Med, Den, Vis, Basic Life

Interface Requirements Specification

# Approved Transportation

# Contact Information

## Customer Contact

|  |  |  |
| --- | --- | --- |
| **Name** | **Phone** | **Email** |
| Daisy Rebolledo | 858-634-4668 | [drebolledo@atwca.com](mailto:drebolledo@atwca.com) |

## Vendor Contact

|  |  |  |
| --- | --- | --- |
| **Name** | **Phone** | **Email** |
| Jack Harris |  | [Jack.Harris@anthem.com](mailto:Jack.Harris@anthem.com) |

## Integration Contact

|  |  |  |
| --- | --- | --- |
| **Name** | **Phone** | **Email** |
| **Lea King** | **515-480-4262** | **lking@tekpartners.com** |

## 

# Revision History

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Date | Version | Revision Description | Comments | Author |
| 1 | 01/09/2020 | 1.01 | Initial Draft |  | Lea King |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |

# Customer Confirmation

Health and Welfare Exports (Medical, Dental, and Vision)

1. **Vendor Name:** Anthem
2. **Group or Policy Number:**  CA45586E
3. **Will you have employees that are active in multiple component companies?**

☒ No ☐ Yes

1. **Are there any Employee Types, Pay Groups, Org Levels, etc. that need to be excluded?**

☐No ☒ Yes

If Yes, please list field and values to exclude or include *(whichever is a shorter list)*:

Exclude emptype TES

1. **Which Employees would you like to include on this export?**☒ Employees Active on Applicable Deduction Code

☐ Active Only Employees

☐ All Employees with YTD Earnings

☐ Other: Click or tap here to enter text.

1. **When did you start coverage with this provider:**01/01/2020
2. **Confirm the applicable UltiPro Deduction Codes for each that apply:**

**Type UltiPro Deduction Code**

|  |  |
| --- | --- |
|  | Deduction code |
| Medical | CAANT,ANTEH |
| Medical | AANT,ANTEB |
| Medical | CANTP,ANEPP |
| Medical | ANENC |
| Medical | AANTP,ANTEP |
| Dental | ANTPD,ANEPD |
| Dental | AANTD,ANTED |
| Dental | CANTD,ANEDH |
| Vision | ANVIS,ANVIS,ANVIS,ANVIS |
| Basic Life | CANTL,CANEL |
| Basic AD&D | CAADD,CAEAD |
| Basic Dep Life | CAEDL |

1. **Confirm how you would like to send termination of coverage on this file:**

**☒** Terminations sent one time only - based on the actual (audit) date entered into UltiPro.

☐ Terminations sent one time only - based on the actual (audit) date entered into UltiPro, with no future dated terminations.

1. **What is the Relationship Code(s) that define:**

“Spouse” SPS, DP

“Children” CHL, DPC, STC

1. **How do you currently administer COBRA?**

X 3rd Party Cobra Administrator

☐ Self-Administered

1. **Open Enrollment Option = 2 files will be built based on the two Open Enrollment Sessions – one Active and one Passive.**

**What month is your OE effective?**

**What type of enrollment will you be offering?**

☐ Active ☐ Passive

*An ACTIVE session requires all employees to go in and make an election. If an employee does not re-elect their benefit, they will be dropped from that benefit. Since this is a changes-only file, we need to know if to include the employee with a coverage stop date, or if they will be termed by omission from the file. We do not need to worry about the passive file since this is a full file, and we will send a coverage stop date automatically.*

**If an employee stops their current benefits during an ACTIVE Open Enrollment, would you like to include them on the file with a stop date?**

X No ☐ Yes

# Mapping/Notes to Developer

Same layout as Interdesign

# Vendor Confirmation

Health and Welfare Exports (Medical, Dental, and Vision)

1. **Do you allow for future-dated coverage START dates on the file?**

☐ No X Yes

If Yes, please include the number of days in the future that are accepted. We will default to 30 days.

1. **Do you allow for future-dated coverage STOP dates on the file?**

☐ No X Yes

If Yes, please include the number of days in the future that are accepted. We will default to 30 days.

1. **Do you require a minimum coverage start date on the file (Ex. We cannot send any effective dates older than 1/1/2018 on the file)? If so, what is that date?**

Not needed – send as is

1. **Benefit Change Effective Date Option:**

☒ Actual Benefit Coverage Start Date as keyed on the EMP and DEP Record.

☐ Most Recent Benefit Option Effective Date from History on the EMP record and Actual Benefit Coverage Date as Keyed on the DEP Records.

☐ Most Recent Benefit Option Effective Date from History on the EMP AND DEP Records.