# Telephonic claims

File feed iMPLEMENTATION gUIDE

**This guide should provide a high level overview concerning the implementation of new telephonic claims file feed for UHC’s financial protection product suite. This will enable the claimants to call in directly to our customer service team (1-888-299-2070)**

1 – Telephonic Intake Overview

United Healthcare has teamed up with several vendors to enable telephonic intake of claims for the following financial protection products:

* FMLA
* STD
* Critical Illness
* Hospital Indemnity
* Accident

This process allows the employees of our customers to start their claim by calling into our call center. The goal of the file feed is to “pre-load” our system with updated information so that when the claimants call into UHC we would have updated records of the employee, their address, contact information, etc.

2 – File Transmission & Naming Conventions

The formatting of the file should be Standard pipe delimited “|” text file. Please note that we would require a pip delimiter for all of the 76 fields listed, even if the field is not required (our system looks specifically at the column order). If not data is required, please leave the column blank.

The character encoding should be: Standard ASCII

Naming Convention should be as follows:

XXXXX\_YYYYMMDD.TXT

XXXXX = 3-8 characters identifying employer

YYYYMMDD = 4 digit year, 2 digit month, 2 digit day

So, for example:

**“ABCCORP\_20191231.TXT”**

3 – File Transfer & Schedule

All files are to be transmitted to UHC via secure FTP. A representative of Optum (a UHG-owned company) will be in touch with the credentials and the file path for transmission.

The frequency of transmission depending on customer’s wishes Most of our customers have this file coinciding with their payroll and transmit data on a weekly or bi-weekly basis. Regardless of the frequency, it is critical that the most up-to-date information is transmitted to UHC since claims can occur with new hires and data may change to effect eligibility.

