



# **ELECTRONIC ENROLLMENT**

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## **QUICK REFERENCE GUIDE**

*ConnectiCare, Inc. and Affiliates*

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## **SECTION I**

### **FAQ'S ON ELECTRONIC ELIGIBILITY**

♥ **What is Electronic Eligibility?**

*Answer:* Electronic Eligibility is an extract of employee and dependent data from your HR or payroll systems which is then transmitted, compared with and updated to ConnectiCare's eligibility system.

♥ **What medium can be used to transmit the employee and dependent data?**

*Answer:* Employee and dependent data can be transmitted by the use of Electronic File Transfer (EFT) or diskette.

♥ **Does ConnectiCare require specific employee and dependent data elements for Electronic Eligibility?**

*Answer:* To ensure the most accurate Eligibility processing, the following data elements are necessary. However, if you cannot provide all of the necessary data, ConnectiCare will attempt to derive any information that you are unable to supply.

- Employee social security number
- Employee status
- Employee first and last name
- Employee address
- Employee date of birth
- Employee sex
- Employee primary care physician
- Employee benefits effective, change or termination date
- Employer group and division number
- Dependent first and last name
- Dependent relationship
- Dependent date of birth
- Dependent sex
- Dependent primary care physician
- Dependent benefits effective, change or termination date

- ♥ **Do we have to send all of our employees on the file every submission or can we send you only those employees who have changed since the last file?**

*Answer:* It's your choice! We recommend that you send all the employees every submission, which is called a full file, as it facilitates the most accurate data sync between your file and our eligibility system. However, you can send us a "changes only" file which consists of employees whose data has changed since the last file submission, such as new employees, changes to existing employees and terminations. If you choose to send us "changes only" files, we request that a full file is sent upon implementation and at least twice a year to ensure data sync integrity.

- ♥ **What happens to the eligibility records once my eligibility file is compared with ConnectiCare's eligibility system?**

*Answer:* Employee and/or dependent eligibility records are electronically updated in ConnectiCare's eligibility system to reflect what has been sent on your eligibility file. Any records that cannot be updated to the ConnectiCare eligibility system will be reported back to you for your review.

- ♥ **How frequently should I send ConnectiCare my eligibility file?**

*Answer:* Eligibility files can be submitted weekly, bi-monthly, or monthly. However, we recommend that customers with frequent eligibility changes submit a file on a weekly basis to ensure optimal eligibility maintenance.

- ♥ **Will there be an Electronic Eligibility contact assigned to me?**

*Answer:* An Electronic Eligibility Analyst will be assigned to work on your account. They will work with you on establishing the Electronic Eligibility transmission, ongoing eligibility maintenance and changes to the Electronic Eligibility transmission.

♥ **Is there a preferred sequence of employee and dependent data that should be used when sending ConnectiCare my eligibility file?**

*Answer:* ConnectiCare will provide you with our file layout, which outlines the sequence in which the employee and dependent data should be transmitted.

♥ **What format can I use to submit my eligibility file?**

*Answer:* The acceptable file formats for Electronic Eligibility transmissions are fixed length flat file or EDI.

♥ **Can I still send in my eligibility updates by means of an enrollment form?**

*Answer:* With frequent Electronic Eligibility transmissions the need for submitting enrollment forms for updates becomes virtually non-existent! However, we will continue to process enrollment forms for emergency enrollment such as a member that is in need of immediate medical attention and for covered employees whose eligibility is no longer maintained in your HR or payroll systems.

♥ **Do I have to submit written employee signatures for Authorization for Transfer of Confidential Information?**

*Answer:* Yes, Connecticut and Massachusetts state laws require health plans to maintain written Authorization for Transfer of Confidential Information signatures. Without Authorization for Transfer of Confidential Information signatures on file, ConnectiCare may not have the authorizations it needs to administer coverage and pay claims for members. To obtain the necessary Authorization for Transfer of Confidential Information signatures you must:

- Require employees to enroll in the plan on behalf of himself or herself and any Eligible dependents by:
  - Completing and signing an enrollment form; or

- Telephonic or computer enrollment using a script (the content of the script must include information we provide to the employer in writing), along with a written acknowledgment concerning the terms of this Plan, particularly authorizing the transfer of confidential information ("Acknowledgment"), signed by Employees (the content of the Acknowledgment must include information we provide to the Employer in writing);or
- Telephonic or computer enrollment, with a written acknowledgment concerning the terms of this Plan, particularly authorizing the transfer of confidential information ("Acknowledgment"), signed by Employees (the content of the Acknowledgment must include information we provide to the Employer in writing).

