

Appendix 1 - File Layouts

This Appendix details the format, periodicity, and required values for the electronic files sent between the Agency and the Carrier. The Agency expects to discuss the business rules for the processing of these files as part of the contract negotiation process with the successful Bidder.

Enrollment - Small Group File

File used to enroll and manage small group accounts. New enrollment occurs at the Agency, demographic changes are managed at the Carrier.

Periodicity	Daily: Agency receives Carrier file, processes changes, and sends return file.			
Format	" " delimited ASCII text			
Field	Type	Restricted Value / Mask	Required	Notes
Group Number	Character		Y	Agency assigned value to new accounts. All Sole Props and Individuals have the same Group Number. Small Groups are given unique Group Numbers.
Group Name	Character		Y	
Address Line 1	Character		Y	
Address Line 2	Character		N	
City	Character		Y	
State	Character		Y	
Zip Code	Character	AA	Y	
Contact Name	Character		Y	
Contact Phone	Character	999-999-9999	Y	
Contact Email	Character		N	
Fax	Character	999-999-9999	N	
Broker	Character		N	
Broker ID	Character		N	
Effective date	Date	YYYYMMDD	Y	
Anniversary date	Date	YYYYMMDD	Y	
Employer number	Integer		Y	Agency assigned value.
File date	Date	YYYYMMDD	Y	

Enrollment – Membership File

File used to enroll and manage all members enrolled in the program.

Periodicity	Daily: Agency receives Carrier file, processes changes, and sends return file.			
Format	“ ” delimited ASCII text			
Field	Type	Restricted Value / Mask	Required	Notes
Field	Type	Restricted Values / Format Masks	Required	Notes
Group Number	Character		Y	Agency assigned value to new accounts. All Sole Props and Individuals have the same Group Number. Small Groups are given unique Group Numbers.
Contract Number	Character		N	Carrier assigned value to each enrolled family.
Sequence	Integer	0 = Subscriber 1 = Spouse 2 .. n = Dependents	Y	Carrier assigned sequence to each member of a family to uniquely identify family members on a contract.
Agency ID	Character	AAAAAAAAA	N	Agency assigned unique ID to each member.
Last Name	Character		Y	
First Name	Character		Y	
Middle Initial	Character		N	
DOB	Date	YYYYMMDD	Y	
Sex	Character	M or F	Y	
Relationship Code	Integer	1 = Subscriber 2 = Spouse 3 = Child	Y	
Address Line 1	Character		Y	
Address Line 2	Character		N	
City	Character		Y	
State	Character	AA	Y	
Zip Code	Character	99999 or 99999-9999	Y	
Phone 1	Character	999-999-9999	Y	
Phone 2	Character		N	
Email	Character		N	
HCTC indicator	Character	Y or N	Y	
Employer Type Id	Integer	1 = Sole Prop 2 = Small Group 3 = Individual	Y	
Subsidy Level ID	Character	B, C, D, E, or F	Y	Agency assigned.
Tier	Character	N = Single S = Employee + Spouse C = Employee + Child(ren) F = Family	Y	
Prior coverage indicator	Character	Y or N	N	Agency assigned.
Plan	Plan		Y	
Base rate	Number		Y	
Bill rate	Number		Y	
Status	Character	A = Active T = Terminated	Y	
Anniversary date	Date	YYYYMMDD	Y	Date member is expected to renew.
Effective date	Date	YYYYMMDD	Y	Date of latest change that would effect bill rate or status (i.e., tier change, termination, enrollment)
Enrollment date	Date	YYYYMMDD	Y	Date member actually enrolled.
Application ID	Integer		Y	Agency assigned family ID – changes upon

				renewal.
File Date	Date	YYYYMMDD	Y	Date of file.

Billing

File used for the Carrier to bill the Agency for services.

Periodicity	Monthly, Carrier sends to Agency			
Format	“ ” delimited ASCII text			
Field	Type	Restricted Value / Mask	Required	Notes
Invoice date	Date	YYYYMMDD	Y	
Account number	Character		Y	
Account payment received	Number		Y	
Agency payment received	Number		Y	
Account balance	Number		Y	
Agency balance	Number		Y	
Line number	Integer		Y	
Responsible party	Character	DHA or Account	Y	
Line description	Character		Y	
Period	Date	YYYYMMDD	Y	Month of coverage the charge or adjustment applies to.
Charge	Number		Y	

Payment

File used for the Agency to indicate remittance advice for payments.

Periodicity	Daily, Agency sends to Carrier			
Format	“ ” delimited ASCII text			
Field	Type	Restricted Value / Mask	Required	Notes
Payment Date	Date	YYYYMMDD	Y	
Sequence	Integer		Y	
Account	Character		Y	
Account payment	Number		Y	
Agency payment	Number		Y	
Check number	Integer		Y	
Account status	Character	A = Active T = Terminated	Y	Status indicator included to allow Carrier to initiate re-instatement process where appropriate.
Adjustment type	Character	NSF MISAPPLIED FROM MISAPPLIED TO REFUND SPLIT OTHER	N	Adjustments are used when one check must be applied to more than one account, or to handle refunds or misapplied funds.

Sample Lockbox Deposit File

Batch Detail Report
 HP Dirigo Health
 Process Date: 09-17-2009

Difference	Seq	Trn	C/S	Account	Invoice Number	Firm	Doc ID/Check #	Dept Code	Amount Due	Applied Amt
-9.92	1	1	S	XXXHHD9999999	0908001591	XXXHHD0099999	1	XXX	130.08	140.00
	2	1	C	000009999	17497321571	XXXHHD0099999				140.00
0.00	3	2	S	XXXHHD0009999	0908000118	XXXHHD0009999	1	XXX	341.94	341.94
	4	2	C	999999999	63-111-100	XXXHHD0009999	0527			341.94
Batch ID: 410591 Stub Total					\$481.94	Stub Count	2	Check Total	\$481.94	Check Count 2

Difference	Seq	Trn	C/S	Account	Invoice Number	Firm	Doc ID/Check #	Dept Code	Amount Due	Applied Amt
-133.42	1	1	S						0.00	133.42
	2	1	C	999999999	09046855					133.42
-556.57	3	2	S						0.00	556.57
	4	2	C	999999999	192114009397					556.57
-114.00	5	3	S						0.00	114.00
	6	3	C	999999999	700620106398		1143			114.00
-629.85	7	4	S						0.00	629.85
	8	4	C	999999999	2240008367					629.85
-92.31	9	5	S						0.00	92.31

10	5	C	999999999	9077962750		92.31
11	6	S			0.00	16.94
12	6	C	999999999	191364001948		16.94

-16.94

Batch ID:	410646	Stub Total	\$1,543.09	Stub Count	6	Check Total	\$1,543.09	Check Count	6
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