Hartford Accident and Critical Illness

Interface Requirements Specification

# Inspire Communities

# Contact Information

## Customer Contact

| **Name** | **Tel** | **Email** |
| --- | --- | --- |
| Shelly Courter | Click here to enter text. | scourter@inspirecom.com |

## Vendor Contact

| **Name** | **Tel** | **Email** |
| --- | --- | --- |
| Mary Stoops | ###-###-#### | mary.stoops@thehartford.com |

## Integration Contact

| **Name** | **Tel** | **Email** |
| --- | --- | --- |
| Lea King | ###-###-#### | lking@tekpartners.com |

# Revision History

|  | **Date** | **Version** | **Revision Description** | **Comments** | **Environment** | **Author** |
| --- | --- | --- | --- | --- | --- | --- |
| **1** | 09/23/2021 | 1.0 | Initial Draft |  | ☒ Prod ☐ Test | Lea King |
| **2** |  |  |  |  | ☐ Prod ☐ Test |  |
| **3** |  |  |  |  | ☐ Prod ☐ Test |  |
| **4** |  |  |  |  | ☐ Prod ☐ Test |  |

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# File Information

| **File Type** | Full File Only | **Output Type** | Pipe Delimited  **Delimiter Handling (if applicable)**  ☐ Remove special characters from output values |
| --- | --- | --- | --- |
| **Header Row** | ☐ No  ☒ Yes | **Trailer Row** | ☐ No  ☒ Yes |
| **Interface Decommissioning** | Are there current / otherinterfaces that this interface is replacing?):  ☒ No  ☐ Yes | **File Name** | **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  \*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** | scourter@inspirecom.com |
| **Global Formats** | See layout | **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:**  
   Hartford
2. **Group or Plan Number:** 1481349
3. **When did you start coverage with this provider:**11/1/2019
4. **Which Employees would you like to include on this export?**☒ Employees with Active (or recently Terminated) Applicable Deduction Code(s)
5. **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: ☐** N/A

| **Deduction Code** | **Deduction Code Desc** |
| --- | --- |
| HARAC | Accident |
| CI10E | CI 10K Employee |
| CI10S | CI 10K Spouse |
| CI10C | CI 10K Children |
| CI10F | CI 10K Family |
| CI20E | CI 20K Employee |
| CI20S | CI 20K Spouse |
| CI20C | CI 20K Children |
| CI20F | CI 20K Family |

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

“Spouse” / "Domestic Partner" SPS, DP

“Children” CHL, STC, DPC

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

☒ 3rd Party Cobra Administrator

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

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

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.

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?**

**11/01/2019**

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

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

# Notes to Developer

| **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. |
| --- | --- | --- | --- |