



# Electronic Enrollment & Reconciliation Guide



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# Introduction

Tufts Health Plan and Tufts Health Freedom Plan offer an Electronic Data Interchange (EDI) program that presents trading partners with an option to send eligibility data electronically.

*Please note: “Tufts Health Plan and Tufts Health Plan Freedom Plan” are herein collectively referred to as “the Plans”, or singularly as “the Plan”.*

This document includes general specifications and descriptions of files and file construction. The Plans’ policy is to work in close cooperation with their trading partners to develop the programs for generating these files.

The Plans request that trading partners submit their data using the Plans’ proprietary file layout and media format.

At this time, this process does not support the Plans’ commercial Medicare products. Enrollment data for these members must be submitted via existing processes.

## Process Overview

The process for initiating electronic enrollment submissions to the Plans is as follows:

- At the request of the Plans’ Sales/Marketing department, the Plans provide the trading partner with the Electronic Enrollment & Reconciliation Guide, which includes the file layout specifications and file submission options, along with our File Exchange Request Form (FERF).
- The EDI Analyst, Enrollment Supervisor and the Sales department contact the trading partner to review the specifications, enrollment processing and test procedures.
- The Electronic Enrollment/Reconciliation Data Form (see page 24) and the FERF are completed by the trading partner and sent to the EDI Analyst. They can be faxed to 617-923-5898 or sent via email to the assigned analyst.
- The Plans and the trading partner prepare an Implementation timeline and test plan. It typically takes 2 - 4 months to complete the testing cycle and begin implementation.  
**Note: Trading Partner responsiveness can directly impact the timeline.**
- The trading partner prepares the programming necessary to create the file layout in accordance with the Plans’ specifications and notifies the EDI Analyst when the file is ready for testing.
- Working with the EDI Analyst, the trading partner executes its program with a sample of enrollment data to generate a test file. The trading partner should plan to submit a minimum of 4 test files to ensure a successful test. This number may increase, depending on how successful the trading partner is in satisfying each scenario.
- Testing includes structural compliance as well as the quality content of actual transactions. In addition, the final test is used to verify the submission method.
- A full file reconciliation is initiated midway through the testing process (usually commenced once file structure is successful). The reconciliation process enables the trading partner and the Plans to synchronize their databases in preparation for the electronic submissions. Note: additional reconciliations may be requested, if necessary.
- For trading partners that use the Plans’ web applications to update their membership, once the reconciliation process begins, the ability to update membership using

this application will be suppressed. Trading partner access to on-line billing and enrollment roster will still be available.

- Testing is complete when both the trading partner and the Plans are satisfied with the test results. Note: the reconciliation must also be completed which includes resolution of all data discrepancies. At that time, the EDI Analyst sends written confirmation to the trading partner. Based on the agreed upon mode of submission, the appropriate file submission information will be sent.
- Until production status for electronic submissions is granted, the trading partner must continue to use their existing enrollment process when sending production data to the Enrollment Department.

## General Specifications

### Types of Files

#### Update Files

The Plans can accept either of the following:

- Transaction files (additions, terminations and changes since the last file submission)

OR

- Full files with terminations (all members covered by the Plans for that trading partner)

**Both types of files will be updated directly into the Plans' membership system.** This automated process enables the Plans to:

- Process most transactions without manual intervention (add new members, post terminations and update existing members).
- Produce a confirmation report of transactions performed through this process.
- Produce a report of transactions that require manual intervention and follow-up.
- Confirm that the trading partner's list of the Plans' enrollees is consistent with our records.

The Plans recommend that trading partners submit weekly or bi-weekly update files.

Please refer to the file specifications beginning on page 9 as well as the File Exchange Request Form (FERF) for details on how to send each type of file submission.

### Reconciliation Files

In addition to the frequent files that are submitted for updating eligibility, the Plans require that a periodic full file also be submitted for reconciliation purposes. The electronic reconciliation file enables us to systematically compare the data on the trading partner file to the enrollment data maintained in our system and to identify any discrepancies.

This crosschecking allows the Plans and the trading partner to identify members with different enrollment information. The process will also identify all transactions that might not have been submitted and will also identify all open and unresolved issues.

The following types of discrepancies will be identified and reported:

- Member is reported as actively enrolled by the trading partner, but is not active with the Plans.
- Member is actively enrolled in our system, but is not reported as active by the trading partner.
- Member coverage information differs between the trading partner and the Plans (including date of birth, relationship code, group ID, plan type and address).

The reconciliation process does not make any updates to the Plans' system. All identified discrepancies are reported to the appropriate party at the trading partner. The Plans and the trading partner work together to resolve the identified discrepancies.

It is recommended that trading partners submit a quarterly file for reconciliation purposes.

**Note:** For full file submitters, the weekly file will be resubmitted for reconciliation purposes, based on the agreed upon frequency.

## The Testing Process

Test data is not used in our production environment. Test files should contain no more than 100 records (unless otherwise requested).

