

View Integration System: INT208 VSP (Vision) Outbound

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Basic Details

System Name INT208 VSP (Vision) Outbound

System ID

System ID INT208VSPVisionOutbound

Template

Integration Template VSP: Vision

Template Description HIPAA-834 Integration Template for VSP

Integration Services

Integration Template Service	Initial Service to Invoke	Optional	Enabled
VSP: Vision / CCB ANSI X12 834 DIS Extract			Yes
VSP: Vision / DIS - Performance Log			Yes
VSP: Vision / Data Initialization Service - Exception Log			Yes
VSP: Vision / CCB ANSI X12 834 Transformation*	Yes		Yes
VSP: Vision / WBN - Outbound Service (v2)			Yes
VSP: Vision / WBN - Enrollment (v2)			Yes
VSP: Vision / WBN - HIPAA 834 Health Insurance (v2)			Yes
VSP: Vision / WBN - Full File - Include Ended Coverage Once			Yes
VSP: Vision / CCB - Personal Data Service		Yes	Yes
VSP: Vision / CCB - Sequence Generator			Yes
VSP: Vision / CCB - Integration Documents			Yes
VSP: Vision / CCB - Delivery Service			Yes
VSP: Vision / Integration Document Retention			Yes
VSP: Vision / Transaction Log Service			Yes
VSP: Vision / CCB - Debug Service		Yes	Yes

Integration Attributes

Attribute Provider				
	Attribute	Description	Options	Attribute Value(s)
				Value
WBN - Outbound Service (v2)	Benefit Plans	Select the appropriate benefit plans that should have enrollment data or enrollment eligibility data transmitted to the Benefit Provider.	Required for Launch	
	Include Organizations	Attribute controls the organizations response group for Get Workers Web service request. Leave unchecked to improve performance.		Yes
	Enable Multiple Address Lines	Attribute controls whether address lines are left as separate lines or concatenated together into one line. Set value to Yes to output address line 1 and 2 on separate lines. If not configured, the two address lines will be concatenated together.		

Attribute Provider				
	Attribute	Description	Options	Attribute Value(s)
				Value
	Convert Output File to Upper	Attribute is used by integration service to apply an UPPER function to the Carrier output.		No
	Enable Test Mode	Select the box to limit the number of subscribers in the output file to 500 and prevent the file from being delivered to vendor.		
	Override Data Validation Errors	Description: Setting this attribute to true will override data validation issues of ERROR status with a status of WARNING. If no other errors are present, and the output file is created, it will be delivered to the carrier endpoint.		
WBN - Enrollment (v2)	End Coverage Configuration	Specifies ended coverage reporting: ALWAYS - always includes ended coverage in output file. NEVER - never includes ended coverage in output file. If all coverage ends for a subscriber, subscriber is dropped from the output file. COVERAGE - only reports ended coverage when all coverage in a plan type ends. Only the latest ended coverage is included. CARRIER - only reports Ended coverage when all coverage with a carrier ends.		COVERAGE
	Dependent End Coverage Configuration	Specifies ended coverage reporting for dependents. ALWAYS - always includes ended coverage in output file. NEVER - never includes ended coverage in output file. If all coverage ends for a subscriber, Workday reports no subscriber information in the output file. COVERAGE - only reports ended coverage when all coverage in a plan type ends. Workday includes only the latest ended coverage is included. CARRIER - only reports Ended coverage when all coverage with a carrier ends.		COVERAGE
	Citizenship Status	Specifies tenanted values to identify a worker as a citizen of a country.		
	Include Future Coverage End Dates	Includes future coverage end dates when compared to the effective date used in launch parameters.		No
	Send Empty File	Creates empty file when there is no data in the enrollment file or the data in the enrollment file is not eligible to be sent. The empty file will be delivered if integration completes successfully or with warnings but not with errors.		
	Discard Enrollment File	Enable this attribute to discard the enrollment.xml file from message audit upon integration process completion. This will help avoid integration failure when enrollment file size exceeds 250MB limitation. This attribute has no effect when integration runs in debug mode, which includes the enrollment.xml file in the message audit.		
	Filter Local Script Address Fields	Indicate whether local script address fields should not be included for foreign addresses. When enabled, only western script address fields will be sent.		
WBN - HIPAA 834 Health Insurance (v2)	HIPAA Version	Specifies HIPAA Version (4010 or 5010) of the output file.		5010
	Include all INS segments in one Transaction Set	Sends all INS segments in one Transaction Set (ST/SE). If not selected, output splits into multiple Transaction Sets(ST/SE) for every 10K INS segments.		
	Carrier Output HIPAA 834 EDI	Converts the output file to HIPAA EDI format. If not selected, the output file is in XML X12N format.		Yes
	EOL Character	Choose the values provided on this attribute to output as End of Line (EOL) Character. Selected value will end each line of data in the output. Select 'No EOL' value to remove End of Line Characters and output data as one string. When this attribute not configured, integration will output lf - line feed as end of line character.		
	Remove Special Characters	Specify any special characters that you want Workday to remove from the Name and Address fields in the integration output file.		

