Anthem Medical

Interface Requirements Specification

# Kleingers

# Contact Information

## Customer Contact

|  |  |  |
| --- | --- | --- |
| **Name** | **Phone** | **Email** |
| **Joy Frey** |  | **Joy.Frey@kleingers.com** |

## Vendor Contact

|  |  |  |
| --- | --- | --- |
| **Name** | **Phone** | **Email** |
| **Blake, Chanell L.** |  | **chanell.blake@anthem.com** |

## Integration Contact

|  |  |  |
| --- | --- | --- |
| **Name** | **Phone** | **Email** |
| **Richard Vars** | **352.213.0066** | **rvars@tekpartners.com** |

## 

# Revision History

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Date | Version | Revision Description | Comments | Author |
| 1 | 7/27/20 | 1.01 | Initial Draft | Draft | Richard Vars |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |

# Customer Confirmation

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

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

L00237

1. **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

If Yes, please list field and values to exclude or include *(whichever is a shorter list)*:

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:**6/1/20
2. **Confirm the applicable UltiPro Deduction Codes for each that apply:**

**Type UltiPro Deduction Code**

Medical MPPO, MPPOA, MCDHP, MCHDA

Dental DENB, DENBA, DENM, DENMA

Vision

Critical Illness CIEE, CIES, CIECH, CIFM

Accident VACC

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” SPS

“Children” CHL

1. **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** | **Specification Name** | **Ultimate Software Project Number** |
| Employee Only |  |  |
| Employee + Family |  |  |
| Dependent Only |  |  |

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 ☐ 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.*

# Mapping/Notes to Developer

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Account Structure** | | | |  |
| **Group Number** | **Product/Plan Name** | **Bill Entity** | **Description** | **UltiPro Deduction Code** |
| L00237M001 | PPO Option 1 with RX T2 | L00237M001 | $250/$500 Deductible Active Medical |  |
| **PP01C and PP01N** |
| L00237MC01 | PPO Option 1 with RX T2 | L00237M001 | $250/$500 Deductible COBRA Medical | **n/a** |
| L00237M002 | PPO Option 5 with RX T8 | L00237M001 | $1000/$2000 deductible Active Medical | **MEDBC and MEDBN** |
| L00237MC02 | PPO Option 5 with RX T8 | L00237M001 | $1000/$2000 deductible COBRA Medical | **n/a** |
| L00237M003 | HSA Option E1 with RX T8 | L00237M001 | $2800/$5600 deductible Active Medical | **MEDHC and MEDHN** |
| L00237MC03 | HSA Option E1 with RX T8 | L00237M001 | $2800/$5600 deductible COBRA Medical | **n/a** |
| L00237D001 | Essential Choice Complete Dental | L00237M001 | Active Dental | **DENA** |
| L00237DC01 | Essential Choice Complete Dental | L00237M001 | Active Dental | **ASSUME THIS IS THE COBRA PLAN?** |
| L00237X001 | Active - Accident Low Plan | L00237M001 | Active - Accident Low Plan | **VACC** |
| L00237XE01 | Extended Continuation - Accident Low Plan | L00237ME01 | Extended Continuation - Accident Low Plan | **n/a** |
| L00237Y001 | Active - Critical Illness - $10,000 Plan | L00237M001 | Active - Critical Illness - $10,000 Plan | **CIEE / CIES / CIECH / CIFM** |
| L00237YE01 | Extended Continuation - Critical Illness - $10,000 Plan | L00237ME01 | Extended Continuation - Critical Illness - $10,000 Plan | **n/a** |

# 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.