# 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 | UltiPro Field Mapping  Important Notes for Developer  File Format - Standard pipe delimited “|” text file  Column headers are not required  All 76 fields are required on the file regardless if they have data (see sample file on the last page)  This file will include all employees and dependents |
| 1 | SSN of Claimant (Employee or Dependent) | Alphanum | 55 | Omit hyphen “-“ | Y | Y | Y | Y | Y | eepSSN  if DbnDedCode = VACC, ILCH, ILS10, ILS5 send ConSSN  Format - Omit hyphen “-“ |
| 2 | SSN of Employee | Char | 16 | Omit hyphen “-“ | Y | Y | Y | Y | Y | eepSSN  Format - Omit hyphen “-“ |
| 3 | Claimant Last Name | Char | 25 |  | Y | Y | Y | Y | Y | Eepnamelast  if DbnDedCode = VACC, ILCH, ILS10, ILS5 send ConNameLast |
| 4 | Claimant First Name | Char | 25 |  | Y | Y | Y | Y | Y | Eepnamefirst  if DbnDedCode = VACC, ILCH, ILS10, ILS5 send ConNameFirst |
| 5 | Claimant Middle Name | Char | 25 |  | Y | Y | Y | Y | Y | Eepnamemiddle  if DbnDedCode = VACC, ILCH, ILS10, ILS5 send ConNameMiddle |
| 6 | Employee Last Name | Char | 30 |  | Y | Y | Y | Y | Y | Eepnamelast |
| 7 | Employee First Name | Char | 30 |  | Y | Y | Y | Y | Y | Eepnamefirst |
| 8 | Employee Middle Name | Char | 30 |  | Y | Y | Y | Y | Y | Eepnamemiddle |
| 9 | Mailing Address 1 | Char | 75 |  | Y | Y | Y | Y | Y | Eepaddressline1 |
| 10 | Mailing Address 2 | Char | 75 |  | Y | Y | Y | Y | Y | Eepaddressline2 |
| 11 | City | Char | 50 |  | Y | Y | Y | Y | Y | Eepaddresscity |
| 12 | State | Char | 2 | Example: “NY” | Y | Y | Y | Y | Y | Eepaddressstate |
| 13 | Zip | Char | 9 | If zip + 4, omit the hyphen | Y | Y | Y | Y | Y | Eepaddresszip  Format - If zip + 4, omit the hyphen |
| 14 | Home Phone | Char | 16 | Omit parentheses or hyphen | Y | Y | Y | Y | Y | EepPhoneHomeNumber  Format - Omit parentheses or hyphen |
| 15 | Gender | Char | 1 | “M” or “F” | Y | Y | Y | Y | Y | If EepGender or congender = M send M  If EepGender or congender = F send F  Else send blank |
| 16 | DOB | Date | 10 | MM/DD/YYYY | Y | Y | Y | Y | Y | Eepdateofbirth  if DbnDedCode = VACC, ILCH, ILS10, ILS5 send ConDateOfBirth  Format - MM/DD/YYYY |
| 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 |  |  | If EedDedCode = ILCH, ILE10, ILE20, ILS10, ILS5 send EedBenStartDate  If DbnDedCode = ILCH, ILS10, ILS5 send DbnBenStartDate  Format - MM/DD/YYYY |
| 18 | Coverage Amount – CI | Num | 9 |  |  |  | Y |  |  | If EedDedCode, DbnDedCode = ILCH, ILE10,  ILE20, ILS10, ILS5 send EedEEAmt  This amount will need to be on the dependent record as well |
| 19 | Plan Code - Accident | Alphanum | 10 |  |  |  |  | Y |  | If EedDedCode, DbnDedCode = VACC send Silver |
| 20 | Hire Date | Date | 10 |  | Y | Y | Y | Y | Y | EecDateOfOriginalHire  Format - MM/DD/YYYY |
| 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 |  |  |  |  | LocAddressState in eeclocation for work state |
| 22 | Weekly Work Hours | Alphanum | 9 |  | Y | Y | Y | Y | Y | Case PgrPayFrequency  When ‘W - Weekly’, then EecScheduledWorkHrs  When ‘S - Semi monthly’, then ((EecScheduledWorkHrs \* 24) / 52) |
| 23 | Employment Status | Char | 1 |  |  |  |  |  |  | Leave Blank |
