

BATCH HSA ENROLLMENT FILE LAYOUT- 600 BYTE

# Optum Assumption of Data Integrity and Accuracy

Optum assumes that data provided by a client and/or third party processor/ vendor is accurate and intended for production processing, when data is submitted through a production channel or is marked as production by the sender.

Optum is not responsible for processing data that is submitted erroneously by the client and/or third party processor/ vendor. Furthermore, client and/or third party processor/vendor are responsible for adhering to the information provided in Optum’s file specification documentation.

Attached is the file layout that needs to be created by the client in order to correctly enroll their members into the Optum Bank health savings account (HSA) product. There are several file creation specifics to be aware of:

* The file format allows for 2 types of transactions; new HSA enrollment and terminations. When creating logic to create this file, the best practice would be to send new enrollment records once (or annually during open enrollment) but incremental files should be new adds and terminations only, not a full report of the entire population each time.

* The file must be saved as a flat MS-DOS ASCII file. (In MS-DOS Windows, lines end with both the line feed and carriage return ASCII characters, but Unix uses only a line feed.)

* The individual record length is 600 bytes.

* The file must not exceed 2 GB in size. If the file is larger than 2 GB, please split out the data into smaller files.

* The Value column included in the layout below provides the format or specific default values.

* The file must be named with a specific naming convention. The naming convention required is as follows:

* + The entire file name (including file extension “MNT”) must be in capital letters. If reissuing the same data – do not use the same file name. Make sure each file has unique timestamp. This will avoid any delays.
  + The User Number (USERNUMBER) node must be populated with “0600” for production files and

“9600” for test files.

* + There can be no spaces included in the file name.

Optum Bank UHG/Optum Bank Company File Creation File Constant Assigned # Assigned # Name Date & Time Ext.

* + HSAMNT01.USERNUMBER\_EMPLOYER#\_EMPLOYERNAME\_MMDDYYYYHHMM.MNT

Example: HSAMNT01.0600\_123456789\_COMPANYA\_121520161505.MNT

* Unless otherwise specified, numeric fields should be right justified, zero fill and alpha-numeric fields should be left aligned, blank fill. The first byte of an alpha-numeric field cannot be blank.

* Date fields when required or provided (optional) must be populated with a valid date.

* Optional fields should be initialized as follows to indicate that you are not trying to send us data; alphanumeric – all spaces, numeric – all spaces or all zeros, date – all spaces or all zeros.

* Fields cannot contain any special characters or punctuation (except for the Last Name may contain hyphens and optional field “e-Mail Address”) Examples include ! : @ # $ % ^ & \* () \_ + = ~ ` | \ [] {} , . -

# Record Type “A”– File Header Record

Record required at all times.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Field Name** | **Data Type** | **Position** | **Length** | **Value/Format** | **Definition/Description** | **UltiPro Field Mapping**  **Fixed Width File**  **Changes Only**  **(Terms, demographic changes)**  **Deduction codes used on this file are HSACF, HSAF, HSACI, HSAI**  **The file will report an employee record if the information below changes from the last time the file ran**  **Employee Termination**    **Last Name and Address field changes**  **Coverage Type Change** |
| Record Type | Alpha Numeric | 1 | 1 | A | Required.  Value must be an ‘A’. | A |
| Payer Name | Alpha Numeric | 2 – 41 | 40 | Name of the Payer submitting the batch file. | Optional.  Provide only if you are a Payer submitting the batch file.  Left Justify, Blank Fill.  Set field to all spaces when not providing. | TekPartners |
| Employer Group Name | Alpha Numeric | 42 – 81 | 40 | Name of the Employer Group included on the file | Required.  Use “Multiple” when submitting for more than one Employer Group.  Left Justify, Blank Fill. | MAJESTIC STEEL USA INC |
| Posting Date | Numeric | 82 – 89 | 8 | YYYYMMDD | Required.  Date file is submitted to Optum Bank. | Today’s date |
| Filler | Null | 90 – 600 | 511 |  | Reserved for future use. | spaces |

