

# Electronic Enrollment Implementation Guide

Fall 2017



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## Purpose

The purpose of this guide is to assist VSP clients with an effective way to communicate enrollment and eligibility transactions in a secure environment. VSP offers multiple transmission options that are accepted within the healthcare industry and follow current standards for secure transfer. Your understanding and use of this guide will ensure accurate and timely submission and will increase your satisfaction with the Electronic Data Interchange process.

## HIPAA

The Health Insurance Portability and Accountability Act (HIPAA) ensures that there are standards and requirements for the maintenance and transmission of health information which identifies individual patients. These standards are designed to improve the interchange of electronic data and to protect the security and confidentiality of personal health information (PHI). Because of this, VSP utilizes the ANSI 834 as our primary layout option; however we do offer a proprietary layout which is also included in this guide. Custom layouts are accepted on an exception basis and must be approved prior to implementation.

## Testing Process

Prior to loading your first production file into the VSP system, it will be tested to validate the file structure/format and the data.

As a part of our ANSI 834 testing process, VSP submits all 834 test files through Claredi ([www.claredi.com](http://www.claredi.com)) to check for ANSI 834 compliance. Claredi allows us to verify that files have HIPAA-compliant transaction sets and meets HIPAA requirements. Your EDI Membership Coordinator will work closely with you to identify the errors reported by Claredi and the data/format corrections needed in order to successfully implement your eligibility file.

- Testing (file format and data) typically takes up to 4 weeks. Be mindful of your effective/go live date and allow enough time for structure and data testing.
- All test files are forwarded to our EDI Team for mapping and testing. Each test run takes up to 7 business days.
- VSP does not perform or require scenario testing.
- All test files are tested against the production data that is in VSP's system. *(For new groups, all members will be shown as "adds" on the test results.)*

For group's that are new to VSP, test files **must** be received 4 weeks prior to effective/go live date in order to have sufficient time for compliance and format testing, mapping and implementation.

If you are unable to meet this timeline, it will delay the implementation of your electronic file. It is important to let your EDI Membership Coordinator know as soon as possible if you know you will not make the timeline so that arrangements are made to upload the initial membership into our system via an alternative method.

## Production Process

**VSP requires that the record counts and all transactions be verified and approved by the Client/TPA prior to loading the file into production.**

- For group's that are new to VSP, initial production file **must** be received 2 week prior to contract effective date/go live date.
- For existing VSP clients, production file can be scheduled after the testing is complete and test results are approved by the client/TPA.

*\*Note: Do not send or schedule the first production file until production date is confirmed by your assigned Membership Coordinator.*

All ANSI 834 files must go through mapping migration process which occurs on Friday's (excluding holidays). In order to meet Friday's migration, test results must be approved by the Client/TPA before 12pm PST on Thursday. All requests submitted after 12pm PST will go on the next week's migration.

Production files are loaded into our system within 24-48 hours.

An EVR (Enrollment Verification Report) will be sent after your production file is loaded into our system; it will be your confirmation that your production file has loaded successfully; no other confirmations will be sent.

Once initial file is loaded into production, your ongoing production support will be our EDI Enrollment Integration Team. The EEI Team can be reached at [EEI@vsp.com](mailto:EEI@vsp.com) or 1-877-396-8940. Staff will be available to assist you with:

- Coordinating EDI changes to your existing EDI electronic file feeds
- Conducting data analysis to ensure the compatibility of VSP's system with your data
- Resolving EDI electronic file feed data problems and questions

## Open Enrollment

Once in production, VSP offers the following options to submit your Open Enrollment data on your electronic file:

- Open Enrollment data can be included in the **last production file of the plan year** regardless of open enrollment effective date.
  - You may send your file with OE data utilizing your normal transmission method and production file name **axxxxxxxx** or **gxxxxxxx**.
  - Once your OE/Annual Enrollment file has been loaded, VSP is not able to accept current plan year files for the remainder of the year.
  - All interim membership updates must be made utilizing the VSP Website (Benefits Managers) at <https://client.vsp.com/signon.html> or faxed to our Data Entry Team at 1-877-654-3727.
  - You may resume with your normal schedule after January 1<sup>st</sup>
- If your Open Enrollment effective date is January 1<sup>st</sup>, a **separate Open Enrollment file** can be submitted in December or prior with "**oe**" naming convention.
  - This file should be a full file that contains all of your new plan year elections
  - You may send your OE file utilizing your normal transmission method; however your file name should be: **oexxxxxxx**

### Option 1:

- You may continue to send the current plan year data **until** the 23rd of December
- Send a separate "oe" file any time prior to the 23th of December
- A mock load will run and the results will be sent to you
- Your OE file will load after the 26<sup>th</sup> of December

### Option 2:

- Provide VSP your **last** current plan year file date
- Provide VSP your OE file date
  - \*Note: There should be a 3 day lag between your dates*
- Continue to send the current plan year data until your **last** file date occurs
- If your OE file is received prior to the last file date; a mock load will run and the results will be sent to you
- Your OE file will load after your **last** current plan year file date

On all **OE files**, the following will apply:

- The term by omission date will be 12/31/YYYY; coverage level changes will be effective 01/01/YYYY
- Once your OE/Annual Enrollment file has been loaded, VSP is not able to accept current plan year files for the remainder of the year unless they are sent with the "oe" file name. You may send multiple "oe" files if needed; your files will load in the order received if they are sent after your last production file date.
- All interim membership updates must be made utilizing the VSP Website (Benefits Managers) at <https://client.vsp.com/signon.html> or faxed to our Data Entry Team at 1-877-654-3727.
- An OE EVR (Enrollment Verification Report) will be sent after your OE/Annual Enrollment file has loaded; it will be your confirmation that your file has loaded successfully; no other confirmations will be sent.
- You may resume with your normal schedule and use production file name after January 1<sup>st</sup>

*\*Note: VSP does not issue ID cards. Members can proceed with services as soon as they are loaded into our system.*

## Transmission Options

VSP supports the following file-transfer options to securely transmit your eligibility files:

- FTP with PGP encryption
- SFTP over SSH with or without PGP encryption
- Web-based HTTPS

### 1. **File Transfer Protocol (FTP) with PGP encryption**

PGP (Pretty Good Privacy) or GPG (open source) with a strong 4096 DSS Public Key. You will need PGP-encryption software.

You will need FTP software, e.g., WS\_FTP Pro, Filezilla, command-line UNIX or MSDOS.

*\*Note:* VSP's FTP site is able to accept file transmissions all day Monday through Sunday with the exception of 8:00 AM – 12:00 PM PST on Sundays.

### 2. **SFTP over SSH with or without PGP encryption**

PGP (Pretty Good Privacy) or GPG (open source) with a strong 4096 DSS Public Key. You will need PGP-encryption software

You will need FTP software, e.g., WS\_FTP Pro, Filezilla, command-line UNIX or MSDOS.

*\*Note:* VSP's FTP site is able to accept file transmissions all day Monday through Sunday with the exception of 8:00 AM – 12:00 PM PST on Sundays.

VSP's FTP site does not require reverse DNS look-up, however, if your site's FTP services require reverse DNS look-ups; please provide VSP with your IP address. If you are automating your transfer, you must change directories prior to the 'put' statement. You will be required to rename the data file to VSP's naming convention prior to the transfer.

