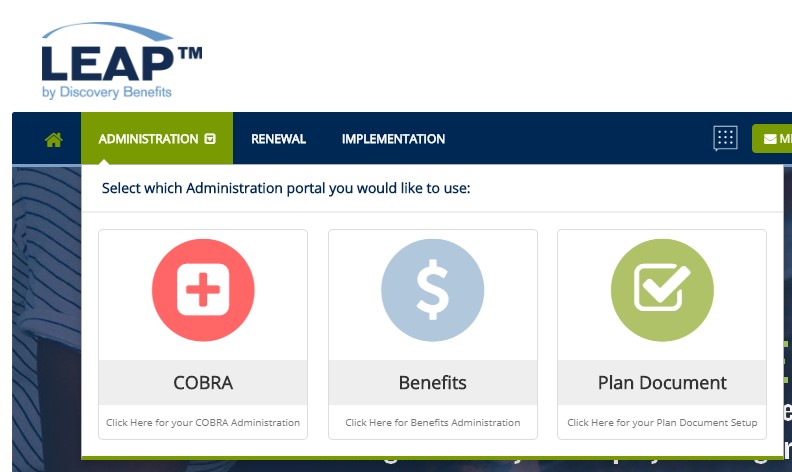
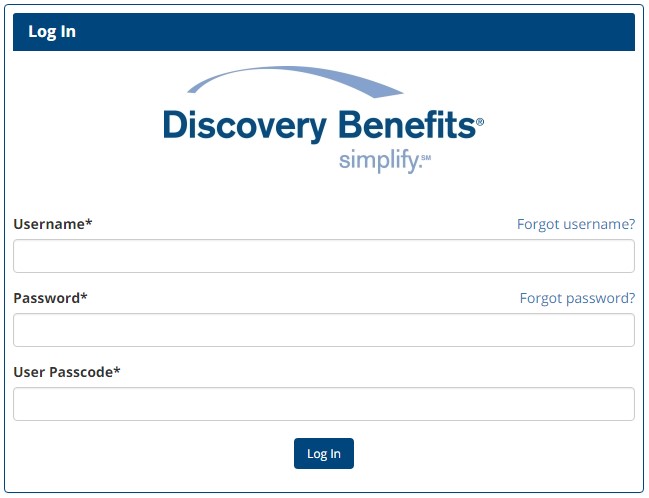
The process for directly importing files into the COBRA Web Portal:

1. Go to LEAP ® at [https://employer.discoverybenefits.com](https://employer.discoverybenefits.com/)

1. Log in using your assigned username, password and passcode.

3.

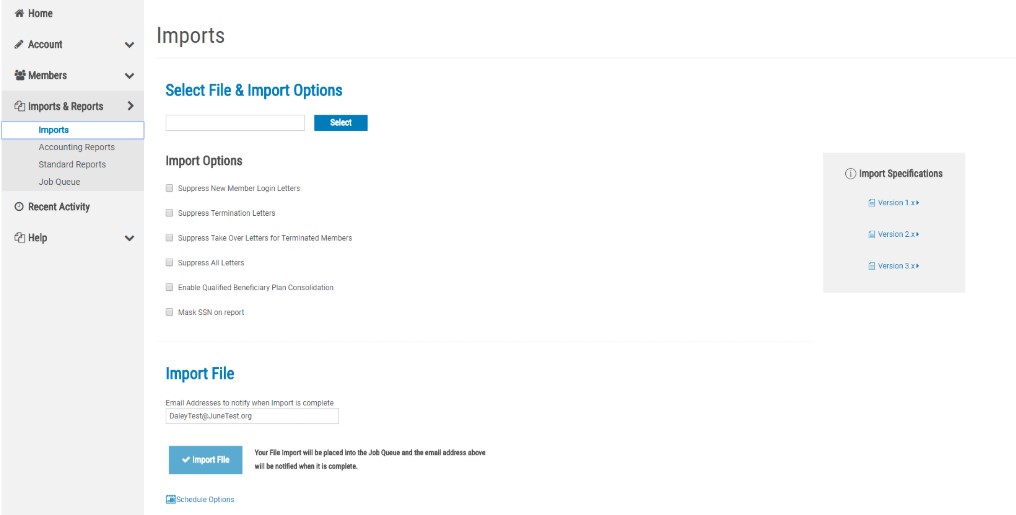
From the main menu, click on Administration, and then select COBRA.