The procedures for testing the process are as follows:

1. *Test Files:* The trading partner supplies the test files to the Plans via secure email. The trading partner should send the final test via the mutually agreed upon mode of submission. **Please note:** the EDI Analyst will request additional test files as needed for each phase of testing and until all testing is successfully completed.
2. *Structural Compliance Testing:* The EDI Analyst examines the initial test file(s) for structural compliance and data quality in accordance with the Plans' specifications. In addition, employer specific business requirements are validated. A summary of findings is generally provided within 5 business days. Once file structure is approved, scenario testing and file submission testing can begin. Additionally, the data reconciliation can be initiated.
3. *Scenario Testing:* These test files should include samples of additions, changes and terminations (see definitions of these terms below) for each group/subgroup and plan type. The test data should include the following types of records:
  - Additions (new subscriber, new dependent to an existing plan).
  - Changes (plan type, group number and demographic changes).
  - Terminations (entire family and a termination of a single dependent) using the end-date field.

**The Plans will provide a hard copy report of the required test case scenarios to assist with the verification process. It is critical that this document be completed and returned with each test file submitted.** The test data report ensures that:

- a. The turnaround time of 5 business days can be met.
  - b. The EDI Analyst will be able to thoroughly examine the test cases submitted for each scenario on the file and determine the need for subsequent tests.
4. *File Submission Testing:* The Plans assign and communicate the test login and password for this process. Once the trading partner is able to login to our test environment, we coordinate an end-to-end test whereby the trading partner submits a structurally compliant test file via their chosen method. Please note: a submission test is completed for each file type submitted. A summary of findings is provided upon completion of the file submission test.
  5. Once the file structure and scenario testing have been successfully completed, a full file membership reconciliation is required. Once the reconciliation is completed and all databases are up-to-date, the trading partner is given authorization to submit production files. At that time, the EDI Analyst sends written confirmation to the trading partner. The appropriate submission instructions to our production server are also provided.

## Definitions

The following table lists the terms relevant to the Electronic Enrollment & Reconciliation Guide.

| Term         | Definition   |
|--------------|--|
| Additions    | New employee, newborn, newly acquired dependents, or new group   |
| Changes      | Plan type change, (i.e., individual to family, family to individual), group number change, or demographic changes including member name, address, and dependent SSN<br><b>NOTE:</b> Date of birth and subscriber ID changes as well as effective and termination date changes should be sent via paper or fax. These types of changes must first be corrected manually and then included in the electronic enrollment process. |
| Terminations | Subscriber or dependent that terminates health coverage from the Plans (when terminating a family policy, all covered dependents should be sent with a termination date).  |

## Test File Mailing Specifications

Send via secure email using one of the options listed below:

- a. EDI Analyst will send trading partner contact a secure email, which will be used to send each test file.
- b. Trading partners can send test files using their own secure email sites.



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# Understanding Your Role and Responsibilities

Your role in the Electronic Data Interchange (EDI) process is very important. The Plans' ability to process enrollment information depends on the trading partner providing accurate and timely data.

Please read the following carefully. **Submission of your first production file means that you agree to the terms and conditions outlined below.**

After the Plans grant EDI production status, please make sure you do the following:

- Send only records for those members who have selected either Tufts Health Plan or Tufts Health Freedom Plan and are eligible for coverage.
- Send termination records when coverage ends.
- Once a termination date has been sent for a member(s), these members should be removed from the following eligibility files.
- An updated (new) effective date is required with qualifying events that result in coverage changes (such as group ID, subgroup ID and coverage level).
- Make sure all member data is accurate (including demographic information, enrollment effective dates, spelling, etc.).
- Send member data and respond to discrepancy reports in a timely manner.
- Retain copies of all necessary supporting member documentation.
- Please contact your EDI Analyst if changes have been made to your system that affects the creation of your eligibility files or transmission of the file. The Plans will then determine if structural or submission testing is necessary.

The Plans will process the member data submitted, issue member ID cards, and provide services based on the data sent and in accordance with the trading partner's benefit plan. In addition, The Plans will investigate situations where the data is questioned and take appropriate steps to correct errors.

## Key Points

- When submitting files, identification of the type of file (Update or Reconciliation) is part of the submission procedure. Refer to the Submission Instructions provided for the agreed upon method.
- Enrollment files must be sent in accordance with the requirements of the file specifications. If the incoming file is not in the required format, it will fail in the validation process. In this situation, an EDI Analyst will contact the submitter typically within one business day after receipt of the file. The entire file will need to be corrected and resubmitted.
- Subscriber information must precede dependent information in a transmission, or the subscriber information must have been submitted to the receiver in a previous transmission.
- Membership data should be sorted by subscriber ID, with the subscriber listed first, followed by spouse and then by dependents in date of birth order (oldest to youngest).

