

**Reimbursement Account (RA) Record Specification**

**Reimbursement Account Enrollment Record (RAE) and HSA Record Specifications (HS)**

**CORNERSTONE**

**HSA/FSA Plan Number: 77277**

**H&W Provider: CIGNA**

**Date of First Inbound RAE Feed:**

**<Date MM/DD/YYYY>**

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# Document Change Log

The following table is used to track any changes made to the original specifications document.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Version** | **Date** | **Author** | **Section** | **Description** |
| 1.0 | 11/6/2020 | JR Grubbs | All | Initial Draft |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

# Project Issues Log

The following table contains information about any issues encountered during the project.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Original Discussion Date** | **Discussion Item** | **Responsible Person** | **Resolution** | **Resolution Date** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

# Record Specifications Pictures Overview

The record layout grid contains a Picture column that describes the field format in COBOL syntax, as follows:

* 9 denotes that only numeric data is acceptable and the field is typically right justified with leading zeros.
* X denotes that alphanumeric data is acceptable and the field is typically left justified with spaces at the end.

For numeric pictures:

* V denotes that there is an implied decimal point

**Example**:

|  |  |
| --- | --- |
| **This picture…** | **Represents this type of field…** |
| 9(05) | An numeric field of five digits |
| X(20) | A 20-character, alphanumeric field |
| 9(5)V99 | A numeric field with five digits to the left of the decimal point and two digits to the right of the decimal point |

# Record Specification (RAE Record)

Every year, the H&W provider must send an Annual Enrollment file of the RAE Record to Fidelity for all participants after the H&W open enrollment window has closed. The H&W provider must also send changes to a participant’s reimbursement account status throughout the year.

## Annual Enrollment File

### Population to Include

The following participants should be included on the Annual Enrollment File to Fidelity.

* Participants that elected a Flexible Spending Account at Annual Enrollment.
* Participants that elected a Health Reimbursement Arrangement at Annual Enrollment.

**Please Note:** For the Annual Enrollment File, only new plan year elections/eligibility are required. No drop record is needed for the new plan year. Each plan year is separate and distinct. For example, if a participant has a 2020 election but does not elect in 2021, Fidelity would not expect an RAE record for that participant on the 2021 Annual Enrollment File.

## Annual Enrollment Update File

### Population to Include

The following participants should be included on the Annual Enrollment Update File to Fidelity.

* Participants that changed elections between the creation of the Annual Enrollment File and the beginning of the Plan Year.

### Timing of Annual Enrollment RAE Record Specification

***H&W Annual Enrollment Window*** – 11/23/2020 – 12/7/2020

|  |  |
| --- | --- |
| **File** | **Timing for File to be Sent to Fidelity** |
| Annual Enrollment File | <Timing – for example 3 weeks after Annual enrollment> |
| Annual Enrollment Update File | <Timing – within the first few days of the Plan Year> |

## 

## Changes Throughout the Year

### Population to Include

The following participants should be included on the file to Fidelity.

* Life Event Changes – Any participants that had life event changes that affect their reimbursement accounts.
* New Hire – Any participants that are hired throughout the year and elect a reimbursement account.
* Termination – Any participants that terminate from employment.

### Changes Only File

Fidelity prefers to receive a changes only file to capture changes after the initial plan year setup. Changes only means an RAE record will only be sent for those participants that had a change in their RAE information.

☒ Change Only – The Vendor or Plan Sponsor has confirmed they are able to send a changes only file.

☐ Full File – The Vendor or Plan Sponsor is not able to provide a changes only file. Instead they will provide a full file of RAE records each time a file is sent to Fidelity. The expectation would be that a termination be sent once and then the participant would drop from the file. Fidelity cannot process implied terminations.

### Frequency of the Changes Throughout The Year RAE Record Specification

|  |  |  |
| --- | --- | --- |
| **Type of File** | **Frequency** | **Day of the Week** |
| RAE Record Specification\* | <Frequency> | <Day of the Week> |

\*The indicative data for participants must be received prior to the receipt of the RAE records or on the same file with the RAE records. Fidelity cannot process the RAE record for a participant without the indicative data.

## Transmission Method

|  |  |
| --- | --- |
| **Type of File** | **Transmission Method** |
| RAE Record Specification | EDT - SFTP |

# Inbound to Fidelity - Record Specification (HS Record)

Every year, the H&W provider must send a full file of the HS Record to Fidelity for all participants after the H&W open enrollment window has closed. The H&W provider must also send changes to a participant’s High Deductible Health Plan (HDHP) status throughout the year.

## Annual Enrollment Full File

### Population to Include for Annual Enrollment the Year of the HSA Implementation

For the full annual enrollment file during the year of the HSA Implementation, Fidelity only needs to receive participant that elected an HDHP and are being sent with an Active Enrollment Status.

**Please Note:** Fidelity recommends that only the active enrollment status participants are sent for ease of HSA administration. If Inactive Enrollment Status participants are sent on the annual enrollment file the year of the HSA Implementation, the reporting in PSW will include all the inactive and active participants and will be more cumbersome to navigate.