### 3. **Web-based HTTPS**

The Transmit-Eligibility transfer options utilize our Resource Center at [www.vsp.com](http://www.vsp.com). Files (ZIP compression is supported) are submitted in a user-friendly Web-based environment. You are required to have at least Internet Explorer 5.5 service pack 2 or later for the desktop. The session is an SSL128 bit encrypted transfer session. Files under 5 megabytes are preferred. The processing time for files over 5 megabytes may be lengthy.

*\*Note:* The Transmit Eligibility tool is unavailable between the hours of 8:00 PM – 11:00 PM PST every night and from 8:00 AM – 12:00 PM PST on Sundays.

## **Tracking/File Receipt Notification**

VSP's FTP server can generate automated emails to you after each successful transmission. This email provides the post-decryption byte size of your file. A reconciliation process is in place for each successful production file transfer to insure the data loads within VSP service levels.

## **File Names**

Transmission credentials provided by your assigned EDI Membership Coordinator will remain the **same** during testing and production, the only difference is the file names. It is important that the correct **test** file name is used during testing.

### **During Testing:**

- **txxxxxxx**

### **Production:**

- **axxxxxxx** (ANSI 834 Layout)
- **gxxxxxxx** (VSP Proprietary Layout)

You will be notified by your assigned EDI Membership Coordinator when to start using the production naming convention.

## Frequently Asked Questions

### 1. How do you prefer to receive "Vision Coverage End" dates?

VSP prefers to receive current termination dates only. Once a termination date has been passed on the membership file, please remove the record from the next membership file. Generally, coverage ends on the last day of the month. The member or dependent will terminate as of midnight of the Coverage End Date.

### 2. What if a client is unable to provide a 'Vision Coverage End' date?

If you are unable to provide a termination date, then you may use our drop (term by omission) process. Drop the member or dependent from your membership file and they will be termed utilizing logic from one of the following drop options. *Note: This logic applies to full replacement files only:*

1. The File Load Date
2. First of the Current Month
3. End of the Current Month
4. End of the Previous Month

To determine the best option for your business, please contact your VSP EDI Membership Coordinator.

### 3. Can VSP handle future "Vision Coverage End" dates?

The 'Vision Coverage End' date can be a date in the future. This date will exist in our system as the future termination date and the member or dependent will terminate as of that date. Please contact your VSP EDI Membership Coordinator to confirm how future termination dates will be handled for your particular account. *Note: Future term dates that exceed five years are not updated in our system.*

### 4. How do I send a term on a member that has waived coverage and should not have been sent on prior file?

VSP is not able to term a member prior to their effective date. When this occurs, you must send the member with the term date that is equal to the effective date. Otherwise the record will reject and the member will not be termed.

### 5. When should the "Family Indicator Change Effective Date" field be used?

This field should be used when a change in the Family Indicator/Coverage Code is reported. VSP's business rules for using this field allows for 2 months + the current month retroactivity, and 5 months + the current for future dates. **Future change dates must continue to be sent on your file until the date has passed AND coverage code change effective date must be removed from the file after the change date occurs.**

- When using the ANSI 834 layout, you must send a DTP303 in Loop 2300 to indicate a "family indicator change/coverage code change". The DTP348 must always be present on every record.
- When using the VSP Proprietary layout, the change date must be indicated in position 178-185.
- If these dates are not sent, the change will take place on the date the file loads (system load date)

We can also use the Benefit Begin Date as "Change Effective Date". (Refer to question #9 in the GMI Form)

### 6. If a member is transferring from one location/division to another, how should we report the transfer on the file?

VSP prefers to receive a term record from the old division and an add record with the new effective date for the new division.

- The term date should be a day prior to the effective date of the record in the new division.
- The effective date in the new division needs to reflect the date of the change and not the member's original effective date.

If you cannot send two records, then the effective date of the change should coincide with your drop/term by omission logic. (Refer to question #2 above)

*Example:*

If Drop Logic = End of Current Month, then Effective date of the transfer should be the next month

If Drop Logic = File Load date, then Effective date of the transfer should be the current month

### 7. Can VSP support manual updates in between file loads?

Yes, VSP offers a HIPAA-compliant on-line update tool on [www.vsp.com](http://www.vsp.com). You may self-register at [www.vsp.com](http://www.vsp.com) or contact your Sales Client Support Team at 866-213-2249.

Appendix A: Layouts  
ANSI 834 Companion Guide  
VSP Proprietary Layout



## VSP ANSI 834 Companion Guide

This companion guide is intended to only act as a supplement to the ASC X12N 834 5010 version of the Benefit Enrollment and Maintenance guide as mandated under HIPAA. Its main objective is to provide assistance to our clients in reporting their eligibility to VSP accurately according to our requirements to get eligibility into our systems. A complete guide of the ASC X12N 834 is available at [www.wpc-edi.com](http://www.wpc-edi.com).

LOOP ID	SEG ID	ELEMENT ID	ELEMENT DESCRIPTION	ELEMENT VALUES	ELEMENT DESCRIPTION	REQUIRED OR SITUATIONAL
	ISA	01	Authorization Info Qualifier	<b>00</b> =No Auth. Info		R
	ISA	02	Authorization Info	BLANK	Space filled	R
	ISA	03	Security Info Qualifier	<b>00</b> =No Security Info		R
	ISA	04	Security Info	BLANK	Space filled	R
	ISA	05	Sender ID Qualifier	<b>30</b> =Federal Tax ID	VSP prefers 30	R
	ISA	06	Sender ID		Client/TPA Federal Tax ID or Unique value not to exceed 15 characters	R
	ISA	07	Receiver ID Qualifier	<b>30</b>		R
	ISA	08	Receiver ID	<b>94-1632821</b>	VSP Tax ID	R
	ISA	09	Interchange Date	YYMMDD		R
	ISA	10	Interchange Time	HHMM		R
	ISA	11	Interchange Control ID	" = "		R
	ISA	12	Interchange Control Version #	00501		R
	ISA	13	Interchange Control #		The Interchange Control Number, ISA13, must be identical to the associated Interchange Trailer	R
	ISA	14	Acknowledgement Requested	<b>0</b> =No Acknowledgement Requested		R
	ISA	15	Usage Indicator	<b>P</b> =Prod		R
	ISA	16	Component Element Separator	" > "		R
			<b>SEGMENT TERMINATOR</b>	" ~ "	Segment terminator may not be a Carriage Return, Line Feed, New Line or any combination thereof.	R