4 – File Column Order and Instructions

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| File Order and Specifications | | | | | **Required by:** | | | | |
| Pipe File Order | Description | Type | Max Width | Notes | FMLA | STD | Critical Illness | Accident | HIPP |
| 1 | SSN of Claimant (Employee or Dependent) | Alphanum | 55 | Omit hyphen “-“ | Y | Y | Y | Y | Y |
| 2 | SSN of Employee | Char | 16 | Omit hyphen “-“ | Y | Y | Y | Y | Y |
| 3 | Claimant Last Name | Char | 25 |  | Y | Y | Y | Y | Y |
| 4 | Claimant First Name | Char | 25 |  | Y | Y | Y | Y | Y |
| 5 | Claimant Middle Name | Char | 25 |  | Y | Y | Y | Y | Y |
| 6 | Employee Last Name | Char | 30 |  | Y | Y | Y | Y | Y |
| 7 | Employee First Name | Char | 30 |  | Y | Y | Y | Y | Y |
| 8 | Employee Middle Name | Char | 30 |  | Y | Y | Y | Y | Y |
| 9 | Mailing Address 1 | Char | 75 |  | Y | Y | Y | Y | Y |
| 10 | Mailing Address 2 | Char | 75 |  | Y | Y | Y | Y | Y |
| 11 | City | Char | 50 |  | Y | Y | Y | Y | Y |
| 12 | State | Char | 2 | Example: “NY” | Y | Y | Y | Y | Y |
| 13 | Zip | Char | 9 | If zip + 4, omit the hyphen | Y | Y | Y | Y | Y |
| 14 | Home Phone | Char | 16 | Omit parentheses or hyphen | Y | Y | Y | Y | Y |
| 15 | Gender | Char | 1 | “M” or “F” | Y | Y | Y | Y | Y |
| 16 | DOB | Date | 10 | MM/DD/YYYY | Y | Y | Y | Y | Y |
| File Order and Specifications | | | | | Required by: | | | | |
| Pipe File Order | Description | Type | Max Width | Notes | FMLA | STD | Critical Illness | Accident | HIPP |
| 17 | Effective date of Coverage - CI | Date | 10 | MM/DD/YYYY |  |  | Y |  |  |
| 18 | Coverage Amount – CI | Num | 9 |  |  |  | Y |  |  |
| 19 | Plan Code - Accident | Alphanum | 10 |  |  |  |  | Y |  |
| 20 | Hire Date | Date | 10 |  | Y | Y | Y | Y | Y |
| 21 | Work State | Alphanum | 2 | Work state refers to the state where the employee takes direction – this may differ from the employee’s location | Y |  |  |  |  |
| 22 | Weekly Work Hours | Alphanum | 9 |  | Y | Y | Y | Y | Y |
| 23 | Employment Status | Char | 1 |  |  |  |  |  |  |
| 24 | Termination Date | Date | 10 |  | Y | Y | Y | Y | Y |
| 25 | Email (work or home) | Alphanum | 75 |  | Y | Y |  |  |  |
| 26 | Payroll Period (or file date) | Char | 10 | Refers to the payroll date (if the file is tied with payroll) or the date that the file was run | Y | Y |  |  |  |
| 27 | FT/PT Indicator | Char | 3 |  | Y | Y | Y | Y | Y |
| 28 | Annual Hours | Alphanum |  |  | Y |  |  |  |  |
| 29 | Job Title | Char |  |  |  | Y |  |  |  |
| 30 | Job Code | Alphanum |  |  |  |  |  |  |  |
| 31 | Exempt Status | Char | 1 |  |  | Y |  |  |  |
| 32 | Employers Department (if applicable) | Alphanum | 50 | Used to report by department (if needed) |  |  |  |  |  |
| 33 | Division (if applicable) | Char | 50 | Used to report by division (if needed) | Y | Y |  |  |  |
| 34 | Cost Center Code | Alphanum | 50 |  |  |  |  |  |  |
| 35 | Location (if applicable) | Char | 50 | Used to report by location (if needed) | Y | Y |  |  |  |
| File Order and Specifications | | | | | Required by: | | | | |
| Pipe File Order | Description | Type | Max Width | Notes | FMLA | STD | Critical Illness | Accident | HIPP |
| 36 | Building Code (related to division) | Alphanum | 50 | Used to report a sub category of division if needed) |  |  |  |  |  |
| 37 | General Leger Code | Alphanum | 50 | Used to record the GL code if needed |  |  |  |  |  |
| 38 | Organization Level 1 | Char | 50 | Used to record org level if needed |  |  |  |  |  |
| 39 | Organization Level 2 | Char | 50 | Used to record org level if needed |  |  |  |  |  |
| 40 | Organization Level 3 | Char | 50 | Used to record org level if needed |  |  |  |  |  |
| 41 | Pay Rate (Hourly) | Numeric | 9 |  |  | Y |  |  |  |
| 42 | Annual Salary | Numeric | 20 |  |  | Y |  |  |  |
| 43 | Supervisor Last Name | Alphanum | 25 | If supervisor notification is needed | Y |  |  |  |  |
| 44 | Supervisor First Name | Alphanum | 25 | If supervisor notification is needed | Y |  |  |  |  |
| 45 | Supervisor Email | Alphanum | 75 | If supervisor notification is needed | Y |  |  |  |  |
| 46 | Supervisor EE Identifier | Alphanum | 16 |  |  |  |  |  |  |
| 47 | Supervisor Identifier Code | Alphanum | 6 |  |  |  |  |  |  |