### Population to Include for Annual Enrollment Years Post HSA Implementation

The following participants should be included on the annual full file to Fidelity for years post the HSA Implementation.

All participants that are eligible for a health plan (HDHP or Non-HDHP) at the H&W provider.

* Participants that elected an HDHP must be sent with an Active Enrollment Status.
* Participants that in the prior plan year elected an HDHP but in the current annual enrollment elected a non-HDHP or elected no health plan coverage must be sent with an Inactive Enrollment Status.

**Please Note:** Fidelity needs to receive inactive populations to ensure that the Client Billing Flag is populated appropriately on Fidelity’s system.

### Timing Annual Full HS Record Specification Inbound File

|  |  |
| --- | --- |
| **H&W Annual Enrollment Window** | **Timing for File to be Sent to Fidelity** |
| 11/23/2020 – 12/7/2020 | <Timing – for example 3 weeks after Annual enrollment> |

## 

## Enrollment Changes Throughout the Year

### Population to Include

The following participants should be included on the file to Fidelity.

* Life Event Changes – Any participants that had life event changes that affect their health plan status.
* New Hire – Any participants that are hired throughout the year and elect an HDHP.

### Changes Only File

Fidelity prefers to receive a changes only file for the changes throughout the year files. Changes only means an HS record will only be sent for those participants that had a change in their HS information.

☒ Change Only – The Vendor or Plan Sponsor has confirmed they are able to send a changes only file.

☐ Full File – The Vendor or Plan Sponsor is not able to provide a changes only file. Instead they will provide a full file of HS records each time a file is sent to Fidelity. Fidelity’s system will only update the HS information is there is a change.

### Frequency of the HS Record Specification Inbound File

|  |  |  |
| --- | --- | --- |
| **Type of File** | **Frequency** | **Day of the Week** |
| HS Record Specification | <Frequency> | <Day of the Week> |

## Transmission Method

|  |  |
| --- | --- |
| **Type of File** | **Transmission Method** |
| HS Record Specification | EDT - SFTP |

## Testing Header Required

The following header is required when test files are sent to Fidelity via the EDT connection. The header must be the first line in the test file otherwise the test file will load into Fidelity’s production environment.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | | | | | **EDT Test Header** | |
| **FIELD NO.** | **NUMBER**  **OF**  **BYTES** | **POSITIONS** | | **VALUE** | **FIELD NAME** | **PICTURE** |
|  | **FROM** | **TO** |
| 1 | 7 | 1 | 7 | TESTEDT | TEST FILE IDENTIFIER | X(07) |
| 2 | 73 | 8 | 80 | SPACES | FILLER | X(73) |

|  |  |  |
| --- | --- | --- |
| **RECORD SPECIFICATION DETAILS**  **EDT TEST HEADER** | | |
| **Purpose** | To identify a test transmission. This record should be the first line in the file.  The TESTEDT record is not case sensitive. | |
| **Field Number** | **Field Name** | **Field Description** |
|
| 1 | Test File identifier | Should be populated with “TESTEDT” ONLY |

## RAE Record Specification

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | **REIMBURSEMENT ACCOUNT RECORD**  **RAE Record – Enrollment**  **(ALL ALPHA CHARACTERS MUST BE CAPITALIZED.)** | | **MAPPING NOTES** |
| **FIELD NO.** | **NUMBER**  **OF**  **BYTES** | **POSITIONS** | | **VALUE** | **FIELD NAME** | **PICTURE** |  |
|  | **FROM** | **TO** |  |  |  |  |
| 1 | 5 | 1 | 5 | 77277 | reimbursement account PLAN NUMBER (HSA / FSA Plan Number) | X(5) | 77277 |
| 2 | 4 | 6 | 9 | SPACES | FILLER | X(4) | Space fill |
| 3 | 3 | 10 | 12 | SPACES | FILLER | X(3) | Space fill |
| 4 | 11 | 13 | 23 | ###-##-#### | SOCIAL SECURITY NUMBER | X(11) | eepssn |
| 5 | 1 | 24 | 24 | SPACE | Filler | X(01) | Space fill |
| 6 | 5 | 25 | 29 | SPACES | FILLER | X(05) | Space fill |
| 7 | 2 | 30 | 31 | RA | RECORD IDENTIFIER | X(02) | RA |
| 8 | 1 | 32 | 32 | E | FIELD TYPE | X(01) | E |
| 9 | 6 | 33 | 38 | SEE KEY | REIMBURSEMENT ACCOUNT PLAN CODE | X(6) | If eeddedcode = R or 62 send HCFSA  If eeddedcode = U or 72 send DCFSA  If eeddedcode = V or 73  Send LPFSA |
| 10 | 4 | 39 | 42 | CCYY | plan year | 9(04) | 4 digit year of eedbenstartdate |
| 11 | 3 | 43 | 45 | SPACES | FILLER | X(03) | Space fill |
| 12 | 8 | 46 | 53 |  | Annual ELECTION AMOUNT | 9(06)V99 | EedEEGoalAmt |
| 13 | 8 | 54 | 61 | MMDDYYYY | COVERAGE EFFECTIVE DATE | 9(08) | eedbenstartdate |
| 14 | 8 | 62 | 69 | MMDDYYYY | COVERAGE END DATE | 9(08) | eedbenstopdate |
| 15 | 3 | 70 | 72 | SPACES | HRA COVERAGE | X(03) | Space fill |
| 16 | 8 | 73 | 80 | SPACES | Filler | X(08) | Space fill |