| 24 | Termination Date | Date | 10 |  | Y | Y | Y | Y | Y | Eecdateoftermination  Send terminations one time then drop from file  Format - MM/DD/YYYY |
| 25 | Email (work or home) | Alphanum | 75 |  | Y | Y |  |  |  | Eepaddressemail  Eepaddressemailalternate  If employee has primary email send that if not send alternate email |
| 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 |  |  |  | File Run Date |
| 27 | FT/PT Indicator | Char | 3 |  | Y | Y | Y | Y | Y | If EecFullTimeOrPartTime = F send FT  If EecFullTimeOrPartTime = P send PT |
| 28 | Annual Hours | Alphanum |  |  | Y |  |  |  |  | Case PgrPayFrequency  When ‘Weekly’, then EecScheduledWorkHrs \* 52  When ‘Semi monthly’, then EecScheduledWorkHrs \* 24 |
| 29 | Job Title | Char |  |  |  | Y |  |  |  | JbcDesc where JbcCode = EecJobCode |
| 30 | Job Code | Alphanum |  |  |  |  |  |  |  | EecJobCode |
| 31 | Exempt Status | Char | 1 |  |  | Y |  |  |  | If JbcFLSAType = E send E  else send N |
| 32 | Employers Department (if applicable) | Alphanum | 50 | Used to report by department (if needed) |  |  |  |  |  | Leave Blank |
| 33 | Division (if applicable) | Char | 50 | Used to report by division (if needed) | Y | Y |  |  |  | Leave Blank |
| 34 | Cost Center Code | Alphanum | 50 |  |  |  |  |  |  | Leave Blank |
| 35 | Location (if applicable) | Char | 50 | Used to report by location (if needed) | Y | Y |  |  |  | Leave Blank |
| 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) |  |  |  |  |  | Leave Blank |
| 37 | General Leger Code | Alphanum | 50 | Used to record the GL code if needed |  |  |  |  |  | Leave Blank |
| 38 | Organization Level 1 | Char | 50 | Used to record org level if needed |  |  |  |  |  | Leave Blank |
| 39 | Organization Level 2 | Char | 50 | Used to record org level if needed |  |  |  |  |  | Leave Blank |
| 40 | Organization Level 3 | Char | 50 | Used to record org level if needed |  |  |  |  |  | Leave Blank |
| 41 | Pay Rate (Hourly) | Numeric | 9 |  |  | Y |  |  |  | If EecSalaryOrHourly = H send EecHourlyPayRate  else blank |
| 42 | Annual Salary | Numeric | 20 |  |  | Y |  |  |  | If EecSalaryOrHourly = S send  EecAnnSalary  Else blank |
| 43 | Supervisor Last Name | Alphanum | 25 | If supervisor notification is needed | Y |  |  |  |  | Leave Blank |
| 44 | Supervisor First Name | Alphanum | 25 | If supervisor notification is needed | Y |  |  |  |  | Leave Blank |
| 45 | Supervisor Email | Alphanum | 75 | If supervisor notification is needed | Y |  |  |  |  | Leave Blank |
| 46 | Supervisor EE Identifier | Alphanum | 16 |  |  |  |  |  |  | Leave Blank |
| 47 | Supervisor Identifier Code | Alphanum | 6 |  |  |  |  |  |  | Leave Blank |
| 48 | HR Rep EE Identifier | Alphanum | 16 |  |  |  |  |  |  | Leave Blank |
| 49 | HR Rep EE Identifier Code | Alphanum | 6 |  |  |  |  |  |  | Leave Blank |
| 50 | HR Rep Last Name | Char | 25 |  | Y |  |  |  |  | Leave Blank |
| 51 | HR Rep First Name | Char | 25 |  | Y |  |  |  |  | Leave Blank |
| 52 | HR Rep Email Address | Char | 75 |  | Y |  |  |  |  | Leave Blank |
| 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 |  |  |  | EecDateOfLastHire  Format - MM/DD/YYYY |