LOOP ID	SEG ID	ELEMENT ID	ELEMENT DESCRIPTION	ELEMENT VALUES	ELEMENT DESCRIPTION	REQUIRED OR SITUATIONAL
	GS	01	Functional ID Code	<b>BE</b>		R
	GS	02	Sender ID	<b>SAME AS ISA06</b>	Client/TPA Tax ID or unique value	R
	GS	03	Receiver ID	<b>SAME AS ISA08</b>	VSP Tax ID	R
	GS	04	Date	CCYYMMDD		R
	GS	05	Time	HHMM		R
	GS	06	Group Control Number		Client/TPA generated	R
	GS	07	Responsible Agency Code	<b>X</b>		R
	GS	08	Version/Release Code	<b>005010X220A1</b>		R
	ST	01	Transaction ID Code	<b>834</b>	Client/TPA generated	R
	ST	02	Transaction Set Control#			R
	ST	03	Implementation Convention Reference	<b>005010X220A1</b>		R
	BGN	01	Transaction Set Purpose	<b>00</b> =Original <b>15</b> =Re-submission <b>22</b> =Information Copy	00=Original	R
	BGN	02	Reference Number		Unique Reference ID code – assigned by Client/TPA	R
	BGN	03	Date		Transaction set creation date CCYYMMDD	R
	BGN	04	Time		Transaction set creation time HHMM	R
	BGN	08	Action Code	<b>2</b> =Changes(adds, terminations & changes) <b>4</b> =Total population/Full file	VSP prefers to continue reporting 4	R
	REF	01	Reference Number Qualifier	<b>38</b> =Master Policy Number (VSP Assigned File ID)		R
	REF	02	Reference Number		7 digit VSP assigned media ID	R
<b>1000A</b>	N1	01	Entity Identifier Code/Sponsor	<b>P5</b> =Plan Sponsor/Client	Sponsor is the party that ultimately pays for the coverage	R
	N1	02	Name	Client name	Free-Form Name of Plan Sponsor	R
	N1	03	Identification Code Qualifier	<b>FI</b> =Federal Tax ID		R
	N1	04	Identification Code		Sponsor/Client Federal Tax ID	R

LOOP ID	SEG ID	ELEMENT ID	ELEMENT DESCRIPTION	ELEMENT VALUES	ELEMENT DESCRIPTION	REQUIRED OR SITUATIONAL
<b>1000B</b>	N1	01	Entity Identifier Code	<b>IN</b> = Insurer	Insurer/payer is the party that pays claims and/or administers the Insurance benefit.	R
	N1	02	Name	<b>Vision Service Plan</b>	Free Form Name (in all caps)	R
	N1	03	Identification Code Qualifier	<b>FI</b> =Federal Tax ID		R
	N1	04	Identification Code	<b>94-1632821</b>	VSP Tax ID	R
<b>1000C</b>	N1	01	Entity Identifier Code	<b>BO</b> = Broker <b>TV</b> =TPA	TPA or Brokers Name	S
	N1	02	Name	Broker or TPA name	Free-Form Name all CAPS	S
	N1	03	Identification Code Qualifier	<b>FI</b> =Federal Tax ID		
	N1	04	Identification Code		Brokers or TPA's Federal Taxpayer's Identification	S
<b>2000</b>	INS	01	Yes/No Condition	<b>Y</b> =Yes <b>N</b> =No	Subscriber Indicator	R
	INS	02	Individual Relationship Code	<b>01</b> =Spouse <b>18</b> =Self <b>19</b> =Child <b>53</b> = Life Partner	Individual Relationship Code	R
	INS	03	Maintenance Type Code	<b>001</b> = Change (preferred) <b>021</b> = Add <b>024</b> = Termination <b>030</b> = Full Replace File	When BGN08 = <b>4</b> , 030 should be used in all INS03 elements in the file, to indicate a full replace/audit file. When BGN08 = <b>2</b> , INS03 can be 001, 021 or 024 to indicate the	R
	INS	04	Maintenance Reason Code	<b>03</b> =Death <b>04</b> =Retirement <b>08</b> =Termination of Employment <b>59</b> =Non Payment (Typically Cobra)	Required when the payer needs to know the reason for the term. When DTP01 = 349 (benefit end) INS04 must be sent.	Not currently used
	INS	05	Benefit Status Code	<b>A</b> =Active <b>C</b> =Cobra <b>S</b> =Surviving Insured	Benefit Status Code	R
	INS	06	Medicare Plan Code	<b>A</b> =Medicare Part A <b>B</b> =Medicare Part B <b>C</b> =Medicare Part A&B <b>D</b> =Medicare/Medicare-Part Unknown <b>E</b> =No Medicare		S

LOOP ID	SEG ID	ELEMENT ID	ELEMENT DESCRIPTION	ELEMENT VALUES	ELEMENT DESCRIPTION	REQUIRED OR SITUATIONAL
	INS	08	Employment Status Code	<b>AC</b> =Active <b>FT</b> =Full-Time <b>L1</b> =Leave of Absence <b>RT</b> =Retired <b>TE</b> =Terminated		S
	INS	09	Student Status Code	<b>F</b> =Full-time <b>N</b> =Not a student	Student status code	S
	INS	10	Yes/No Condition	<b>N</b> = No <b>Y</b> = Yes	Handicap indicator	S
	REF	01	Reference Number Qualifier	<b>0F</b> =Subscriber Number		R
	REF	02	Reference Number		Subscriber SSN	R
	REF	01	Reference Number Qualifier	17	Client Reporting	S
	REF	02	Reference Numbers		Discuss with EDI Membership Coordinator	S
	REF	01	Reference Identification	23=Expanded ID (10 digits + numeric or Alphanumeric)	Subscriber Number other than SSN	S
	REF	02	Reference Number		Discuss with EDI Membership Coordinator	S
	REF	01	Reference Number Qualifier	<b>DX</b> =Department/Division		R
	REF	02	Reference Number		VSP division indicator for each subscriber and	R
<b>2100A</b>	NM1	01	Entity Identifier Code	<b>IL</b> =Insured or Subscriber		R
	NM1	02	Entity Type Qualifier	<b>1</b> =Person		R
	NM1	03	Name Last		Last Name – Hyphen and apostrophe ok to include.	R
	NM1	04	Name First		First Name	R
	NM1	05	Name Initial		Middle Initial	S
	NM1	08	Identification Code Qualifier	<b>34</b> =Social Security Number		S
	NM1	09	Identification Code		Member/Dependent Social Security	S
	PER	01	Contact Function Code	<b>IP</b> =Insured Party	IP=Insured Home Phone	S
	PER	03	Communication Number Qualifier	<b>HP</b> =Home Phone Number <b>WP</b> =Work Phone Number	Provide a Home Phone or a Work Phone or both	S
	PER	04	Communication Number		Phone Number (Do not include hyphens)	S

LOOP ID	SEG ID	ELEMENT ID	ELEMENT DESCRIPTION	ELEMENT VALUES	ELEMENT DESCRIPTION	REQUIRED OR SITUATIONAL
	PER	05	Communication Number Qualifier	<b>EM</b> =Email Address		S
	PER	06	Communication Number		Work Email Address	S
	PER	07	Communication Number Qualifier	<b>EM</b> =Email Address		S
	PER	08	Communication Number		Home Email Address	S
	N3	01	Residence Address Line 1		Residence Address Line 1	R
	N3	02	Residence Address Line 2		Residence Address Line 2	S
	N4	01	Residence City		Residence Address City	R
	N4	02	Residence State		Residence Address State	R
	N4	03	Residence ZIP		ZIP or ZIP + 4 (Do not include hyphens)	R
	N4	04	Country Code		Provide only if country is not USA	S
	DMG	01	Date/Time Format Qualifier	<b>D8</b> =CCYYMMDD		
	DMG	02	Date/Time Period		Date of Birth	R
	DMG	03	Gender Code	<b>M</b> =Male <b>F</b> =Female <b>U</b> =Unknown	Gender	R
	DMG	04	Marital Status Code	<b>B</b> =Registered Domestic Partner <b>D</b> =Divorced <b>I</b> =Single <b>M</b> =Married <b>R</b> =Unreported <b>S</b> =Separated <b>U</b> =Unmarried <b>W</b> =Widowed <b>X</b> =Legally Separated		S
	DMG	05	Race or Ethnicity Code	<b>7</b> =Not Provided <b>8</b> =Not Applicable <b>A</b> =Asian or Pacific Islander <b>B</b> =Black <b>C</b> =Caucasian <b>D</b> =Subcontinent Asian American <b>E</b> =Other Race or Ethnicity <b>F</b> =Asian Pacific American <b>G</b> =Native American		S

