BCBSIL

Medical and Dental

Interface Requirements Specification

# Vistex, Inc.

# Contact Information

## Customer Contact

|  |  |  |
| --- | --- | --- |
| **Name** | **Tel** | **Email** |
| Mark Burke | 847-490-0420 ext. 8205 | mark.burke@vistex.com |

## Vendor Contact

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| --- | --- | --- |
| **Name** | **Tel** | **Email** |
| Rajalakshmi(Raji) Ramasubramoni | Click here to enter text. | Rajalakshmi\_Ramasubramoni@bcbstx.com |

## Vendor SFTP Contact

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| --- | --- | --- |
| **Name** | **Tel** | **Email** |
| Rajalakshmi(Raji) Ramasubramoni | Click here to enter text. | Rajalakshmi\_Ramasubramoni@bcbstx.com |

## Integration Contact

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| --- | --- | --- |
| **Name** | **Tel** | **Email** |
| Cheryl Petitti | 720 217 6598 | cpetitti@tekpartners.com |

# Revision History

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Date** | **Version** | **Revision Description** | **Comments** | **Environment** | **Author** |
| **1** | 10/15/21 | 1.0 | Initial Draft |  | Prod  Test | Cheryl Petitti |
| **2** |  |  |  |  | Prod  Test |  |
| **3** |  |  |  |  | Prod  Test |  |
| **4** |  |  |  |  | Prod  Test |  |

# 

# File Information

|  |  |  |  |
| --- | --- | --- | --- |
| **File Type** | Full File Only | **Output Type** | 834  **Delimiter Handling (if applicable)**  Enclose output values in double-quotes  Examples:  Emp no  Ssn  Date fields  Address  Job title  Remove special characters from output values  Other |
| **Header Row** | No  Yes | **Trailer Row** | No  Yes |
| **Interface Decommissioning** | Are there current / otherinterfaces that this interface is replacing?):  No  Yes | **File Name** | **Prod File**  **Test File:**  **OE File:** |
| **Frequency** | Nightly maintenance window: 2-5am EST  Run On-Demand  Scheduled to run:  \*Open Enrollment files are always run On-Demand, even if other files are Scheduled | | |
| **Is automated Transmission required?** | No, file will be sent manually  Yes | **Email address for Summary/ Transmission Emails** | mark.burke@vistex.com |
| **Global Formats** | |  |  | | --- | --- | | Dates: |  | | Phone Numbers: |  | | Zip Code: |  | | Amount Fields: |  | | Any Others: |  | | **Special Formatting** | Are Special characters required (UTF-8 formatting)?  Yes  No |
| **Export Selection Criteria Functionality** | **Select all that apply:** | **Qualifier Notes:** | |
| Pay Period Range |  | |
| Company Selector |  | |
| Data Selector |  | |

# Business Rules - Customer Confirmation

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

1. **Vendor Name:**  
   BCBSIL
2. Group or Plan Number: IL829457
3. When did you start coverage with this provider:   
   1/1/2022
4. Which Employees would you like to include on this export?   
    Employees with Active (or recently Terminated) Applicable Deduction Code(s)

Active Only Employees

All Active, Leave of Absence and Terminated Employees

Other: Click or tap here to enter text.

1. Will you have employees that have active Benefits 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)*:

Groups to exclude where eecemptype = TES

1. Confirm the applicable UltiPro Deduction Codes that apply:  N/A

DENP1, DENPR, MEDHD, MEDHM, MEDP

1. What are the Relationship Code(s) that define:

“Spouse” / "Domestic Partner" SPS, DP

“Children” CHL, DPC, STC

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

# Business Rules - Vendor Confirmation

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

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

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

Terminations sent one time only - based on the actual (audit) date entered into UltiPro, with no future dated Terminations.

Effective Date of Termination within last \_\_ days (Ex. 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?**

**20220101**

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

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

Most Recent Benefit Option Effective Date from History on the EMP record and Actual Benefit Coverage Date as Keyed on the DEP Records.

Most Recent Benefit Option Effective Date from History on the EMP AND DEP Records.

# Notes to Developer

|  |
| --- |
| **Additional Criteria:** |
| **Special Instructions:** |
|  |

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| --- | --- | --- | --- |
| **Sample File** |  | **Vendor Layout** | Attach vendor layout with mapping in client’s google drive. |