- Under IRS Section 6055 reporting requirements, health insurance issuers providing coverage through fully-insured group health plans must report information to the IRS and to covered individuals (using Form 1095-B) so that the individual may report on their income tax statements they had qualifying coverage (referred to as minimum essential coverage). Reporting of tax identification numbers or TINs (typically social security numbers or SSNs) for all covered individuals is required by the IRS to verify an individual's coverage. The IRS regulations require that health plans make reasonable attempts to obtain TINs from all covered members for whom TINs are missing.
- To best serve the healthcare needs of our members, we strongly recommend the inclusion of Member Language on the EDI enrollment files.
- The Plans follow the live/work rule; an employee must live, work or reside in the service area to be eligible to enroll.
- The ten (10) digit NPI number assigned by the National Provider and Payer Enumeration System (NPPES) should be sent with all new additions.
- The Plans recommend that the trading partner submit data for Coordination of Benefits (COB) if it is available.
- Date of birth and subscriber ID changes as well as effective date and termination date changes should be sent via paper or fax and prior to the corrected electronic enrollment file. **Note:** these types of changes/corrections must first be manually corrected.
- As a submitter, your role in the EDI process is critical. Please refer to the section: *Understanding Your Role and Responsibilities*.

## Information Flows and EDI Processing

- When the trading partner submits employee address and phone number changes electronically, the Plans suppress the employees' ability to change this information directly with us. Employees who attempt to make address or phone number changes through the Plans' Member Services department or by visiting the Plans' websites will be directed back to their trading partner. This step should eliminate the processing of inconsistent information.
- In addition to the above, if the Plans receive any returned mail, the member's address record will not be updated. Instead, the mail will be sent to member's trading partner for verification purposes and should then be verified and included with the next file submission.
- The Plans will process primary care physician (PCP) and fitness center designations electronically only for new members. Existing members who wish to change their PCP and/or fitness center designation should contact our Member Services department or visit [www.tuftshealthplan.com](http://www.tuftshealthplan.com) or [www.thfp.com](http://www.thfp.com).
- The Plans enforce a 60-day retroactivity policy for all enrollment transactions.
- Members whose coverage terminates on the first day of the month are covered through midnight of the last day of the previous month. All other terminations are processed accordingly.
- Newborn additions to existing family plans must be submitted on the employer's file. Employees who attempt to add newborns by calling the Member Services department will be directed back to their trading partner.
- The Plans do not screen for qualifying events, this is the responsibility of the trading partner. The Plans are not responsible for identifying spelling errors or typographical errors prior to enrolling a member. Any necessary corrections may occur after the member ID card has been sent by the Plans or received by the member.

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# File Specifications

## Required Data Elements

Required data elements are denoted on the file layout table starting on page 10. When developing your program for file submission, please observe the points below:

### Update File Format

The Plans can accept either of the following:

- Transaction Files
  - Include only additions, changes and terminations since the last file submission be sent
  - The type of transaction should be indicated as an A, C or T on the first field of the file layout

OR

- Full Files with end dates
  - A full file of all membership enrolled with the Plans, including terminations is sent with each submission
  - The first field on the file should be populated with an R for every record on the file

### Reconciliation File Format

The following are formatting requirements for the reconciliation file:

- A full file of the Plans' membership must be sent for comparison purposes.
- The first field on the file should be populated with an R for every record on the file.

### ***Important notes***

- All files must be in American Standard Code for Information Interchange (ASCII) format.
- All fields not filling the entire position must be back filled with spaces and any field that does not contain data should also be filled with spaces.
- Files should not contain any control characters (i.e. should not contain any carriage returns at the end of each record or at the end of the file).
- All alpha characters should be in upper case.
- The file should not contain punctuation.

## Tufts Health Plan / Tufts Health Freedom Plan File Layout

| Field # | Field Name                    | Length | Position | Format*         | Req/Opt  | Description  |
|---------|-------------------------------|--------|----------|-----------------|----------|--|
| 1       | TRANSACTION TYPE              | 1      | 1        | CHAR            | Required | A, ADD – New member<br>C, CHANGE – Change member<br>T, TERM – Terminate member<br>R, RECON/FULL UPDATE FILE – All members (use for full file updates and reconciliation files) |
| 2       | SUB ID#                       | 12     | 2-13     | NUMERIC-LJ*     | Required | Social Security number of subscriber <b>(NO DASHES or SLASHES)</b>   |
| 3       | MEMBER LAST NAME              | 20     | 14-33    | CHAR-LJ         | Required | Member last name   |
| 4       | MEMBER FIRST NAME             | 19     | 34-52    | CHAR-LJ         | Required | Member first name  |
| 5       | MIDDLE INITIAL                | 2      | 53-54    | CHAR-LJ         | Optional | Member middle initial  |
| 6       | MEMBER SOCIAL SECURITY NUMBER | 9      | 55-63    | NUMERIC LJ      | Required | Member social security number is required for all members in accordance with IRS Section 6055 reporting requirements <b>(IF NOT AVAILABLE, FILL WITH ALL ZEROS)</b> .          |
| 7       | DOB                           | 8      | 64-71    | NUMERIC         | Required | Member date of birth (YYYYMMDD) <b>(NO DASHES or SLASHES)</b> .  |
| 8       | RELATIONSHIP CODE             | 2      | 72-73    | CHAR/NUMERIC    | Required | Member relationship code (See Relationship Codes Table on page 20)   |
| 9       | GENDER                        | 1      | 74       | CHAR            | Required | Member gender:<br>M = Male<br>F = Female   |
| 10      | GROUP ID#                     | 20     | 75-94    | NUMERIC LJ      | Required | The Plans' employer group identification number  |
| 11      | PLAN TYPE                     | 4      | 95-98    | CHAR/NUMERIC-LJ | Required | Type of coverage selected code (See Plan Type Code Table for values on page 21)  |
| 12      | ADDRESS LINE 1                | 34     | 99-132   | CHAR/NUMERIC-LJ | Required | Member address (no punctuation) limited to updating 24 characters only.  |
| 13      | ADDRESS LINE 2                | 34     | 133-166  | CHAR/NUMERIC-LJ | Optional | Member address line two (no punctuation) limited to updating 24 characters only.   |
| 14      | ADDRESS CITY                  | 18     | 167-184  | CHAR-LJ         | Required | Member city (no punctuation)   |