LOOP ID	SEG ID	ELEMENT ID	ELEMENT DESCRIPTION	ELEMENT VALUES	ELEMENT DESCRIPTION	REQUIRED OR SITUATIONAL
				<b>H</b> =Hispanic <b>I</b> =American Indian or Alaskan Native <b>J</b> =Native Hawaiian <b>N</b> =Black (Non-Hispanic) <b>O</b> =White (Non-Hispanic) <b>P</b> =Pacific Islander <b>Z</b> =Mutually Defined		
	DMG	06	Citizenship Status Code	<b>1</b> =U.S. Citizen <b>2</b> =Non-Resident Alien <b>3</b> =Resident Alien <b>4</b> =Illegal Alien <b>5</b> =Alien <b>6</b> =U.S. Citizen-Non Resident <b>7</b> =U.S. Citizen-Resident		S
	LUI	01	Identification Code Qualifier	<b>LD</b> =NISO Z39.53 <a href="http://xml.coverpages.org/nisoLang3-1994.html">http://xml.coverpages.org/nisoLang3-1994.html</a> <b>Or</b> <b>LE</b> =ISO 639 Language Codes <a href="http://xml.coverpages.org/iso639a.html">http://xml.coverpages.org/iso639a.html</a>	Code designating the system/method of code structure used for Identification Code	S
	LUI	02	Identification Code			S
	LUI	04	Use of Language Indicator	<b>5</b> =Language Reading <b>7</b> =Language Speaking <b>8</b> =Native Language		
<b>2100C</b>	NM1	01	Entity Identifier Code	<b>31</b> =Mailing Address		S
	NM1	02	Entity Type Qualifier	<b>1</b> =Person		S
	N3	01	Mailing Address Line 1		Mailing Address Line 1	S
	N3	02	Mailing Address Line 2		Mailing Address Line 2	S
	N4	01	Mailing Address City		Mailing Address City	S
	N4	02	Mailing Address State		Mailing Address State	S
	N4	03	Mailing address ZIP		ZIP or ZIP + 4 (Do not include hyphens)	S
	N4	04	Country Code		Provide only if country is not USA	S
<b>2300</b>	HD	01	Maintenance Type Code	<b>001</b> =Change <b>021</b> =Add <b>024</b> =Termination <b>030</b> =Full Replace File	When BGN08 = <b>4</b> , 030 should be used in all HD01 segments in the file, to indicate a full replace/audit file. When BGN08 = <b>2</b> , HD01 can be 001, 021 or 024 to indicate the proper maintenance type.	R
	HD	03	Insurance Line Code	<b>VIS</b>	Indicates Vision Service Plan	R

LOOP ID	SEG ID	ELEMENT ID	ELEMENT DESCRIPTION	ELEMENT VALUES	ELEMENT DESCRIPTION	REQUIRED OR SITUATIONAL
	HD	05	Coverage Level Code	<b>IND</b> =Individual <b>FAM</b> =Family <b>E1D</b> or <b>ESP</b> =EE + 1 Dependent (may be used for same sex partner) <b>ECH</b> =Employee + child/children (4-tier rate structure only)	Coverage Level Code. Required when entity is the subscriber. Do not use when entity is a dependent. <i>(Note: Your plan design may not include all of the coverage codes listed)</i>	R
	DTP	01	Date/Time Qualifier	<b>348</b> =Benefit Begin	<b>Benefit Begin Date must always be sent.</b>	R
	DTP	01	Date/Time Qualifier	<b>349</b> =Benefit End	Benefit end date; indicates when benefits should end.	S
	DTP	01	Date/Time Qualifier	<b>303</b> =Maintenance Effective ( <b>VSP uses this segment to report Coverage Level Change effective date</b> )	Use qualifier "303" to indicate the effective date of Coverage-Level-Code change (HD05) only. Coverage Level Code is also known as the Family Indicator. <i>Note: For details see FAQ section question #5.</i>	S
	DTP	02	Date/Time Format	<b>D8</b> =CCYYMMDD		R
	DTP	03	Date/Time Period		Coverage Begin Date = CCYYMMDD Coverage End Date = CCYYMMDD Coverage Level Change date = CCYYMMDD	R
	SE	01	Number of Included Segments			R
	SE	02	Transaction Set Control Number	<b>Same as ST02</b>		R
	GE	01	Number of Transaction Sets Included			R
	GE	02	Group Control Number	<b>Same as GS06</b>		R
	IEA	01	Number of Functional Groups Included			R
	IEA	02	Interchange Control Number	<b>Same as ISA13</b>		R

# VSP ANSI 834 Sample File

```

0 10 20 30 40 50 60 70 80 90 100 110 120 130
1 ISA*00* *00* *30*99-9999999 *30*94-1632821 *170912*1807*1*X*005010X220A1~
2 GS*BE*99-9999999*94-1632821*20170912*1807*1*X*005010X220A1~
3 ST*834*0001*005010X220A1~
4 BGN*00*ADP IDC0*20170912*1807*ET***4~
5 REF*38*9999999~ <----- 7-DIGIT MASTER POLICY #
6 N1*P5*CLIENT NAME*FI*99-9999999~
7 N1*IN*VISION SERVICE PLAN*FI*94-1632821~
8 N1*TV*THIRD PARTY ADMIN*FI*99-9999999~
9 INS*Y*18*030*XN*A~ <----- SUBSCRIBER RECORD
10 REF*OF*SUBSCRIBER_SSN~
11 REF*DX*SUBSCRIBER_DIV_CODE~
12 NM1*IL*1*SUBSCRIBER_LAST*SUBSCRIBER_FIRST*SUBSCRIBER_MIDDLE***34*SUBSCRIBER_SSN~
13 N3*SUBSCRIBER_STREET ADDRESS~
14 N4*SUBSCRIBER_CITY*SUBSCRIBER_STATE ABBREVIATION*SUBSCRIBER_ZIPCODE*USA~
15 DMG*D8*SUBSCRIBER_DOB*F~
16 HD*030**VIS**FAM~ <----- FAM = COVERAGE CODE
17 DTP*348*D8*20170101~ <----- BENEFIT BEGIN DATE
18 DTP*349*D8*20170901~ <----- BENEFIT END DATE
19 INS*N*01*030*XN*A~ <----- DEPENDENT RECORD
20 REF*OF*SUBSCRIBER_SSN~
21 REF*DX*SUBSCRIBER_DIV_CODE~
22 NM1*IL*1*DEPENDENT_LAST*DEP_FIRST*DEPENDENT_MIDDLE***34*DEPENDENT_SSN~
23 DMG*D8*DEPENDENT_DOB*M~
24 HD*030**VIS~
25 DTP*348*D8*20170301~ <----- BENEFIT BEGIN DATE
26 DTP*349*D8*20170901~ <----- BENEFIT END DATE
27 SE*21*0001~
28 GE*1*1~
29 IEA*1*000000001~
30

```

VSP's proprietary layout is an option that can be used if the client is unable to use the ANSI 834 layout. In using this layout, you have the same transmission options.