4.

From

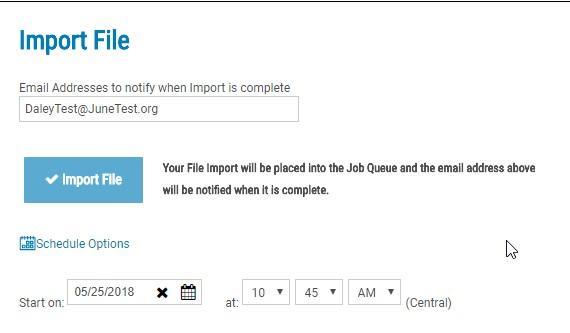
the side navigation bar select Imports & Reports, then Imports.



1. Find the location of the saved file by choosing ‘Select’

1. Can specify an email address to notify when the process is complete and schedule import options

1. Select ‘Import File’



1. This will bring you into the job queue. Please review the report to verify a successful load or if there were any errors.

Below you will find a list of common errors you may receive during the direct import process.

* + Additional commas in a field will cause the record to error out and not import. For example, commas listed in addresses.
  + COBRA start date cannot be equal to or before first day of coverage:
    - Error line type: [QBPLAN] o Error language: QBPlan StartDate cannot be before FDOC.
  + First day of active coverage prior to QE date:
    - Error line type: [QB] o Error language: Invalid Event Date/Enrollment Date.
  + Plans are not listed on the file for the QB:
    - Error line type: [QB]
    - Error language: No [QBPLAN] or [QBPLANINITIAL] lines in QB definition (QBs must have at least one plan).
  + Invalid coverage level listed on file:
    - Error line type: [QB] o Error language: No valid rates in force for coverage level for plan start date.
  + Domestic partner relationship listed incorrectly. Must be listed as DOMESTICPARTNER:
    - Error line type: [QB] o Error language: Not a valid relationship DOMESTIC PARTNER.  First day of active coverage missing:
    - Error line type: [QBEVENT]
    - Error language: Error adding row to import table [QBEVENT] – Column ‘EnrollmentDate’ does not allow nulls.
  + Missing coverage level:
    - Error line type: [QBPLAN] o Error language: Error parsing import column [NumberOfUnits] for table [QBPLAN]. Input string was not in a correct format. RowData=PlanName=VSP Vision StartDate=7/1/2012 CoverageLevel=
  + Duplicate plan type:
    - Error line type: [QB] o Error language: Violation of UNIQUE KEY constraint ‘tblQBInsuranceTypePlan\_UC1’. Cannot insert duplicate key in object ‘dbo.tblQBInsuranceTypePlan’. The statement has been terminated.
  + Participant is listed with FSA plan type but no rate is provided:
    - Error line type: [QB]
    - Error language: You cannot import a NORATE/MEMBERSPECIFICRATE plan without the corresponding [QBPLANMEMBERSPECIFICRATE] line, check that for each [QBPLAN] line that there exists a [QBPLANMEMBERSPECIFICRATE] for each [QBPLAN] line that has a NORATE rate type.

* Dependents are offered a different plan than QB:
  + Error line type: [QB] o Error language: Dependent: John,Doe. Failed to compare two elements in the array.
* Event date plans: The qualifying event date must directly proceed the first day of COBRA.
  + Error line type: [QB]
  + Error language: Plan start date of 06/01/2012 would create a break in coverage. This is not allowed.
* NPM hire date: The hire date field must be filled out for members re-hired with the company o Error line type: [NPM]
  + Error language: You must enter a Hire Date for this NPM

## 5. Version Record Layout

Each import file should include a [VERSION] section/tag that identifies what import version the import file is adhering to. If no [VERSION] record exists in the import file, then an error will be generated. QB and NPM files utilize version 1.1.

