Health Compliance

Benefits Import Pipe Delimited File Specification

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Document Information

Document Revisions

Version	Date	Author	Description
3.0	08/18/2016	C. Murphy	<ELIG> Employee Only Coverage Level Flag element acceptable value of “U” removed.
3.0	06/13/2016	C. Murphy	Reordered and updated Benefits Data Interface section <HEAD> Added record description. <HEAD> Client Name element removed. <HEAD> Source Information element added. <EEID> Participant SSN element description updated. <EEID> Gender element changed to Optional. <OFFR> Added record description. <OFFR> Offer Identifier element description updated. <OFFR> Coverage Start Date element description updated. <ELIG> Added record description. <ELIG> Offer Identifier element description updated. <ELIG> Employee Only Coverage Level Flag element description updated. <ELIG> Monthly Employee Cost element description updated. <ELIG> Monthly Employer Cost element description updated. <ELIG> Minimum Essential Coverage element description updated. <ELIG> Minimum Value Plan element description updated. <ELIG> Dependent Coverage Available element description updated. <ELIG> Spouse Coverage Available element description updated. <ELIG> Self Insured Plan element description updated. <ELIG> Wait Period Indicator element change to Optional.

			<ELIG> Waived Coverage element removed. <COVG> Added record description. <COVG> Medical Plan Code element description updated. <COVG> Monthly Employee Cost element description updated. <COVG> Monthly Employer Cost element description updated. <COVG> Coverage End Date element changed to Conditionally Required. <COVG> Coverage End Date element description updated. <COVG> Self Insured Plan element removed. <COVG> Minimum Essential Coverage element removed. <COVG> Minimum Value Plan element removed. <COVG> Waived Coverage element description updated. <COVG> Reason for Waiver Description element description updated. <COVG> Coverage Identifier element description updated. <DEPI> Added record description. <DEPI> Relationship element changed to Optional <DEPI> Relationship element description updated. <DEPI> Spouse Indicator element description updated. <DEPI> Coverage End Date element description updated. <DEPI> Status element removed. <DEPI> Coverage Identifier element description updated.
2.52	11/20/2015	C. Murphy	Added test file naming convention
2.51	10/06/2015	J. Cobbett	Added Coverage Identifier field to Benefit Coverage record and Dependent record.
2.5	08/06/2015	C. Murphy	Initial Document

Benefits Data Interface

Overview

Medical benefits data is required by the ADP Health Compliance system in order to determine any potential penalties. An employer may be subject to Affordable Care Act (ACA) penalties if they do not meet certain thresholds related to benefit eligibility and affordability. **The ADP Health Compliance system uses the data received in the Benefit files for determining whether or not an ACA full-time employee has been offered affordable coverage.**

Frequency of Data

In order to perform accurate eligibility and affordability calculations, as well as annual filings, it is important that the ADP Health Compliance system frequently receives medical benefit related data. It is expected that the Benefits system of record will provide data to the ADP Health Compliance system on a time sensitive schedule. These schedules vary in frequency and cannot be received less frequently than once month.

It is recommended that Benefits systems that produce Full Files transmit on a monthly basis, while systems that produce Change Files transmit weekly.

Data to Include

Only information pertinent to ACA related medical coverage specified in this document is to be included on the file.

ADP recommends sending all Plan Offerings, at tier coverage level, for each event (Annual Enrollment, Marriage, Birth of Child, etc.). It is expected that the Offer and Selected Coverage be sent in the same transmission. If the Offer and Selected Coverage cannot be sent in the same transmission, the Offer data must be received prior to the Selected Coverage data for ADP Health Compliance to match the Selected Coverage to the corresponding offer of coverage.

If unable to meet the recommendation above, at a minimum, ADP requires that the Offer contain the lowest cost EE Only Plan/Tier that meets MEC and MVP and the Plan/Tier being passed as the employee's Selected Coverage.