**Subscriber Record** - Required **600 Character Records** — Each record is fixed length with a carriage return followed by a line feed. Must be space filled for each field not used up to the 600 record length. Please send all characters in uppercase.

*Note: Please consult your VSP EDI Membership Coordinator if you require Encounter Reporting.*

FIELD	REQUIRED/SITUATIONAL	LENGTH	POSITION	ENTRY	DESCRIPTION
Subscriber Record-ID	R	3	1 - 3	<b>MEM</b>	Record Identifier
Transaction-code:  Maintenance File (Updates Only) -----OR-----  Full Replacement Files(both transaction types CANNOT be sent on the same file	R    ---OR---  R	1    ---OR---  1	4    -----OR----- -  4	<b>A</b> <b>E</b> <b>C</b> <b>I</b>   <b>R</b>	Add Coverage record End Coverage record Change record - (If membership transfers occur, these should be in conjunction with the Division Code Field in position 186-215.) Subscriber Reinstate -----OR----- ALL records should be coded with an "R" for Full File Replacement files.
Control-Number	R	5	5 – 9	Numeric	Assigned by VSP. Used for internal identification of file; one control # is assigned per file.
Subscriber ID (to be carried over on dependent record)	S	30	10 - 39	Alphanumeric	Unique identifier other than the SSN that your Members may use to access benefits. This ID is also known as an Expanded ID. Expanded IDs are typically either : <ul style="list-style-type: none"> <li>Numeric or Alphanumeric 10 characters or more</li> <li>Alphanumeric 9 digit id</li> </ul> Left justify and space fill. (No special characters)  Consult your VSP EDI Membership Coordinator regarding the usage of this field.  <i>Note: Can be used in conjunction with or in lieu of the Subscriber SSN.</i>



FIELD	REQUIRED/SITUATIONAL	LENGTH	POSITION	ENTRY	DESCRIPTION
Subscriber SSN (to be carried over on dependent record)	R	9	40 - 48	Numeric	Unique 9-digit numeric id
Alternate Subscriber ID (not currently used)	S	30	49 - 78	Alphanumeric	Space fill
Previous Subscriber ID (not currently used)	S	30	79 - 108	Alphanumeric	Applicable only when making a change to the subscriber-id. Left justify and space fill (No special characters).
Filler	R	9	109 - 117		Space fill
Subscriber Last Name	R	18	118 - 135	Alphanumeric	Subscriber Last Name - Left justify and space fill Hyphen and apostrophe are ok to use.
Subscriber First Name	R	12	136 - 147	Alphanumeric	Subscriber First Name - Left justify and space fill
Subscriber Middle Initial	S	1	148 - 148	Alphanumeric	Middle Initial — Left justify space fill
Subscriber Name-Suffix	S	3	149 - 151	Alphanumeric	Name Suffix (Jr., Sr., etc.) — Left justify space fill
Gender	R	1	152 - 152	Alphanumeric	M or F — If left blank will default to F.
Family-Indicator	R	1	153 - 153	<b>C</b> <b>B</b> <b>A</b> <b>D</b>	<b>C</b> = Individual <b>B</b> = EE + 1 Dependent <b>A</b> = Family <b>D</b> = Employee + child/children (4 tier rate structure only) <i>(Note: Your plan design may not include all of the coverage codes listed above.)</i>
Date-of-Birth	R	8	154 - 161	Numeric	CCYYMMDD
Vision-Coverage-Begin-Date	R	8	162 - 169	Numeric	CCYYMMDD — First day member is eligible for vision coverage.
Vision-Coverage-End-Date	S	8	170 - 177	Numeric	CCYYMMDD — Last day member is eligible for vision coverage.

FIELD	REQUIRED/SITUATIONAL	LENGTH	POSITION	ENTRY	DESCRIPTION
Family-Indicator Change Effective Date	S	8	178 - 185	Numeric	CCYYMMDD — Used only when a change to the Family Indicator/Coverage Code (position 153) is being reported.  VSP business rules allow for  2 months + the current month retroactive and 5 months + the current for future dates  Future change dates must continue to be sent until the date has passed.
Division-Code	R	30	186 - 215	Alphanumeric	Required when more than one billing location or benefit type is needed. Example: Divisions, Sites, Deductibles.  For Maintenance Files — Transfers should be in conjunction with an 'A' and 'E' transaction code in position 4.  Left justify and space fill.  (Note: Division Code must be carried over to the Dependent record.)
Cross-Reference Code	S	16	216 - 231	Alphanumeric	Applicable only when additional data is needed to cross-reference back to a client's system via their claim detail — Left justify and space fill.  Consult your VSP EDI Membership Coordinator regarding the usage of this field.
Subscriber Residence Address Line 1	R	30	232 - 261	Alphanumeric	Street Address - left justify and space fill.
Subscriber Residence Address Line 2	S	30	262 - 291	Alphanumeric	Left justify and space fill.
Subscriber Residence City	R	19	292 - 310	Alphanumeric	Left justify and space fill.
Subscriber Residence State Code	R	2	311 - 312	Alphanumeric	(Optional for Foreign Address) — Left justify and space fill.
Subscriber Residence Zip Code	R	10	313 - 322	Alphanumeric	(Optional for Foreign Address) — Left justify and space fill.
Subscriber Residence Phone Number	S	10	323 - 332	Alphanumeric	Space fill
Subscriber Residence Country	S	3	333 - 335	Alphanumeric	(Required for Foreign Address) — Space fill

FIELD	REQUIRED/SITUATIONAL	LENGTH	POSITION	ENTRY	DESCRIPTION
Subscriber Home Email Address	S	50	336 - 385	Alphanumeric	Space fill
Subscriber Work Email Address	S	50	386 - 435	Alphanumeric	Space fill
Subscriber Mailing Address Line 1	S	30	436 - 465	Alphanumeric	Mailing Address - Left justify and space fill.
Subscriber Mailing Address Line 2	S	30	466 - 495	Alphanumeric	Left justify and space fill.
Subscriber Mailing City	S	19	496 - 514	Alphanumeric	Left justify and space fill.
Subscriber Mailing State Code	S	2	515 - 516	Alphanumeric	(Optional for Foreign Address) Left justify and space fill.
Subscriber Mailing Zip Code	S	10	517 - 526	Alphanumeric	(Optional for Foreign Address) Left justify and space fill.
Subscriber Mailing Country	S	3	527 - 529	Alphanumeric	(Required for Foreign Address) — Space fill
Subscriber Work Phone Number	S	10	530 - 539	Alphanumeric	Space fill
Subscriber Message Phone	S	10	540 - 549	Alphanumeric	Space fill
Subscriber Native Language	S	3	550 - 552	Alpha	Use language code from one of two standard code lists: ( <a href="http://xml.coverpages.org/nisoLang3-1994.html">http://xml.coverpages.org/nisoLang3-1994.html</a> ) Or <a href="http://xml.coverpages.org/iso639a.html">http://xml.coverpages.org/iso639a.html</a> )
Subscriber Spoken Language	S	3	553 - 555	Alpha	Same language code list as Native Language or Space fill
Subscriber Reading Language	S	3	556 - 558	Alpha	Same language code list as Native Language or Space fill