|  |  |
| --- | --- |
| **RECORD SPECIFICATION DETAILS**  **RAE RECORD - ENROLLMENT** | |
| **Purpose** | Includes the Enrollment Information for a Reimbursement Account received from the H&W Provider. |

|  |  |  |
| --- | --- | --- |
| **Field Number** | **Field Name** | **Field Description** |
|
| 1 | REIMBURSEMENT ACCOUNT PLAN NUMBER | ***Required Field***  The five-digit Reimbursement Account plan number assigned by Fidelity. This is the same plan number as the Fidelity HSA plan number. |
| 4 | SOCIAL SECURITY NUMBER | ***Required Field***  Each participant in the plan has a unique Social Security Number. Only valid US Social Security Numbers should be provided. All SSNs beginning with 998 or 999 will be rejected.  Employee indicative data must be sent prior to sending the RAE record to Fidelity.  The 11-digit field includes hyphens and is left justified. |
| 7 | RECORD IDENTIFIER | ***Required Field***  Populate with RA. |
| 8 | FIELD TYPE | ***Required Field***  Populate with E. |
| 9 | REIMBURSEMENT ACCOUNT PLAN CODE | ***Required Field***  Identifies the plan that this enrollment record will affect.  If a participant is enrolled in multiple plans, designate this with multiple RAE records with appropriate Plan Codes.  **Valid Values**   |  |  | | --- | --- | | **Plan Codes** | **Description** | | HCFSA | Health Care Flexible Spending Account | | DCFSA | Dependent Care Flexible Spending Account | | LPHRA | Limited Purpose HRA | |
| 10 | PLAN YEAR | ***Required Field***    The Client’s Plan Year is from 01/01 through 12/31.  This is the year for which the participant elected the Reimbursement Account. Format of CCYY  The enrollment plan year must match the year in the Coverage Effective Date in Field 13. |
| 12 | ELECTION AMOUNT | ***Required Field***  Annual election amount tied to the reimbursement account referenced in the plan code field 9.  Please also see the [Reimbursement Account (RAE Record) Scenarios](#_3o7alnk) section later in this document for additional scenarios.   |  |  | | --- | --- | | **Scenario** | **Election Date** | | Annual Enrollment | * For HCFSA, DCFSA, LPFSA, this is the amount the participant elected translated to an annual amount. For example: If the employee is electing a monthly deduction of 100, the amount sent to Fidelity would be 1200. | | Life Event – New Hire  Life Event – Newly Eligible (ex. PT to FT) | * For HCFSA, DCFSA, LPFSA, this is the amount the participant elected translated to an annual amount from the coverage effective date. For example: If the participant elects to contribute 100 a month but the coverage effective date is not until 06/01, 700 would be the benefit total from the coverage effective date. | | Life Events –  Gain Dependent Event (Example: Marriage or birth/adoption of a child) - Participant chooses to enroll in the FSA, or for FIT, WELL if plan rules involve a change to the maximum allowable benefit. | * For HCFSA, DCFSA, LPFSA, this is the amount the participant elected translated to an annual amount from the coverage effective date. For example: If the participant elects to contribute 100 a month but the coverage effective date is not until 06/01, 700 would be the benefit total from the coverage effective date. | | Life Events –  Gain Dependent Event (Example: Marriage or birth/adoption of a child) - Participant increases their election amount, or for FIT, WELL if plan rules involve a change to the maximum allowable benefit.  (Assumes the RAE record with the original election had already be sent to Fidelity - can be either through annual enrollment or a life event) | * For HCFSA, DCFSA, LPFSA, this is the updated annual goal amount. For example: If the participant elects to contribute 100 a month for a total of 1200 annually but effective 06/01 increased to 200 a month the new annual goal amount that should be sent in this field would be 1900 (100 for the first 5 months and then 200 for the last 7 months). | | Life Events –  Lose Dependent Event (Example: Death or divorce or age out of coverage for a dependent) - Participant chooses to enroll in the FSA, or for FIT, WELL if plan rules involve a change to the maximum allowable benefit. | * For HCFSA, DCFSA, LPFSA, this is the amount the participant elected translated to an annual amount from the coverage effective date. For example: If the participant elects to contribute 100 a month but the coverage effective date is not until 06/01, 700 would be the benefit total from the coverage effective date. | | Life Events – Lose Dependent Event (Example: Death or divorce or age out of coverage for a dependent) - Participant decreases their election amount, or for FIT, WELL if plan rules involve a change to the maximum allowable benefit.  (Assumes the RAE record with the original election had already be sent to Fidelity - can be either through annual enrollment or a life event) | * For HCFSA, DCFSA, LPFSA, this is the updated annual goal amount. For example: If the participant elects to contribute 100 a month for a total of 1200 annually but effective 06/01 decreased to 50 a month the new annual goal amount that should be sent in this field would be 850 (100 for the first 5 months and then 50 for the last 7 months). | | Life Event – Termination  Life Event – Newly Ineligible (ex. FT to PT) | * For HCFSA, DCFSA, LPFSA, this is the amount that was sent on the original RAE sent for the participants. |   **Please Note:** There should never be an instance where a negative election amount would need to be sent.  **Please Note:** The only time a zero amount should be sent is in a correction scenario. For example: if a participant elects a DCFSA but they don’t have children in daycare a correction RAE record would need to be sent with a zero amount. |
| 13 | COVERAGE EFFECTIVE DATE | ***Required Field***  This is the first date of coverage for the reimbursement account for the plan year referenced in field 10.  Please also see the [Reimbursement Account (RAE Record) Scenarios](#_3o7alnk) section later in this document for additional scenarios.   |  |  | | --- | --- | | **Scenario** | **Effective Date** | | Annual Enrollment | * For HCFSA, DCFSA, LPFSA   01/01 of the next year. | | Life Event – New Hire  Life Event – Newly Eligible (Ex. PT to FT) | * For HCFSA, DCFSA, LPFSA | | Life Events –  Gain Dependent Event (Example: Marriage or birth/adoption of a child) - Participant chooses to enroll in the FSA, or for FIT, WELL if plan rules involve a change to the maximum allowable benefit. | * For HCFSA, DCFSA, LPFSA   Coverage will be effective per the benefit plan rules | | Life Event  Gain Dependent Event (Example: Marriage or birth/adoption of a child) - Participant increases their election amount, or for FIT, WELL if plan rules involve a change to the maximum allowable benefit.  (Assumes the RAE record with the original election had already be sent to Fidelity - can be either through annual enrollment or a life event) | * For HCFSA, DCFSA, LPFSA | | Life Events –  Lose Dependent Event (Example: Death or divorce or age out of coverage for a dependent) - Participant chooses to enroll in the FSA, or for FIT, WELL if plan rules involve a change to the maximum allowable benefit. | * For HCFSA, DCFSA, LPFSA   Coverage will be effective per the benefit plan rules | | Life Events –  Lose Dependent Event (Example: Death or divorce or age out of coverage for a dependent) - Participant decreases their election amount, or for FIT, WELL if plan rules involve a change to the maximum allowable benefit.  (Assumes the RAE record with the original election had already be sent to Fidelity - can be either through annual enrollment or a life event) | * For HCFSA, DCFSA, LPFSA   Coverage Effective Date for the new decreased annualized goal amount | | Life Event – Termination  Life Event – Newly Ineligible (ex. FT to PT) | For HCFSA, DCFSA, LPFSA  Coverage will be effective per the benefit plan rules | |
| 14 | COVERAGE END DATE | ***Required Field***  The last date of coverage under the reimbursement account.  Please also see the [Reimbursement Account (RAE Record) Scenarios](#_3o7alnk) section later in this document for additional scenarios.   |  |  | | --- | --- | | **Scenario** | **Effective Date** | | Annual Enrollment | * For HCFSA, DCFSA, LPFSA | | Life Event – New Hire  Life Event – Newly eligible (Ex. PT to FT) | * For HCFSA, DCFSA, LPFSA   date based on the plan setup. | | Life Events – consistent with enrollment/increasing election amount (I.E Gained dependent event), or for FIT, WELL if plan rules involve a change to the maximum allowable benefit. | * For HCFSA, DCFSA, LPFSA | | Life Events – consistent with enrollment/decreasing election amount (I.E Lose dependent event), or for FIT, WELL if plan rules involve a change to the maximum allowable benefit. | * For HCFSA, DCFSA, LPFSA | | Life Event – Termination  Life Event – Newly Ineligible (ex. FT to PT) | * For HCFSA, DCFSA, LPFSA | |
| 15 | HRA COVERAGE | ***Not a Required Field***  HRA Only. If HRA plan is configured to use Coverage Tier for Deductible or Maximum Benefit, HRA Coverage code is required.   |  |  | | --- | --- | | **Coverage Codes** | **Description** | | IN | Individual | | IS | Individual + Spouse | | IC | Individual + Child(ren) | | FM | Family | |