**Example:**

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*Find out if we need the state inserts or subsidiary records

[VERSION], 1.1

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Field Name** | **Version Record Description** | **Format** | **Maximum**  **Field Length** | **Mapping Notes** | **Required** |
| Version | Version of the file format being used. | Alphanumeric | 2 | 1.1 | Y |

## 6. QB (Qualified Beneficiary) Import File Layout

The first field of each line defines what type of information will follow for the fields contained in that line. For instance, a QB record will need a QB line that starts with a line identifier of “[QB]” and might appear something like this:

[QB], My Client Name, My Client Division Name, MR, Bob, L, Jones, 555555555, (etc.)

This QB will also need a line that defines the qualifying event information for the QB. This is accomplished with a line that begins with a line identifier of “[QBEVENT]” and the file might now appear something like this:

[QB], My Client Name, My Client Division Name, MR, Bob, L, Jones, 555555555, (etc.)

[QBEVENT], TERMINATION, 5/1/2008, 1/1/1999, , , (etc.)

All of the lines that follow the “[QB]” line are related to that QB. When a new “[QB]” line is encountered, the previous QB is validated and saved to the database and the new QB begins the import process.

**Note:** For each QB record there must be a [QB], [QBEVENT], and [QBPLAN] record.

Developer Notes for QB Record

This file will use the deduction codes below

ADEN1, ADEN2, AVIS, KMP, UHEPO, UHMOH, UPPOH, UPPOS, UHMOL, UPPOL, FSA

If term due to one of the reasons below, do not send the employee, only send the deps losing coverage.

|  |  |
| --- | --- |
| Death of the Employee | edhChangeReason = 210 or EecEmplStatus = T and EecTermReason = 203 |
| Divorce/Legal Separation | edhChangeReason = LEVNT4 or 204 |
| Dependent Ceasing to be Dep | edhChangeReason = LEVNT3, 201, 302 |

### 6.1 [QB]

Example [QB] line:

[QB],My Client Name,My Client Division Name,MR,Bob,L,Jones,888888888,(etc.)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Field Name** | **Record Description** | **Format** | **Maximum**  **Field**  **Length** | **Mapping Notes** | **Required** |
| Client Name | Unique Client Name assigned by Discovery Benefits. | Alphanumeric | 100 | Ancon Marine Inc 41587 | Y |
| Client Division  Name | Unique Client Division Name(s) assigned by Discovery  Benefits. If there are no  Divisions, then use the  ClientName without the five digit code. | Alphanumeric | 50 | If EecCoID =49VMT (ANCON) send Ancon Marine  If EecCoID = 49VSW (HH) send Hardin Holdings | Y |
| Salutation | MR, MRS, MS, MISS, DR | Alphanumeric | 35 | Leave blank | N |
| First Name | First name of the participant. | Alphanumeric | 50 | If edhChangeReason = 201, 302, LEVNT3, 204, 210 or LEVNT4 send confnamefirst else send eepnamefirst | Y |
| Middle Initial | Middle initial of the participant. | Alphanumeric | 1 | If edhChangeReason = 201, 302, LEVNT3, 204, 210 or LEVNT4 send 1st digit of connamemiddle  else send else send 1st digit of eepnamemiddle | N |
| Last Name | Last name of the participant. | Alphanumeric | 50 | If edhChangeReason = 201, 302, LEVNT3, 204, 210 or LEVNT4 send confnamelast else send eepnamelast | Y |
| SSN | Social Security Number of the participant.  **Note:** Can include dashes. | Numeric | 11 | If edhChangeReason 201, 302, LEVNT3, 204, 210 or LEVNT4 send conssn  else send Eepssn  send all 9 digits (including leading zeros) | Y |
| Individual ID | Optional, used to store  Employee ID’s or any other type of secondary identification. | Alphanumeric | 20 | Leave blank | N |
| Email | Email address for the participant that will be used for electronic communications to the participant. | Email | 50 | Leave blank | N |
| Phone | Primary phone number for the participant – must be formatted as 10 digits.  Note: Can include dashes however no spaces between  numbers | Phone | 10 | Leave blank | N |
| Phone 2 | Secondary phone number -  Must be formatted as 10 digits. Note: Can include dashes however no spaces between  numbers | Phone | 10 | Leave blank | N |
| Address 1 | Participant’s Address Line 1. **Note:** Do not use commas. | Alphanumeric | 50 | If edhChangeReason = 201, 302, LEVNT3, 204, 210 or LEVNT4 send ConAddressLine1  else send EepAddressLine1 | Y |
| Address 2 | Participant’s Address Line 2. **Note:** Do not use commas. | Alphanumeric | 50 | If edhChangeReason = 201, 302, LEVNT3, 204, 210 or LEVNT4 send ConAddressLine2  else send EepAddressLine2 | N |
| City | Name of the city of the participant’s address. | Alphanumeric | 50 | If edhChangeReason = 201, 302, LEVNT3, 204, 210 or LEVNT4 send ConAddressCity  else send EepAddressCity | Y |
| State or Province | State or province code of the participant’s address.  \*For US addresses only, State code should be 2 letters. | Alphanumeric | 50\* | If edhChangeReason = 201, 302, LEVNT3, 204, 210 or LEVNT4 send ConAddressState  else send EepAddressState | Y |
| Postal Code | Postal code of the participant’s address. | Alphanumeric | 35 | If edhChangeReason = 201, 302, LEVNT3, 204, 210 or LEVNT4 send ConAddressZipCode  else send EepAddressZipCode | Y |
| Country | Leave blank if the QB resides in the USA.  **Note:** Must be entered for non US residents. | Alphanumeric | 50 | Leave blank | N\* |
| Premium Address Same As Primary | Set to True if the address to send premium notifications is the same as the QBs main address. | Alphanumeric | 5 | True | Y |
| Premium Address 1 | Deprecated – any value will be ignored. | Alphanumeric | 50 | Leave blank | N |
| Premium Address 2 | Deprecated – any value will be ignored. | Alphanumeric | 50 | Leave blank | N |
| Premium City | Deprecated – any value will be ignored. | Alphanumeric | 50 | Leave blank | N |
| Premium State Or Province | Deprecated – any value will be ignored. | Alphanumeric | 50 | Leave blank | N |
| Premium Postal Code | Deprecated – any value will be ignored. | Alphanumeric | 35 | Leave blank | N |
| Premium Country | Deprecated – any value will be ignored. | Alphanumeric | 50 | Leave blank | N |
| Sex | M, F | Alphanumeric | 1 | If eepgender or ConGender = M send M  If eepgender or ConGender = F send F  Else send U | Y |
| DOB | Date of Birth. MM/DD/YYYY | Date | 10 | If edhChangeReason = 201, 302, LEVNT3, 204, 210 or LEVNT4 send condateofbirth else send eepdateofbirth  MM/DD/YYYY | Y |
| Tobacco Use | Identifies whether or not participant uses tobacco.  YES, NO,  UNKNOWN | Alphanumeric | 35 | UNKNOWN | Y |
| Employee Type | Identifies employment status when participant was an active employee.  FTE, PTE, H1B, CONSULTANT,  SABBATICAL,  PROBATIONARY,  CONTINGENT,  TELECOMMUTING,  INTERN,  GROUPLEADER,  ASSOCIATE,  PARTNER,  UNKNOWN | Alphanumeric | 35 | UNKNOWN | Y |
| Employee Payroll Type | Identifies payroll status when participant was an active employee.  EXECUTIVE,  EXEMPT,  HOURLY,  NONEXEMPT,  SALARY,  UNKNOWN | Alphanumeric | 35 | UNKNOWN | Y |
| Years of Service | \*Required if plans are broken out by years of service. | Numeric |  | Leave blank | N\* |
| Premium Coupon Type | Identifies how participants will be notified of their premiums. **Note:** Used to override client level setting.  PREMIUMNOTICE,  COUPONBOOK,  NONE | Alphanumeric | 35 | COUPONBOOK | Y |
| Uses HCTC | True if this QB uses the Health Care Tax Credit system.  (defaults to FALSE)  TRUE, FALSE | Alphanumeric | 5 | FALSE | N |
| Active | COBRA Status. | Alphanumeric | 5 | TRUE | Y |
| Allow Member SSO | DBI does not set up SSO for COBRA members.  \**Optional field and only required if used on the file* | Alphanumeric | 5 | FALSE | Y\* |
| Benefit Group | *\*Optional customized field* | Alphanumeric | 50 | Leave blank | N\* |
| Account Structure | *\*Optional customized field* | Alphanumeric | 50 | Leave blank | N\* |
| Client Specific Data | *\*Optional customized field* | Alphanumeric | 50 | Leave blank | N\* |

### 6.2 [QBEVENT]

Record type used to identify QB’s qualifying event information.