Historical (Initial Load) File

It is expected that clients implementing Affordability for the current plan year include employee plan offering and selected coverage history dating back to the beginning of the plan year, usually corresponding with the Annual Enrollment event. Subsequent changes in eligibility, adding or dropping dependents and/or the addition of new hires, up to the current date and time, are also to be included on the initial load file. All changes for an employee should be received with a single EEID record, ordered chronologically by event. Clients implementing Affordability for an upcoming plan year are to begin the transmittal of data upon the trigger of the Annual Enrollment event.

Ongoing Change File

It is expected that on an ongoing basis the Benefits system will provide only records for employee's that experienced a change in eligibility and/or selected coverage. All changes for an employee should be with a single EEID record, ordered chronologically by event. Records should be sent whenever a change occurs, including but not limited to:

- Employee experiences a change in eligibility.
- Employee is provided an opportunity to enroll in an ACA related medical plan.
- A change in any of the election attributes (e.g., plan cost change, change in attestation).
- A dependent of the employee has a change in coverage (e.g., termination, dependent age out, loss of eligibility).

ADP Health Compliance does not support passive enrollment. Annual Enrollment files, containing all active benefit offers, elections and dependents covered, must be passed for each new plan year.

Loss of Eligibility

If an employee loses eligibility for medical coverage that was previously reported to the ADP Health Compliance system, an updated Offer should be sent for the event triggering the loss in eligibility, without any plans listed within the offer.

Only the EventReason and EventDate are required in the Offer node for this scenario.

Termination of Coverage

When a previously reported medical coverage to the ADP Health Compliance system is terminated, the effective coverage end date shall be provided in the Coverage End Date element in the COVG record . Corresponding dependent coverage shall be terminated using the same effective end date.

To terminate coverage for an employee and all dependents, only the Event Reason, Event Date and CoverageEndDate elements are required in the SelectedCoverage node.

Removal of Dependents

When terminating coverage for a previously reported dependent, a COVG record for the employee should be passed with all dependents that are covered, and the Coverage End Date element populated for the dependent losing coverage, identifying the last date that the dependent was covered.. It is expected that dependents removed from coverage shall no longer appear on subsequent files.

If terminating coverage for all dependents, but the employee is continuing coverage, a new COVG reocord for the Plan/Coverage Level the employee is covered under can be passed, without the dependents. This will result in all dependent records being end dated as of the EventDate received in the COVG record.

If the employee and all covered dependents are terminating coverage, only a COVG record, populated with EventDate, EventReason and CoverageEndDate is required.

File Naming Convention

Please reference the SDG transmission summary document provided by the ADP implementation specialist.

Companion Documentation

This is a supplemental document which outlines scenarios, provides schema examples and additional information related to the elements contained in the specification.

Format

The ADP Health Compliance system will accept Benefits data in a pipe (|) delimited format.

The interface requires multiple types of data. For example, the system requires benefits eligibility, benefits coverage and dependent information. In order to process all of these various sets of data, the interface will require a record type on each record. The record type will identify the type of data included on that particular record.

The following record types are supported for Benefits imports:

HEAD: The header record for the file. This record is used to identify the client. This record is required on all files.

EEID: The identity record for the participant. This record is required on all files.

OFFR: The offer (i.e. event) of coverage to the participant.

ELIG: The plans for which the participant is eligible.

COVG: The plan coverage the participant has actually enrolled in.

DEPI: Dependent information

FOOT: The footer record for the file. This record provides the number of participants on the file.

Fields included on the Interface

Header Record (always required)

The HEAD record contains company identifying information for the ADP Health Compliance system. Only one HEAD record should be present within the file and should be the first record in the file.

Field Number	Field	Required/ Optional	Maximum Field Length	Notes
1.	Record Type	Required	4	Constant “HEAD”
2.	Client Identifier	Required	16	Unique 16 character GUID assigned by ADP
3.	Client Name	Optional	100	The name of the client. Client defined value.