# 

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | **HEALTH SAVINGS ACCOUNT RECORD**  **HS Record – Enrollment**  **(ALL ALPHA CHARACTERS MUST BE CAPITALIZED.)** | | | **MAPPING NOTES** |
| **FIELD NO.** | **NUMBER**  **OF**  **BYTES** | | **POSITIONS** | | **VALUE** | **FIELD NAME** | **PICTURE** | |  |
|  | **FROM** | **TO** |  |  |  | |  |
| 1 | 5 | | 1 | 5 | 77277 | HSA PLAN NUMBER | X(5) | | 77277 |
| 2 | 4 | | 6 | 9 | SPACES | BATCH GROUP ID | X(04) | | SPACE FILL |
| 3 | 3 | | 10 | 12 | SPACES | FILLER | X(03) | | SPACE FILL |
| 4 | 11 | | 13 | 23 | ###-##-#### | SOCIAL SECURITY NUMBER | X(11) | | eepssn |
| 5 | 1 | | 24 | 24 | SPACE | Filler | X(01) | | SPACE FILL |
| 6 | 5 | | 25 | 29 | SPACES | FILLER | X(05) | | SPACE FILL |
| 7 | 2 | | 30 | 31 | HS | RECORD IDENTIFIER | X(02) | | HS |
| 8 | 4 | | 32 | 35 | CCYY | PLAN year | 9(04) | | 4 digit year of eedbenstartdate |
| 9 | 2 | | 36 | 37 | SEE KEY | coverage tier | X(02) | | If eeddedcode = HSAI, HSAI1 or HSAIE  Send 05  If eeddedcode = HSACI, HSCI1 or HSCIE  Send 07  If eeddedcode = HSAF, HSAF1 or HSAFE  Send 13  If eeddedcode = HSACF, HSCF1 or HSCFE  Send 19 |
| 10 | 5 | | 38 | 42 | HDHP1 | HDHP id | X(05) | | HDHP1 |
| 11 | 8 | | 43 | 50 | MMDDCCYY | ENROLLMENT Effective Date | 9(08) | | eedbenstartdate |
| 12 | 1 | | 51 | 51 | A or I | Enrollment STATUS | X(01) | | If eecdateoftermination is greater than 30 days from the file run date send I else send A |
| 13 | 1 | | 52 | 52 | Y or N | CLIENT BILLING FLAG | X(01) | | SPACE FILL |
| 14 | 1 | | 53 | 53 | Y, N or SPACE | Simple acknowledgement indicator | X(01) | | SPACE FILL |
| 15 | 8 | | 54 | 61 | MMDDCCYY | simple acknowledgement date | X(08) | | SPACE FILL |
| 16 | 19 | | 62 | 80 | SPACES | Filler | X(19) | | SPACE FILL |
|  |  | |  |  |  |  |  | |  |
| **RECORD SPECIFICATION DETAILS**  **HS RECORD - ENROLLMENT** | | | | | | | |
| **Purpose** | | Includes the Enrollment Information for an HSA received from the H&W Provider. | | | | | |