| 48 | HR Rep EE Identifier | Alphanum | 16 |  |  |  |  |  |  |
| 49 | HR Rep EE Identifier Code | Alphanum | 6 |  |  |  |  |  |  |
| 50 | HR Rep Last Name | Char | 25 |  | Y |  |  |  |  |
| 51 | HR Rep First Name | Char | 25 |  | Y |  |  |  |  |
| 52 | HR Rep Email Address | Char | 75 |  | Y |  |  |  |  |
| File Order and Specifications | | | | | Required by: | | | | |
| Pipe File Order | Description | Type | Max Width | Notes | FMLA | STD | Critical Illness | Accident | HIPP |
| 53 | Rehire Date | Date | 10 | Rehire date of employee (e.g., last hire date) |  | Y |  |  |  |
| 54 | Pay Cycle | Alphanum | 4 | Pay cycle for employee. Possible codes are: “W” = Weekly, “BW” = Bi-weekly, “M” = Monthly, “BM” = Bi-monthly |  | Y |  |  |  |
| 55 | Disability Plan Code | Alphanum | 20 | Employee’s Disability plan enrolled or eligible. Examples are: “STD” = Short Term Disability. Can also be “Y” if enrolled or “N” not enrolled. (If it is a non-contrib. plan, may be eliminated) | Y |  |  |  |  |
| 56 | Employer Name | Alphanum | 50 | Required to identify the Employer Group Name | Y | Y | Y | Y | Y |
| 57 | NULL | NULL |  |  | Y | Y | Y | Y | Y |
| 58 | Effective Date of Coverage(APP) | Date | 10 | Original effective date of coverage for when the Employee chose the Accident Protection Plan Coverage |  |  |  | Y |  |
| 59 | Effective Date Term – CIPP | Date | 10 | Coverage Termination Date |  |  | Y |  |  |
| 60 | Effective Date Term– APP | Date | 10 | Coverage Term Date |  |  |  | Y |  |
| File Order and Specifications | | | | | Required by: | | | | |
| Pipe File Order | Description | Type | Max Width | Notes | FMLA | STD | Critical Illness | Accident | HIPP |
| 61 | Prior Effective Date of Coverage – CIPP | Date | 10 | Earliest coverage effective date for the prior coverage if exists |  |  | Y |  |  |
| 62 | Prior Effective End Date of Coverage – CIPP | Date | 10 | Earliest coverage effective date for the prior coverage if exists |  |  | Y |  |  |
| 63 | Prior Coverage Amount(CIPP) | Numeric | 9 | Coverage Amount Elected |  |  | Y |  |  |
| 64 | Prior – 2 Effective Date of Coverage – CIPP | Date | 10 | Earliest coverage effective date for the prior coverage if exists |  |  | Y |  |  |
| 65 | Prior Effective End Date of Coverage – 2 CIPP | Date | 10 | Latest coverage effective end date for the prior coverage if exists |  |  | Y |  |  |
| 66 | Prior – 2 Coverage Amount(CIPP) | Numeric | 9 | Coverage Amount Elected |  |  | Y |  |  |
| 67 | Effective Date of Coverage - HIPP | Date | 10 | Original effective date of coverage for when the Employee chose the Hospital Indemnity Plan |  |  |  |  | Y |
| 68 | Plan Selection (HIPP) | Alphanum | 15 | Base or Base+ Enhanced |  |  |  |  | Y |
| 69 | Option | Alphanum | 1 | Plan Options – A, B, C or D |  |  |  |  | Y |
| 70 | Effective Date of Coverage Term - HIPP | Date | 10 | Coverage Termination Date |  |  |  |  | Y |
| 71 | Prior Effective Date – HIPP | Date | 10 |  |  |  |  |  | Y |
| File Order and Specifications | | | | | Required by: | | | | |
| Pipe File Order | Description | Type | Max Width | Notes | FMLA | STD | Critical Illness | Accident | HIPP |
| 72 | Prior Effective End Date of Coverage - HIPP | Date | 10 | Latest coverage effective end date for the prior coverage if exists |  |  |  |  | Y |
| 73 | Prior Plan Selection (HIPP) | Alphanum | 15 | Base or Base+ Enhanced |  |  |  |  | Y |
| 74 | Prior – 2 Effective Date of Coverage – HIPP | Date | 10 | Earliest coverage effective date for the prior coverage if exists |  |  |  |  | Y |
| 75 | Prior Effective End Date of Coverage – 2 HIPP | Date | 10 | Latest coverage effective end date for the prior coverage if exists |  |  |  |  | Y |
| 76 | Prior – 2 Plan Selection(HIPP) | Alphanum | 15 | Base or Base+ Enhanced |  |  |  |  | Y |

5 – Example Data String

The following is an example of a sample data string for an individual. In this case, this is for a customer that has purchased both the FMLA administration and STD products:

001568888|001568888|Smith|Nicole||Smith|Nicole||123 Anywhere Drive|Apt 1|Portland |ME|04101||M|01/01/1983||||03/15/2005|ME|40|||||FT|2080|Product Development ||E|||||||||||95000||||||||||||BM|STD|ABC COMPANY|||||||||||||||||||||