Employee Identifier Record (always required)

The EEID record contains the indicative employee data. There should only be one EEID record per employee, per file, regardless of how many events are being sent for the employee.

Field Number	Field	Required/ Optional	Maximum Field Length	Notes
1.	Record Type	Required	4	Constant "EEID"
2.	Participant Identifier	Required	20	Uniquely identifies the participant. This identifier will appear on every record that is associated with this participant to link them. The identifier may be comprised of Alphanumeric characters only.
3.	Participant SSN	Required	11	Format: XXXXXXXXX (Preferred) Or XXX-XX-XXXX This is the SSN for the participant that will be maintained within ADP HC. May be provided with or without dashes.
4.	Participant First Name	Required	50	
5.	Participant Middle Name	Optional	50	
6.	Participant Last Name	Required	50	
7.	Gender	Optional	1	Valid Values: M – male F – Female

				U - unknown
8.	Date of Birth	Required	10	Format: MM/DD/CCYY

Offer Record (required when eligible event triggers)

The Event Offering Data element is required when an employee experiences any change in eligibility or is provided an opportunity to enroll in an ACA related medical plan. These changes are typically associated with, but are not limited to: Qualifying Life Event (QLE), Work Event, or System Event.

*Offers are matched in the Health Compliance system by Event Reason and Event Date. If order to correct data for a previously loaded event, the same Event Reason and Event Date should be sent, with the correct plans available to the employee, so that the previously loaded data will be overwritten by the new file.

Field Number	Field	Required/ Optional	Maximum Field Length	Notes
1.	Record Type	Required	4	Constant “OFFR”
2.	Participant Identifier	Required	20	Uniquely identifies the participant. This identifier will appear on every record that is associated with this participant to link them.

Field Number	Field	Required/ Optional	Maximum Field Length	Notes
				The identifier may be comprised of Alphanumeric characters only.
3.	Offer Identifier	Required	50	This value is used to link the eligibility data to the applicable offer. The value in the OFFR record should be the same on all ELIG records associated with that offer. The value does not have to be unique across all participants. It must be unique for this participant SSN. 2 different participants (different ssns) may have the same value for an offer id. Client defined value.
4.	Event Reason	Required	50	The event reason associated with the offer of coverage. Client defined value.
5.	Event Date	Required	10	Format: MM/DD/CCYY Date of the Event.
6.	Coverage Start Date	Required	10	Format: MM/DD/CCYY Date the coverage would become effective if elected for coverage. If the Coverage Start Date varies by plan, this should be the Coverage Start Date for the lowest cost, employee only coverage, that meets the MEC and MVP attestations. This date cannot be prior to the Event Date.

Field Number	Field	Required/ Optional	Maximum Field Length	Notes
7.	Plan Year Start Date	Required	10	Format: MM/DD/CCYY This represents the first day of the plan year.
8.	Plan Year End Date	Required	10	Format: MM/DD/CCYY This represents the last day of the plan year.
9.	Transaction Date	Required	29	Format: MM/DD/CCYY HH:MM:SS.SSSSSS AM/PM Example: 01/01/2015 02:11:24.158000 PM This is the date time stamp when the offer was created in the source system.

Eligibility Record (required when reporting eligible plans)

The ELIG record is required whenever the OFFR record is present. This section contains pertinent medical plan information. Each tier coverage level within the plan must be supplied within its own ELIG record. For example, your typical medical plan has four tier coverage levels: Employee Only, Employee plus spouse, Employee plus child(ren), and Employee plus family. This would equate to 4 separate ELIG records.