\* LJ denotes left justified

| Field # | Field Name               | Length | Position | Format*    | Req/Opt                                   | Description   |
|---------|--------------------------|--------|----------|------------|---|---|
| 15      | ADDRESS STATE            | 2      | 185-186  | CHAR       | Required                                  | Member state (no punctuation)   |
| 16      | ADDRESS ZIP              | 9      | 187-195  | NUMERIC-LJ | Required                                  | Member zip code or zip + 4  |
| 17      | AREA CODE                | 3      | 196-198  | NUMERIC    | Optional                                  | Member home area code ( <b>NO DASHES or SLASHES</b> )   |
| 18      | TELEPHONE                | 7      | 199-205  | NUMERIC    | Optional                                  | Member home telephone number ( <b>NO DASHES</b> )   |
| 19      | EFFECTIVE DATE           | 8      | 206-213  | NUMERIC    | Required                                  | Member effective date of the current transaction (YYYYMMDD)   |
| 20      | END DATE                 | 8      | 214-221  | NUMERIC    | Required, if applicable                   | Member end date to be used for employee or dependent terminations <b>ONLY</b> (YYYYMMDD); zero fill if active member.   |
| 21      | REASON CODE              | 4      | 222-225  | NUMERIC-LJ | Optional/Recommended                      | Reason for transaction (See Reasons Code table for values on page 22).  |
| 22      | PRIMARY LANGUAGE         | 3      | 226-228  | CHAR-LJ    | Optional/Strongly Recommended             | Language code for member, if other than English. English is defaulted if this field is populated with spaces. (See Language Code table for values on page 23) |
| 23      | PCP NUMBER (1)           | 15     | 229-243  | NUMERIC LJ | Optional/Strongly Recommended on new adds | The Plans' unique 6 digit PCP number or 10 digit NPI number.<br>Refer to <a href="#">provider-index</a> on our websites.                                      |
| 24      | PCP LAST NAME (1)        | 20     | 244-263  | CHAR-LJ    | Optional/Recommended on new adds          | Member's PCP last name.<br>Refer to <a href="#">provider-index</a> on our websites.   |
| 25      | PCP FIRST NAME (1)       | 13     | 264-276  | CHAR-LJ    | Optional/Recommended on new adds          | Member's PCP first name.<br>Refer to <a href="#">provider-index</a> on our websites.  |
| 26      | PCP HOSPITAL AFFILIATION | 30     | 277-306  | CHAR-LJ    | Optional                                  | Member's PCP hospital affiliation.<br>Refer to <a href="#">provider-index</a> on our websites.  |
| 27      | ESTABLISHED PATIENT FLAG | 1      | 307      | CHAR       | Optional                                  | Y = Established Relationship<br>N = New Relationship  |
| 28      | FITNESS SITE             | 4      | 308-311  | CHAR-LJ    | Optional on new adds                      | Member fitness site; use first 4 characters of site location.<br>Refer to <a href="#">fitcenters index</a> on the Plans' websites.                            |

| Field # | Field Name    | Length | Position | Format*         | Req/Opt  | Description  |
|---------|---------------|--------|----------|-----------------|----------|--|
| 29      | EMPLOYER ID   | 13     | 312-324  | CHAR/NUMERIC-LJ | Optional | Internal Employer ID (no punctuation) limited to updating 10 characters only   |
| 30      | OTHER ID      | 9      | 325-333  | CHAR/NUMERIC-LJ | Optional | Other Member ID  |
| 31      | COB INDICATOR | 2      | 334-335  | CHAR-LJ         | Optional | Y = Employee has other insurance<br>N = employee does not have other insurance<br>Space filled if information is not available |
| 32      | FILLER 2      | 16     | 336-351  | CHAR/NUMERIC-LJ | Optional | Reserved for employer group specific needs   |
| 33      | FILLER 3      | 14     | 352-365  | CHAR/NUMERIC-LJ | Optional | Reserved for the Plans' specific needs   |

(1) For HMO & EPO coverage if Primary Care Physician (PCP) information is not received for new additions, the member will be enrolled without a PCP. The member is then sent an ID Card and asked to call us to select a PCP. Until the member selects a valid Tufts Health Plan/ Tufts Health Freedom Plan PCP, coverage will be restricted to emergency services only.

