UMR

Medical

Interface Requirements Specification

# MGPI Processing, Inc.

# Contact Information

## Customer Contact

|  |  |  |
| --- | --- | --- |
| **Name** | **Tel** | **Email** |
| Melissa Parks | 913-360-5250 | melissa.parks@mgpingredients.com |

## Vendor Contact

|  |  |  |
| --- | --- | --- |
| **Name** | **Tel** | **Email** |
| Kimberly Wojtalewicz | 715-841-3542 | Kimberly.Wojtalewicz@umr.com |

## Vendor SFTP Contact

|  |  |  |
| --- | --- | --- |
| **Name** | **Tel** | **Email** |
| Kimberly Wojtalewicz | 715-841-3542 | Kimberly.Wojtalewicz@umr.com |

## Integration Contact

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

# Revision History

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Date** | **Version** | **Revision Description** | **Comments** | **Environment** | **Author** |
| **1** | 12/06/21 | 1.0 | Initial Draft |  | ☐ Prod ☐ Test | Cheryl Petitti |
| **2** |  |  |  |  | ☐ Prod ☐ Test |  |
| **3** |  |  |  |  | ☐ Prod ☐ Test |  |
| **4** |  |  |  |  | ☐ Prod ☐ Test |  |

# 

# File Information

|  |  |  |  |
| --- | --- | --- | --- |
| **File Type** | [ Full File ] | **Output Type** | [ 834 ]  **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** | ☐ Yes | **Trailer Row** | ☐ Yes |
| **Interface Decommissioning** | Are there current / otherinterfaces that this interface is replacing?):  ☐ No | **File Name** | **Prod File***:*  **Test File:**  **OE File:** |
| **Frequency** | Nightly maintenance window: 2-5am EST  ☐ Run On-Demand  ☐ Scheduled to run:  \*Open Enrollment files are always run On-Demand, even if other files are Scheduled | | |
| **Is automated Transmission required?** | ☐ Yes | **Email address for Summary/ Transmission Emails** | melissa.parks@mgpingredients.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:**  
   UMR
2. **Group or Plan Number: 76415127**
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)
5. **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:** MEDAT, MEDL2, MEDA1, MEDLB
2. **What are the Relationship Code(s) that define:**

“Spouse” / "Domestic Partner" SPS, DP, SGO

“Children” CHL, DIS, DPC, STC

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?**

☐ 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?**

☐ 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?**

☐ 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?**

1/1/2022.

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

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

# Notes to Developer

|  |
| --- |
| **Additional Criteria:** |
| **Special Instructions:** |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Sample File** |  | **Vendor Layout** | Attach vendor layout with mapping in client’s google drive. |