Medical

Interface Requirements Specification

# SunCoke Energy

# Contact Information

## Customer Contact

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| --- | --- | --- |
| **Name** | **Phone** | **Email** |
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## Vendor Contact

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| --- | --- | --- |
| **Name** | **Phone** | **Email** |
| Stormie Loren |  | [SLoren@directpathhealth.com](mailto:SLoren@directpathhealth.com) |

## Integration Contact

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| --- | --- | --- |
| **Name** | **Phone** | **Email** |
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## 

# Revision History

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Date | Version | Revision Description | Comments | Author |
| 1 | 05/29/2020 | 1.01 | Initial Draft |  | Lea King |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |

# Customer Confirmation

Health and Welfare Exports (Medical, Dental, and Vision)

1. **Vendor Name: DirectPath**
2. **Group or Policy Number: N/A**
3. **Will you have employees that are active in multiple component companies?**

☒ No ☐ Yes

1. **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)*:

Exclude emptype TES

1. **Which Employees would you like to include on this export?**☒ Employees Active on Applicable Deduction Code
2. **Confirm the applicable UltiPro Deduction Codes for each that apply:**

1MED1 –  Plan 1

1MED2 –  Plan 2

1MEDC – CMT Plan 1

2MEDC – CMT Plan 2

2MED1 – KRT Plan 1

2MED2 – KRT Plan 2

1. **Confirm how you would like to send termination of coverage on this file:**

**☒** Terminations sent one time only - based on the actual (audit) date entered into UltiPro.

# Mapping/Notes to Developer

CSV with headers

Employees only

# Vendor Confirmation

Health and Welfare Exports (Medical, Dental, and Vision)

1. **Do you allow for future-dated coverage START dates on the file?**

☐ No X Yes

If Yes, please include the number of days in the future that are accepted. We will default to 30 days.

1. **Do you allow for future-dated coverage STOP dates on the file?**

☐ No X Yes

If Yes, please include the number of days in the future that are accepted. We will default to 30 days.

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?**

N/A

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

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