Fields 34-80 are used if coordination of benefits (COB) is sent. If no COB information is sent, then add 732 spaces of filler after Field 33 to the file.

| Field # | Field Name         | Length | Position | Format | Description   | COB Req/Opt <sup>1</sup> | LTHP Req/Opt <sup>1</sup> | Field Values   |
|---------|--------------------|--------|----------|--------|---|--------------------------|---------------------------|--|
| 34      | MEDICARE PLAN CODE | 1      | 366      | CHAR   | Medicare Plan Code<br>Code identifying the Medicare Plan                            | O                        |                           | Required if a member is being enrolled or disenrolled in Medicare<br>A = Medicare Part A<br>B = Medicare Part B<br>C = Medicare Part A and B<br>D = Medicare Part Unknown<br>E = No Medicare |
| 35      | EMPLOYMENT STATUS  | 2      | 367-368  | CHAR   | Employment Status Code<br>Valid Values are FT for Full Time Active and CO for COBRA | O                        |                           | Required for Subscriber/Dependents Enrolled in Connector Product<br>FT = Full time active employee<br>CO= COBRA enrollee   |
| 36      | STUDENT STATUS     | 1      | 369      | CHAR   | Student Status Code   |                          | O                         | This field is no longer used.<br>Eligible dependents are covered until end of month of their 26 <sup>th</sup> birthday regardless of their student status.                                   |

<sup>1</sup> R = Required data element; O = Optional data element

| Field # | Field Name             | Length | Position | Format  | Description  | COB Req/Opt <sup>1</sup> | LTHP Req/Opt <sup>1</sup> | Field Values   |
|---------|------------------------|--------|----------|---------|--|--------------------------|---------------------------|--|
| 37      | HANDICAP INDICATOR     | 1      | 370      | CHAR    | Yes/No Condition or Response Code<br>Handicapped Indicator   |                          | 0                         | Required if the member is handicapped or to correct previous report of handicapped status.<br>Y = Handicapped<br>N = Not handicapped                                     |
| 38      | MARITAL STATUS         | 1      | 371      | CHAR    | Marital Status Code  | 0                        | 0                         | B = Registered Domestic Partner<br>D = Divorced<br>I = Single<br>M = Married<br>R = Unreported<br>S = Separated<br>U = Unmarried<br>W = Widowed<br>X = Legally Separated |
| 39      | WORK HOURS             | 3      | 372-374  | CHAR-LJ | Quantity   |                          | 0                         | Weekly work hours count<br>Transmitted only when transmission is required under the insurance contract   |
| 40      | EMPLOYER NAME (LINE 1) | 35     | 375-409  | CHAR-LJ | Organization Name of enrolled member   | 0                        | 0                         | Employer Name - Required for Subscriber /Dependents Enrolled in Connector product  |
| 41      | EMPLOYER NAME (LINE 2) | 20     | 410-429  | CHAR-LJ | Organization Name of enrolled member   | 0                        | 0                         | Employer Name - Required for Subscriber /Dependents Enrolled in Connector product  |
| 42      | EMPLOYER NAME (LINE 3) | 19     | 430-448  | CHAR-LJ | Organization Name of enrolled member   | 0                        | 0                         | Employer Name - Required for Subscriber /Dependents Enrolled in Connector product  |
| 43      | TAFT HARTLEY           | 2      | 449-450  | CHAR-LJ | Valid Values are Y= Taft Hartley Group, N=Non-Taft-Hartley Group – left aligned, followed by one space | 0                        | 0                         | Taft Hartley Identifier  |



| Field # | Field Name                      | Length | Position | Format          | Description   | COB Req/Opt <sup>1</sup> | LTHP Req/Opt <sup>1</sup> | Field Values  |
|---------|---------------------------------|--------|----------|-----------------|---|--------------------------|---------------------------|---|
| 44      | EMPLOYER TAX ID (TIN)           | 9      | 451-459  | NUMERIC         | Nine Digit Employer Tax ID  | 0                        | 0                         | Employer Tax Identification # - Required for Subscriber /Dependents Enrolled in Connector product.    |
| 45      | EMPLOYER CONTRIBUTORY STATUS    | 3      | 460-462  | CHAR-LJ         | Valid Values are "Y" for Contributory Group, "N" for Non-Contributory Group – left aligned, followed by 2 spaces. | 0                        | 0                         | Required for Subscriber /Dependents Enrolled in Connector product.                                    |
| 46      | EMPLOYER SIZE                   | 7      | 463-469  | NUMERIC-LJ      | Total Number Of Employees. Left aligned, followed by spaces up to 7 total character length                        | 0                        | 0                         | Employer Size - Required for Subscriber /Dependents Enrolled in Connector product.                    |
| 47      | EMPLOYER ADDRESS LINE 1         | 34     | 470-503  | CHAR/NUMERIC-LJ | Address Information   | 0                        | 0                         | Employer Address Line 1 - Required for Subscriber /Dependents Enrolled in Connector product.          |
| 48      | EMPLOYER ADDRESS LINE 2         | 34     | 504-537  | CHAR/NUMERIC-LJ | Address Information   | 0                        | 0                         | Employer Address Line 2 - Required for Subscriber /Dependents Enrolled in Connector product.          |
| 49      | EMPLOYER ADDRESS CITY           | 18     | 538-555  | CHAR-LJ         | City Name   | 0                        | 0                         | Employer City Name - Required for Subscriber /Dependents Enrolled in Connector product.               |
| 50      | EMPLOYER ADDRESS STATE          | 2      | 556-557  | CHAR            | State or Province Code  | 0                        | 0                         | Employer State Code - Required for Subscriber /Dependents Enrolled in Connector product.              |
| 51      | EMPLOYER ADDRESS ZIPCODE        | 9      | 558-566  | NUMERIC-LJ      | Postal Code   | 0                        | 0                         | Employer Postal Zone or Zip Code - Required for Subscriber /Dependents Enrolled in Connector product. |
| 52      | DEPENDENT SCHOOL NAME           | 35     | 567-601  | CHAR/NUMERIC-LJ | Name Last or Organization Name  |                          | 0                         | Member School Name  |
| 53      | DEPENDENT SCHOOL TELEPHONE AREA | 3      | 602-604  | NUMERIC-LJ      | Area Code   |                          | 0                         | Member School Area Code   |
| 54      | DEPENDENT SCHOOL TELEPHONE NO   | 7      | 605-611  | NUMERIC-LJ      | Phone Number  |                          | 0                         | Member School Phone Number  |