 EventType determines the Category of Event, either Employee or Dependent. Dependent EventTypes are: DIVORCELEGALSEPARATION, DEATH, INELIGIBLEDEPENDENT and MEDICARE. All other EventTypes are Employee.

Example [QBEVENT] line:

[QBEVENT],TERMINATION,5/1/2008,1/1/1999,888888888,,(etc.)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Field Name** | **Record Description** | **Format** | **Maximum**  **Field**  **Length** | **Valid Value(s)** | **Required** |
| Event Type | Type of Qualifying Event.    **Note:** Please refer to available coverage levels in QBPLAN  records to determine coverage level that  would apply to each  QBEvent. Depending on the event the coverage  level may change based on the new QB.  Example: IneligibleDependent event would change  coverage level to EE  Only as the dependent is now the QB. | Alphanumeric | 35 | If EecEmplStatus = T and EecTermReason <> 202 or 203 and eectermtype = V send TERMINATION  If EecEmplStatus = T and EecTermReason <> 202 or 203 and eectermtype = blank send TERMINATION  If EecEmplStatus = T and EecTermReason = 203 send DEATH  If EecEmplStatus = T and EecTermReason = 202 send RETIREMENT  If EecEmplStatus = T and eectermtype = I send INVOLUNTARYTERMINATION  If edhChangeReason = 208 send RETIREMENT  If edhChangeReason = 205 send MEDICARE  If edhChangeReason = 204 or LEVNT4 send DIVORCELEGALSEPARATION    If edhChangeReason = 201, 302 or LEVNT3 send INELIGIBLEDEPENDENT  If edhChangeReason = 203 or 202 send REDUCTIONINHOURS-STATUSCHANGE  If edhChangeReason = 206 REDUCTIONINHOURS-ENDOFLEAVE  Please note the Hyphen is required in the following Event Types  REDUCTIONINHOURS-STATUSCHANGE  REDUCTIONINHOURS-ENDOFLEAVE | Y |
| Event Date | The date the Qualifying  Event occurred. Do not adjust for plan benefit termination types.  Please use the actual date of the event. | Date MM/DD/YYYY | 10 | If EecEmplStatus = T and EecTermReason <> 202 or 203 send EecDateOfTermination  Or  If EecEmplStatus = T and EecTermReason = 202 or 203 and eepDateOfCOBRAEvent is blank send EecDateOfTermination  Or  If edhChangeReason = LEVNT3, LEVNT4, 204, 210, 201, or 302 send edheffdate  else send eepDateOfCOBRAEvent | Y |
| Enrollment Date | Original enrollment date of the member’s plan.  **Note:** Can be any date prior to the event date. | Date  MM/DD/YYYY | 10 | If edhChangeReason = LEVNT3, LEVNT4, 204, 210 or 201, 302 send most recent conbenstartdate  Else send most recent Eedbenstartdate | Y |
| Employee SSN | The original Employee’s SSN. | SSN | 11 | eepssn | Y |
| Employee Name | The original employee’s Name. | Alphanumeric | 100 | Eepnamefirst space Eepnamelast | Y |
| Second Event  Original  FDOC | Deprecated – any value will be ignored. | Date  MM/DD/YYYY | 10 | Leave blank | N |

### 6.3 [QBPLANINITIAL]

Simplified record used to enter the plan and coverage level tied to the QB. This record assumes that the QB is on the plan from FDOC (First Day of COBRA) and LDOC (Last Day of COBRA). Do not use this record if there are Bundles (Embedded Plans).