|  |  |  |
| --- | --- | --- |
| **Field Number** | **Field Name** | **Field Description** |
|
| 1 | HSA Plan Number | ***Required Field***  The five-digit HSA plan number assigned by Fidelity. |
| 2 | Batch Group Identifier | ***Not a Required Field***  A four character, alpha/numeric field defined by the user. This field could potentially be used to group transactions into separate batches for the same plan or for PSW divisional security. If populated, this field must be left justified (space fill if not valid). |
| 4 | Social Security Number | ***Required Field***  Each participant in the plan has a unique Social Security Number. Only valid US Social Security Numbers should be provided. All SSNs beginning with 998 or 999 will be rejected.  Employee indicative data must be sent prior to sending the HS record to Fidelity.  If the participant is located outside of the United States, Fidelity may not be able to service their HSA.  The 11-digit field includes hyphens and is left justified. |
| 7 | Record Identifier | ***Required Field***  Populate with HS. |
| 8 | Plan Year | ***Required Field***  **Option #1 – If the Annual Plan Start Date is 01/01**  The Client’s Plan Year is from 01/01 through 12/31.  This is the year for which the participant elected the HDHP.  The enrollment plan year must match the year in the Enrollment Effective Date in Field 10. |
| 9 | Coverage Tier | ***Not a Required Field – However Fidelity recommends that it be sent***  Identifies the option level that the participant chose, in terms of single, married, family.  The valid values are below.   |  |  | | --- | --- | | **Code** | **Description** | | 05 | HSA – Individual | | 07 | HSA – Individual Plus Catch Up | | 13 | HSA – Family | | 19 | HSA – Family Plus Catch Up |   **Please Note:** Currently this information is viewable in PSW both within the Participant Information screens and on the Full Population Report. As an upcoming enhancement, this information will be used for Fidelity’s Contribution Election and Contribution Guidance Services. If this information is available, Fidelity recommends that it be populated to avoid future rework. |
| 10 | HDHP ID | ***Not a Required Field – However Fidelity recommends that it be sent***  High Deductible Health Plan that employee is enrolled in. This can be used if there are multiple HDHPs available for participants.   |  |  | | --- | --- | | **HDHP ID** | **HDHP Name** | | HDHP1 | CIGNA HDHP | |  |  |   **Please Note:** Currently this information is viewable in PSW both within the Participant Information screens and on the Full Population Report. As an upcoming enhancement, this information will be used for Fidelity’s Contribution Election and Contribution Guidance Services. If this information is available, Fidelity recommends that it be populated to avoid future rework. |
| 11 | Enrollment Effective Date | ***Required Field***  This is the date that Fidelity can begin accepting payroll HSA contributions.  **Please Note:** If a contribution file is received before this effective date has been reached, it will not be able to be posted until the effective date   |  |  | | --- | --- | | **Enrollment Status** | **Explanation** | | If the HSA Enrollment Status = A | This is the date that Fidelity can begin accepting payroll HSA contributions.   |  |  | | --- | --- | | **Scenario** | **Effective Date** | | Annual Enrollment | **Option #1 – If the Annual Plan Start Date is 01/01**  01/01 of the next year. | | New Hire | 1st of the month following the HDHP enrollment (IRS publication 969)  For example: If the HDHP enrollment is 10/01/2014, the effective date on the HS record will be 10/01/2014. | | Life Event (change from Non HDHP to HDHP) | 1st of the month following the HDHP enrollment (IRS publication 969) | | Life Event (staying in an HDHP only the Coverage Tier or HDHP ID is changing) | Original effective date  For example: If they have been in the HDHP all year it would be 01/01 of the current year.  **Please Note:**  It is very important that a new effective date for life events NOT be sent as contributions will not be able to post to the account until the new effective date has been reached. The original effective date must be sent. | | | If the HSA Enrollment Status = I | This is the effective date of the inactive status.  **Please Note:** If at all possible, the HS record with an inactive enrollment status should not be sent until after all the final contributions for the HSA have been sent to Fidelity. If contributions continue to be sent for the participant after the inactive enrollment status has been sent, the contributions will create a warning. | |
| 12 | HSA Enrollment Status | ***Required Field***  The valid values are below.  **Please Note:** It is important to note that the HSA Enrollment Status controls account holder communications. For example, if an employee has an Active enrollment status and the employee has not opened an HSA account, they will receive the communication reminders regarding opening an HSA. If an employee not eligible to open an HSA, their HSA Enrollment Status needs to be listed as Inactive in order to stop these communications.   |  |  | | --- | --- | | **Status** | **Description** | | A | Active - The H&W provider sends an A indicator when an employee elects an HSA eligible health plan. | | I | Inactive - The H&W provider sends an I if an employee is no longer eligible (e.g. not enrolled in HSA eligible health, terminates, etc).  **Please Note:** If at all possible, the HS record with an inactive enrollment status should not be sent until after all the final contributions for the HSA have been sent to Fidelity. If contributions continue to be sent for the participant after the inactive enrollment status has been sent, the contributions will create a warning.  **Please Note:** The Enrollment Effective Date field, Plan Year field and Client Billing Flag field all still need to be populated for Inactive participants. The Coverage tier and HDHP ID fields do not need to be sent for Inactive participants. However they can be accepted if they are sent. | |
| 13 | Client Billing Flag | ***Required Field***  The valid values are below.  **Please Note:** This field alone determines who is billed, there is no functionality for this field to be updated based on a change in employment status. Therefore changes in employment status may also require an updated HS enrollment record to be sent.   |  |  | | --- | --- | | **Indicator** | **Description** | | Y | Yes - If the client is paying for account fees, the provider sends a ‘Y’. The following populations should be sent with a ‘Y’  <Enters the groups/populations that the Client is paying the fee for from the Requirements documents.> | | N | No – If the client is NOT paying for account fees, the provider sends an ‘N’. The following populations should be sent with an ‘N’.  <Enters the groups/populations that the Client is NOT paying the fee for from the Requirements documents.>  For participants where an ‘N’ is passed in the client billing flag field, Fidelity will direct bill these participants on a quarterly basis. | |
| 14 | Simple Acknowledgement Indicator | ***If the streamlined account opening service will be used, Required Field. If the streamlined account opening service will NOT be used, space fill.***  This indicator represents the response from the participant when the participant is presented with the Terms & Conditions for allowing Fidelity to open a simple HSA on their behalf.  The valid values are below.   |  |  | | --- | --- | | **Indicator** | **Description** | | Y | Yes – If the participant acknowledged yes, they do want Fidelity to open a simple HSA for him/her, populate this field with ‘Y’. | | N | No – If the participant acknowledged no, they do NOT want Fidelity to open a simple HSA for him/her, populate this field with ‘N’. | | SPACE | If the indicator is blank, this means that participant was NOT presented with the Terms & Conditions either because they already have an HSA account OR their plan does not offer streamlined account opening (simple account). |   **Please Note**: If the employee already has an account, the request for a Simple HSA is ignored. |
| 15 | Simple Acknowledgement Date | ***If the streamlined account opening service will be used, Required Field. If the streamlined account opening service will NOT be used, space fill.***  If the Simple Acknowledgement Indicator = Y or N, this is the date that the participant acknowledged the terms and conditions with either Yes or No. This date should be a valid date that is less than or equal to current date.  If the Simple Acknowledgement Indicator field is space filled, then this date field should be space filled. |

# Reimbursement Account (RAE Record) Scenarios

The table below outlines the typical scenarios that happen for reimbursement accounts. To ensure the interface accurately addresses the most common day to day operational scenarios, Fidelity requests that all these scenarios are tested during the test phase of the project. A subsequent test scenarios review meeting will take place to determine if all scenarios can be tested. If all scenarios cannot be tested, then a discussion is needed to determine potential risks.