If Enrollment Forms or Acknowledgments are used as described above, the Employer hereby agrees to:

- Maintain these completed Enrollment Forms and Acknowledgments for not less than 10 years following the date the Employee who is the subject of the form or Acknowledgment has terminated participation in this Plan.
- To provide the original or a copy of any individual Enrollment Form or Acknowledgment to us, upon our request, for our use in administering this Plan. We will return the Enrollment Form or Acknowledgment, if it was an original, when we are finished using it.

## **SECTION II**

# **ELECTRONIC ELIGIBILITY FILE SPECIFICATIONS**



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## File Processing Notes

### File Format/Schedule

Data must be submitted in a fixed-length ASCII text (FLAT) file format. Each record may be terminated optionally with the CR-LF (Carriage Return – Line Feed) character pair, which would be in addition to the record length indicated at the bottom of the file specification page. Also, the file may be terminated optionally with the MS-DOS EOF (End of File) character.

Files can be either submitted as "Add/Change" or "Full/Positive" file types. However, if the Add/Change file is selected, the first file submission should be a Full/Positive file to ensure all membership is entered into ConnectiCare's eligibility system. File types must be consistently provided on an ongoing basis in the determined type.

Full/Positive file submissions are the recommended format. By submitting a Full/Positive file, the customer receives a full audit of their eligibility each file run. This ensures the most accurate eligibility processing. For a Full/Positive file submission, when sending terminated records, a "T" may be included in the ACTION field. Though this is optional, this is considered useful for many customers. ConnectiCare requests that terminations only be passed on file submissions a maximum of two times and then should be removed from the file. If the terminations are not removed, this can cause additional errors to be reported back to the customer unnecessarily. An effective date for new and current subscribers as well as an ending date for terminations are required. If these fields cannot be provided to ConnectiCare, alternate file processing options for effective and end dates may be discussed.

For an Add/Change file submission, only member additions, changes, and terminations are passed. Once a member has been added, nothing further should be submitted for the member until data changes. Generally, only the changed data and the required fields are needed to report a change. However, customers may submit the unchanged information with the changed data. It is often easier to report the entire record when any part of it changes. **Do not send records, which do not reflect any changes!** For an Add/Change file, an effective and ending date are required. If these fields cannot be provided to ConnectiCare, alternate file processing options for effective and ending dates may be discussed.

Eligibility files can be submitted weekly, BI-monthly, or monthly. However, ConnectiCare recommends that customers with frequent eligibility changes submit a file on a weekly basis to ensure optimal eligibility maintenance.

## **Record Submission Guidelines**

ConnectiCare's system can only process one record per unique member per file submission. Because each record contains only one effective date, all date-sensitive transactions being reported for the member must be effective on the same date. For example, a member is currently active in ConnectiCare's system, but is moving to COBRA coverage. There are two ways that we can accept this information: (1) The next file submission, a termination from active coverage is passed, terming current coverage. The next weeks file should contain a new effective date for that member with the updated structure codes reflecting COBRA coverage. Or (2) The file is submitted with the new COBRA structure as well as a new effective date for this coverage. Our system will term the active coverage the day prior to the new effective date for the COBRA coverage and reinstate the member on COBRA. If this guideline appears to be a processing issue, please call your Electronic Eligibility Analyst at ConnectiCare to discuss possible solutions.

## **Other Considerations**

- All data is to be left justified within the field however, if the whole field is not utilized, please fill the unused bytes with blanks.
- All alphabetical characters must be upper case.
- Files can be transmitted by the use of Electronic File Transfer (EFT) or diskette. Eligibility file submissions should be encrypted using PGP or a similar tool. Please consult with your Electronic Eligibility Analyst for specific file processing options.
- Employee and/or dependent eligibility records are electronically updated in ConnectiCare's eligibility system to reflect what has been sent on your eligibility file. Any records that cannot be updated to the ConnectiCare eligibility system will be reported back to you for your review.