Field Number	Field	Required/ Optional	Maximum Field Length	Notes
1.	Record Type	Required	4	Constant "ELIG"
2.	Participant Identifier	Required	20	Uniquely identifies the participant. This identifier will appear on every record that is associated with this participant to link them. The identifier may be comprised of Alphanumeric characters only.
3.	Offer Identifier	Required	50	This value is used to link the eligibility data to the applicable offer. The value in the OFFR record should be the same on all ELIG records associated with that offer. The value does not have to be unique across all participants. It must be unique for this participant SSN. 2 different participants (different ssns) may have the same value for

Field Number	Field	Required/ Optional	Maximum Field Length	Notes
				an offer id. Client defined value.
4.	Medical Plan Code	Required	20	Medical Plan Code from the System of Record. Client defined value.
5.	Medical Plan Description	Required	100	Medical Plan Description from the System of Record. Client defined value.
6.	Medical Plan Coverage Level Code	Required	20	Coverage Level Code for Medical Plan. Client defined value.
7.	Medical Plan Coverage Level Description	Required	100	Coverage Level Description for Medical Plan. Client defined value.
8.	Employee Only Coverage Level Flag	Required	1	A Flag indicating if the plan and coverage level associated with this record represents Employee Only coverage. If sending a waived/no coverage plan, this indicator must be “N”. Valid Values: Y – Yes – coverage level is employee only N – No – coverage level is not employee only

Field Number	Field	Required/ Optional	Maximum Field Length	Notes
9.	Monthly Employee Cost	Required	10	Format: X.XX Examples: 714.68 0.00 Monthly Employee Cost associated with the plan and coverage level. This cost must correctly reflect the cost to the employee and inclusion/exclusion of, but not limited to: tobacco cost differences, wellness credits, etc, per IRS guidelines.
10.	Monthly Employer Cost	Required	10	Format: X.XX Examples: 174.68 0.00 Monthly Employer Cost associated with the plan and coverage level.
11.	Minimum Essential Coverage	Required	1	Valid Values: Y – Yes N – No

Field Number	Field	Required/ Optional	Maximum Field Length	Notes
				An employer attestation flag to indicate the plan meets Minimum Essential Coverage (MEC) requirements. This flag must be set consistently for all coverage levels within the same plan. If sending a waived/no coverage plan, this indicator must be “N”.
12.	Minimum Value Plan	Required	1	Valid Values: Y – Yes N – No An employer attestation flag to indicate the plan meets the Minimum Value Plan (MVP) standard. This flag must be set consistently for all coverage levels within the same plan. If sending a waived/no coverage plan, this indicator must be “N”.
13.	Dependent Coverage Available	Required	1	If dependents can be covered under this medical

Field Number	Field	Required/ Optional	Maximum Field Length	Notes
				plan, the flag must be set to "Y" for all coverage levels (including employee only). Dependent indicates children. Valid Values: Y – Yes N – No
14.	Spouse Coverage Available	Required	1	If the spouse can be covered under this medical plan, the flag must be set to "Y" for all coverage levels (including employee only). Valid Values: Y – Yes N – No
15.	Self-Insured Plan	Required	1	A flag indicating if the plan is a self-insured plan. Valid Values: Y – Yes, it is self-insured medical plan. N – No, it is not self-insured medical plan. It is a fully insured medical plan.
16.	ACA Base Plan Actuarial Value Percentage	Optional	6 Format: xxx.xx	Minimum is 0.00 Maximum is 100.00
17.	Wait period Indicator	Optional	1	Indicates whether or not the Plan offers a 90 day or less waiting period for all eligible employees. Valid Values: Y – Yes

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Field Number	Field	Required/ Optional	Maximum Field Length	Notes
				N – No
18.	Future Use			

Coverage Record (required when reporting coverage)

The Benefits COVG record is required whenever an employee and/or dependent has a change in coverage. When reporting "Waived Coverage" or "Opt-out" elections by the employee, elements marked with a red asterisk * become optional and any values passed within the elements shall be ignored.

It is important to emphasize that selected benefit coverage records must match an existing eligible plan/coverage level offer ing, either within the same interface file or on a previous offering.