Example [QBPLANINITIAL] line:

[QBPLANINITIAL],Medical Plan,EE+FAMILY,

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Field Name** | **Record Description** | **Format** | **Maximum**  **Field**  **Length** | **Valid Value(s)** | **Required** |
| Plan Name | The unique Client plan Name | Alphanumeric | 50 | When EedDedCode = ADEN1 send Anthem CA Dental HMO  When EedDedCode = ADEN2 send Anthem CA Dental PPO  When EedDedCode = AVIS send Anthem CA Vision  When EedDedCode = KMP send Kaiser CA Medical HMO  When EedDedCode = UHEPO send UnitedHealthcare Medical EPO  When EedDedCode = UHMOH send UnitedHealthcare Medical High HMO  When EedDedCode = UPPOH send UnitedHealthcare Medical High PPO  When EedDedCode = UPPOS send UnitedHealthcare Medical HSA HDHP  When EedDedCode = UHMOL send UnitedHealthcare Medical Low HMO  When EedDedCode = UPPOL send UnitedHealthcare Medical Low PPO  When EedDedCode = FSA send WEX FSA | Y |
| Coverage Level | The coverage level for this plan   |  | | --- | | EE | | EE+CHILD | | EE+CHILDREN | | EE+DOMESTICPARTNER | | EE+FAMILY | | EE+SPOUSE | | Alphanumeric | 35 | When reporting Divorce, Death and Dependent at Max Age Events  If edhChangeReason = 204, LEVNT4, 201, LEVNT3 or 210 and  If bdmrelationship = DP, SPS and 1 CHD, CHL, DPC, STC send EE+CHILD  If bdmrelationship = DP, SPS and more than 1 CHD, CHL, DPC, STC send EE+CHILDREN  If bdmrelationship = more than 1 CHD, CHL, DPC, STC send EE+CHILDREN  else send EE  When reporting all other events  If edhChangeReason is not 204, LEVNT4, 201, LEVNT3 or 210 and  If EedDedCode = ADEN1, ADEN2, AVIS, KMP, UHEPO, UHMOH, UPPOH, UPPOS, UHMOL, UPPOL and  EedBenOption = EE, EREE send EE  EedBenOption = EEC, ERECC and 1 CHD, CHL, DPC, STC send EE+CHILD  EedBenOption = EEC, ERECC and more than 1 CHD, CHL, DPC, STC send EE+CHILDREN  EedBenOption = EEDP, ERDP send EE+DOMESTICPARTNER  EedBenOption = DGF, EEDPF, EEF, EREEF send EE+FAMILY  EedBenOption = EES, EREES send EE+SPOUSE  When EedDedCode = FSA send EE | Y |
| Number Of Units | Sets the # of units for this plan. Required if plan is units based. (e.g. life)  **Note:** Must have two decimal places | Numeric |  | Leave blank | N |

### 6.5 [QBDEPENDENT]

Example [QBDEPENDENT] record:

[QBDEPENDENT],888888888,SPOUSE,,Jane,M,Johnson,jjohnson@noemail.com,,,,(etc.)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | **Field Name** | **Record Description** | **Format** | **Maximum**  **Field**  **Length** | **Valid Value(s)** | **Required** |  |
|  | | SSN | Social Security  Number of the dependent. | Numeric | 11 | conssn | Y |  |
|  | | Relationship | Relationship to the QB  (Use CHILD for adopted, disabled, or step children.  SPOUSE, CHILD, DOMESTICPARTNER | Alphanumeric | 35 | if conrelationship =CHD, CHL, DPC STC send CHILD  if conrelationship = SPS send SPOUSE  if conrelationship = DP, send DOMESTICPARTNER | Y |  |
|  | | Salutation | MR, MRS, MS, MISS, DR | Alphanumeric | 35 | Leave blank | N |  |
|  | | First Name | First name of the dependent | Alphanumeric | 50 | connamefirst | Y |  |
|  | | Middle Initial | Middle initial of the dependent. | Alphanumeric | 1 | 1st digit of connamemiddle | N |  |
|  | | Last Name | Last name of the dependent. | Aphanumeric | 50 | connamelast | Y |  |
|  | | Email | Email address for the dependent that will be used for electronic  communications to the dependent. | Alphanumeric |  | Leave blank | N |  |
|  | | Phone | Primary phone number for the dependent –  must be formatted as 10 digits.  Note: Can include dashes however no  spaces between numbers | Phone | 10 | Leave blank | N |  |
|  | Phone 2 | | Secondary phone number - Must be  formatted as 10 digits. Note: Can include dashes however no  spaces between numbers | Numeric | 10 | Leave blank | N |  |
|  | Address Same As QB | | Set to True if the Dependent’s address is the same as the QB. | Alphanumeric | 5 | TRUE | Y |  |
|  | Address 1 | | Dependent’s Address Line 1.  **Note:** Do not use commas. | Alphanumeric | 50 | Leave blank | N |  |
|  | Address 2 | | Dependent’s Address Line 2.  **Note:** Do not use commas. | Alphanumeric | 50 | Leave blank | N |  |
|  | City | | Name of the city of the dependent’s address. | Alphanumeric | 50 | Leave blank | N |  |
|  | State Or Province | | State or province code of the dependent’s address.  \*For US addresses only, State code should be 2 letters. | Alphanumeric | 50\* | Leave blank | N |  |
|  | Postal Code | | Postal code of the dependent’s address. | Alphanumeric | 35 | Leave blank | N |  |
|  | Country | | Leave empty if the  Dependent resides in the USA. | Alphanumeric |  | Leave blank |  |  |
|  | Enrollment Date | | (*leave this field blank*) The enrollment date from the QB will be used.  MM/DD/YYYY | Date | 10 | Leave blank | N |  |
|  | Sex | | M, F | Alphanumeric | 1 | If ConGender = M send M  If ConGender = F send F  Else send U | Y |  |
|  | DOB | | Date of Birth | Date  MM/DD/YYYY | 10 | Condateofbirth  MM/DD/YYYY | Y |  |
|  | Is QMCSO | | True if the dependent is under a Qualified  Medical Child Support Order. | Alphanumeric | 5 | False | Y |  |

### 6.6 [QBDEPENDENTPLANINITIAL]

Simplified record used to enter the QB’s dependent onto the applicable plan. This assumes the dependent is on the plan from the First Day of COBRA (FDOC) through the Last Day of COBRA (LDOC).

Example [QBDEPENDENTPLANINITIAL record:

[QBDEPENDENTPLANINITIAL],Medical Plan

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Field Name** | **Record Description** | **Format** | **Maximum**  **Field**  **Length** | **Valid Value(s)** | **Required** |
| Plan Name | The unique Client plan Name. | Alphanumeric | 50 | When DbnDedCode = ADEN1 send Anthem CA Dental HMO  When DbnDedCode = ADEN2 send Anthem CA Dental PPO  When DbnDedCode = AVIS send Anthem CA Vision  When DbnDedCode = KMP send Kaiser CA Medical HMO  When DbnDedCode = UHEPO send UnitedHealthcare Medical EPO  When DbnDedCode = UHMOH send UnitedHealthcare Medical High HMO  When DbnDedCode = UPPOH send UnitedHealthcare Medical High PPO  When DbnDedCode = UPPOS send UnitedHealthcare Medical HSA HDHP  When DbnDedCode = UHMOL send UnitedHealthcare Medical Low HMO  When DbnDedCode = UPPOL send UnitedHealthcare Medical Low PPO | Y |

### 6.10 [QBPLANMEMBERSPECIFICRATEINITIAL]

Simplified record used to enter a member specific rate for a plan. It assumes that the rate will be applied from FDOC through LDOC. Only use with [QBPLANINITIAL]. Does not work with [QBPLAN].

Example [QBPLANMEMBERSPECIFICRATEINITIAL] record:

[QBPLANMEMBERSPECIFICRATEINITIAL],Medical FSA,50.00

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Field Name** | **Record Description** | **Format** | **Maximum**  **Field**  **Length** | **Valid Value(s)** | **Required** |
| Plan Name | The unique Client plan name. | Alphanumeric | 50 | When EedDedCode = FSA send WEX FSA | Y |
| Rate | The amount of the member specific rate.  **Note:** Must include two decimal places. | Numeric |  | If eeddedcode = FSA, send EedEEAmt  Must include two decimal places | Y |

#### 7. NPM (New Plan Member) Import File Layout

If you start to import an NPM record you will need an NPM line that starts with a line identifier of

“[NPM]” and might appear something like this:

[NPM], 888888888,223,MyClientName,DivisionName,Bob,L,Jones,MR,bjones@test.com,,(etc.)