Attribute Provider				
	Attribute	Description	Options	Attribute Value(s)
				Value
	Interchange Sender ID	Interchange ID Qualifier Sender - HIPAA 834, Header, Segment: ISA, Element: ISA06		Required by VSP. Please obtain value from VSP and override this attribute value.
	Repetition Separator	An element can be repeated and each of the values are separated by this attribute. Eg: ^, Header, Segment: ISA, Element: ISA11		^
	Application Sender Code	Application Sender Code - HIPAA 834, Header, Segment: GS, Element: GS02		Required by VSP. Please obtain value from VSP and override this attribute value.
	Master Policy Number	Master Policy Number - HIPAA 834, Header, Segment: REF, Element: REF02		Required by VSP. Please obtain value from VSP and override this attribute value.
	File Effective Date	Select to send the date in the File Effective Date - HIPAA 834, Header, Segment: DTP, Element: DTP03. Default value is 'Effective Date' from launch parameters.		
	Plan Sponsor Name	Plan Sponsor Name - HIPAA 834, Loop 1000A, Segment: N1, Element: N102		Required by VSP. Please obtain value from VSP and override this attribute value.
	Sponsor ID	Sponsor ID Code - HIPAA 834, Loop 1000A, Segment: N1, Element: N104		Required by VSP. Please obtain value from VSP and override this attribute value.

Attribute Provider				
	Attribute	Description	Options	Attribute Value(s)
				Value
	Maintenance Type Code	Specifies Maintenance Type Code in these output fields: HIPAA 834, Loop 2000, Segment:INS, Element: INS03 and Loop 2300, Segment: HD, Element: HD01. Specifies 001 for Change only file, 030 for full files. Default value is 030.		
	Termination Code-Member Level	Specifies Maintenance Type Code in this output field: HIPAA 834, Loop 2000, Segment:INS, Element: INS03. Outputs 024 code in Loop 2000, INS03 based on attribute value. Applicable for both Full and Changes Only files.		
	Send Eligibility End Date for Active Employee	Select this attribute to send Coverage End Date in DTP*357 segment at Loop 2000 for an active employee ending coverage for all plans. Integration, by default, sends DTP*357 for terminated employees. This attribute works in addition to all the dates configured on Member Level Date Configuration Map.		
	Include Student Indicator	Includes Student Status Code in this output field: HIPAA 834, Loop 2000, Segment: INS, Element: INS09.		Yes
	Send Non-Student Status Dependent Indicator	Configure to send a default value of N instead of a null value on the student indicator when a dependent is not a student: HIPAA 834, Loop: 2000, Segment: INS, Element: INS09. This only applies when the Include Student Indicator attribute is configured to Yes.		
	Exclude Handicap Indicator	Excludes handicap indicator from this output field: HIPAA 834, Loop: 2000, Segment: INS, Element: INS10. By default, the handicap indicator will be included for any dependents who are flagged as disabled in the Workday system.		
	Send Non-Handicapped Status Indicator	Configure to send a default value of N instead of a null value on the handicap indicator when dependents are not handicapped: HIPAA 834, Loop: 2000, Segment: INS, Element: INS10. This applies to dependents only.		
	Exclude Eligibility End Date	Excludes Eligibility End (Termination) Date from this output field: HIPAA 834, Loop 2000, Segment: DTP, Element: DTP*357.		
	Exclude Leave Status	Excludes L1 code for employees who are on leave status from this output field: HIPAA 834, Loop 2000, Segment: INS, Element: INS08. Sends either FT or PT based on employee's employment status.		
	Send Middle Initial	Includes Middle Initial in this output field: HIPAA 834, Loop 2100A, Segment: NM1, Element: NM105. If not selected, includes full Middle Name in this field.		
	Include Client Reporting Category for dependents	When configured, Loop 2000, REF*17 will be sent on dependent records if the Client Reporting Category Member ID override is also configured. The value for the dependent will be the same as that returned in the override for the employee.		
	Dependent ID Code	Specifies dependent ID selection for this output field: HIPAA 834, Loop 2100A, Segment NM1, Element NM109: SSN: includes SSN if available; if SSN is not available, leaves field empty. SSN->ITIN: includes SSN or ITIN based on availability in that order. If neither value is available, leaves field empty. SSN->ITIN->SIN: includes SSN, ITIN, or SIN based on availability in that order. If no value is available, leaves field empty. Blank: leaves field empty. Note: if an SSN is included, NM108 field is set to 34 otherwise NM108 sets to ZZ. This attribute takes precedence over the 'Dependent Unique Identifier' attribute if both attributes are configured.		
	Coverage Level Code for Dependents	Specify to send the coverage level code of employee on dependent records. Outputs in HIPAA 834 Coverage Level Code for Loop 2300, Segment: HD, Data Element: HD05. Configure coverage level code for employee using 'Coverage Level Code' map.		

