Ingaged

Health and Welfare

Interface Requirements Specification

# Green Plains, Inc.

# Contact Information

## Customer Contact

|  |  |  |
| --- | --- | --- |
| **Name** | **Tel** | **Email** |
| Mikelle Carnagey  Jennifer Fuller | 402-952-4966  402-315-1606 | Mikelle.carnagey@gpreinc.com  Jennifer.fuller@gpreinc.com |

## Vendor Contact

|  |  |  |
| --- | --- | --- |
| **Name** | **Tel** | **Email** |
| Amber Lee  Jill Carney | Click here to enter text. | Amber.lee@ingaged.me  Jill.carney@ingaged.me |

## Vendor SFTP Contact

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| --- | --- | --- |
| **Name** | **Tel** | **Email** |
| First Last | ###-###-#### | name@domain.com |

## Integration Contact

|  |  |  |
| --- | --- | --- |
| **Name** | **Tel** | **Email** |
| Julie Reardon | 978-995-3832 | jreardon@tekpartners.com |

# Revision History

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Date** | **Version** | **Revision Description** | **Comments** | **Environment** | **Author** |
| **1** | 10/26/21 | 1.0 | Initial Draft |  | Prod  Test |  |
| **2** |  |  |  |  | Prod  Test |  |
| **3** |  |  |  |  | Prod  Test |  |
| **4** |  |  |  |  | Prod  Test |  |

# 

# File Information

|  |  |  |  |
| --- | --- | --- | --- |
| **File Type** | Full File Only  Sort Order N/A | **Output Type** | Comma Delimited  .csv file type  **Delimiter Handling (if applicable)**  Enclose output values in double-quotes  Examples:  Emp no, Ssn, Date fields, Address, Job title  Remove special characters from output values  Other |
| **Header Row** | No  Yes | **Trailer Row** | No  Yes |
| **Interface Decommissioning** | Are there current / otherinterfaces that this interface is replacing?):  No  Yes | **File Name** | \*.csv  **Prod File***: VENDOR\_Customer\_Type\_CCYYMMDD.HHMMSS where CCYYMMDD = date the file is created*  **Test File:** VENDOR\_Customer\_TEST\_CCYYMMDD.HHMMSS  **OE File:**  VENDOR\_Customer\_OE\_CCYYMMDD.HHMMSS |
| **Frequency** | Nightly maintenance window: 2-5am EST  Run On-Demand  Scheduled to run: Weekly, Wed 1:00 pm ET  \*Open Enrollment files are always run On-Demand, even if other files are Scheduled | | |
| **Is automated Transmission required?** | No, file will be sent manually  Yes | **Email address for Summary/ Transmission Emails** | Mikelle.carnagey@gpreinc.com |
| **Global Formats** | |  |  | | --- | --- | | Dates: |  | | Phone Numbers: |  | | Zip Code: |  | | Amount Fields: |  | | Any Others: |  | | **Special Formatting** | Are Special characters required (UTF-8 formatting)?  Yes  No |
| **Export Selection Criteria Functionality** | **Select all that apply:** | **Qualifier Notes:** | |
| Pay Period Range |  | |
| Company Selector |  | |
| Data Selector |  | |

# Business Rules - Customer Confirmation

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

1. **Vendor Name:**  
   Ingaged
2. Group or Plan Number:
3. When did you start coverage with this provider:   
   1/1/2022
4. Which Employees would you like to include on this export?   
    Employees with Active (or recently Terminated) Applicable Deduction Code(s)

Active Only Employees – if EE terminates their employment, they should be dropped from the file

All Active, Leave of Absence and Terminated Employees

Other: Click or tap here to enter text.

1. Will you have employees that have active Benefits 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)*:

Groups to exclude where eecemptype = TES

1. Confirm the applicable UltiPro Deduction Codes that apply:

|  |  |
| --- | --- |
| **Deduction Code** | **Deduction Code Desc** |
| See File Layout |  |
|  |  |
|  |  |
|  |  |

1. What are the Relationship Code(s) that define:
2. How do you currently administer COBRA?

3rd Party Cobra Administrator

Self-Administered

Other:

1. If you selected “Self-Administered” above, please note that you will need to have a Cobra Specific Deduction Code for each of your plans currently covered under Cobra. Please confirm the following for each of your applicable Cobra Deduction Codes based on the below Cobra Coverage Types

|  |  |
| --- | --- |
| **Type** | **COBRA Deduction Code** |
| Employee Only |  |
| Employee + Family |  |
| Dependent Only |  |
| Employee + Spouse |  |

1. Open Enrollment Option: Ultimate will build two Open Enrollment Sessions – one Active and one Passive.

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?**

No  Yes

# Business Rules - Vendor Confirmation

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

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

No  Yes N/A

If Yes, please include the number of days in the future that are accepted (ex. 30 days):

Click or tap here to enter text.

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

No  Yes N/A

If Yes, please include the number of days in the future that are accepted (ex. 30 days):

Click or tap here to enter text.

1. **Confirm how you would like to receive 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).

For coverage termination, plan field is reported as null.

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?**

**N/A**

1. **Benefit Change Effective Date Option: N/A**

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.

# Notes to Developer

|  |
| --- |
| **Additional Criteria:** |
| **Special Instructions:** |
| **Changes Only File:**  Yes  N/A  \*All future dated transactions will be included on Changes only interfaces  One of the following fields changes in Audit in the date range of the file:   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |   **If Initial Full File selected in File Type above, indicate any special criteria the developer should be aware of:** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Sample File** | Attach sample file in client’s google drive.  ***Note:*** *Remove any real PHI data before uploading to google drive.* | **Vendor Layout** | Attach vendor layout with mapping in client’s google drive. |