Health and Welfare

Interface Requirements Specification

# Clearview Cancer Institue

# Contact Information

## Client Contact

|  |  |  |
| --- | --- | --- |
| **Name** | **Phone** | **Email** |
| Jessica Blevins  Terri Thompson | (256) 327-5659  (256) 327-5887 | [jessica.blevins@ccihsv.com](mailto:jessica.blevins@ccihsv.com)  [terri@ccihsv.com](mailto:terri@ccihsv.com) |

## Vendor Contact

|  |  |  |
| --- | --- | --- |
| **Name** | **Phone** | **Email** |
| Melissa Schwenn | (608) 829-8426 | [melissa.schwenn@ebcflex.com](mailto:melissa.schwenn@ebcflex.com)  [partnerintegration@ebcflex.com](mailto:partnerintegration@ebcflex.com) |

## Integration Analyst Contact

|  |  |  |
| --- | --- | --- |
| **Name** | **Phone** | **Email** |
| Julie Reardon | (978) 995-3832 | [jreardon@tekpartners.com](mailto:jreardon@tekpartners.com) |

# Revision History

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Date | Version | Revision Description | Comments | Author |
| 1 | 07/30/21 | 1.00 | Initial Draft |  | Julie Reardon |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |

# File Information

|  |  |  |  |
| --- | --- | --- | --- |
| **File Type**  **Sort Order** | Changes File Only  None noted | **Output Type** | Comma Deliminted  **Delimiter Handling (if applicable)**  Enclose output values in double-quotes  Remove delimiters from output values  Other: |
| **Frequency** | Weekly/Tue afternoon  **Interface Decommissioning (are there current / other interfaces that this interface is replacing?):**  No  Yes  *Client should open a Support Ticket to request that current interface is turned off* | **File Name** | **Test File**   |  |  | | --- | --- | | NPM Test Files  C99012\_COBRA-NPM-TEST\_<ccyymmdd>\_<hhmmss>.csv  QB Test Files  C99012\_COBRA-QB-TEST\_<ccyymmdd>\_<hhmmss>.csv |  |   **Production File**  NPM Test Files  C99012\_COBRA-NPM\_<ccyymmdd>\_<hhmmss>.csv  QB Test Files  C99012\_COBRA-QB\_<ccyymmdd>\_<hhmmss>.csv |
| **Global Formats** | |  |  | | --- | --- | | Dates: | MM/DD/YYYY | | Phone Numbers: | No punctuation | | Zip Code: | No punctuation | | Amount Fields: | No thousand sep  Two decimal places | | Any Others: |  | | **Summary Transmission Email Designee** | jessica.blevins@ccihsv.com |
| **Selection Criteria** | **Select all that apply:** | **Qualifier Notes:** | |
| Pay Period Range |  | |
| Company Selector |  | |
| Data Selector |  | |
|  |  | |

# Client Information

1. **Vendor Name:** CobraSecure
2. **Group or Policy Number:** C99012
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

* 1. **If yes, list the field and values to exclude or include (whichever is a shorter list):**

Include only REG EEs

1. **Which Employees would you like to include on this export?**

Employees Active on Applicable Deduction Codes

All Active Employees

All Employees with YTD Earnings

Other:

1. **When did you start coverage with this provider?**

05/01/2021

1. **List the applicable UltiPro Deduction Codes:**

|  |  |
| --- | --- |
| Ded Type(s) | Ded Code(s) |
| DEN | DEN |
| FSA | FSA |
| FSA | FSAER |
| MED | MED |
| MED | MEDHD |
| VIS | VIS |

1. **How should termination of coverage be included?**

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 terms

Effective Date of Termination within last \_\_\_ days

Other:

1. **What are the definitions of each applicable Relationship Code(s)?**

|  |  |
| --- | --- |
| **Relationship** | **UltiPro Code** |
| Spouse | SPS, DP |
| Children | CHL, DCH, DPC, STC |

# Vendor Information

1. **Are future-dated coverage START dates permitted?**

No  Yes

* 1. **If yes, provide the number of days into the future to include:**

1. **Are future-dated coverage STOP dates permitted?**

No  Yes

* 1. **If yes, provide the number of days into the future to include:**

1. **Is a minimum coverage start date required? If so, what is that date?**
2. **Benefit Change Effective Date Option:**

Actual Benefit Coverage Start Date as keyed on the EMP and DEP record(s)

Most recent Benefit Option Effective Date from history on the EMP record and Actual Benefit Coverage Date as keyed on DEP record(s)

Most recent Benefit Option Effective Date from history on the EMP and DEP records

Other:

1. **Does the file have a header row? If so, please describe:**
2. **Does the file have a footer row? If so, please describe:**

# Addendum Notes to Developer