Attribute Provider				
	Attribute	Description	Options	Attribute Value(s)
				Value
	Identify Court Ordered Dependent	Select the relationship code for court ordered dependent to be sent on Individual Relationship Code - HIPAA 834, Loop: 2000, Segment: INS, Element: INS02. Define the court ordered dependent with start and end dates in the system. For all other relationships use "Enrollment Relationship" map.		
	Email Configuration	Includes Email information in addition to Home and/or Work phone numbers for the Member Communication fields: HIPAA 834, Loop 2100A, Segment: PER, Elements: PER03, PER05, PER07 Home: includes personal email only Work: includes work email only Home->Work: includes personal or work email based on availability in that order Work->Home: includes work or personal email based on availability in that order.		
	Exclude Phone Numbers?	Excludes all phone numbers from these output fields: HIPAA 834, Loop 2100A, Segment: PER, Element: PER03, PER05, PER07.		
	Member Phone Numbers	Specifies types of Member Phone Number to include in these fields: HIPAA 834, Loop 2100A, Segment: PER, Elements: PER03, PER05, PER07: HP: include Home phone number only WP: include Work phone number only Blank: includes any available phone numbers		
	Send Three Character Country Code	Includes country code in this output field: HIPAA 834 Loop 2100A/2100C, Segment: N4, Element: N404. By default ISO 3166-1 Alpha 2 codes will be used. Use this attribute to request that three digit codes be provided instead.		
	Location Identifier for Dependents	Select to send the dependent's home address country code when the Member Location ID Code field override is configured at the worker level and the values could be different. If the attribute is not configured, the value from the field override will be sent. HIPAA 834, Loop 2100A, Segment N4, Element N406.		
	Include Member Income for Non-Life Plans	Includes Member Income in this output field: HIPAA 834, Loop 2100A, Segment: ICM02 when employee enrolls in Non-Life Plans. To use this attribute, enable the 'Include Compensation' attribute.		
	Include Member Health Information	Includes Member Tobacco Use (HLH*T~ for Tobacco Use and HLH*N~ for Non Tobacco Use) in this output field: HIPAA 834, Loop 2100A, Segment: HLH, Element: HLH01.		
	Send Mailing Address	Includes Member Mailing Address in these output fields: HIPAA 834, Loop 2100C, Segments NM1, N3, N4 when the member mailing address is different from the residence address sent in loop 2100A.		
	Termination Code-Coverage Level	Includes 024 - Termination code for benefit plans which have a coverage end date in this output field: HIPAA 834, Loop 2300, Segment HD, Element: HD01. Default value is 030. This attribute applies to Full files and does NOT apply to Changes only files since default functionality sends 024 on changes only files when benefit plan ends.		
	FSA Annual Election Amount Code	Specify the Amount Qualifier Code (AMT01) to use to include the Annual Election Amount (AMT02) for Flexible Spending Account plans configured on 'Health Care FSA Code and Dependent Care FSA Code' maps. Workday applies the values to Elements AMT01 and AMT02 in Loop 2300, Segment AMT of the HIPAA 834 output file.		
	Provider Id Code	Specify the Provider Id Code to output in HIPAA 834, Loop: 2310, Segment: NM1, Element: NM109 for Health plans classified as HMO, HLT, MM, or PPO. This code outputs for all employees in the file. To output unique PCP ID per employee , it must be populated in the employee plan enrollment and not configure this attribute.		