FIELD	REQUIRED/SITUATIONAL	LENGTH	POSITION	ENTRY	DESCRIPTION
Subscriber Ethnicity	S	1	559 -559	Alphanumeric	<b>7</b> =Not Provided <b>8</b> =Not Applicable <b>A</b> =Asian or Pacific Islander <b>B</b> =Black <b>C</b> =Caucasian <b>D</b> =Subcontinent Asian American <b>E</b> =Other Race or Ethnicity <b>F</b> =Asian Pacific American <b>G</b> =Native American <b>H</b> =Hispanic <b>I</b> =American Indian or Alaskan Native <b>J</b> =Native Hawaiian <b>N</b> =Black (Non-Hispanic) <b>O</b> =White (Non-Hispanic) <b>P</b> =Pacific Islander <b>Z</b> =Mutually Defined
Subscriber Status Code	S	1	560 -560	Alpha	<b>A</b> =Active <b>C</b> =COBRA <b>S</b> =Surviving Insured
Subscriber Citizenship Status Code	S	2	561 -562	Alphanumeric	<b>1</b> =U.S. Citizen <b>2</b> =Non-Resident Alien <b>3</b> =Resident Alien <b>4</b> =Illegal Alien <b>5</b> =Alien <b>6</b> =U.S. Citizen-Non Resident <b>7</b> =U.S. Citizen-Resident
Subscriber Status (not currently used)	S	2	563 -564	Alphanumeric	<b>AO</b> =Active Military-Overseas <b>AU</b> =Active Military-USA <b>FT</b> =Full-Time <b>L1</b> =Leave of Absence <b>PT</b> =Part-Time <b>RT</b> =Retired <b>TE</b> =Terminated
Subscriber Marital Status Code	S	1	565 - 565	Alphanumeric	<b>B</b> =Registered Domestic Partner <b>D</b> =Divorced <b>I</b> =Single <b>M</b> =Married <b>R</b> =Unreported <b>S</b> =Separated <b>U</b> =Unmarried <b>W</b> =Widowed <b>X</b> =Legally Separated
Subscriber Medicare Plan Code	S	1	566 - 566	Alphanumeric	<b>A</b> =Medicare Part A B=Medicare Part B <b>C</b> =Medicare Part A and B <b>D</b> =Medicare/Medicare Part Unknown <b>E</b> =No Medicare
Filler	S	34	567 - 600	Alphanumeric	Space fill

**Dependent Record** – Dependent records **MUST** follow the corresponding Subscriber’s record and must be space filled for each field not used up to the 600 record lengths. (Separate line from the Subscriber record and within the same file)

FIELD	REQUIRED/SITUATIONAL	LENGTH	POSITION	ENTRY	DESCRIPTION
Dependent Record-ID	R	3	1 - 3	<b>DEP</b>	Record Identifier
Transaction-code: Full Replacement Files -----OR-----  (both transaction types CANNOT be sent on the same file  Maintenance File (Updates Only)	R  ---OR---  R	1  ----OR---  1	4  -----OR---  4	<b>R</b>  -----OR-----  <b>A</b> <b>E</b> <b>C</b>  <b>I</b>	ALL records should be coded with an “R” for Full File Replacement files.  -----OR-----  Add Coverage record End Coverage record Change record — (If membership transfers occur, these should be in conjunction with the Division Code Field in position 77-106) Dependent Reinstate
Control-Number	R	5	5 - 9	Numeric	Assigned by VSP. Used for internal identification of file, one control number is assigned per file.
Subscriber ID (carried over from subscriber record)	S	30	10 - 39	Alphanumeric	Unique identifier other than the SSN that your members may use to access benefits. This ID is also known as an Expanded ID. Expanded IDs are typically either: <ul style="list-style-type: none"> <li>Numeric or Alphanumeric 10 characters or more</li> <li>Alphanumeric 9 digit id</li> </ul> Left justify and space fill. (No special characters)  Consult your VSP EDI Membership Coordinator regarding the usage of this field. <i>Note: Can be used in conjunction with or in lieu of the Subscriber SSN.</i>

FIELD	REQUIRED/SITUATIONAL	LENGTH	POSITION	ENTRY	DESCRIPTION
Subscriber SSN (carried over from subscriber record)	R	9	40 - 48	Numeric	Unique 9-digit numeric id
Alternate Subscriber ID (not currently used)	S	30	49 - 78	Alphanumeric	Space fill
Previous Subscriber ID (not currently used)	S	30	79 - 108	Alphanumeric	Applicable only when making a change to the subscriber-id. Left justify and space fill (No special characters).
Dependent SSN	R	9	109 - 117	Numeric	Dependent's SSN – Right justify and zero fill. The dependent's SSN is used to uniquely identify the dependent.
Dependent Last-Name	R	18	118 - 135	Alphanumeric	Last Name — Left justify and space fill.
Dependent First-Name	R	12	136 - 147	Alphanumeric	First Name — Left justify and space fill.
Dependent Middle-Initial	S	1	148 - 148	Alphanumeric	Middle Initial — Left justify and space fill.
Dependent Name-Suffix	S	3	149 - 151	Alphanumeric	Name Suffix (Jr., Sr., etc.) — Left justify and space fill.
Gender	R	1	152 - 152	Alphanumeric	M or F
Relationship	R	1	153 - 153	<b>S C H T P</b>	<b>S</b> =Spouse (may be used for same sex partner) <b>C</b> =Child <b>H</b> =Handicapped Child <b>T</b> =Student <b>P</b> =Domestic Partner(your plan must offer this benefit in order to send this code)  <i>Note: Contact your EDI Membership Coordinator if your plan covers any additional relationships other than what is indicated on this layout.</i>
Date-of-Birth	R	8	154 - 161	Numeric	CCYYMMDD
Vision-Coverage-Begin-Date	R	8	162 – 169	Numeric	CCYYMMDD — First day member is eligible for vision coverage.