# Record Type “B” – Detail Record

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Field Name** | | | **Data Type** | | | **Position** | | | **Length** | | | | **Value** | | | | **Definition/Description** |  |
| Record Type | | | Alpha Numeric | | | 1 | | | 1 | | | | B | | | | Required.  Value must be a ‘B’. | B |
| Employer Number/Group Number | | | Alpha Numeric | | | 2 – 10 | | | 9 | | | | Value that identifies employer to Insurance Company. | | | | Required.  Value that identifies the employer to the Insurance Company. Commonly referred to as Group Number.  Left Justify, Blank Fill. | 705724 |
| Status Field | | | Numeric | | | 11 | | | 1 | | | | Value 1 or 3 | | | | Required.  1 = New Account  3 = Termination. Termination of an employee from the employer. | If eecemplstatus = T send 3 else send 2 |
| Social Security Number | | | Numeric | | | 12 – 20 | | | 9 | | | | Social Security Number | | | | Required.  Must be 9 digits.  Enter as numeric only – no dashes or parenthesis. Cannot be “000000000” | eepssn |
| Employee First Name | | | Alpha Numeric | | | 21 – 38 | | | 18 | | | | Employee First Name | | | | Required.  Left Justify, Blank Fill. | Eepnamefirst |
| Employee Middle Initial | | | Alpha Numeric | | | 39 | | | 1 | | | | Employee Middle Initial | | | | Optional.  If no middle initial, set to a space. | 1st digit of eepnamemiddle |
| Employee Last Name | | | Alpha Numeric | | | 40 – 57 | | | 18 | | | | Employee Last Name | | | | Required.  Left Justify, Blank Fill. Hyphenation allowed. | Eepnamelast |
| Street Address 1 | | | Alpha Numeric | | | 58 – 87 | | | 30 | | | | Employee Street Address | | | | Required.  Physical Address. P.O boxes are not allowed to open bank accounts.  Left Justify, Blank Fill. | Eepaddressline1 |
| Street Address 2 | | | Alpha Numeric | | | 88 – 107 | | | 20 | | | | Employee Address Line 2 | | | | Optional.  Second Street Address Line of Address.  Left Justify, Blank Fill.  Set field to all spaces when not providing. | Eepaddressline2 |
| City | | | Alpha Numeric | | | 108 – 129 | | | 22 | | | | Employee City | | | | Required.  Left Justify, Blank Fill. | Eepaddresscity |
| State | | | Alpha Numeric | | | 130 – 131 | | | 2 | | | | Employee State | | | | Required.  Two position alpha abbreviation. | Eepaddressstate |
| Zip Code + Four | | | | Numeric | | | | 132 – 140 | | | 9 | Employee Zip Code + Four | | | Required.  Numeric only  9 positions. If not using 9 positions populate last 4 positions with zeros. | | | Eepaddresszip |
| Date of Birth | | | | Numeric | | | | 141 – 148 | | | 8 | YYYYMMDD | | | Required. | | | eepdateofbirth |
| Personal Phone Number | | | | Numeric | | | | 149 – 158 | | | 10 | Employee Home Telephone Number | | | Optional.  Enter as numeric only – no dashes or parenthesis.  Set field to all spaces or all zeros when not providing. | | | eepphonehomenumber |
| Business Phone Number | | | | Numeric | | | | 159 – 168 | | | 10 | Employee Business Phone Number | | | Optional.  Enter as numeric only – no dashes or parenthesis.  Set field to all spaces or all zeros when not providing. | | | EecPhoneBusinessNumber |
| e-Mail Address | | | | Alpha Numeric | | | | 169 – 228 | | | 60 | Accountholder e-mail address | | | Optional.  Use proper e-mail formatting including the @ symbol.  Left Justify, Blank Fill.  Set field to all spaces when not providing. | | | eepAddressEMail |
| Employee ID | | | | Alpha Numeric | | | | 229 – 239 | | | 11 | Employee ID Number | | | Optional. Future Functionality  If the Employee has an employee ID or Health Plan member number with the insurance company, it should be placed in this field.  Left Justify, Blank Fill.  Set field to all spaces when not providing. | | | eecempno |
| Filler | | | |  | | | | 240 | | | 6 | Spaces | | | Reserved for internal use only | | | spaces |
| Coverage Type | | | | Alpha Numeric | | | | 246 | | | 1 | Acceptable values:  I – Individual Coverage  F – Family Coverage | | | Optional.  Default value is I=Individual if not provided. | | | If eeddedcode = HSACF, HSAF send F  If eeddedcode = HSACI, HSAI send I |
