FSA

Interface Requirements Specification

# The United States Pharmacopeial Convention

# Contact Information

## Customer Contact

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| **Name** | **Tel** | **Email** |
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## Integration Contact

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| **Name** | **Tel** | **Email** |
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# Customer Confirmation

FSA

1. Vendor Name:  
   American Benefit Group
2. Confirm Group or Plan Number:

ABGUSP

1. Will you have employees that are active in multiple component companies?

No

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)*:

Include employees that have FSA and/or FSADC deduction codes

1. Please specify your plan year:  
   20190701 - 20200630
2. What Type of FSA File would you like Ultimate Software to create?

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  | | --- | --- | --- | | Type | Employees to Include | Notes | | **Contribution** | Employees Active on Applicable Deduction Code | Include terms if there is a contribution amount to report | | *This file will typically only include employees who contribute to the plan via a deduction via Payroll.* | | | |  |  |
|  |  |  |
|  | | |

1. Confirm the applicable UltiPro Deduction Codes for each that apply:

**Type UltiPro Deduction Code**

FSA FSA

Dependent Care FSADC

1. Open Enrollment Option = Ultimate 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

1. Post Live Only: Interface Decommissioning (are there current/other interfaces that this interface is replacing?)

No Yes, *Customer must open a Support Ticket to request that current interface is turned off.*

# Vendor Confirmation

FSA

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?**

Click or tap here to enter text.

# Mapping/Notes to Developer

Please note that the FSA Payroll contribution file would only need the IA and IH records, and be delivered 1-2 business days before each pay date.

Employer ID ABGUSP

Plan ID etc USP

Account Type Codes FSA, DCA

Plan Year Dates 20190701 - 20200630

Plan ID/Plan Type:

|  |  |  |  |
| --- | --- | --- | --- |
| Plan Description | Plan ID | Account Type | Ulti Ded Code |
| Dependent Care Account | USP | DCA | FSADC |
| Medical Spending Account | USP | FSA | FSA |