FIELD	REQUIRED/SITUATIONAL	LENGTH	POSITION	ENTRY	DESCRIPTION
Vision-Coverage-End-Date	S	8	170 - 177	Numeric	CCYYMMDD — Last day dependent is eligible for vision coverage.
Filler	R	8	178 - 185	Alpha	Space fill
Division-Code	R	30	186 - 215	Alphanumeric	<p>Required when more than one billing location or benefit type is needed. Example: Divisions, Sites, Deductibles.</p> <p>For Maintenance Files — Transfers should be in conjunction with an 'A' and 'E' transaction code in position 4.</p> <p>Left justify and space fill.</p> <p><i>Note: Division Code for Dependents must be the same as the Members Division Code.</i></p>
Cross-Reference Code	S	16	216 - 231	Alphanumeric	<p>Applicable only when additional data is needed to cross-reference back to a client's system via their claim detail — Left justify and space fill.</p> <p>Consult your VSP EDI Membership Coordinator regarding the usage of this field.</p>
Dependent Residence Address Line 1	R	30	232 - 261	Alphanumeric	Street Address — Required — Left justify and space fill.
Dependent Residence Address Line 2	S	30	262 - 291	Alphanumeric	Left justify and space fill.
Dependent Residence City	R	19	292 - 310	Alphanumeric	Left justify and space fill.
Dependent Residence State Code	R	2	311 - 312	Alphanumeric	(Optional for Foreign Address) — Left justify and space fill.
Dependent Residence Zip Code	R	10	313 - 322	Alphanumeric	(Optional for Foreign Address) — Left justify and space fill.
Dependent Residence Phone Number	S	10	323 - 332	Alphanumeric	Space fill
Dependent Residence Country	S	3	333 - 335	Alphanumeric	(Required for Foreign Address) — Space fill
Dependent Home Email Address	S	50	336 - 385	Alphanumeric	Space fill

FIELD	REQUIRED/SITUATIONAL	LENGTH	POSITION	ENTRY	DESCRIPTION
Dependent Work Email Address	S	50	386 - 435	Alphanumeric	Space fill
Dependent Mailing Address Line 1	S	30	436 - 465	Alphanumeric	Mailing Address - Left justify and space fill.
Dependent Mailing Address Line 2	S	30	466 - 495	Alphanumeric	Left justify and space fill.
Dependent Mailing City	S	19	496 - 514	Alphanumeric	Left justify and space fill.
Dependent Mailing State Code	S	2	515 - 516	Alphanumeric	(Optional for Foreign Address) Left justify and space fill.
Dependent Mailing Zip Code	S	10	517 - 526	Alphanumeric	(Optional for Foreign Address) Left justify and space fill.
Dependent Mailing Country	S	3	527 - 529	Alphanumeric	(Required for Foreign Address) - Space fill.
Dependent Work Phone Number	S	10	530 - 539	Alphanumeric	Space fill
Dependent Message Phone	S	10	540 - 549	Alphanumeric	Space fill
Dependent Native Language	S	3	550 - 552	Alpha	Space fill
Dependent Spoken Language	S	3	553 - 555	Alpha	Space fill
Dependent Reading Language	S	3	556 - 558	Alpha	Space fill
Dependent Ethnicity	S	1	559 - 559	Alphanumeric	7=Not Provided 8=Not Applicable A=Asian or Pacific Islander B=Black C=Caucasian D=Subcontinent Asian American E=Other Race or Ethnicity F=Asian Pacific American G=Native American H=Hispanic I=American Indian or Alaskan Native J=Native Hawaiian N=Black (Non-Hispanic) O=White (Non-Hispanic) P=Pacific Islander Z=Mutually Defined



FIELD	REQUIRED/SITUATIONAL	LENGTH	POSITION	ENTRY	DESCRIPTION
Filler	S	1	560 - 560		Space fill
Dependent Citizenship Status	S	2	561 - 562	Numeric	1=U.S. Citizen 2=Non-Resident Alien 3=Resident Alien 4=Illegal Alien 5=Alien 6=U.S. Citizen-Non Resident 7=U.S. Citizen-Resident
Dependent Status (not currently used)	S	2	563 - 564	Alphanumeric	AO=Active Military-Overseas AU=Active Military-USA FT=Full-Time L1=Leave of Absence PT=Part-Time RT=Retired TE=Terminated
Dependent Marital Status Code	S	1	565 - 565	Alpha	B=Registered Domestic Partner D=Divorced I=Single M=Married R=Unreported S=Separated U=Unmarried W=Widowed X=Legally Separated
Dependent Medicare Plan Code	S	1	566 - 566	Alphanumeric	A=Medicare Part A B=Medicare Part B C=Medicare Part A and B D=Medicare/Medicare Part Unknown E=No Medicare
Filler	S	34	567 - 600		Space fill

# VSP Proprietary Sample File

Sample of positions 1-210:

	0	10	20	30	40	50	60	70	80	90	100	110	120	130	140	150	160	170	180	190	200	210
1	MEMR99999				#####01								JONES		WHITNEY		FB198211172010060120101130				0002	
2	DEPR99999				#####01							#####11JONES	JARED				MS197301122010060120101130				0002	
3	MEMR99999				#####02								ANDERSON		AISHA	D	FC1980111220101001				0002	
4	MEMR99999				#####03								WILLIAMS		MARIANNE		FB1950032520100401			201102010002		
5	DEPR99999				#####03							#####12WILLIAMS	JOHN	E			MS1944011720100401				0002	
6	MEMR99999				#####04								SMITH		GEOFFREY		MC1987010720100801				0002	
7	MEMR99999				#####05								STEVENS		LAURIE	J	FC1962102620090520				0002	
8	MEMR99999				#####06								MAXWELL		MARGARET		FC1978102520091201				0002	
9	MEMR99999				#####07								TOWNER		DANIEL		MB1977030520100301				0002	
10	DEPR99999				#####07							#####13MICHAELS	RAYMOND	W			MD1981012720100301				0002	
11	MEMR99999				#####08								MICHAELS		FERNANDA		FC1980122420100901				0002	
12	MEMR99999				#####09								THOMPSON		DEBORAH		FA1954122720091201				0002	
13	DEPR99999				#####09							#####14THOMPSON	MADISON				FC2000072920091201				0002	
14	DEPR99999				#####09							#####15THOMPSON	LAUREN				FC2000072920091201				0002	
15	DEPR99999				#####09							#####16THOMPSON	DENNIS				MD1949051920091201				0002	
16	DEPR99999				#####09							#####17THOMPSON	WILLIAM				MC1989120620091201				0002	
17	MEMR99999				#####10								HARRISON		BELINDA		FB1952020120100201				0002	
18	DEPR99999				#####10							#####18HARRISON	JOSEPH				MS1949091120100201				0002	
19																						

Sample of positions 210-420:

	210	220	230	240	250	260	270	280	290	300	310	320	330	340	350	360	370	380	390	400	410	420
1				11 WEST 117TH STREET		APARTMENT 4E		NEWARK		NY10025												
2				11 WEST 117TH STREET		APARTMENT 4E		NEWARK		NY10025												
3				8 VOST AVE, APT 111				SOUTH ORANGE		NJ07079												
4				15555 SHERYL TOWN DRIVE				WADS		IL60083												
5				15555 SHERYL TOWN DRIVE				WADS		IL60083												
6				555 WILLIS ST				CARL		PA17013												
7				2333 BLACK EAGLE DR.				CAPERVILLE		IL60564												
8				3444 HUMBOLDT AVENUE				MINNEAPOLIS		MN55408												
9				1111 N. HALSTED AVE				CHARMICHEL		IL60614												
10				1111 N. HALSTED AVE		#11		CHARMICHEL		IL60614												
11				8888 HEATHSTEADER DR		APT F		DEVENSHIRE		OH43016												
12				33333 S. GOLF RD				HESPER PARK		IL60462												
13				33333 S. GOLF RD				HESPER PARK		IL60462												
14				33333 S. GOLF RD				HESPER PARK		IL60462												
15				33333 S. GOLF RD				HESPER PARK		IL60462												
16				33333 S. GOLF RD				HESPER PARK		IL60462												
17				2222 S. JEFFERY				CHILDER		IL60617												
18				2222 S. JEFFERY				CHILDER		IL60617												
19																						

\*Note: Positions 421-600 must be space filled for each field not used up to the 600 record length.