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| Field # | Field Name                        | Length | Position | Format          | Description                    | COB Req/Opt <sup>1</sup> | LTHP Req/Opt <sup>1</sup> | Field Values   |
|---------|-----------------------------------|--------|----------|-----------------|--------------------------------|--------------------------|---------------------------|--|
| 55      | DEPENDENT SCHOOL ADDR 1           | 34     | 612-645  | CHAR/NUMERIC-LJ | Address Information            |                          | 0                         | Member School Address Line1  |
| 56      | DEPENDENT SCHOOL ADDR 2           | 34     | 646-679  | CHAR/NUMERIC-LJ | Address Information            |                          | 0                         | Member School Address Line 2   |
| 57      | DEPENDENT SCHOOL ADDR CITY        | 18     | 680-697  | CHAR-LJ         | City Name                      |                          | 0                         | Member School City Name  |
| 58      | DEPENDENT SCHOOL ADDR STATE       | 2      | 698-699  | CHAR            | State or Province Code         |                          | 0                         | Member School State  |
| 59      | DEPENDENT SCHOOL ADDR ZIP         | 9      | 700-708  | NUMERIC-LJ      | Postal Code                    |                          | 0                         | Member School Postal Zone or Zip Code  |
| 60      | CUSTODIAL PARENT LAST OR ORG NAME | 35     | 709-743  | CHAR/NUMERIC-LJ | Name Last or Organization Name | 0                        | 0                         | Custodial Parent Last Name   |
| 61      | CUSTODIAL PARENT NAME FIRST       | 20     | 744-763  | CHAR-LJ         | First Name                     | 0                        | 0                         | Custodial Parent First Name  |
| 62      | CUSTODIAL PARENT NAME MIDDLE      | 19     | 764-782  | CHAR-LJ         | Middle Name                    | 0                        | 0                         | Custodial Parent Middle Name   |
| 63      | CUSTODIAL PARENT NAME SUFFIX      | 2      | 783-784  | CHAR-LJ         | Suffix                         | 0                        | 0                         | Custodial Parent Name Suffix   |
| 64      | CUSTODIAL PARENT ID               | 9      | 785-793  | CHAR/NUMERIC-LJ | Identification code            | 0                        |                           | Custodial Parent Social Security Number until the National Identifier for Individuals is available |
| 65      | CUSTODIAL PARENT TELEPHONE AREA   | 3      | 794-796  | NUMERIC-LJ      | Area Code                      | 0                        | 0                         | Custodial Parent Area Code   |
| 66      | CUSTODIAL PARENT TELEPHONE NO     | 7      | 797-803  | NUMERIC-LJ      | Phone Number                   | 0                        | 0                         | Custodial Parent Phone Number  |
| 67      | CUSTODIAL PARENT ADDR 1           | 34     | 804-837  | CHAR/NUMERIC-LJ | Address Information            | 0                        | 0                         | Custodial Parent Address Line1   |
| 68      | CUSTODIAL PARENT ADDR 2           | 34     | 838-871  | CHAR/NUMERIC-LJ | Address Information            | 0                        | 0                         | Custodial Parent Address Line2   |