Attribute Provider				
	Attribute	Description	Options	Attribute Value(s)
				Value
	Client Reporting Category Member ID Config	DEPRECATED - DO NOT USE. Client Reporting Category Member ID Value Adds a Member ID number with an identifier of 17. HIPAA 834, Loop 2000, Segment: REF, Element: REF02 (REF01 = 17). The format of the attribute is {MAP:Map_Name:[Parent_Node]Node[[Parent_Node]Node} (any number of values to map). The value will only be included for subscriber records (based on HIPAA 834 implementation guide). This should be used in conjunction with the HIPAA Member ID Number map.		
	Department Agency Member ID Config	DEPRECATED - DO NOT USE. Department/Agency Member ID Value Adds a Member ID number with an identifier of DX. HIPAA 834, Loop 2000, Segment: REF, Element: REF02 (REF01 = DX). The format of the attribute is {MAP:Map_Name:[Parent_Node]Node[[Parent_Node]Node} (any number of values to map). This should be used in conjunction with the HIPAA Member ID Number map.		
	Include REF Segments in Loop 2700 Member Reporting Categories for Dependents	Select the field override values for the REF segments configured on the Loop 2700 Field Override document to be reported for dependents. The value for the dependent will be the same as that returned in the override for the employee.		
	Exclude Member Level DTP Segment Dates for Dependents	Select which DTP segments that should not be repeated in Loop 2000 for dependents.		
CCB - Personal Data Service	Address Prioritization	Select the order the integration should look for addresses to send to your provider. For example: Work->Home will send a work address if it exists, otherwise the home address will be sent. NOTE: This should only be used if your provider can only accept one address per participant.		
Integration Document Retention	Document Retention Policy	Specify the duration (in days) that the integration output should be available for viewing.	Required for Launch	30

Integration Maps

Map Provider				
	Map	Description	Default Value	Exception(s)
WBN - HIPAA 834 Health Insurance (v2)	Loop 2300 REF Segment	Optional: Use only in conjunction with Loop 2300 REF field overrides for workers and dependents when available. Specify which field override value should be reported in the corresponding Loop 2300 REF qualifier on the output file. Internal values are the desired valid REF qualifiers on the ANSI ASC X12 834 standard layout. External values are the names of the Loop 2300 REF Segment number overrides on the Coverage > Worker/Dependent Benefit Election > 834 Benefit Plan Field Override document; If not configured, no value is sent.		
	Enrollment Relationship	Maps Tenanted Related Persons Relationship to HIPAA 834 Individual Relationship Code for Loop: 2000, Segment: INS, Element: INS02		
	Position Time Type	Maps Workday Position Time Type to HIPAA 834 Employment Status Code for Loop: 2000, Segment: INS, Element: INS08. NOTE: RT does not need to be mapped; it is automatically mapped for employees classified as a retiree in Workday.		