| HDHP Start Date | | | | Numeric | | | | 247 – 254 | | | 8 | YYYYMMDD | | | Optional.  The date HDHP Coverage is effective. Renewal Date is not needed unless there is a lapse in coverage.  Set field to all spaces or all zeros when not providing. | | | spaces |
| Termination Date | Numeric | | | | 255 – 262 | | | | | 8 | | | YYYYMMDD | | Optional and only used for Status field value of 3 Termination).  Date that a terminated employee is no longer employed AND no longer covered under COBRA coverage with the employer group.  Set field to all spaces when not providing. | | | spaces |
| HSA Affirmation | Alpha Numeric | | | | 263 | | | | | 1 | | | Value Y or N | | Required  Dependent on the Employer Group’s agreement to provide terms and conditions to its employees – Batch with Affirmation and Batch without Affirmation.  If the Employer Group has agreed to  Batch with Affirmation - populate the  Affirmed individuals with “Y”. All Non Affirmed individuals must be populated with “N” | | | N |
| Mailing Address 1 | Alpha Numeric | | | | 264 – 293 | | | | | 30 | | | Employee Mailing Street Address | | Optional.  Required only if Mailing Address exists for the applicant. Left Justify, Blank Fill.  Set field to all spaces when not providing. | | | spaces |
| Mailing Address 2 | Alpha Numeric | | | | 294 – 313 | | | | | 20 | | | Employee Mailing Address Line 2 | | Optional.  Required only if Mailing Address exists for the applicant. Left Justify, Blank Fill.  Set field to all spaces when not providing. | | | spaces |
| Mailing City | Alpha Numeric | | | | 314 – 335 | | | | | 22 | | | Employee Mailing City | | Optional.  Required only if Mailing Address exists for the applicant. Left Justify, Blank Fill.  Set field to all spaces when not providing. | | | spaces |
| Mailing State | | Alpha Numeric | | | | | 336 – 337 | | | 2 | | | Employee Mailing State | | | Optional.  Required only if Mailing Address exists for the applicant. Two position alpha abbreviation.  Set field to all spaces when not providing. | | spaces |
| Mailing Zip Code + Four | | Numeric | | | | | 338 – 346 | | | 9 | | | Employee Mailing Zip Code + Four | | | Optional.  Required only if Mailing Address exists for the applicant. 9 positions. If not using 9 positions populate last 4 positions with zeros.  Set field to all spaces or all zeros when not providing. | | spaces |
| Filler | |  | | | | | 347-555 | | | 209 | | | Spaces | | | Reserved for Internal Use | | spaces |
| Wet Signature Ind | | Alpha Numeric | | | | | 556 | | | 1 | | | Value Y or N | | | Required  Used only if an employer is authorized by Optum Bank to capture a wet signature on it’s behalf. Y indicates that the employee has provided a wet signature; N indicates that the employee did not provide a wet signature. | | N |
| E Signature Ind | | Alpha Numeric | | | | | 557 | | | 1 | | | Value Y or N | | | Required  Used only if an employer is authorized by Optum Bank to capture an electronic signature on it’s behalf. Y indicates that the employee has provided a electronic signature, N indicates that the employee did not provide a electronic signature. | | N |
| Verification ID | | Alpha Numeric | | | | | 558-567 | | | 10 | | | Verification ID | | | Optional.  Employee defined verification id used as security verification by customer care representatives.  Left Justify, Blank Fill.  Set field to all spaces when not providing. | | spaces |
| Division Code | | Alpha Numeric | | | | | 568 – 576 | | | 9 | | |  | | | Optional.  Used to identify sub groups of the submitting Group ID | | spaces |
| Filler | |  | | | | | 577 -- 593 | | | 17 | | | Spaces |  | | Reserved for internal use only | | spaces |
| Filler | |  | | | | | 594 - 600 | | | 7 | | | Spaces |  | | Reserved for future use. | | spaces |

# Record Type “Z” - Trailer Record

Record required at all times.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Field Name** | **Data Type** | **Position** | **Length** | **Value** | **Definition/Description** |  |
| Record Type | Alpha Numeric | 1 | 1 | Z | Required.  Must be set to ‘Z’. | Z |
| Number of Accounts | Numeric | 2 – 8 | 7 | Total Number of “B” Records | Required. Right justify, zero fill. | Count of records |
| Filler | Null | 9 – 600 | 592 | Spaces | Reserved for future use. | spaces |