HSA Enrollment

Interface Requirements Specification

# Net Health

# Contact Information

## Customer Contact

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| --- | --- | --- |
| **Name** | **Phone** | **Email** |
| Holly Bowersox |  | [Holly.Bowersox@nethealth.com](mailto:Holly.Bowersox@nethealth.com) |

## Vendor Contact

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| --- | --- | --- |
| **Name** | **Phone** | **Email** |
| Celeste Kenyon |  | [celeste.kenyon@optum.com](mailto:celeste.kenyon@optum.com) |

## Integration Contact

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| --- | --- | --- |
| **Name** | **Phone** | **Email** |
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# Revision History

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Date | Version | Revision Description | Comments | Author |
| 1 | 11/23/2020 | 1.01 | Initial Draft |  | Lea King |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |

# Customer Confirmation

HSA

1. **Vendor Name:**Optum
2. **Will you have employees that are active in multiple component companies?**

☒ No ☐ Yes

1. **What kind of HSA Files would you like us to Create?**

|  |  |  |
| --- | --- | --- |
| **Type** | **Employees to Include** | **Notes** |
| ☒ **HSA** **Enrollment** | Employees Active on Applicable Deduction Code | Click here to enter text. |
|  | | |

1. **Please include the applicable UltiPro Deduction/Earning Codes for each that apply:**

**Type UltiPro Deduction Code**

HSA Employee - Deduction Code HSAI, HSAF

HSA Catch Up - Deduction Code HSACI, HSACF

1. **Open Enrollment Option = we 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

# Vendor Confirmation

HSA

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. **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?**

**01/01/2021**

# Mapping/Notes to Developer

Changes only file

Space delimited text format