## HCFSA - Health Care Flexible Spending Account and

## DCFSA - Dependent Care Flexible Spending Account and

## LPFSA – Limited Purpose Flexible Spending Account

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **#** | **Scenarios** | **Reimbursement Account Plan Code** | **Plan Year\*** | **Election Amount\*** | **Coverage Effective Date\*** | **Coverage End Date\*** | **HRA Coverage\*** |
| **1** | **Annual Enrollment**  Participant Elected an FSA | HCFSA  Or  DCFSA  Or  LPFSA | Year associated with the Annual Enrollment | Participant's Annualized Amount | Plan Year Start Date associated with the Annual Enrollment | Space Filled | Space Filled |
| **2** | **Annual Enrollment**  Participant Elected an FSA during Annual Enrollment but Terminated Prior to the Beginning of the Plan Year (Assumes the Annual Enrollment FSA RAE record had already be sent to Fidelity) This process would apply to retroactive terms as well. | HCFSA  Or  DCFSA  Or  LPFSA | Plan Year that was sent on the original RAE record | Election Amount should be zero | Coverage Effective Date that was sent on the original RAE record | Coverage Effective Date that was sent on the original RAE record Plus one day.  For example: If the coverage effective date is 09/26/2019, the coverage end date would be 09/27/2019. | Space Filled |
| **3** | **Annual Enrollment**  Participant Elected an FSA during Annual Enrollment but the Participant decided before the end of Annual Enrollment they did not want the FSA (Assumes the Annual Enrollment FSA RAE record had already be sent to Fidelity) | HCFSA  Or  DCFSA  Or  LPFSA | Plan Year that was sent on the original RAE record | Election Amount should be zero | Coverage Effective Date that was sent on the original RAE record | Coverage Effective Date that was sent on the original RAE record Plus one day.  For example: If the coverage effective date is 09/26/2019, the coverage end date would be 09/27/2019. | Space Filled |
| **4** | **Annual Enrollment**  Within the Annual Enrollment window, participant changed their Election Amount  (Assumes the Annual Enrollment FSA RAE record with the original election had already be sent to Fidelity) | HCFSA  Or  DCFSA  Or  LPFSA | Plan Year that was sent on the original RAE record | Participant's New Annualized Amount | Coverage Effective Date that was sent on the original RAE record | Space Filled | Space Filled |
| **5** | **Life Event**  New Hire - Participant Elected an FSA | HCFSA  Or  DCFSA  Or  LPFSA | Plan Year in which their Benefits Coverage Starts | Participant's Annualized Amount from the Coverage Effective Date through the end of the Plan Year | Date Coverage Starts for the participant | Space Filled | Space Filled |
| **6** | **Life Event**  New Hire - Change in election amount  (Assumes the FSA RAE record with the original election had already be sent to Fidelity) | HCFSA  Or  DCFSA  Or  LPFSA | Plan Year that was sent on the original RAE record | Participant's New Annualized Amount | Coverage Effective Date that was sent on the original RAE record | Space Filled | Space Filled |
| **7** | **Life Event**  New Hire - Participant changed their mind and they no longer want the FSA  (Assumes the FSA RAE record had already be sent to Fidelity)  **Please Note:** This is the same process as Scenario #3 above for annual enrollment rather than a new hire. | HCFSA  Or  DCFSA  Or  LPFSA | Plan Year that was sent on the original RAE record | Election Amount should be zero | Coverage Effective Date that was sent on the original RAE record | Coverage Effective Date that was sent on the original RAE record Plus one day.  For example: If the coverage effective date is 09/26/2019, the coverage end date would be 09/27/2019. | Space Filled |
| **8** | **Life Event**  Gain Dependent Event (Example: Marriage or birth/adoption of a child) - Participant chooses to enroll in the FSA | HCFSA  Or  DCFSA  Or  LPFSA | Plan Year in which their Benefits Coverage Starts | Participant's Annualized Amount from the Coverage Effective Date through the end of the Plan Year | Date Coverage Starts for the participant | Space Filled | Space Filled |
| **9** | **Life Event**  Gain Dependent Event (Example: Marriage or birth/adoption of a child) - Participant increases their election amount  (Assumes the FSA RAE record with the original election had already be sent to Fidelity - can be either through annual enrollment or a life event) | HCFSA  Or  DCFSA  Or  LPFSA | Plan Year that was sent on the original RAE record | Participant's new annualized goal amount. | Coverage Effective Date for the new increased annualized goal amount. | Space Filled | Space Filled |
| **10** | **Life Event**  Lose Dependent Event (Example: Death or divorce or age out of coverage for a dependent) - Participant chooses to enroll in the FSA | HCFSA  Or  DCFSA  Or  LPFSA | Plan Year in which their Benefits Coverage Starts | Participant's Annualized Amount from the Coverage Effective Date through the end of the Plan Year | Date Coverage Starts for the participant | Space Filled | Space Filled |
| **11** | **Life Event**  Lose Dependent Event (Example: Death or divorce or age out of coverage for a dependent) - Participant decreases their election amount  (Assumes the FSA RAE record with the original election had already be sent to Fidelity - can be either through annual enrollment or a life event) | HCFSA  Or  DCFSA  Or  LPFSA | Plan Year that was sent on the original RAE record | Participant's new annualized goal amount. | Coverage Effective Date for the new decreased annualized goal amount | Space Filled | Space Filled |
| **12** | **Life Event**  Termination - Participant terminates  (Assumes the FSA RAE record with the original election had already be sent to Fidelity) | HCFSA  Or  DCFSA  Or  LPFSA | Plan Year that was sent on the original RAE record | Amount sent on the original RAE record | Coverage Effective Date that was sent on the original RAE record | Date the terminated participant's coverage ends | Space Filled |