Field Number	Field	Required/ Optional	Maximum Field Length	Notes
1.	Record Type	Required	4	Constant "COVG"
2.	Participant Identifier	Required	20	Uniquely identifies the participant. This identifier will appear on every record that is associated with this participant to link them. The identifier may be comprised of Alphanumeric characters only.
3.	Event Reason	Required	50	The reason for the event. Client defined value. This is not linked to the OFFR.
4.	Event Date	Required	10	Format: MM/DD/CCYY The date of the Event.
5.	Medical Plan Code*	Required	20	Medical Plan Code from the System of Record.

Field Number	Field	Required/ Optional	Maximum Field Length	Notes
				Client defined value. System must find a matching Plan Code and Coverage Level Code in the OFFR of the current file or in the system from a previous load.
6.	Medical Plan Description*	Required	100	Medical Plan Description from the System of Record. Client defined value.
7.	Medical Plan Coverage Level Code*	Required	20	Coverage Level Code for Medical Plan. Client defined value.
8.	Medical Plan Coverage Level Description*	Required	100	Coverage Level Description for Medical Plan Client defined value.
9.	Monthly Employee Cost*	Required	10	Format: X.XX Examples: 261.92 0.00 Monthly Employee Cost
10.	Monthly Employer Cost*	Required	10	Format: X.XX Examples:

Field Number	Field	Required/ Optional	Maximum Field Length	Notes
				261.92 0.00 Monthly Employer Cost
11.	Coverage Start Date	Required	10	Format: MM/DD/CCYY This is the effective date for the coverage.
12.	Coverage End Date	Conditionally Required	10	Format: MM/DD/CCYY The last full day that coverage was effective for the employee. Required when terminating coverage.
13.	Future Use			
14.	Future Use			
15.	Future Use			
16.	Waived Coverage	Required	1	Valid Values: Y – Yes N – No A flag indicating that the employee has “Waived” or “Opted-out” of coverage.

Field Number	Field	Required/ Optional	Maximum Field Length	Notes
17.	Reason for Waiver Code	Conditionally Required	2	Required if Waived Coverage flag is “Y”. A code which identifies the reason the employee has waived coverage. Valid values are: 01 – Public Exchange Coverage 02 – Alternative private coverage 03 – Medicaid Coverage 04 – Medicare Coverage 05 – No Coverage 06 – Unknown If the Benefits system does not track reasons for waive or does track it but for some reason it is not valued, this field should be populated with “06” for any employee that has waived coverage.
18.	Reason for Waiver Description	Conditionally Required	100	Required if Waived Coverage flag is “Y”. The reason description for the employee “Waive” or “Opt-Out” of coverage. Client defined value.

Field Number	Field	Required/ Optional	Maximum Field Length	Notes
19.	Transaction Date	Required	29	Format: MM/DD/CCYY HH:MM:SS.SSSSSS AM/PM Example: 01/01/2015 02:11:24.158000 PM This is the date time stamp when the coverage was created in the source system.
20.	Coverage Identifier	Conditionally Required	50	This field is required if the employee has dependents and is used to link the COVG record to any covered Dependent record(s). For example, if an employee selects Employee + Spouse coverage and lists their spouse as a covered dependent, the Coverage Identifier would be used to link the two records. The identifier must be unique at the employee level, for each COVG record, not necessarily at the file level. The same value would be passed on all DEPC records that

Field Number	Field	Required/ Optional	Maximum Field Length	Notes
				should be linked to that particular participant coverage.

Dependent Record (required when reporting dependents)

The DEPI record is required when a dependent experiences a change in coverage (e.g., added, modified, terminated). The Dependent Coverage element is nested within the parent Employee coverage once the file is converted. Due to this nesting, if coverage for the employee is modified, resulting in an updated COVG record, a DEPI record is required for all covered dependents.

Field Number	Field	Required/ Optional	Maximum Field Length	Notes
1.	Record Type	Required	4	Constant “DEPI”
2.	Participant Identifier	Required	20	Uniquely identifies the participant. This identifier will appear on every record that is associated with this participant to link them. The identifier may be comprised of Alphanumeric characters only.
3.	Dependent Identifier	Required	40	The unique identifier assigned to the dependent by the client system of record.