DATA FIELD	R=REQUIRED O=OPTIONAL	START POSITION	BYTES	FORMAT	DESCRIPTION
Contract Number	R	1	9	Numeric	A Contract Holder's Social Security Number. The Contract Holder is the employee or other primary-insured individual. This number must remain constant. If there is a need to change/modify this field, please consult your Electronic Enrollment Analyst to coordinate the change.
Record Type	R	10	1	Alpha	C=Contract Record (Employee) D=Dependent Record
Action Code	R =Add Change Files Only	11	1	Alpha	A=Add C=Change T=Termination (Required for Add Change files, Optional for Full/Positive Files and may be included)
Effective Date	R	12	8	Numeric: CCYYMMDD	Effective Date is required for all new members as well as a group's renewal period and when reporting a change in any of the following Data Fields: Group/Division, Relationship Code, and Employment Status.
End Date	R	20	8	Numeric: CCYYMMDD	End Date is required to report the last day of coverage if the member is terminating coverage. Field should remain blank until utilized.
First Name	R	28	26	Alpha	Members First Name. Acceptable formats for example John Michael Doe III include: John M John John Michael J Michael <b><u>NOTE:</u></b> Please do not include periods after initials.
Middle Name	O	54	26	Alpha	Member Middle Name or Initial. <b><u>NOTE:</u></b> Please do not include periods after initials.
Last Name	R	80	36	Alpha	Member Last Name. Acceptable formats for example John Michael Doe III include: Doe III Doe
Title	O	116	4	Alpha	Member Title Examples: Mr., Mrs., Ms., Dr., Rev., etc.
Suffix	O	120	4	Alpha/Numeric	Member Suffix Examples: Jr., Sr., III, DDS, MD
Address 1	R	124	36	Alpha/Numeric	This is the principle address. Please use postal addressing.
Address 2	O	160	36	Alpha/Numeric	This is for additional address information. Please use postal addressing.

DATA FIELD	R=REQUIRED O=OPTIONAL	START POSITION	BYTES	FORMAT	DESCRIPTION
City	R	196	24	Alpha	Please use postal addressing.
State	R	220	2	Alpha	Please use (2) letter postal notation. <b>NOTE:</b> Please do not include periods after initials.
Zip	R	222	9	Numeric	The (5) or (9) digit postal code.
Phone 1	O	231	10	Numeric	Home phone number including area code. Should consist of (10) consecutive digits.
Phone 2	O	241	10	Numeric	Work or other secondary telephone number including area code. Should consist of (10) consecutive digits.
Gender	R	251	1	Alpha	F= Female M= Male
Date of Birth	R	252	8	Numeric: CCYYMMDD	Date of Birth of member.
SSN	O	260	9	Numeric	Use member Social Security Number. If coverage is to be continued for dependents after death of the original Contract Holder, the spouse or oldest dependent must have a SSN. It is recommended that this data be provided for all members if available.
HCFA Number	O	269	12	Numeric	This is the alternative identifier used by the Health Care Finance Agency. ConnectiCare does not currently utilize this field at this time.
Alternate ID 1	O	281	12	Numeric	This is for an Alternate Identifier that may be used by the employer, such as a clock number.
Relationship Code	R	293	2	Alpha	Relationship of members covered on the policy. 01= Contract Holder 02= Spouse 03= Dependent Child 04= Dependent Student 05= Handicapped Dependent
Risk Pop	O	295	2	Alpha	M= Medicare primary (usually retiree) C= Commercial <b>NOTE:</b> If this field cannot be supplied, ConnectiCare will code accordingly based upon group's offered plan(s).
Primary Care Physician	O	297	6	Numeric-Left Justified	(6) digit provider identification number assigned by ConnectiCare and listed in the provider directory or online at <a href="http://www.connecticare.com">www.connecticare.com</a> <b>NOTE:</b> Alpha characters cannot be processed in ConnectiCare's system i.e. Physician's name.

Existing Patient Indicator	O	305	1	Alpha	Indicator that notifies ConnectiCare that a member is currently an existing patient with a Primary Care Physician Y= Yes, existing patient N= No, not an existing patient (new patient)
<b>DATA FIELD</b>	<b>R=REQUIRED O=OPTIONAL</b>	<b>START POSITION</b>	<b>BYTES</b>	<b>FORMAT</b>	<b>DESCRIPTION</b>
COB Indicator	O	306	1	Alpha	Coordination of Health Care Benefits Y= Member is covered by other health insurance N= Member is not covered by other health insurance (blank)= Not known
Primary/ Secondary	O	307	1	Numeric	1= Other health insurance is primary 2= Other health insurance is secondary (blank)= Not known <b><i>NOTE:</i></b> This field has meaning only if preceding field (COB) contains a 'Y'.
Group/Division Number	R	308	10	Numeric	Group/Division Number is the (10) digit structure code(s) supplied to the employer representing the client specific account benefit structure. Please consult your Electronic Eligibility Analyst at ConnectiCare to receive the information needed for this field.
Employment Status	R	318	2	Alpha	Represents the Contract Holder Employment Status. EM= Employed/Employee LO= Laid Off/COBRA RE= Retired/Retiree SV= Severance
Date of Hire	R/O **See Description**	320	8	Numeric: CCYYMMDD	Employee Date of Hire. This field is Required for groups containing membership totaling <=50. This field is Optional for groups containing membership totaling >=51.
Filler	O	328	23	Alpha/Numeric	Filler-Please consult your Electronic Eligibility Analyst at ConnectiCare prior to filling this field with any information.
<b>TOTAL FILE LENGTH= 350 BYTES</b>					