## Appendix B: Forms

### Group Media Information/Pre-Implementation

### EVR Recipient Forms



## Group Media Information/Pre-Implementation Form

Complete this form after you have reviewed the Implementation and Companion Guides completely. Once completed, please return the Group Media Information/Pre-Implementation Form via E-mail to your assigned EDI Membership Coordinator to initiate the testing and implementation process.

### Client Name:

It is critical that the timelines you indicate are met to ensure that your members are able to access their benefits by the established effective date. Please review "[Testing Process](#)" and "[Production Process](#)" on page 3 and consider the requirements when indicating the dates your files will be sent.

**What date can we expect your test file**

**What date can we expect your production file**

#### 1. Which layout will you use?

- ☐ ANSI 834 (VSP Preferred) ☐ VSP Proprietary

*\*Note: Any layout other than the two above requires approval prior to implementation*

#### 2. Which transfer method will you be using?

- ☐ FTP - PGP (Pretty Good Privacy) with strong 4096 DSS Public Key (Port 21)
- ☐ SFTP (SSH) - PGP with strong 4096 DSS Public Key (Port 22)
- ☐ SFTP (SSH) without PGP encryption (Port 22)
- ☐ Transmit Eligibility (Web Option through secure
- ☐ ZIP-compatible compression
  - ☐ Flat ASCII text
  - ☐ ANSI EDI ASC x12

#### 3. What is the expected frequency of your eligibility file?

- ☐ Daily ☐ Weekly ☐ Bi-Weekly ☐ Monthly

*\*Note: If you regularly have a high volume of updates you may consider more frequent updates*

#### 4. Will you be sending a separate Open Enrollment File?

- ☐ Yes – Indicate OE renewal month (Ex: January 1<sup>st</sup>) \_\_\_\_\_
- ☐ No – OE Data will be included in the last production file prior to the new benefits start date.

*\*Note: Refer to [Open Enrollment](#) on page 4*

#### 5. What type of transaction file will you be sending?

- ☐ Full Replacement (VSP Preferred) - Contains a single record for each eligible subscriber and dependent
- ☐ Maintenance - Contains a record for subscribers and/or dependents who require an update such as add, term, or change

**6. Will you be using a nine-digit numeric member ID/SSN?**

☐ Yes    ☐ No

If you require your subscribers to use an alternative/expanded ID (ID > nine-digits and/or alphanumeric), please discuss your options with your VSP EDI Membership Coordinator.

**7. Will COBRA membership be reported on the file?**

- ☐ Yes – please consult with your EDI Membership Coordinator to determine how the COBRA participants will be identified on the eligibility file.
- ☐ No- how will your COBRA membership be handled?
- ☐ We will handle utilizing the VSP Online Self-Service Tools
  - ☐ We have acquired a COBRA Administrator who will handle:
    - ☐ Electronically via a file feed – please consult with your EDI Coordinator regarding specifics
    - ☐ Manually
- ☐ Not Applicable

**8. Will you be sending dependent information?**

☐ Yes    ☐ No

**9. How will you be sending the coverage code change effective dates when the members change their coverage level? *VSP's business rules allow for 2 months + the current month retroactivity and 5 months + the current month for future dates.***

VSP offers the following options to report coverage code changes on the file:

***For ANSI 834 Layout:***

- ☐ Begin Date (DTP348) – System will read the DTP348 as the effective date for the coverage code change
- ☐ Report coverage code change effective date in Loop 2300 in DTP303 segment.

*\*Note: Coverage code change effective date must be removed from the file after the change date occurs*

- ☐ System Load Date - Coverage code will be updated with the file load date.

***For VSP Proprietary Layout:***

- ☐ Begin Date in position 162-169 – System will read the Begin Date as the effective date for the coverage code change
- ☐ Report coverage code change effective date in position 178-185.

*\*Note: Coverage code change effective date must be removed from the file after the change date occurs*

- ☐ System Load Date - Coverage code will be updated with the file load date.



**10. VSP's preference is to receive a termination date when a member/dependent terminates coverage. If you remove terminated member/dependent record from the file prior to sending a termination date, they will be considered a "drop" (term by omission) based on your answer to question 10 below. Will you be sending Coverage End Dates (termination dates) when member terminates coverage?**

- ☐ Yes - If yes, be sure to remove the terminated records after the end date has passed to reduce processing time (Termination dates greater than five years are not read into our system).
- ☐ No – We will send active records only and use "term by omission process" to term the members.

*\*Note: Begin date must be reported on each record on the file regardless if member is terminating or changing coverage code*

**11. VSP utilizes a "term by omission process" for members/dependents that are active in VSP system but are not passed on the eligibility file. What term date should be used when processing these records?**

- |  |  |
|--|--|
| <input type="checkbox"/> First of the Current Mont | <input type="checkbox"/> File Load Date            |
| <input type="checkbox"/> End of the Current Month  | <input type="checkbox"/> End of the Previous Month |

*\*Note:*

*-Logic applies on full replacement files only.*

*-If you do not want VSP to "drop" the members (term by omission), members must be included on the file. If you need to terminate a member or the dependent, a term date must be passed on the file, refer to question 10.*

*-Any dropped members will be listed on the EVR (Enrollment Verification Report) in Section VI after each file load.*

*-"Term by omission process" cannot be turned off.*

**12. If a member/dependent is active in the VSP system with a future termination date and member/dependent record is not passed on the current file, how would you like us to handle the term?**

- ☐ Override the future termination date and term the member utilizing the drop logic noted in question 11 above.
- ☐ Retain the future termination date; the member should remain active until the future date occurs.

## Enrollment Verification Report (EVR) Recipient Forms

The Enrollment Verification Report (EVR) is sent securely after each file load and it is your confirmation that a file has loaded. This report allows you to ensure the accuracy of the load and to identify corrections to be made on future files. Section VI of the report provides details of all records that were added, terminated or updated as a result of your most recent file load. We recommend that the EVR is reviewed after each load.

### **Main Electronic File Contact (required):**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

EVR Recipient: ☐ Yes ☐ No

EVR with Detail Transactions: ☐ Yes ☐ No

### **EVR Recipient #2 (if applicable)**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

EVR Recipient: ☐ Yes ☐ No

EVR with Detail Transactions: ☐ Yes ☐ No

### **EVR Recipient #3 (if applicable)**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

EVR Recipient: ☐ Yes ☐ No

EVR with Detail Transactions: ☐ Yes ☐ No

### **EVR Recipient #4 (if applicable)**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

EVR Recipient: ☐ Yes ☐ No

EVR with Detail Transactions: ☐ Yes ☐ No

## Late Notification Recipients

### **Late Notification/File Issues Contact if different from contacts above:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

## File Receipt Notification Recipients

In order to minimize "file confirmation" request VSP requires that at least one contact receives the confirmation email after each successful FTP transmission. This email provides the post- decryption byte size of your file but does not indicate that the file has loaded. Who should this email be directed to?

**1<sup>st</sup> Email (Required):** \_\_\_\_\_

**2<sup>nd</sup> Email:** \_\_\_\_\_

**3<sup>rd</sup> Email:** \_\_\_\_\_