\*Please refer back to the fields in the record specification earlier in this document for additional details.

# Testing

## Fidelity’s Standard Test Process

Fidelity’s standard test process for inbound feeds is outlined below.

* ***Testing Turnaround Timeframe*** – Fidelity’s turnaround time for providing test results to the Vendor and Plan Sponsor is 3 business days.
* ***Rounds of Testing*** – Typically for Reimbursement Account record testing there would be three rounds completed. However if there are unresolved issues during the third round, testing will continue until the issues are resolved.
* ***Test Process*** – Please see the table below for details on Fidelity’s test process. The Format Testing and Test File Review are completed in all rounds of testing. Then the Test Cases are completed in round 2 and round 3.

**IMPORTANT NOTE!:** Fidelity does ask that the Vendor or Plan Sponsor sending the test file please review the file in detail before it is sent to Fidelity to ensure that the file matches the record specifications. Fidelity has found that the review of the file by the Vendor or Plan Sponsor saves overall testing time for both the Vendor or Plan Sponsor and Fidelity and decreases the number of test rounds required.

|  |  |
| --- | --- |
| **Test Item** | **Details** |
| **Format Testing** | Fidelity runs the test file through a standard program that checks for format and data issues. |
| **Test File Review** | Fidelity parses the test file and reviews it in detail to ensure the following:   * Fields that should be populated are populated with the expected information * Fields that are not supposed to be populated are not being populated |
| **Test Cases** | Fidelity also requires test cases for each round of testing. Fidelity will provide a test cases document to the Vendor and Plan Sponsor that includes all the scenarios that need to be tested for the project. Fidelity asks that the Vendor or Plan Sponsor please enter into the test cases document the participants (typically social security number or last 4 digits of the social security number) that fall into each of the scenarios that need to be tested. Then as part of the testing, Fidelity will ensure the correct information was sent for each of the test case scenarios.  **IMPORTANT NOTE!:** The test cases ensure that the Vendor or Plan Sponsor is sending on the file what they intended to send. If test cases are not provided, Fidelity is not able to determine if what the Vendor or Plan Sponsor is sending is correct. For example: If the Vendor intended to send a participant over as electing to have a Health Care Flexible Spending Account but then actually sends them as electing an Dependent Care Flexible Spending Account. If test cases are not provided, Fidelity has no way of identifying that programming issue during the test phase of the project. These types of programming issues may not be discovered until a participant that is impacted alerts Fidelity or the Plan Sponsor. This may also mean the Vendor or Plan Sponsor will need to complete programming changes after we go into production.  Fidelity has found by completing the test case scenarios there are fewer issues encountered in production. |

## Test Cases

Has the Vendor or Plan Sponsor confirmed they are able to provide test case participants for all of the test scenarios in the test cases document?

☒ Yes Test Cases - Yes the Vendor or Plan Sponsor has confirmed they are able to provide test case participants for all of the test scenarios.

☐ Not All Test Cases – No the Vendor or Plan Sponsor is not able to provide test case participants for all of the test scenarios in the test cases document. The Vendor and Plan Sponsor understand because we are not completing a true test of all the test case scenarios, there may be issues in production. This may mean the Vendor or Plan Sponsor will need to complete programming changes after we go into production.

☐ No Test Cases - No the Vendor or Plan Sponsor is not able to provide any test case participants for the test scenarios in the test cases document. The Vendor and Plan Sponsor understand because we are not completing a true test of the feed, there may be issues in production. This may mean the Vendor or Plan Sponsor will need to complete programming changes after we go into production.

# Record Specification Programming / Testing Timeline

The following table contains programming steps to complete that apply to the project.

**Please Note:** If the HSA is being implemented along with the FSA, Fidelity will endeavor to coordinate the testing of the two products to take place within the same timeframe.

|  |  |
| --- | --- |
| **Step** | **Completion Date** |
| Finalize Fidelity Record Specifications | TBD |
| 1st Format Test File for the RAE Record to Fidelity | TBD |
| 2nd Test File and Test Cases for the RAE Record to Fidelity | TBD |
| 3rd Test File and Test Cases for the RAE Record to Fidelity | TBD |
| First Live File for the RAE Record to Fidelity | TBD |