| Field # | Field Name                  | Length | Position  | Format          | Description                  | COB Req/Opt <sup>1</sup> | LTHP Req/Opt <sup>1</sup> | Field Values   |
|---------|-----------------------------|--------|-----------|-----------------|------------------------------|--------------------------|---------------------------|--|
| 69      | CUSTODIAL PARENT ADDR CITY  | 18     | 872-889   | CHAR-LJ         | City Name                    | 0                        | 0                         | Custodial Parent City Name   |
| 70      | CUSTODIAL PARENT ADDR STATE | 2      | 890-891   | CHAR            | State or Province Code       | 0                        | 0                         | Custodial Parent State Code  |
| 71      | CUSTODIAL PARENT ADDR ZIP   | 9      | 892-900   | NUMERIC-LJ      | Postal Code                  | 0                        | 0                         | Custodial Parent Postal Zone or Zip Code   |
| 72      | DISABILITY TYPE             | 1      | 901       | NUMERIC         | Disability Type Code         | 0                        |                           | Disability Type Code<br>1 = Short Term Disability<br>2 = Long Term Disability<br>3 = Permanent of Total Disability<br>4 = No Disability                    |
| 73      | DISABILITY DIAG             | 8      | 902-909   | NUMERIC-LJ      | Medical Code Value           | 0                        |                           | Use this field to indicate if the reason for disability is end stage renal disease (ESRD).<br><br>The only allowed value is 585 - End Stage Renal Disease. |
| 74      | DISABILITY EFFECTIVE DATE   | 8      | 910-917   | NUMERIC         | Effective Date of Disability |                          |                           | Effective Date of Disability   |
| 75      | DISABILITY END DATE         | 8      | 918-925   | NUMERIC         | End Date of Disability       | 0                        |                           | End Date of Disability   |
| 76      | PLAN ADDL DESCRIPTION       | 50     | 926-975   | CHAR/NUMERIC-LJ | Plan Coverage Description    |                          | 0                         | Free Form Text<br><br>Use when additional information is needed by the insurer to describe the exact type of coverage being provided.                      |
| 77      | OTHER INSURANCE ID          | 30     | 976-1005  | CHAR/NUMERIC-LJ | Reference Identification     | 0                        |                           | Other Insurance Policy or Group ID   |
| 78      | OTHER INSURANCE ID          | 3      | 1006-1008 | CHAR/NUMERIC    | Reference Identification     | 0                        |                           | Secondary COB ID Code Qualifier  |

| Field # | Field Name                   | Length | Position  | Format              | Description              | COB Req/Opt <sup>1</sup> | LTHP Req/Opt <sup>1</sup> | Field Values  |
|---------|------------------------------|--------|-----------|---------------------|--------------------------|--------------------------|---------------------------|---|
|         | TYPE 2                       |        |           | -LJ                 | Qualifier                |                          |                           | 60 = Account Suffix Code<br>6P = Group Number<br>A6 = Employee Identification Number<br>SY = SSN<br>ZZ = Mutually Defined |
| 79      | OTHER INSURANCE ID 2         | 30     | 1009-1038 | CHAR/NUMERIC<br>-LJ | Reference Identification | 0                        | 0                         | Secondary Insured Group or Policy #   |
| 80      | OTHER INSURANCE CARRIER NAME | 34     | 1039-1072 | CHAR/NUMERIC<br>-LJ | Name                     | 0                        | 0                         | Other Insurance Carrier Name  |
| 81      | OTHER INSURANCE CARRIER ID   | 9      | 1073-1081 | CHAR/NUMERIC<br>-LJ | Identification Code      | 0                        |                           | Other Insurance Identification Code<br>TIN should be used until NPID is available   |
| 82      | OTHER INSURANCE EFF DATE     | 8      | 1082-1089 | NUMERIC             | Date/Time Qualifier      | 0                        |                           | Coordination of Benefits Date   |
| 83      | OTHER_INSURANCE END DATE     | 8      | 1090-1097 | NUMERIC             | Date/Time Period         | 0                        | 0                         | Coordination of Benefits Date   |

## **Electronic Data Exchange Options**

The Plans support the following Electronic Data Exchange solutions:

### **Methods of Physical Connectivity**

The following are Plan-supported methods of physical connectivity:

- Automated Submission, i.e. machine to machine transmission
- Web User Interface
- Manual Submission (on exception basis)

### **File Transfer Methods**

The following are acceptable file transfer methods in order of preference:

- SSH/ SFTP
- SSL/FTPS
- HTTPS

### **Physical File Media**

With prior approval from the Plans, physical file media submissions may be sent via secure email.

## Appendix of Codes

This section contains the different codes required for submitting data to the Plans.

### Relationship Codes

This section correlates to field #8 under the section **Tufts Health Plan / Tufts Health Freedom Plan File Layout** starting on page 10.

| Code | Relationship   |
|------|--|
| 01   | Subscriber/Policyholder  |
| 02   | Legal spouse of subscriber   |
| 03   | *Dependent to end of the month of age 26 (or an age otherwise defined by the employer group) |
| 04   | *Dependent stepchild to end of the month of age 26   |
| 06   | Disabled dependent –over age 26; verified (use only when the Plans' approval is provided)    |
| 07   | Former spouse  |
| 14   | Dependent grandchild   |
| 16   | Disabled Dependent –over age 26; unverified  |
| 17   | Spousal equivalent/Domestic Partner  |
| 18   | Dependent of spousal equivalent  |
| DD   | Deceased sponsor (used with dependent only coverage)   |
| DO   | Non covered sponsor (used with dependent only coverage)                                      |

\*With the extension of dependent coverage through Healthcare Reform, dependent children are covered through the end of the month of their 26<sup>th</sup> birthday.