Field Number	Field	Required/ Optional	Maximum Field Length	Notes
				Client defined value.
4.	Dependent SSN	Optional	11	Format: XXXXXXXXX (Preferred) OR XXX-XX-XXXX May be provided with or without dashes. This field should be provided if available.
5.	Dependent First Name	Required	50	
6.	Dependent Middle Name	Optional	50	
7.	Dependent Last Name	Required	50	
8.	Relationship	Optional	50	The relationship of the dependent to the employee. Text in this field will be the relationship displayed in ADP Health Compliance. Client defined value.
9.	Spouse Indicator	Required	1	Valid Values: Y = The relationship represents a spousal relationship N = Not a spousal relationship A flag that specifies if the relationship represents that

Field Number	Field	Required/ Optional	Maximum Field Length	Notes
				of a spouse. Should be set to N for dependents that are not a spouse.
10.	Dependent Date of Birth	Required	10	Format: MM/DD/CCYY
11.	Gender	Required	1	M = Male F = Female U = Unknown
12.	Coverage Start Date	Required	10	Format: MM/DD/CCYY This is the first day the Coverage Indicator is in effect.
13.	Coverage End Date	Conditionally Required	10	Format: MM/DD/CCYY Required when terminating coverage. The last full day that coverage was effective for this dependent.
14.	Future Use			
15.	Coverage Identifier	Required	50	This field is used to link the Dependent record(s) to the COVG record for the employee that the dependent is covered under. For example, if an employee selects Employee + Spouse coverage and lists their spouse as a covered

Field Number	Field	Required/ Optional	Maximum Field Length	Notes
				dependent, the Coverage Identifier would be used to link the two records together. The identifier must be unique at the employee level, for each employee COVG record, not necessarily at the file level. The same value would be passed on all DEPI records that should be linked to that particular employee coverage. Client defined value.

Footer Record (required)

Field Number	Field	Required/ Optional	Maximum Field Length	Notes
1.	Record Type	Required	4	Constant “FOOT”
2.	Number of EEID Records	Required	9	Total number of EEID records included on the file.

Appendix

Sample Data

Social Security Numbers have been masked with "XXX-XX-XXX" in this example. Please use actual SSN's when transmitting.

HEAD|2FA6CFC739A34284|Company ABC
EEID|1446572|XXXXXXXXX|Benedict|Timothy|Cumberbatch|M|02/12/1975
OFFR|1446572|999999999|AE|01/01/2015|01/01/2015|01/01/2015|12/31/2015|12/31/2015 02:11:24.158000 PM
ELIG|1446572|999999999|BCBSPRMR|BCBS Premier|EE|Employee Only|Y|172.38|572.38|Y|Y|Y|Y|Y|84.00|Y|
ELIG|1446572|999999999|BCBSPRMR|BCBS Premier|EES|Employee + Spouse|Y|172.38|572.38|Y|Y|Y|Y|Y|84.00|Y|
ELIG|1446572|999999999|BCBSPRMR|BCBS Premier|EEC|Employee + Child(ren)|Y|172.38|572.38|Y|Y|Y|Y|Y|84.00|Y|
ELIG|1446572|999999999|BCBSPRMR|BCBS Premier|FAM|Employee + Family|Y|172.38|572.38|Y|Y|Y|Y|Y|84.00|Y|
COVG|1446572|AE|01/01/2015|BCBSPRMR|BCBS Premier|EES|Employee + Spouse|172.38|572.38|01/01/2015|||||N|||01/01/2015 02:11:24.158000 PM|BCBSPRMR01/01/2015 02:11:24.158000 PM
DEPI|1446572|01|234567891|Sophie||Hunter|Spouse|Y|04/16/1978|F|01/01/2015|||BCBSPRMR01/01/2015 02:11:24.158000 PM
FOOT|1