| 54 | Pay Cycle | Alphanum | 4 | Pay cycle for employee. Possible codes are: “W” = Weekly, “BW” = Bi-weekly, “M” = Monthly, “BM” = Bi-monthly |  | Y |  |  |  | If PgrPayFrequency = Weekly send W  If PgrPayFrequency = Semi monthly send BM |
| 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 |  |  |  |  | Leave Blank |
| 56 | Employer Name | Alphanum | 50 | Required to identify the Employer Group Name | Y | Y | Y | Y | Y | Sadoff Iron & Metal Company |
| 57 | NULL | NULL |  |  | Y | Y | Y | Y | Y | Leave Blank |
| 58 | Effective Date of Coverage(APP) | Date | 10 | Original effective date of coverage for when the Employee chose the Accident Protection Plan Coverage |  |  |  | Y |  | If EedDedCode, = VACC send EedBenStartDate  If DbnDedCode = VACC send DbnBenStartDate  Else leave blank  Format - MM/DD/YYYY |
| 59 | Effective Date Term – CIPP | Date | 10 | Coverage Termination Date |  |  | Y |  |  | If EedDedCode = ILCH, ILE10,  ILE20, ILS10, ILS5 send EedBenStopDate  If DbnDedCode = ILCH, ILS10, ILS5 send DbnBenStopDate  Else leave blank  Format - MM/DD/YYYY |
| 60 | Effective Date Term– APP | Date | 10 | Coverage Term Date |  |  |  | Y |  | If EedDedCode = VACC send EedBenStopDate  If DbnDedCode = VACC send DbnBenStopDate  Else leave blank  Format - MM/DD/YYYY |
| 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 |  |  | Leave blank |
| 62 | Prior Effective End Date of Coverage – CIPP | Date | 10 | Earliest coverage effective date for the prior coverage if exists |  |  | Y |  |  | Leave blank |
| 63 | Prior Coverage Amount(CIPP) | Numeric | 9 | Coverage Amount Elected |  |  | Y |  |  | Leave blank |
| 64 | Prior – 2 Effective Date of Coverage – CIPP | Date | 10 | Earliest coverage effective date for the prior coverage if exists |  |  | Y |  |  | Leave blank |
| 65 | Prior Effective End Date of Coverage – 2 CIPP | Date | 10 | Latest coverage effective end date for the prior coverage if exists |  |  | Y |  |  | Leave blank |
| 66 | Prior – 2 Coverage Amount(CIPP) | Numeric | 9 | Coverage Amount Elected |  |  | Y |  |  | Leave blank |
| 67 | Effective Date of Coverage - HIPP | Date | 10 | Original effective date of coverage for when the Employee chose the Hospital Indemnity Plan |  |  |  |  | Y | Leave blank |
| 68 | Plan Selection (HIPP) | Alphanum | 15 | Base or Base+ Enhanced |  |  |  |  | Y | Leave blank |
| 69 | Option | Alphanum | 1 | Plan Options – A, B, C or D |  |  |  |  | Y | Leave blank |
| 70 | Effective Date of Coverage Term - HIPP | Date | 10 | Coverage Termination Date |  |  |  |  | Y | Leave blank |
| 71 | Prior Effective Date – HIPP | Date | 10 |  |  |  |  |  | Y | Leave blank |
| 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 | Leave blank |
| 73 | Prior Plan Selection (HIPP) | Alphanum | 15 | Base or Base+ Enhanced |  |  |  |  | Y | Leave blank |
| 74 | Prior – 2 Effective Date of Coverage – HIPP | Date | 10 | Earliest coverage effective date for the prior coverage if exists |  |  |  |  | Y | Leave blank |
| 75 | Prior Effective End Date of Coverage – 2 HIPP | Date | 10 | Latest coverage effective end date for the prior coverage if exists |  |  |  |  | Y | Leave blank |
| 76 | Prior – 2 Plan Selection(HIPP) | Alphanum | 15 | Base or Base+ Enhanced |  |  |  |  | Y | Leave blank |

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|||||||||||||||||||||