## Plan Type Codes

This section correlates to field #11 under the section **Tufts Health Plan / Tufts Health Freedom Plan File Layout** starting on page 10. Use the following Plan Type Codes appropriate for the product type.

| HMO Code | Description         | POS/PPO Code | Description         |
|----------|---------------------|--------------|---------------------|
| IND      | Individual          | P1IN         | Individual          |
| 2SSP     | Employee + adult    | P12S         | Employee + adult    |
| 2SCH     | Employee + child    | P12C         | Employee + child    |
| FAM1     | Employee + children | P1F1         | Employee + children |
| FAM      | Family              | P1FA         | Family              |

Note: The Plans will assign any special plan type codes needed that are not listed above. If you have a question about a current plan type code not listed, consult your EDI Analyst.

**Reason Codes**

This section correlates to field #21 under the section **Tufts Health Plan / Tufts Health Freedom Plan File Layout** starting on page 10.

| <b>Code</b> | <b>Action</b> | <b>Description</b>   |
|-------------|---------------|--|
| 100         | ADD           | New Business   |
| 101         | ADD           | New Hire   |
| 102         | ADD           | Open Enrollment  |
| 103         | ADD           | Dependent Addition   |
| 107         | ADD           | Administrative Reinstatement                                   |
| 108         | ADD           | COBRA Reinstatement  |
| 301         | TERM          | Covered under another Tufts HP or THFP policy                  |
| 302         | TERM          | Transfer to other insurer (used for open enrollment only)      |
| 303         | TERM          | Subs premium not paid  |
| 305         | TERM          | Dissatisfied with Plan   |
| 308         | TERM          | Medicare products  |
| 349         | TERM          | Unknown  |
| 350         | TERM          | Moved out of area  |
| 351         | TERM          | Reduction in work hours  |
| 352         | TERM          | Subscriber/Member deceased                                     |
| 353         | TERM          | No longer employed in this group                               |
| 357         | TERM          | Subscriber/Member over 65 years                                |
| 360         | TERM          | Laid off more than 39 weeks                                    |
| 361         | TERM          | Dependent child married  |
| 362         | TERM          | Divorced   |
| 363         | TERM          | Administrative termination                                     |
| 366         | TERM          | Cobra cancellation   |
| 368         | TERM          | Coverage never effective                                       |
| 406         | CHANGE        | Use for all Change transactions sent via electronic enrollment |



## Language Codes

This section correlates to field #22 under the section **Tufts Health Plan / Tufts Health Freedom Plan File Layout** starting on page 10.

| Code                 | Description            | Code | Description      |
|----------------------|------------------------|------|------------------|
| (no code/ pass null) | English                | KH   | Khmer            |
| AB                   | Arabic                 | KO   | Korean           |
| AM                   | Amharic                | LA   | Laotian          |
| AR                   | Armenian               | LI   | Lithuanian       |
| AS                   | American sign language | MN   | Mandarin         |
| BU                   | Burmese                | OT   | Other            |
| CA                   | Cambodian              | PE   | Persian          |
| CH                   | Chinese                | PH   | Phillipino       |
| CM                   | Cambodian              | PO   | Polish           |
| CO                   | Croatian               | PR   | Portuguese       |
| CR                   | Haitian                | RM   | Romanian         |
| CT                   | Cantonese              | RU   | Russian          |
| DA                   | Danish                 | SC   | Serbo-Croatian   |
| DU                   | Dutch                  | SE   | Serbian Cyrillic |
| FA                   | Farsi                  | SI   | Swahili          |
| FR                   | French                 | SP   | Spanish          |
| GI                   | Gujarati               | SW   | Swedish          |
| GK                   | Greek                  | TH   | Thai             |
| GR                   | German                 | TL   | Telugu           |
| HA                   | Haitian Creole         | TM   | Tamil            |
| HE                   | Hebrew                 | TO   | Togalog          |
| HI                   | Hindi                  | TS   | Toisanese        |
| HU                   | Hungarian              | TU   | Turkish          |
| IN                   | Indian                 | UR   | Urdu             |
| IT                   | Italian                | VT   | Vietnamese       |
| JP                   | Japanese               | YD   | Yiddish          |



## Electronic Enrollment/Reconciliation Data Form

|  |  |
|--|--|
| Account Executive/Sales Representative                                 |  |
| Account Name   |  |
| Group Number   |  |
| Plan Type Codes  |  |
| Group Primary Contact Name   |  |
| Email address  |  |
| Phone Number   |  |
| Address: Street, State, Zip  |  |
| Fax Number   |  |
| Group IS Contact Name  |  |
| Email  |  |
| Phone Number   |  |
| Address: Street, State, Zip  |  |
| Update File Frequency <sup>1</sup>                                     |  |
| File Schedule <sup>2</sup>   |  |
| Reconciliation File Frequency <sup>3</sup>                             |  |
| Open Enrollment Period   |  |
| Electronic Enrollment expected Start Date                              |  |
| Performance Agreements (details)                                       |  |
| What Human Resource Information system (HRIS) are you currently using? |  |

This information should be sent back to the EDI Analyst assigned either by fax (617) 923-5898 or e-mail, prior to the initial conference call.

<sup>1</sup> Frequency: weekly, bi-weekly, monthly

<sup>2</sup> Schedule: exact date if possible

<sup>3</sup> Frequency: monthly, bi-monthly, quarterly