Health and Welfare

Interface Requirements Specification

# EnterpriseDB Corporation

# Contact Information

## Customer Contact

|  |  |  |
| --- | --- | --- |
| **Name** | **Phone** | **Email** |
| **Shannon Ray-Bernard** |  | **shannon.ray-bernard@enterprisedb.com** |

## Vendor Contact

|  |  |  |
| --- | --- | --- |
| **Name** | **Phone** | **Email** |
| **Ellen Ward** | **(617) 246-3562** | **ellen.ward@bcbsma.com** |

## Integration Contact

|  |  |  |
| --- | --- | --- |
| **Name** | **Phone** | **Email** |
| **Cheryl Petitti** | **720 217 6598** | **cpetitti@tekpartners.com** |

## 

# Revision History

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Date | Version | Revision Description | Comments | Author |
| 1 | 8/10/21 | 1.01 | Initial Draft |  | Cheryl Petitti |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |

# Customer Confirmation

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

1. **Vendor Name:**BCBSMA
2. **Group or Policy Number:**

4958184

1. **Will you have employees that are active in multiple component companies?**

No

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

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:**1/1/2021
2. **Confirm the applicable UltiPro Deduction Codes for each that apply:**

**MED, DEN, FSA, FSADC**

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.

☐ Effective Date of Termination within last \_\_ days (Ex. 30 days).

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

“Spouse” DP, SPS

“Children” CHL, DIS, DPC, STC

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

3rd Party Cobra Administrator

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 and 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

1. **Post Live Only: Interface Decommissioning (are there current/other interfaces that this interface is replacing?)**

☐ No ☐Yes, *Customer must open a Support Ticket to request the current interface to be turned off.*

# 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?**

Click or tap here to enter text.

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.

# Mapping/Notes to Developer

834 Format

Full File

We need Full File, On Demand, Scheduled, OE Active and OE Passive Sessions

Data elements delimiters – use the asterisk \*

Repetition separator – used the carat ^

Component element separator – used the colon :

Segment/Line termination character – use the tilde ~

IMPORTANT Notes

Please note that this vendor requires different values then we are used to sending on 834 files.

I have highlighted them in Orange on the 834 layout mapping document.

Please make sure to expand each row on the 834 layout mapping document to see all the information in each cell.

This vendor requires special coding for employees that have FSA benefits. Please see information from the Companion Guide below as well as information in the 834 layout mapping document

When an employee has FSA Benefits the file will need to send 2 HD Loops – one to enroll the member and one to report the goal amount – see example below

EnterpriseDB offers an FSA admin only plan for its employees.  The enrollments for anyone enrolled in this plan have to be mapped specifically as outlined in the attached companion guide otherwise employees will reject each week.

**Administrative Only Groups**

**An administrative only group number is required for accounts that have employees that elect the Health Care FSA (FSA) or Dependent Care FSA (DFS) but do not elect BCBSMA medical or dental coverage.**

**An administrative only group is required to send enrollment and goal amounts to the vendor and is treated like a medical/dental group.**

**Members must be “enrolled” in the Admin only group which is set up on the BCBSMA system with no benefits, rates, or ID cards but is necessary for a successful transfer to the vendor.****Omitting the administrative group number from the REF\*1L segment will cause the record to error, resulting in delays in enrollment and a dissatisfactory member and account experience.**

This example is for an employee that has declined medical or dental coverage with their employer but has elected the Health Care FSA with a goal amount of $2,000.

INS\*Y\*18\*030\*XN\*A\*\*\*FT

REF\*0F\*SSN05492

DTP\*336\*D8\*20070820

NM1\*IL\*1\*SMITH\*JOHN\*A\*\*\*34\*SSN5492

PER\*IP\*\*HP\*6038892706

N3\*100 MAIN ROAD

N4\*QUINCY\*MA\*02171

DMG\*D8\*19871122\*F\*I

**HD\*030\*\*HLT\*\*EMP --🡪        This loop enrolls the member in the admin group to ensure record sent to vendor**

**DTP\*348\*D8\*20200101**

**REF\*1L\*001235399   (Admin Group # and is required)**

**HD\*030\*\*HLT\*FSA\*EMP             This Loop updates the Member Financial elections**

**DTP\*348\*D8\*20200101   (FSA effective date)**

**REF\*ZZ\*2000   (Goal Amount = $2,000)**