### 7.1 [NPM]

The purpose of this record is to gather active employee’s demographic information to notify the participant of his/her rights under COBRA. If the employee’s spouse is added to coverage mid-year, the NPM record should be sent with the spouse’s demographic information.

Example [NPM] record:

[NPM],888888888,223,MyClientName,DivisionName,Bob,L,Jones,MR,bjones@test.com,,(etc.)

|  |
| --- |
| Developer Notes for NPM Record |
| This file will include New Hires after they have made benefit elections and have selected one or more of the deduction codes below. ADEN1, ADEN2, AVIS, KMP, UHEPO, UHMOH, UPPOH, UPPOS, UHMOL, UPPOL, FSA |
|  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Field Name** | **Record Description** | **Format** | **Maximum**  **Field**  **Length** | **Valid Value(s)** | **Required** |
| SSN | Social Security Number of the participant.  **Note:** Can include dashes. | Numeric | 11 | eepssn  Format send all 9 digits (including leading zeros) | Y |
| Individual Identifier | Optional, used to store  Employee ID’s or any other type of secondary identification. | Alphanumeric | 50 | Leave blank | N |
| Client Name | Unique Client Name assigned by Discovery Benefits. | Alphanumeric | 100 | Ancon Marine Inc 41587 | Y |
| Client Division  Name | Unique Client Division Name(s) assigned by Discovery  Benefits. If there are no  Divisions, then use the  ClientName without the five digit code. | Alphanumeric | 50 | If EecCoID =49VMT (ANCON) send Ancon Marine  If EecCoID = 49VSW (HH) send Hardin Holdings | Y |
| First Name | First Name of the participant. | Alphanumeric | 50 | eepnamefirst | Y |
| Middle Initial | Middle initial of the participant. | Alphanumeric | 1 | 1st digit of eepnamemiddle | N |
| Last Name | Last name of the participant. | Alphanumeric | 50 | eepnamelast | Y |
| Salutation | MR, MRS, MS, MISS, DR | Alphanumeric | 35 | Leave blank | N |
| Email | Email address for the participant that will be used for electronic communications to the participant. | Email | 50 | Leave blank | N |
| Phone | Primary phone number for the participant – must be formatted as 10 digits.  Note: Can include dashes however no spaces between  numbers | Phone | 10 | Leave blank | N |
| Phone 2 | Secondary phone number -  Must be formatted as 10 digits. Note: Can include dashes however no spaces between  numbers | Phone | 10 | Leave blank | N |
| Address 1 | Participant’s Address Line 1. **Note:** Do not use commas. | Alphanumeric | 50 | Eepaddressline1 | Y |
| Address 2 | Participant’s Address Line 2. **Note:** Do not use commas. | Alphanumeric | 50 | Eepaddressline2 | N |
| City | Name of the city of the participant’s address. | Alphanumeric | 50 | Eepaddresscity | Y |
| State Or Province | State or province code of the participant’s address.  \*For US addresses only, State code should be 2 letters. | Alphanumeric | 50\* | eepaddressstate | Y |
| Postal Code | Postal code of the participant’s address. | Alphanumeric | 35 | eepaddresszip | Y |
| Country | Leave blank if the QB resides in the USA.  **Note:** Must be entered for non US residents. | Alphanumeric | 50 | Leave blank | N |
| Sex | M, F | Alphanumeric | 1 | If eepgender = M send M  If eepgender = F send F  Else send U | Y |
| Uses Family In Address | Optional: Adds “and Family” to Address Labels.  True, False | Alphanumeric | 5 | TRUE | N |
| Has Waived All Coverage | Optional: Defaults to False.  True, False | Alphanumeric | 5 | FALSE | N |
| Send GR Notice | Defaults to True. Set to False if you wish for this NPM to NOT receive the General Rights Notice.  True, False | Alphanumeric | 5 | TRUE | N |
| Hire Date | \*Required if Client rehires participant and a new General Rights Notice should be sent.  MM/DD/YYYY | Date | 10 | EecDateOfLastHire | N\* |