Map Provider				
	Map	Description	Default Value	Exception(s)
	Member Level Date Configuration	Map to configure which date qualifiers and dates are sent for Member Level Dates - Loop: 2000, Segment: DTP. Internal values are field names from the Workday enrollment canonical schema. Valid values are any dates within the hr:Subscriber/hr:Employee/* and hr:Subscriber/hr:Coverage/* nodes, as well as EnrollmentSignatureDateforHSA and FileCreationDate. External values are valid date qualifiers for member level dates on the ANSI X12 834 standard. If configured, default behavior for the DTP*336 and DTP*357 segments will be removed and will need to be re-mapped if still needed. If a corresponding field override is configured, do not map the same DTP segment in this map.		
	Gender	Maps Tenanted Gender values to HIPAA 834 Gender Code for Loop 2100A, Segment: DMG, Element: DMG03		
	Marital Status	Maps Tenanted Marital Status values to HIPAA 834 Marital Status Code for Loop 2100A, Segment: DMG, Element: DMG04		
	Health Care Classification	Maps Workday Health Care Classification to HIPAA 834 Insurance Line Code. Loop 2300, Segment: HD, Data Element Name: Insurance Line Code, HD03. For FSA, the codes used to determine Medical coverage is one of 'EPO' or 'HLT' or 'HMO' or 'MM' or 'PDG' or 'POS' or 'PPO'. Similarly, dental coverage is determined by classifications 'DEN' or 'DCP'.		
	Insurance Line Code	Maps tenanted benefit plans to HIPAA 834 Insurance Line Code for Loop 2300, Segment: HD, Element: HD03. When necessary, configure corresponding Coverage Level Field Overrides to output unique Plan Coverage Description in HD04 for each external value of this map.		
	Plan Coverage Description	Maps tenanted benefit plans to HIPAA 834 Plan Coverage Description for Loop 2300, Segment: HD, Element: HD04. Overrides take precedence over this map, when corresponding coverage level field overrides are configured.		
	Coverage Level Code	Maps Workday Health Care Coverage Target to HIPAA 834 Coverage Level Code. Loop 2300, Segment: HD, Data Element Name: Coverage Level Code, HD05. For FSA Benefit plan, the value populated is the Medical Plan coverage level code, if exists, else Dental Plan coverage level code, if exists, else defaulted to FAM. Health Care Classification Map is used to determine whether a Medical or Dental plan exists.		
	HSA Coverage Level Code	Maps tenanted HSA Plan Coverage Target to HIPAA 834 Coverage Level Code. Loop 2300, Segment: HD, Data Element Name: Coverage Level Code, HD05.		
	Plan Type Begin Date DFO Map	Use this map to specify health care plan types corresponding to Plan Type Begin Date field overrides. In addition, configure the Health Care Classification map for health care plans. Includes output in Loop: 2300, Segment: DTP.		
	Rate Based Plan Type Begin Date DFO Map	Use this map to specify rate based plan types corresponding to Plan Type Begin Date field overrides. In addition, configure the Plan Type map for insurance plans. Includes output in Loop: 2300, Segment: DTP.		

Map Provider				
	Map	Description	Default Value	Exception(s)
	Health Coverage Date Configuration	Map to configure which date qualifiers and dates are sent for Health Coverage Dates - Loop: 2300, Segment: DTP. Internal values are field names from the Workday enrollment canonical schema. Valid values are any dates within the hr:Subscriber/hr:Employee/* and hr:Subscriber/hr:Coverage/* nodes, as well as FileCreationDate. External values are valid date qualifiers for health coverage dates on the ANSI X12 834 standard. If configured, default behavior for the DTP*348 and DTP*349 segments will be removed and will need to be re-mapped if still needed.		
	Health Coverage Plan Coverage Description	For data sent from Workday to the Carrier, this mapping is used in conjunction with the attribute Health Coverage Plan Description Config.		
	Additional Coverage Loop	Configure tenanted benefit plan to external value to output additional loop 2300 for a product in which the employee is not enrolled. Example: Employee enrolled in medical plan which covers both medical and prescription drug and vendor requests two separate 2300 loops (HD, DTP, etc.) Configure Medical plan in Health Care Classification or Insurance Line Code map to output Medical plan loop 2300. Then configure the same medical plan in this new map for Prescription Drug plan to be sent in another loop 2300. For HD04 values, configure plan specific overrides from WBN - HIPAA 834: Medical, Dental, Vision, Insurance - Coverage Level Integration Document. Example: Health Coverage Plan Description - PDG.		